



DELAWARE 2024
 DIVISION OF REVENUE F O R M
 SCT-TAX
**S CORPORATION PERSONAL INCOME TAX
 FORMERLY 1100P**



Taxpayer ID

[Redacted]

Calendar or Fiscal
Year Ending

[Redacted]

Due on or before

[Redacted]

Voucher

[Redacted]

Name of Corporation

[Redacted]

Street Address

[Redacted]

City

State

Zip Code

[Redacted]

BALANCE DUE FROM LINE 6 OF WORKSHEET

[Redacted] .00

AMOUNT OF THIS PAYMENT

[Redacted] .00

Check here if a request for change form is being filed



TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS - CALCULATION OF ESTIMATED TAX DUE

- 1. **ESTIMATED AMOUNT OF DISTRIBUTIVE INCOME FOR THE TAXABLE YEAR** 1. [Redacted] .00
- 2a. **TOTAL PERCENTAGE OF STOCK OWNED BY NON-RESIDENT SHAREHOLDERS** 2a. [Redacted]
- 2b. **Multiply** Line 1 by Line 2a 2b. [Redacted] .00
- 3. **Multiply** Line 2b by 6.60% (This is the total amount of personal income tax required to be paid on behalf of the non-resident shareholders.) 3. [Redacted] .00
- 4. **ESTIMATED LIABILITY FOR YEAR** 4. [Redacted] .00
- 5. **PERCENTAGE DUE** 5. [Redacted]
- 6. **AMOUNT DUE - Multiply** Line 4 by Line 5 6. [Redacted] .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

[Redacted]

PHONE NUMBER

[Redacted]

EMAIL ADDRESS

[Redacted]

DO NOT CUT THIS PAGE

