DELAWARE STATE DUE PAYMENT INSTRUCTIONS

There are two options to pay Delaware due amount

- 1. Credit card
- 2. Bank account

Below is the process to pay due amount with Credit Card

Step 1: Click on the below link

https://tax.delaware.gov

Step 2: Under Payments section click on Make 2023 Personal Income Tax Payment



Step 3: Check mark on I agree and click on next



Step 4: Enter the required information and click on next

| * First Name | First name | * Daytime Phone | XXXX XXXX XXXXXX |
|--------------|----------------|---------------------|-------------------|
| * Last Name | Last name | Extension | |
| Position | | Mobile Phone | XXXX XXXX XXXXXX |
| | | * Email | emailID@email.com |
| | | * Confirm Email | emaillD@email.com |
| | * I'm not a ro | obot Pricey * Terms | Next |

Step 5: Enter your personal information then click on Save and Continue

| Social Security Number | | | | |
|--|----------|---|--|--|
| Enter your social security number. If you are filing a combined return, enter the first SSN as shown on your return. You may optionally enter your spouse's SSN in the additional field shown below. | | | | |
| * Social Security Number: | ******** | | | |
| Spouse's Social Security Number: | ******* |] | | |
| Your Information | | | | |
| Enter your name and optionally your spouse's name below. | | | | |
| * First Name: | | | | |
| Middle Initial: | | | | |
| * Last Name: | |] | | |
| Spouse's First Name: | | | | |
| Spouse's Middle Initial: | | | | |
| Spouse's Last Name: | | | | |

| Address | | | | |
|---|-------------------|---------------------------------|--|--|
| Enter your address below. | | | | |
| * Mailing Address: | Add a New Address | | | |
| * Country | UNITED STATES | | | |
| Attention | | | | |
| * Address Line1 | | | | |
| Address Line2 | | | | |
| * City | | | | |
| * State | DELAWARE | | | |
| * Zip Code | | | | |
| Payment Amount | | | | |
| Enter the amount you wish to pay below. Please only enter numeric values including a decimal point if needed. | | | | |
| * Payment Amount: | 1 | | | |
| Delete Clear | | Save and Exit Save and Continue | | |

Step 6: click on Save and Continue

| Make a Payment - Summary Info | rmation |
|--|---|
| Please verify the summary information and select Continu | e when ready to proceed. |
| Please Note: | Allow a minimum of 72 hours for this document to be processed before contacting the Department with any questions. |
| Total | \$1.00 |
| Cancel Delete CBack | Save and Continue |

Step 7: Enter owe amount and payment method and click on next



Step 8: Click on Continue



Step 9: Enter your Credit card details and proceed for the further process

Delaware Division of Revenue

Pay Online

| Payment Information | | | Payment Total | |
|--|------------------|-------|------------------|--|
| Cardholder's Name* 🥡 | | | Amount 🕡 | |
| | | \$ | 1.00 | |
| Card Number* 🤪 | | 🖯 Bil | /Invoice Details | |
| | | | | |
| Card Security Code* | Expiration Date* | | | |
| | мм 🗸 үүүү 🗸 | | | |
| Address Line 1* 🕡 | Address Line 2 🅡 | | | |
| | | | | |
| Country* 🕡 | ZIP Code* 🕡 | | | |
| United States 🗸 🗸 | | | | |
| City 🕡 | State 🕡 | | | |
| | Select One 🗸 | | | |
| Payment Date* Receipt Email Address* 🥹 | | | | |
| | | | | |
| | | | | |
| | | | | |

Please check here to store the payment method for future use.

By clicking this box, you are agreeing to allow Delaware Division of Revenue to process this payment.

Continue Exit

Below is the process to pay due amount with Bank Account

Step 1: Click on the below link

https://tax.delaware.gov

Step 2: Under Payments section click on Make 2023 Personal Income Tax Payment



Step 3: Check mark on I agree and click on next



Step 4: Enter the required information and click on next

| * First Name | First name | * Daytime Phone | XXXX XXXX XXXXXX |
|--------------|----------------|----------------------------------|-------------------|
| * Last Name | Last name | Extension | |
| Position | | Mobile Phone | XXXX XXXX XXXXXX |
| | | * Email | emailID@email.com |
| | | * Confirm Email | emailID@email.com |
| | * I'm not a ro | vbot reCAPTCHA Prizey * Terma | Next |

Step 5: Enter your personal information then click on Save and Continue

| Social Security Number | | | | |
|--|---------|--|--|--|
| Enter your social security number. If you are filing a combined return, enter the first SSN as shown on your return. You may optionally enter your spouse's SSN in the additional field shown below. | | | | |
| * Social Security Number: | ******* | | | |
| Spouse's Social Security Number: | ******* | | | |
| Your Information | | | | |
| Enter your name and optionally your spouse's name below. | | | | |
| * First Name: | | | | |
| Middle Initial: | | | | |
| * Last Name: | | | | |
| Spouse's First Name: | | | | |
| Spouse's Middle Initial: | | | | |
| Spouse's Last Name: | | | | |

| Address | | | | |
|---|-------------------|---------------------------------|--|--|
| Enter your address below. | | | | |
| * Mailing Address: | Add a New Address | | | |
| * Country | UNITED STATES | | | |
| Attention | | | | |
| * Address Line1 | | | | |
| Address Line2 | | | | |
| * City | | | | |
| * State | DELAWARE | | | |
| * Zip Code | | | | |
| Payment Amount | | | | |
| Enter the amount you wish to pay below. Please only enter numeric values including a decimal point if needed. | | | | |
| * Payment Amount: | 1 | | | |
| Delete Clear | | Save and Exit Save and Continue | | |

Step 6: click on Save and Continue

| Make a Payment - Summary Info | rmation |
|--|---|
| Please verify the summary information and select Continu | e when ready to proceed. |
| Please Note: | Allow a minimum of 72 hours for this document to be processed before contacting the Department with any questions. |
| Total | \$1.00 |
| Cancel Delete CBack | Save and Continue |

Step 7: Enter Due amount in the Payment amount field and select ACH Payment

| Please Note: | Allow a minimum of 72 hours for this documer any questions. | t to be processed before contacting the Department with |
|------------------|--|---|
| Total | \$1.00 | |
| * Payment Amount | \$ 1.00 Check here to pa | y the total amount due |
| * Payment Method | ACH Payment | ~ |
| Cancel | | Next |

Step 8: Enter your Bank details and proceed with the further process.

| Taxpayer Name | Ashish Agerwei | Payment Anount | \$1.00 |
|----------------------------------|--|---------------------------------|--------|
| * Bank Routing Number | 1 | | |
| * Bank Account Number | | | |
| * Confirm Bank Account Number | | | |
| * Bank Account Type | ~ | | |
| * Bank Account Holder Name | | | |
| * Effective Date | Wednesday, 01/10/2024 | | |
| Cancel | * I hereby authorize the withdrawal of funds as sp | acified above for tax payments. | Submit |