



DELAWARE 2023

DIVISION OF REVENUE F O R M S C T - E X T



S CORPORATION REQUEST FOR EXTENSION FORMERLY 1100P-EXT

Taxpayer ID

Calendar or Fiscal
Year Ending

Due on or before

Extension to

Name of Corporation

Street Address

City

State

Zip Code

BALANCE DUE FROM LINE 7 OF WORKSHEET

.00

AMOUNT OF THIS PAYMENT

.00

Check here if a request for change form is being filed

DO NOT CUT THIS PAGE

TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS

- 1. ESTIMATED AMOUNT OF DISTRIBUTIVE INCOME FOR THE TAXABLE YEAR
- 2a. TOTAL PERCENTAGE OF STOCK OWNED BY NON-RESIDENT SHAREHOLDERS
- 2b. Multiply Line 1 by Line 2a
- 3a. ENTER CORPORATION'S APPORTIONMENT PERCENTAGE
- 3b. Multiply Line 2b by Line 3a
- 4. Multiply Line 3b by 6.60% (This is the total amount of personal income tax required to be paid on behalf of the non-resident shareholders.)
- 5. ACTUAL TAX LIABILITY FOR THE YEAR
- 6. ESTIMATED TAX PAID
- 7. AMOUNT DUE WITH EXTENSION

1.	<input type="text"/>	.00
2a.	<input type="text"/>	
2b.	<input type="text"/>	.00
3a.	<input type="text"/>	
3b.	<input type="text"/>	.00
4.	<input type="text"/>	.00
5.	<input type="text"/>	.00
6.	<input type="text"/>	.00
7.	<input type="text"/>	.00

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 0830
Wilmington, DE 19899-0830

AUTHORIZED SIGNATURE

DATE

PRINTED NAME OF AUTHORIZED SIGNER

PHONE NUMBER

EMAIL ADDRESS

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