



## **DECLARATION OF ESTIMATED INCOME TAX**

TAXPAYER ID SPOUSE TAXPAYER ID TAX YEAR 2024 QUARTER **DUE BY** 

TAXPAYER FIRST NAME TAXPAYER LAST NAME AMOUNT OF THIS INSTALLMENT PAYMENT

SPOUSE FIRST NAME SPOUSE LAST NAME

File online at **ADDRESS** https://tax.delaware.gov

MAIL COMPLETED FORM WITH REMITTANCE PAYABLE TO: Delaware Division of Revenue PO Box 830 Wilmington, DE 19899-0830 CITY STATE ZIP CODE

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