

DELAWARE 2023
DIVISION OF REVENUE F O R M
SCT-RTN



S CORPORATION RECONCILIATION
AND SHAREHOLDERS INFORMATION RETURN
FORMERLY 1100S

For Fiscal Year beginning [] and ending []

Name of Corporation

SUB S BAL DUE SM CORP - TEST 1S

Street Address

6789 LANCASTER AVE

City

State

Zip Code

WILMINGTON DE 19805

Delaware Address (if different than above)

City

State

Zip Code

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

DE

Nature of Business

Taxpayer ID

9 digit tax ID input fields

[X] Small Corporation

[] ESOP

Check Applicable Box(es):

[X] Initial Return

[] Amended Return

[] Change of Address

[] Extension Attached

Attach Completed Copy of U.S. Income Tax Return for an S Corporation Form 1120S.

Table with 14 rows for income and deductions, and 14 rows for tax calculations. Total net income is 12345.00. Balance due and pay in full is 815.00.

If Line 13 is greater than Line 8, the amount on Line 13 will be the estimated tax proportionally claimed by the non-resident shareholder(s) upon filing their Delaware non-resident personal income tax return.

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



DELAWARE 2023

DIVISION OF REVENUE FORM
SCT-RTN



S CORPORATION RECONCILIATION AND SHAREHOLDERS INFORMATION RETURN FORMERLY 1100S

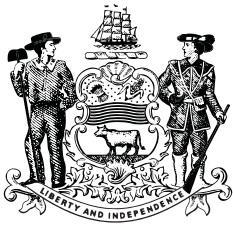
SCHEDULE 1 - APPORTIONMENT PERCENTAGE

		COLUMN A		COLUMN B	
		Within Delaware		Within and Without Delaware	
		Beginning of Year	End of Year	Beginning of Year	End of Year
SCHEDULE 1A	GROSS REAL AND TANGIBLE PERSONAL PROPERTY				
1.	REAL & TANGIBLE PROPERTY OWNED	\$.00	\$.00	\$.00	\$.00
2.	REAL & TANGIBLE PROPERTY RENTED (eight times annual rental paid)	\$.00	\$.00	\$.00	\$.00
3.	TOTAL - Add Line 1 to Line 2	\$.00	\$.00	\$.00	\$.00
4.	LESS: Value at original cost of real & tangible property, the income from which is separately allocated (See instructions)	\$.00	\$.00	\$.00	\$.00
5.	TOTAL - Subtract Line 4 from Line 3	\$.00	\$.00	\$.00	\$.00
6.	AVERAGE VALUES - Add Line 5 Beginning and End of Year Totals, then Divide by 2 (See instructions)	\$.00		\$.00	

		COLUMN A		COLUMN B	
		Within Delaware	Within and Without Delaware	Within Delaware	Within and Without Delaware
SCHEDULE 1B	WAGES, SALARIES, AND OTHER COMPENSATION PAID OR ACCRUED TO EMPLOYEES				
1.	WAGES, SALARIES, AND OTHER COMPENSATION of all employees	\$ 1000.00	\$ 1000.00	\$ 1000.00	\$ 1000.00
2.	LESS: WAGES, SALARIES, AND OTHER COMPENSATION of general executive officers	\$ 200.00	\$ 200.00	\$ 200.00	\$ 200.00
3.	TOTAL - Subtract Line 2 from Line 1	\$ 800.00	\$ 800.00	\$ 800.00	\$ 800.00

		COLUMN A		COLUMN B	
		Within Delaware	Within and Without Delaware	Within Delaware	Within and Without Delaware
SCHEDULE 1C	GROSS RECEIPTS SUBJECT TO APPORTIONMENT				
1.	GROSS RECEIPTS FROM SALES OF TANGIBLE PERSONAL PROPERTY	\$.00	\$.00	\$.00	\$.00
2.	GROSS INCOME FROM OTHER SOURCES (Attach statement)	\$.00	\$.00	\$.00	\$.00
3.	TOTAL - Add Line 1 to Line 2	\$.00	\$.00	\$.00	\$.00

		COLUMN A		COLUMN B	
		Within Delaware	Within and Without Delaware	Within Delaware	Within and Without Delaware
SCHEDULE 1D	DETERMINATION OF APPORTIONMENT PERCENTAGE				
1.	AVERAGE VALUE OF REAL AND TANGIBLE PROPERTY within Delaware	\$.00		=	%
2.	AVERAGE VALUE OF REAL AND TANGIBLE PROPERTY within and without Delaware	\$.00		=	%
3.	WAGES, SALARIES, AND OTHER COMPENSATION Paid to employees within Delaware	\$ 800.00		=	%
4.	WAGES, SALARIES, AND OTHER COMPENSATION Paid to employees within and without Delaware	\$ 800.00		=	%
5.	GROSS RECEIPTS AND GROSS INCOME from within Delaware	\$.00		=	%
6.	GROSS RECEIPTS AND GROSS INCOME from within and without Delaware	\$.00		=	%
7.	TOTAL COMBINED APPORTIONMENT PERCENTAGES (See instructions)			100.000000	
8.	APPORTIONMENT PERCENTAGE (See instructions)			100.000000	%



DELAWARE 2023

DIVISION OF REVENUE FORM
SCT-SSA



S CORPORATION RECONCILIATION OF ORDINARY INCOME TO TOTAL NET INCOME FORMERLY 1100S SCHEDULE A

For Fiscal Year beginning and ending

Name of S Corporation

Taxpayer ID

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1. ORDINARY INCOME (LOSS) (Federal Form 1120S, Schedule K, Line 1)	1.	\$	12345	.00
2. APPORTIONMENT PERCENTAGE (Form SCT-RTN, Schedule 1D, Line 8)	2.		100.0000	%
3. ORDINARY INCOME APPORTIONED TO DELAWARE - Multiply Line 1 by Line 2	3.	\$	12345	.00

	COLUMN A		COLUMN B				
	Total		Within Delaware				
3a. ENTER in Column A the Amount from Line 1 and in Column B the Amount from Line 3	3a.	\$	12345	.00	\$	12345	.00

+ ADDITIONS:					
4. NET INCOME (LOSS) FROM RENTAL REAL ESTATE ACTIVITIES (Federal Form 1120S, Schedule K, Line 2)	4.	\$	.00	\$	.00
5. NET INCOME (LOSS) FROM OTHER RENTAL ACTIVITIES (Federal Form 1120S, Schedule K, Line 3c)	5.	\$	.00	\$	.00
6. INTEREST INCOME (Federal Form 1120S, Schedule K, Line 4)	6.	\$	.00	\$	.00
7. DIVIDEND INCOME (Federal Form 1120S, Schedule K, Line 5a)	7.	\$	.00	\$	.00
8. ROYALTY INCOME (Federal Form 1120S, Schedule K, Line 6)	8.	\$	.00	\$	.00
9. NET SHORT TERM CAPITAL GAIN (LOSS) (Federal Form 1120S, Schedule K, Line 7)	9.	\$	.00	\$	.00
10. NET LONG TERM CAPITAL GAIN (LOSS) (Federal Form 1120S, Schedule K, Line 8a)	10.	\$	.00	\$	.00
11. NET GAIN (LOSS) UNDER SECTION 1231 (Federal Form 1120S, Schedule K, Line 9)	11.	\$	.00	\$	.00
12. OTHER INCOME (LOSS) (Federal Form 1120S, Schedule K, Line 10) (Attach schedule)	12.	\$	.00	\$	.00
13. TOTAL - Add Line 3a through Line 12	13.	\$	12345	\$	12345

- SUBTRACTIONS:					
14. SECTION 179 EXPENSE DEDUCTION (Federal Form 1120S, Schedule K, Line 11)	14.	\$	.00	\$	.00
15. CHARITABLE CONTRIBUTIONS (Federal Form 1120S, Schedule K, Line 12a)	15.	\$	.00	\$	.00
16. OTHER DEDUCTIONS (Federal Form 1120S, Schedule K, Line 12d)	16.	\$	.00	\$	.00
17. DEPLETION EXPENSE (Included on Federal Form 1120S, Schedule K, Line 15e)	17.	\$	.00	\$	.00
18. TOTAL - Add Line 14 through Line 17	18.	\$	.00	\$	.00
19. TOTAL NET INCOME (LOSS) - Subtract Line 18 from Line 13	19.	\$	12345	\$	12345

Enter the amount from Column B on Form SCT-RTN, Line 1



DELAWARE 2023

DIVISION OF REVENUE FORM
SCT-SSR



S CORPORATION SHAREHOLDERS INFORMATION RETURN SHAREHOLDER'S SHARE OF INCOME, DEDUCTIONS & CREDITS FORMERLY 1100S SCHEDULE A1

For Fiscal Year beginning and ending

✓ Check Applicable Box:

Shareholder's Taxpayer ID

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S Corporation's Taxpayer ID

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Resident

Non-Resident

Shareholder's Name
T. THOMAS

S Corporation's Name
SUB S BAL DUE SM CORP - TEST 1S

Street Address

Street Address

100 FRONT ST

City State Zip Code

City State Zip Code

PHILADELPHIA PA 19019

Percentage of Stock Owned

100.0000 %

	COLUMN A		COLUMN B	
	Resident	Non-Resident	Resident	Non-Resident
1.	SHAREHOLDER'S PORTION OF ORDINARY INCOME (LOSS) (Form SCT-SSA, Line 3a)			
1.	\$	.00	\$	12345 .00

+ ADDITIONS:

2.	NET INCOME (LOSS) FROM RENTAL REAL ESTATE ACTIVITIES (Form SCT-SSA, Line 4)			
3.	NET INCOME (LOSS) FROM OTHER RENTAL ACTIVITIES (Form SCT-SSA, Line 5)			
4.	INTEREST INCOME (Form SCT-SSA, Line 6)			
5.	DIVIDEND INCOME (Form SCT-SSA, Line 7)			
6.	ROYALTY INCOME (Form SCT-SSA, Line 8)			
7.	NET SHORT TERM CAPITAL GAIN (LOSS) (Form SCT-SSA, Line 9)			
8.	NET LONG TERM CAPITAL GAIN (LOSS) (Form SCT-SSA, Line 10)			
9.	NET GAIN (LOSS) UNDER SECTION 1231 (Form SCT-SSA, Line 11)			
10.	OTHER INCOME (LOSS) (Form SCT-SSA, Line 12) (Attach schedule)			
11.	TOTAL - Add Line 1 through Line 10			

2.	\$	.00	\$	.00
3.	\$	.00	\$	.00
4.	\$	.00	\$	.00
5.	\$	.00	\$	.00
6.	\$	.00	\$	.00
7.	\$	.00	\$	.00
8.	\$	.00	\$	.00
9.	\$	.00	\$	.00
10.	\$	.00	\$	.00
11.	\$	.00	\$	12345 .00

- SUBTRACTIONS:

12.	SECTION 179 EXPENSE DEDUCTION (Form SCT-SSA, Line 14)			
13.	CHARITABLE CONTRIBUTIONS (Form SCT-SSA Line 15)			
14.	OTHER DEDUCTIONS (Form SCT-SSA, Line 16)			
15.	DEPLETION EXPENSE (Form SCT-SSA, Line 17)			
16.	TOTAL - Add Line 12 through Line 15			
17.	TOTAL NET INCOME (LOSS) - Subtract Line 16 from Line 11			

12.	\$	.00	\$	.00
13.	\$	.00	\$	.00
14.	\$	.00	\$	.00
15.	\$	.00	\$	.00
16.	\$	.00	\$	.00
17.	\$	.00	\$	12345 .00

STATE MODIFICATIONS

- SUBTRACTIONS:

18.	NET INTEREST FROM U.S. SECURITIES (Form SCT-RTN, Line 2a)			
19.	WAGE DEDUCTION - FEDERAL JOBS CREDIT (Form SCT-RTN, Line 2b)			

18.	\$	.00	\$	.00
19.	\$	.00	\$	.00

+ ADDITIONS:

20.	INTEREST FROM ANY STATE EXCEPT DELAWARE (Form SCT-RTN, Line 4a)			
21.	DEPLETION EXPENSE - OIL AND GAS (Form SCT-RTN, Line 4b)			
22.	CHARITABLE CONTRIBUTIONS - for which the Delaware Land & Historic Resource Conservation credit was granted (Form SCT-RTN, Line 4c)			

20.	\$	.00	\$	.00
21.	\$	.00	\$	.00
22.	\$	.00	\$	.00

INCOME TAX CREDITS:

23.	APPROVED NON REFUNDABLE INCOME TAX CREDITS FROM S CORPORATION			
24.	APPROVED REFUNDABLE INCOME TAX CREDITS FROM S CORPORATION			
25.	ESTIMATED TAX PAID ON BEHALF OF THE INDIVIDUAL NON-RESIDENT SHAREHOLDER			

23.	\$	.00	\$	.00
24.	\$	.00	\$	.00
25.	\$		\$	.00