

**DELAWARE DIVISION OF REVENUE**  
**FORM 1100-T – DELAWARE CORPORATE TENTATIVE TAX RETURN**

1100T 9301

|                               |                                |                  |         |
|-------------------------------|--------------------------------|------------------|---------|
| FEDERAL IDENTIFICATION NUMBER | CALENDAR OR FISCAL YEAR ENDING | DUE ON OR BEFORE | VOUCHER |
|-------------------------------|--------------------------------|------------------|---------|

BUSINESS MAILING NAME AND ADDRESS

Check Here If A  
Request For  
Change Form Is  
Being Filed

|   |    |    |
|---|----|----|
| BALANCE DUE FROM LINE 5<br>OF WORKSHEET<br>( % OF ESTIMATED TAX FOR THE YEAR) | \$ | 00 |
|---|----|----|

**Mail This Form With Remittance Payable To:**  
 Delaware Division of Revenue  
 P.O. Box 8751, Wilmington, DE 19899-8751

CHANGES MUST BE MADE ON THE REQUEST FOR CHANGE FORM.  
 CHECK THE BOX IF YOU ARE FILING A CHANGE FORM.

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

DATE

TELEPHONE NUMBER

If desired, provide an e-mail address where we may  
contact you regarding this return.

(Cut Coupon on Line Above)

**TAXPAYERS WORKSHEET AND RECORD OF PAYMENTS**

|   |    |      |
|---|----|------|
| 1. Estimate Delaware taxable income for the year. | \$ | .00  |
| 2. Multiply Line 1 by Corporate Income Tax Rate.  | x  | .087 |
| 3. Enter result on Line 3.                        | \$ | .00  |

**PLEASE NOTE:** Voucher 1 (T-1) is due the 1st day of the 4th month following the end of the year.  
 Voucher 2 (T-2) is due the 15th day of the 6th month following the end of the year.  
 Voucher 3 (T-3) is due the 15th day of the 9th month following the end of the year.  
 Voucher 4 (T-4) is due the 15th day of the 12th month following the end of the year.

|   |    |     |
|---|----|-----|
| 1. Estimated Liability for Year.                  | \$ | .00 |
| 2. Percentage Due.                                | X  | .   |
| 3. Multiply Line 1 by Line 2.                     | \$ | .00 |
| 4. Less Credit Carryover Unused.                  | \$ | .00 |
| 5. Line 3 minus Line 4 (cannot be less than zero) | \$ | .00 |

Please fill in the federal identification number, business name and address in the spaces provided. Sign and date the return and supply a telephone number where we may contact someone regarding this information.