

2022 DELAWARE CORPORATION INCOME TAX RETURN FORM 1100

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

for Fiscal year beginning _____ and ending _____

EMPLOYER IDENTIFICATION NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Corporation _____

Street Address _____

City State Zip Code _____

Delaware Address if Different than Above _____

City State Zip Code _____

Delaware Address if Different than Above _____

City State Zip Code _____

State of Incorporation Nature of Business: _____

City State Zip Code _____

State of Incorporation Nature of Business: _____

City State Zip Code _____

State of Incorporation Nature of Business: _____

City State Zip Code _____

CHECK APPLICABLE BOX: Small Corporation ESOP

INITIAL RETURN CHANGE OF ADDRESS EXTENSION ATTACHED

IF OUT OF BUSINESS, ENTER DATE HERE: _____

DATE OF INCORPORATION: _____

ATTACH COMPLETED COPY OF FEDERAL FORM 1120

1. Federal Taxable Income (See Specific Instructions)	00	1
2. Total subtractions from Schedule 4A	00	2
3. Line 1 minus Line 2	00	3
4. Total additions from Schedule 4B	00	4
5. Entire net income. Line 3 plus Line 4	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)	00	6
7. Income (or loss) subject to apportionment (Line 5 minus Line 6)	00	7
8. Apportionment percentage (Schedule 3B, Line 3)	%	8
9. Income (or loss) apportioned to Delaware (Line 7 multiplied by Line 8)	00	9
10. Non-apportionable income (or loss) (Schedule 2, Column 1, Line 8)	00	10
11. Total (Line 9 plus or minus Line 10)	00	11
12. Delaware Taxable Income (Line 5 or Line 11, whichever is less)	00	12
13. Tax @ 8.7%	00	13
14. Approved non-refundable tax credits	00	14
15. Balance due after non-refundable tax credits	00	15
16. Delaware tentative tax paid	00	16
17. Credit carry-over from prior year	00	17
18. Other payments (attach statement).....	00	18
19. Approved refundable income tax credits	00	19
20. Total payments and credits. Add Lines 16 through 19	00	20
21. If Line 15 is greater than Line 20 enter BALANCE DUE AND PAY IN FULL	00	21
22. If Line 20 is greater than Line 15 enter OVERPAYMENT: (a) Total OVERPAYMENT	00	22a
(b) to be REFUNDED	00	22b
(c) to be CREDITED to 2023 TENTATIVE TAX...	00	22c

PLEASE SEE PAGE 3 FOR SIGNATURE LINES AND MAILING INSTRUCTIONS



DF11022019999

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

