

2020 DELAWARE CORPORATION INCOME TAX RETURN FORM 1100

DO NOT WRITE OR STAPLE IN THIS AREA - REVENUE CODE 0042

for Fiscal year beginning MM | DD | YY and ending MM | DD | YY

EMPLOYER IDENTIFICATION NUMBER

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Name of Corporation

Street Address

City State Zip Code

Delaware Address if Different than Above

City State Zip Code

State of Incorporation Nature of Business:

CHECK APPLICABLE BOX: Small Corporation ESOP

INITIAL RETURN CHANGE OF ADDRESS EXTENSION ATTACHED

IF OUT OF BUSINESS, ENTER DATE HERE: MM | DD | YY

DATE OF INCORPORATION: MM | DD | YY

ATTACH COMPLETED COPY OF FEDERAL FORM 1120

| | | | |
|---|--|----|-----|
| 1. Federal Taxable Income (See Specific Instructions) | <input style="width: 80%;" type="text"/> | 00 | 1 |
| 2. Total subtractions from Schedule 4A | <input style="width: 80%;" type="text"/> | 00 | 2 |
| 3. Line 1 minus Line 2 | <input style="width: 80%;" type="text"/> | 00 | 3 |
| 4. Total additions from Schedule 4B | <input style="width: 80%;" type="text"/> | 00 | 4 |
| 5. Entire net income. Line 3 plus Line 4 | <input style="width: 80%;" type="text"/> | 00 | 5 |
| WHERE LINE 5 IS DERIVED ENTIRELY FROM SOURCES WITHIN DELAWARE, ENTER AMOUNT ON LINE 11. WHERE THE ENTIRE INCOME IS NOT DERIVED FROM SOURCES WITHIN DELAWARE, COMPLETE ITEMS 6 TO 10 INCLUSIVE. | | | |
| 6. Total non-apportionable income (or loss) (Schedule 2, Column 3, Line 8) | <input style="width: 80%;" type="text"/> | 00 | 6 |
| 7. Income (or loss) subject to apportionment (Line 5 minus Line 6) | <input style="width: 80%;" type="text"/> | 00 | 7 |
| 8. Apportionment percentage (Schedule 3B, Line 3) | <input style="width: 80%;" type="text"/> | % | 8 |
| 9. Income (or loss) apportioned to Delaware (Line 7 multiplied by Line 8) | <input style="width: 80%;" type="text"/> | 00 | 9 |
| 10. Non-apportionable income (or loss) (Schedule 2, Column 1, Line 8) | <input style="width: 80%;" type="text"/> | 00 | 10 |
| 11. Total (Line 9 plus or minus Line 10) | <input style="width: 80%;" type="text"/> | 00 | 11 |
| 12. Delaware Taxable Income (Line 5 or Line 11, whichever is less) | <input style="width: 80%;" type="text"/> | 00 | 12 |
| 13. Tax @ 8.7% | <input style="width: 80%;" type="text"/> | 00 | 13 |
| 14. Approved non-refundable tax credits | <input style="width: 80%;" type="text"/> | 00 | 14 |
| 15. Balance due after non-refundable tax credits | <input style="width: 80%;" type="text"/> | 00 | 15 |
| 16. Delaware tentative tax paid | <input style="width: 80%;" type="text"/> | 00 | 16 |
| 17. Credit carry-over from prior year | <input style="width: 80%;" type="text"/> | 00 | 17 |
| 18. Other payments (attach statement)..... | <input style="width: 80%;" type="text"/> | 00 | 18 |
| 19. Approved refundable income tax credits | <input style="width: 80%;" type="text"/> | 00 | 19 |
| 20. Total payments and credits. Add Lines 16 through 19 | <input style="width: 80%;" type="text"/> | 00 | 20 |
| 21. If Line 15 is greater than Line 20 enter BALANCE DUE AND PAY IN FULL | <input style="width: 80%;" type="text"/> | 00 | 21 |
| 22. If Line 20 is greater than Line 15 enter OVERPAYMENT: (a) Total OVERPAYMENT | <input style="width: 80%;" type="text"/> | 00 | 22a |
| (b) to be REFUNDED | <input style="width: 80%;" type="text"/> | 00 | 22b |
| (c) to be CREDITED to 2021 TENTATIVE TAX... | <input style="width: 80%;" type="text"/> | 00 | 22c |

PLEASE SEE PAGE 3 FOR SIGNATURE LINES AND MAILING INSTRUCTIONS



DF11020019999

SCHEDULE 1 - INTEREST INCOME

| Description of Interest | Column 1 Foreign Interest | Column 2 Interest Received From U.S. Securities | Column 3 Interest Received From Affiliated Companies | Column 4 Interest Received From State Obligations | Column 5 Other Interest Income |
|-------------------------|------------------------------|---|--|---|--------------------------------------|
| 1 | 00 | 00 | 00 | 00 | 00 1 |
| 2 | 00 | 00 | 00 | 00 | 00 2 |
| 3 | 00 | 00 | 00 | 00 | 00 3 |
| 4 | 00 | 00 | 00 | 00 | 00 4 |
| 5 | 00 | 00 | 00 | 00 | 00 5 |
| 6 Totals | 00 | 00 | 00 | 00 | 00 6 |

SCHEDULE 2 NON-APPORTIONABLE INCOME ALLOCATED WITHIN AND WITHOUT DELAWARE

| Description | Column 1 Within Delaware | Column 2 Without Delaware | Column 3 Total |
|--|-----------------------------|------------------------------|-------------------|
| 1 Rents and royalties from tangible property | 00 | 00 | 00 1 |
| 2 Royalties from patents and copyrights | 00 | 00 | 00 2 |
| 3 Gains or (losses) from sale of real property | 00 | 00 | 00 3 |
| 4 Gains or (losses) from sale of depreciable tangible property | 00 | 00 | 00 4 |
| 5 Interest income from Schedule 1, Columns 4 and 5, Line 6 | 00 | 00 | 00 5 |
| 6 Total | 00 | 00 | 00 6 |
| 7 Less: Applicable expenses (Attach statement) | 00 | 00 | 00 7 |
| 8 Total non-apportionable income | 00 | 00 | 00 8 |

SCHEDULE 3 - APPORTIONMENT PERCENTAGE

Schedule 3-A - Gross Receipts Subject to Apportionment

| Description | Within Delaware | Within and Without Delaware |
|---|-----------------|-----------------------------|
| 1 Gross receipts from sales of tangible personal property | 00 | 00 1 |
| 2 Gross income from other sources (Attach statement) | 00 | 00 2 |
| 3 Total | 00 | 00 3 |

Schedule 3-B - Determination of Apportionment Percentage

| | | | | | |
|--|----|---|--|---|---|
| 1 Gross receipts and gross income from within Delaware | 00 | = | | % | 1 |
| 2 Gross receipts and gross income from within and without Delaware | 00 | | | | 2 |
| 3 Apportionment percentage (See instruction) | | | | % | 3 |

Schedule 3-C - Gross Real and Tangible Personal Property

| Description | Within Delaware | | Within and Without Delaware | |
|--|-------------------|-------------|-----------------------------|-------------|
| | Beginning of Year | End of Year | Beginning of Year | End of Year |
| 1 Real and tangible property owned | 00 | 00 | 00 | 00 1 |
| 2 Real and tangible property rented (Eight times annual rental paid) | 00 | 00 | 00 | 00 2 |
| 3 Total | 00 | 00 | 00 | 00 3 |
| 4 Less: Value at original cost of real and tangible property, the income from which is separately allocated (See instructions) | 00 | 00 | 00 | 00 4 |
| 5 Total | 00 | 00 | 00 | 00 5 |
| 6 Average value (See instructions) | | 00 | | 00 6 |

Schedule 3-D - Wages, Salaries, and Other Compensation Paid or Accrued to Employees

| Description | Within Delaware | Within and Without Delaware |
|---|-----------------|-----------------------------|
| 1 Wages, salaries, and other compensation of all employees | 00 | 00 1 |
| 2 Less: Wages, salaries, and other compensation of general executive officers | 00 | 00 2 |
| 3 Total | 00 | 00 3 |



SCHEDULE 4-A - SUBTRACTIONS

| | | |
|--|----|---|
| 1. Foreign dividends, interest and royalties | 00 | 1 |
| 2. Net interest from U.S. securities (Schedule 1, Column 2) | 00 | 2 |
| 3. Interest from affiliated companies (Schedule 1, Column 3) | 00 | 3 |
| 4. Gain from sale of U.S. or Delaware securities | 00 | 4 |
| 5. Wage deduction - Federal Jobs Credit | 00 | 5 |
| 6. Handicapped accessibility deduction (Attach statement) | 00 | 6 |
| 7. Net operating loss carry-over | 00 | 7 |
| 8. NBI must attach form 1100 NBI | 00 | 8 |
| 9. TOTAL Subtractions (Add lines 1 thru 8) | 00 | 9 |

SCHEDULE 4-B - ADDITIONS

| | | |
|--|----|---|
| 1. All state and political subdivision income taxes deducted in computing Line 1 | 00 | 1 |
| 2. Loss from sale of U.S. or Delaware securities | 00 | 2 |
| 3. Interest income from obligations of any state except DE (Schedule 1, Column 4) | 00 | 3 |
| 4. Depletion expense - oil and gas | 00 | 4 |
| 5. Interest paid affiliated companies (See Instructions) | 00 | 5 |
| 6. Donations included in Line 1 for which Delaware income tax credits were granted | 00 | 6 |
| 7. TOTAL Additions (Add lines 1 thru 7) | 00 | 7 |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than the taxpayer, the declaration is based on all information of which the preparer has any knowledge.

| | | | |
|-------|--|-------|---------------|
| _____ | _____ | _____ | _____ |
| Date | Signature of Officer | Title | Email Address |
| | | | |
| _____ | _____ | | _____ |
| Date | Signature of Individual or firm preparing the return | | Address |

MAKE CHECK PAYABLE AND MAIL TO: Delaware Division of Revenue, P.O. Box 2044, Wilmington, DE 19899-2044

