DELAWARE 2025 FORM
DIVISION OF REVENUE SCT-EXT

S CORPORATION REQUEST FOR EXTENSION

Prepare For Print | Reset

Taxpayer ID

Calendar or Fiscal Year Ending: 12-31-2025

Due on or before: 03-16-2026

Extension to: 09-15-2026

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	1.	$ .00
2a.	TOTAL PERCENTAGE OF STOCK OWNED BY NON-RESIDENT SHAREHOLDERS	2a.	%
2b.	**Multiply** Line 1 by Line 2a	2b.	$ .00
3a.	ENTER CORPORATION'S APPORTIONMENT PERCENTAGE	3a.	%
3b.	**Multiply** Line 2b by Line 3a	3b.	$ .00
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.)	4.	$ .00
5.	ACTUAL TAX LIABILITY FOR THE YEAR	5.	$ .00
6.	ESTIMATED TAX PAID	6.	$ .00
7.	AMOUNT DUE WITH EXTENSION	7.	$ .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

DO NOT CUT THIS PAGE