

DELAWARE 2023

DIVISION OF REVENUE F O R M
CIT-TAX

CORPORATION INCOME TAX RETURN FORMERLY 1100



For Fiscal Year beginning and ending

Name of Corporation

Street Address

City State Zip Code

Delaware Address (if different than above)

City State Zip Code

State of Incorporation Date of Incorporation If Out of Business, Enter Date

Nature of Business

Taxpayer ID

Small Corporation ESOP

✓ Check Applicable Box(es):

Initial Return Amended Return

Change of Address Extension Attached

📎 Attach Completed Copy of Federal Form 1120

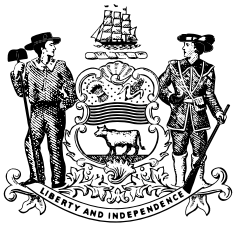
| | | | |
|---|--|-------|-----|
| 1. FEDERAL TAXABLE INCOME (See instructions) + | | 1. \$ | .00 |
| 2. TOTAL SUBTRACTIONS (Schedule 4A) | | 2. \$ | .00 |
| 3. Subtract Line 2 from Line 1 = | | 3. \$ | .00 |
| 4. TOTAL ADDITIONS (Schedule 4B) | | 4. \$ | .00 |
| 5. ENTIRE NET INCOME - Add Line 3 to Line 4 (Where Line 5 is derived entirely from sources within Delaware, enter amount on Line 11.) = | | 5. \$ | .00 |

Where the entire income (Line 5) is NOT derived from sources within Delaware, complete Lines 6 through 10.

| | | | |
|--|--|--------|-----|
| 6. TOTAL NON-APPORTIONABLE INCOME (OR LOSS) (Schedule 2, Column 3, Line 8) | | 6. \$ | .00 |
| 7. INCOME (OR LOSS) SUBJECT TO APPORTIONMENT - Subtract Line 6 from Line 5 = | | 7. \$ | .00 |
| 8. APPORTIONMENT PERCENTAGE (Schedule 3B, Line 3) | | 8. | % |
| 9. INCOME (OR LOSS) APPORTIONED TO DELAWARE - Multiply Line 7 by Line 8 = | | 9. \$ | .00 |
| 10. NON-APPORTIONABLE INCOME (OR LOSS) (Schedule 2, Column 1, Line 8) | | 10. \$ | .00 |

| | | | |
|--|--|---------|-----|
| 11. TOTAL - Add Line 9 to Line 10 = | | 11. \$ | .00 |
| 12. DELAWARE TAXABLE INCOME (Line 5 or Line 11, whichever is less) | | 12. \$ | .00 |
| 13. TAX LIABILITY - Multiply Line 12 by .087 = | | 13. \$ | .00 |
| 14. APPROVED NON-REFUNDABLE TAX CREDITS | | 14. \$ | .00 |
| 15. BALANCE DUE AFTER APPROVED NON-REFUNDABLE TAX CREDITS - Subtract Line 14 from Line 13 (Enter 0 if Neg) = | | 15. \$ | .00 |
| 16. DELAWARE TENTATIVE TAX PAID | | 16. \$ | .00 |
| 17. CREDIT CARRY-OVER FROM PRIOR YEAR | | 17. \$ | .00 |
| 18. OTHER PAYMENTS (Attach statement) 📎 | | 18. \$ | .00 |
| 19. APPROVED REFUNDABLE INCOME TAX CREDITS | | 19. \$ | .00 |
| 20. TOTAL PAYMENTS AND CREDITS - Add Line 16 through Line 19 = | | 20. \$ | .00 |
| 21. BALANCE DUE AND PAY IN FULL (If Line 15 is greater than Line 20 Subtract Line 20 from Line 15) = | | 21. \$ | .00 |
| 22a. OVERPAYMENT (If Line 20 is greater than Line 15 Subtract Line 15 from Line 20) = | | 22a. \$ | .00 |
| 22b. AMOUNT TO BE REFUNDED | | 22b. \$ | .00 |
| 22c. AMOUNT TO BE CREDITED TO 2024 TENTATIVE TAX | | 22c. \$ | .00 |

PLEASE SEE PAGE 3 FOR SIGNATURE LINES AND MAILING INSTRUCTIONS



DELAWARE 2023

DIVISION OF REVENUE FOR CIT-TAX

CORPORATION INCOME TAX RETURN FORMERLY 1100



SCHEDULE
4A

MINUS SUBTRACTIONS

| | | | |
|--|--|-------|-----|
| 1. FOREIGN DIVIDENDS, INTEREST, AND ROYALTIES | | 1. \$ | .00 |
| 2. NET INTEREST FROM U.S. SECURITIES (Schedule 1, Column 2) | | 2. \$ | .00 |
| 3. INTEREST FROM AFFILIATED COMPANIES (Schedule 1, Column 3) | | 3. \$ | .00 |
| 4. GAIN FROM SALE OF U.S. OR DELAWARE SECURITIES | | 4. \$ | .00 |
| 5. WAGE DEDUCTION - FEDERAL JOBS CREDIT | | 5. \$ | .00 |
| 6. HANDICAPPED ACCESSIBILITY DEDUCTION (Attach statement) | | 6. \$ | .00 |
| 7. NET OPERATING LOSS CARRY-OVER | | 7. \$ | .00 |
| 8. NBI (Must attach form CIT-SCH) | | 8. \$ | .00 |
| 9. TOTAL SUBTRACTIONS - Add Line 1 through Line 8 | | 9. \$ | .00 |

SCHEDULE
4B

PLUS ADDITIONS

| | | | |
|--|--|-------|-----|
| 1. ALL STATE AND POLITICAL SUBDIVISION INCOME TAXES DEDUCTED IN COMPUTING LINE 1 | | 1. \$ | .00 |
| 2. LOSS FROM SALE OF U.S. OR DELAWARE SECURITIES | | 2. \$ | .00 |
| 3. INTEREST INCOME FROM OBLIGATIONS OF ANY STATE EXCEPT DE (Schedule 1, Column 4) | | 3. \$ | .00 |
| 4. DEPLETION EXPENSE - OIL AND GAS | | 4. \$ | .00 |
| 5. INTEREST PAID AFFILIATED COMPANIES (See instructions) | | 5. \$ | .00 |
| 6. DONATIONS INCLUDED IN LINE 1 FOR WHICH DELAWARE INCOME TAX CREDITS WERE GRANTED | | 6. \$ | .00 |
| 7. TOTAL ADDITIONS - Add Line 1 through Line 6 | | 7. \$ | .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.

| | |
|----------------------|------|
| SIGNATURE OF OFFICER | DATE |
| TITLE OF OFFICER | |
| | |
| PHONE NUMBER | |
| | |
| EMAIL ADDRESS | |
| | |

PAID PREPARER INFORMATION

| | | |
|-------------------------|--------------|----------|
| PAID PREPARER SIGNATURE | DATE | |
| ADDRESS | | |
| | | |
| CITY | STATE | ZIP CODE |
| | | |
| EIN, SSN or PTIN | PHONE NUMBER | |
| | | |
| EMAIL ADDRESS | | |
| | | |

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

**MAIL COMPLETED FORM WITH
REMITTANCE PAYABLE TO:**

Delaware Division of Revenue
PO Box 2044
Wilmington, DE 19899-2044