



DELAWARE **2024**
DIVISION OF REVENUE F O R M
PIT-VCH
ELECTRONIC FILER PAYMENT VOUCHER



YOUR TAXPAYER ID

1

SECONDARY TAXPAYER ID (if joint return)

2

AMOUNT OF THE PAYMENT

3 \$

YOUR FIRST NAME

4

YOUR LAST NAME

SECONDARY FIRST NAME

5

SECONDARY LAST NAME

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

