



DELAWARE

2024
DIVISION OF REVENUE F O R M
CMP-TAX
COMPOSITE PERSONAL INCOME TAX RETURN



For Fiscal Year beginning and ending

Name of Business

Street Address

City State Zip Code

Delaware Address (if different than above)

City State Zip Code

State of Incorporation Date of Incorporation Non-Resident Partners/Shareholders

Nature of Business

Employer Identification Number or Taxpayer ID

✓ Check Applicable Box:

☐ Initial Return

☐ Final Return

☐ Amended Return

1.	DELAWARE SOURCED INCOME (Non-residents only)	1.	\$	.00
2.	TAX LIABILITY - Multiply Line 1 by .0660	2.	\$	.00
3.	NON REFUNDABLE CREDITS (Must attach Form PIT-CRS)	3.	\$	.00
4.	BALANCE - Subtract Line 3 from Line 2 (Enter 0 if Negative)	4.	\$	.00
5.	ESTIMATED TAXES PAID	5.	\$	.00
6.	CAPITAL GAINS TAX PAYMENTS (Attach Schedule REW-EST)	6.	\$	.00
7.	S CORP PAYMENTS	7.	\$	.00
8.	REFUNDABLE BUSINESS CREDITS (Must attach Form PIT-CRS)	8.	\$	.00
9.	TOTAL PAYMENTS - Add Lines 5 through Line 8	9.	\$	.00
10.	BALANCE DUE AND PAY IN FULL (If Line 9 is less than Line 4 Subtract Line 9 from Line 4)	10.	\$	.00
11.	OVERPAYMENT AND REFUND (If Line 4 is less than Line 9 Subtract Line 4 from Line 9)	11.	\$	.00

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

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.

SIGNATURE OF OFFICER

DATE

TITLE OF OFFICER

PHONE NUMBER

@ EMAIL ADDRESS

PAID PREPARER INFORMATION

PAID PREPARER SIGNATURE

DATE

ADDRESS

CITY

STATE

ZIP CODE

EIN, SSN or PTIN

PHONE NUMBER

@ EMAIL ADDRESS

MAIL COMPLETED FORM WITH
REMITTANCE PAYABLE TO:

Delaware Division of Revenue
PO Box 508
Wilmington, DE 19899-0508