



DELAWARE **2026**
DIVISION OF REVENUE **F O R M**
SCT-VCH
ELECTRONIC FILER S CORPORATION PAYMENT VOUCHER



1	Employer Identification Number	2	Fiscal or Calendar Year End (MM-DD-YYYY)	3	Amount of the Payment
4 S Corporation Name Street Address City State Zip Code					

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

**MAIL COMPLETED FORM WITH
REMITTANCE PAYABLE TO:**
Delaware Division of Revenue
PO Box 2044
Wilmington, DE 19899-2044

SIGNATURE OF OFFICER OR REPRESENTATIVE	DATE
TITLE OF OFFICER	
PHONE NUMBER	
@ EMAIL ADDRESS	

DO NOT CUT THIS PAGE

