DEPARTMENT OF FINANCE

DIVISION OF REVENUE Statutory Authority: 30 Delaware Code, Section 354 (30 Del.C. §354)

GENERAL NOTICE

Delaware's Voluntary Tax Compliance Initiative (VTCI) (September 1, 2009 - October 30, 2009)



To be considered for the tremendous benefits of the VTCI program you will need to register by completing the information below. Mail in this form with your payment or complete via phone or online.

REGISTRATION FORM

Name :_____ (please print)

- 1. Home Phone:
- 2. Alternative Phone:_____
- 3. TaxPayerID#:_____
- <u>4.</u> <u>Status</u> (circle one)
 - 1 First Time Filer in Delaware
 - 2 Return(s) may be missing
 - 3 Return(s) may need correction
- 5. <u>Repayment</u> (circle one)
 - 1 NOT currently paying a liability
 - 2 In current Repayment plan
 - 3 Current Wage Garnishment or lien

6. If you are planning to file a non-filed or amended return for returns that were previously filed, you must complete this section.

(Non-filed or amended returns for the VTCI must be received no later than October 30, 2009 to qualify).

ТАХ Туре	TAX YEAR(S)	If New/Amended Return, Estimated Tax Amount
Personal income tax		

Withholding tax	
Gross receipts tax	
Estate tax	
Income tax on estates and trusts	
Corporation income tax	
Occupational license fees and tax	
Contractors' license fees and tax	
Manufacturers' license fees and tax	
Tobacco product license fees and tax	
Realty Transfer tax	
Public Utilities tax	
Lodging tax	
Retail and Wholesale Merchants'	
license fees and tax	
Use tax and gross receipts tax on	
leases of tangible personal property	

(The above-listed taxes due from partners, shareholders or members of pass-through entities filing a voluntary tax return are also eligible.)

7. Confirm your existing reported liabilities below that you would like to register into the VTCI program - make changes/additions where needed. (These are amended return claim liabilities)

Тах Туре	Period/Year(s)	Amt Reported Due

(use additional space below if needed)

Authorized Signature	 Date	
6		

Telephone Number _____ Email _____

Tax Payer Name : _____

Business Name: _____

Address :_____

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