

DELAWARE ^{F O R M} **2 0 2 3**
DIVISION OF REVENUE PIT-VCH
ELECTRONIC FILER PAYMENT VOUCHER



YOUR TAXPAYER ID

SECONDARY TAXPAYER ID (if joint return)

AMOUNT OF THE PAYMENT

1

2

3

YOUR FIRST NAME

YOUR LAST NAME

4

SECONDARY FIRST NAME

SECONDARY LAST NAME

5

STREET ADDRESS

6

CITY

STATE

ZIP CODE

Make your check or money order payable to
"Delaware Division of Revenue".
Do not send cash.

Mail completed form to:
Delaware Division of Revenue
PO Box 830
Wilmington, DE 19899-0830



DO NOT CUT THIS PAGE