

**DELAWARE** 2024  
DIVISION OF REVENUE FORM PIT-EST

**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                      .00

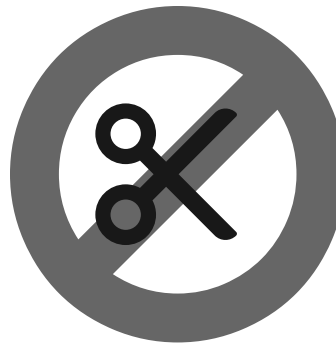
SPOUSE FIRST NAME                      SPOUSE LAST NAME

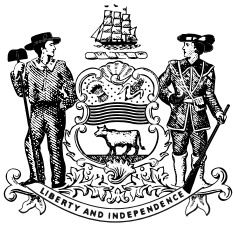
ADDRESS                      File online at  
<https://tax.delaware.gov>

CITY                      STATE    ZIP CODE

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

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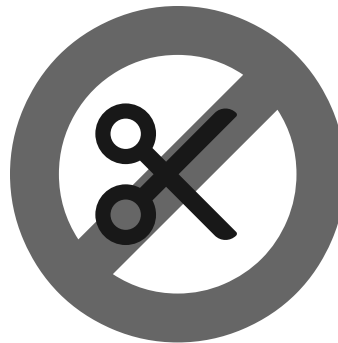
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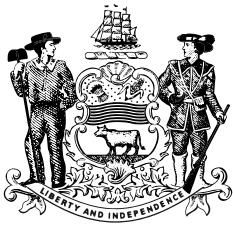
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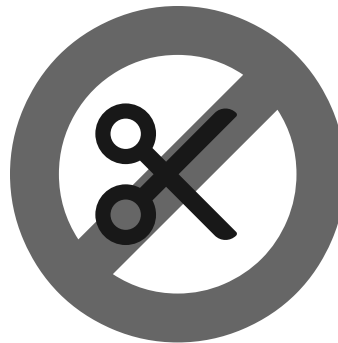
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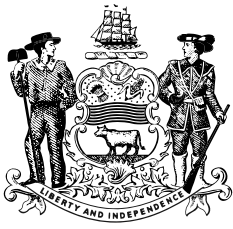
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