

*Delaware*  
*Division of Revenue*

**GROSS RECEIPTS**  
**TAX RETURN**  
Form LM4 0701

DF52714019999



Business Name and Address

Account Number

Revenue Code

Business Code

Tax Period Ending

Due on or Before

- 
- 1.TOTAL GROSS RECEIPTS
  - 2.MONTHLY EXCLUSION AMOUNT
  - 3.TAXABLE GROSS RECEIPTS
  - GROSS RECEIPTS RATE
  - 4.GROSS RECEIPTS TAX
  - 5.PETROLEUM GROSS RECEIPTS
  - RATE FOR HAZARDOUS CLNUP TA
  - RATE FOR HAZARDOUS SURTAX
  - 6.PETROLEUM TAX
  - 7.PETROLEUM SURTAX
  - 8.NEW BUSINESS FACILITY CREDIT
  - 9.TOTAL TAX DUE

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I declare under penalties of perjury, that this is a true, correct and complete return.

Mail this Form with Remittance Payable to:

Delaware Division of Revenue  
P.O. Box 2340  
Wilmington DE 19899-2340

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

For Questions Call: (302) 577-8780

\_\_\_\_\_  
Email Address