		<b>EL</b> VISION s co	A W N O F R RPORATION	ARE 2025 EVENUE SCT-TAX	M ₩2%53 ■ ₩2%53
Na	Taxpayer ID			Calendar or Fiscal Year Ending Due on or b	efore Voucher
Street Address				BALANCE DUE FROM LINE 6 OF WORKSHEET	Ş0
City	/	State Zip C	ode	AMOUNT OF THIS PAYMENT	<b>Š</b> 00
Check here if a request for change form is being filed <b>DO NOT CUT THIS PAGE</b>					AGE
1. ESTIMATED AMOUNT OF DISTRIBUTIVE INCOME FOR THE TAXABLE YEAR 1. \$					\$.00
2a.	TOTAL PERCENTAGE OF STOCK OV	VNED BY NON-RE	SIDENT SHAREH	OLDERS 2a.	
2b.	Multiply Line 1 by Line 2a			2b.	\$.00
3.	Multiply Line 2b by 6.60% (This is the tot	tal amount of personal inc	ome tax required to be p	aid on behalf of the non-resident shareholders.) <b>3.</b>	\$.00
4.	ESTIMATED LIABILITY FOR YEAR			4.	\$.00
5.	PERCENTAGE DUE			5.	X
6.	6. AMOUNT DUE - Multiply Line 4 by Line 5			6.	\$.00
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.					MAIL COMPLETED FORM WITH REMITTANCE PAYABLE TO: Delaware Division of Revenue PO Box 0830 Wilmington, DE 19899-0830
Ĺ.	AUTHORIZED SIGNATURE		<b>⋣</b> DATE		
PRINTED NAME OF AUTHORIZED SIGNER					
c	9 PHONE NUMBER			•	
(	EMAIL ADDRESS				

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