DELAWARE DIVISION OF REVENUE

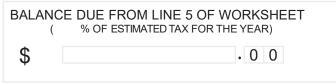
Mail This Form With Remittance Payable To: Delaware Division of Revenue P.O. Box 830, Wilmington, DE 19899-0830

FORM 1100-T - DELAWARE CORPORATE TENTATIVE TAX RETURN ACCOUNT NUMBER VERIFY BUSINESS FEIN CALENDAR OR FISCAL YEAR ENDING

DUE ON OR BEFORE

VOUCHER

Check Here If A Request For Change Form Is Being Filed





CHANGES MUST BE MADE ON THE REQUEST FOR CHANGE FORM. CHECK THE BOX IF YOU ARE FILING A CHANGE FORM.

AUTHORIZED SIGNATURE I declare under penalties of perjury that this is a true, correct and complete return.

TELEPHONE NUMBER DATE EMAIL ADDRESS

(Cut Coupon on Line Above)

TAXPAYERS WORKSHEET AND RECORD OF PAYMENTS

1. Estimate Delaware taxable income for the year. 00.2. Multiply Line 1 by Corporate Income Tax Rate. .087 3. Enter result on Line 3. .00

PLEASE NOTE: Voucher 1 (T-1) is due the 15th day of the 4th month following the end of the year. Voucher 2 (T-2) is due the 15th day of the 6th month following the end of the year. Voucher 3 (T-3) is due the 15th day of the 9th month following the end of the year. Voucher 4 (T-4) is due the 15th day of the 12th month following the end of the year.

1. Estimated Liability for Year.	\$.00
2. Percentage Due.	X	%
3. Multiply Line 1 by Line 2.	\$.00
4. Less Credit Carryover Unused.	\$.00
5. Line 3 minus Line 4 (cannot be less than zero)	\$.00

Please fill in the federal identification number, business name and address in the spaces provided. Sign and date the return and supply a telephone number where we may contact someone regarding this information.