



S CORPORATION RECONCILIATION AND SHAREHOLDERS INFORMATION RETURN FORMERLY 1100S

	For Fiscal Year	beginning		and ending						
	me of Corporation				Taxpayer ID					
SU	B S ZERO DUE ESOP - TEST 5S				Tuxpayer 15					
	reet Address									
154	14 BRYAN DR									
Cit		State	Zip Code	_			г			
	LMINGTON	DE	19808		Small Corporati	on	L	X ESOP		
De	laware Address (if different than above)			_						
					✓ Ch	eck	Applicabl	le Box(es):		
Cit	у	State	Zip Code							
					Initial Return		L	Amended Retur	n	
Sta		Out of Busine	ss, Enter Date		_		-	_		
	DE				Change of Addr	ess	L	Extension Attac	hed	
Na	ture of Business			_	- 4 6		1.6			
					Return for an	etec S C	I Copy of orporatio	U.S. Income Tax on Form 1120S.		
1.	TOTAL NET INCOME (Form SCT-SSA, Column B, Line 19)					1.	Ş	500	00	.00
	SUBTRACTIONS:									
2a.	NET INTEREST FROM U.S. SECURITIES - To the exte	nt included in Line '	1			2a.	\$.00
2b.	WAGE DEDUCTION - FEDERAL JOBS CREDIT					2b.	\$.00
2c.	TOTAL SUBTRACTIONS - Add Line 2a to Line 2b)				2c.	\$.00
3.	TOTAL - Subtract Line 2c from Line 1					3.	\$	500	00	.00
	ADDITIONS:						_			
4a.	INTEREST ON OBLIGATIONS FROM ANY STATI	E EXCEPT DEL	AWARE - To the extent e	xcluded from Line 1		4a.	\$.00
4b.	DEPLETION EXPENSE					4b.	\$.00
4c.	CHARITABLE CONTRIBUTIONS - Included in Line 1 fo		e Land & Historic Resource C	onservation credit was g		4c.	\$.00
4d.	TOTAL ADDITIONS - Add Line 4a through Line 4	1c				4d.	\$	500	00	.00
5.	DISTRIBUTIVE INCOME - Add Line 3 to Line 4d					5.	\$	500		
6.	PERCENTAGE OF STOCK OWNED BY NON-RES					6.	<u>.</u>	0.0000		%
7.	DISTRIBUTIVE INCOME ATTRIBUTABLE TO NO					7.	\$ \$		_	.00
8.	TAX DUE ON BEHALF OF NON-RESIDENT SHAI				■	8.	\$ \$		U	.00
9.	ESTIMATED TAX PAID ON BEHALF OF NON-RE	SIDEN I SHAR	REHOLDERS (Form S	CI-IAX)		9.	<u>></u>			.00
10.	OTHER PAYMENTS (Attach schedule)	DEDITO				10.	\$ \$.00
11.	APPROVED NON-REFUNDABLE INCOME TAX					11.	<u>></u>			.00
12.	APPROVED REFUNDABLE INCOME TAX CREDIT		2		_	12.	<u>></u>			.00
13.	TOTAL PAYMENTS AND CREDITS - Add Line 9 t			42 (<u> </u>	13.	<u>></u>			.00
14.	BALANCE DUE AND PAY IN FULL - If Line 8 is g If Line 13 is greater than Line 8, the amount on Line 13 will be the es				non filing their Delaware non	14.	\$	income tay return		.00
	A refund will not be issued directly to the S Corporation for any overp	nayment of estimated	d tax paid on behalf of the n	on-resident shareholder	(s).	-16210	ent personar	income dax recum.		
U	URE TO SIGN YOUR RETURN BELOW AND KEEP A CO nder penalties of perjury, I declare that I have examined this return, including tents, and believe it is true, correct and complete. If prepared by a person oth based on all information of which the preparer has any kr	accompanying scheo er than taxpayer, the	dules and	PAID PREPARER	INFORMATION					
PAID PREPARER SIGNATURE								⊞ DATE		_
_(SIGNATURE OF OFFICER	■ DATE		ADDRESS						
	TITLE OF OFFICER			CITY			STATE	ZIP CODE		
	∮ PHONE NUMBER			EIN, SSN or PTIN		Ð	PHONE N	UMBER		

EIN, SSN or PTIN ∂ PHONE NUMBER @ EMAIL ADDRESS



@ EMAIL ADDRESS



DELAWARE 2023 DIVISION OF REVENUE SCT-RTN



S CORPORATION RECONCILIATION AND SHAREHOLDERS INFORMATION RETURN FORMERLY 1100S

SCHEDULE 1 - APPORTIONMENT PERCENTAGE

		COLU	COLUMN B							
SC	HEDULE GROSS REAL AND TANGIBLE PERSONAL PROPERTY	Within De	Within and Without Delawa							
	GROSS REAL AND TANGIBLE PERSONAL PROPERTY	Beginning of Year		End of Year		Beginni	ng of Yea	ar	End of Year	
1.	REAL & TANGIBLE PROPERTY OWNED	\$ 0.00	\$	0	.00	\$	1000	.00 \$	2000	.00
2.	REAL & TANGIBLE PROPERTY RENTED (eight times annual rental paid)	\$.00	\$.00	\$.00 \$.00
3.	TOTAL - Add Line 1 to Line 2	\$ 0.00	\$	0	.00	\$	1000	.00 \$	2000	.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	\$ 0.00	\$	0	.00	\$	1000	.00 \$	2000	.00
6.	AVERAGE VALUES - Add Line 5 Beginning and End of Year Totals, then Divide by 2 (See instructions)	\$		00. ()		\$			1500 .00	
SC	WAGES, SALARIES, AND OTHER COMPENSATION PAID	OR ACCRUED TO EMPLOY	YEES			MN A elaware	١٨/		OLUMN B	aro
1.		OVAAS	1.		יטווו		.00 \$	itiliii aiit	333333	
2.	LESS: WAGES, SALARIES, AND OTHER COMPENSATION of ge		2.	· ·		0			44444	
3.			3.			0			288889	_
SC	GROSS RECEIPTS SUBJECT TO APPORTIONMENT			With		MN A elaware			OLUMN B Without Delawa	
1.	GROSS RECEIPTS FROM SALES OF TANGIBLE PERSONAL PRO	OPERTY	1.	*		0	.00 \$		650000	_
2.	GROSS INCOME FROM OTHER SOURCES (Attach statement)		2 .	*		0	.00 \$		20000	
3.	TOTAL - Add Line 1 to Line 2		3.	\$		0	.00 \$		670000	.00
SO	DETERMINATION OF APPORTIONMENT PERCENTAGE						1			
1.	AVERAGE VALUE OF REAL AND TANGIBLE PROPERTY within De		1.	T .		0 .00	=		0.000000	· ½
2.	AVERAGE VALUE OF REAL AND TANGIBLE PROPERTY within an	nd without Delaware	2.	\$,	1500 .00			0.00000	
3.	WAGES, SALARIES, AND OTHER COMPENSATION Paid to employe	ees within Delaware	3.	\$		00. 0	_		0.000000	
4.	WAGES, SALARIES, AND OTHER COMPENSATION Paid to employe	ees within and without Delaware	4.	\$	288	.00 8888	_		0.000000	
5.	GROSS RECEIPTS AND GROSS INCOME from within Delaware		5.	-		00.00	=		0.000000	%
6.	GROSS RECEIPTS AND GROSS INCOME from within and without Delaw	are	6.	\$	6/1	00. 0000				
7.	TOTAL COMBINED APPORTIONMENT PERCENTAGES (See instr	ructions)					7.		0.0000	000
8.	APPORTIONMENT PERCENTAGE (See instructions)						8.		0.000000	%



DELAWARE 2 0 2 3 M DIVISION OF REVENUE SCT-SSA



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

	For Fiscal Year beginning and end	ding							
N.I.				Taxpayer ID					
	me of S Corporation								
50	B S ZERO DUE ESOP - TEST 5S								
1.	ORDINARY INCOME (LOSS) (Federal Form 1120S, Schedule K, Line 1)			1. \$		50000 .00			
2.	APPORTIONMENT PERCENTAGE (Form SCT-RTN, Schedule 1D, Line 8)		2. 0.000000 %						
3.	ORDINARY INCOME APPORTIONED TO DELAWARE - Multiply Line 1 by Line 2			■ 3. \$		00. ()			
				COLUMN A		COLUMN B			
			1	Total		Within Delaware			
3a.	ENTER in Column A the Amount from Line 1 and in Column B the Amount from Line 3		3a.	\$.	00 \$.00			
0	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 \$	0 .00			
11.	NET GAIN (LOSS) UNDER SECTION 1231 (Federal Form 1120S, Schedule K, Line 9)		11.	\$ 888	00 \$	0 .00			
12.	OTHER INCOME (LOSS) (Federal Form 1120S, Schedule K, Line 10) (Attach schedule)	0	12.	\$.	00 \$.00			
13.	TOTAL - Add Line 3a through Line 12		13.	\$ 1665	00 \$	0 .00			
	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.	\$ 1554	00 \$	0 .00			
17.	DEPLETION EXPENSE (Included on Federal Form 1120S, Schedule K, Line 15e)		17.	\$ 111 .	00	0 .00			
18.	TOTAL - Add Line 14 through Line 17		18.	\$ 1665	00	0 .00			
19.	TOTAL NET INCOME (LOSS) - Subtract Line 18 from Line 13		19.	\$ 0.	00 \$	0.00			

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



DELAWARE 2023 DIVISION OF REVENUE SCT-SSR



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

	For Fiscal Year	r beginnir	ng	and ending			V (Check Applicable Box:
Sha	areholder's Taxpayer ID			S Corporation's Ta	axna	ver ID	_	_
5	in enotice of rempoyer is			5 co. poracions re	жры	ye. 1.2	L	Resident
- CI							X	Non-Resident
-	areholder's Name			S Corporation's Na		: IE ESOP - TEST 58	,	
	ONES eet Address			Street Address	טט	JE ESUP - 1EST 53	,	
	0 WAYSIDE WAY			Street Address				
Cit		tate Z	Zip Code	City			Sta	te Zip Code
_		DE Z	19808	City			Sta	te Zip Code
	centage of Stock Owned		19000					
	10.0000 %							
	10.0000					COLUMN A		COLUMN B
						Resident		Non-Resident
1.	SHAREHOLDER'S PORTION OF ORDINARY INCO	OME (LO	SS) (Form SCT-SSA, Line 3a)		1.	\$ 0.	00 \$	0 .00
							-	
	ADDITIONS:							
2.	NET INCOME (LOSS) FROM RENTAL REAL ESTA	ATE ACTIV	'ITIES (Form SCT-SSA, Line 4	.)	2.	\$	00 \$.00
3.	NET INCOME (LOSS) FROM OTHER RENTAL AC	TIVITIES ((Form SCT-SSA, Line 5)		3.		00 \$.00
4.	INTEREST INCOME (Form SCT-SSA, Line 6)				4.	\$	00 \$.00
5.	DIVIDEND INCOME (Form SCT-SSA, Line 7)				5.		00 \$.00
6.	ROYALTY INCOME (Form SCT-SSA, Line 8)				6.	\$	00 \$.00
7.	NET SHORT TERM CAPITAL GAIN (LOSS) (Form SC	CT-SSA, Line 9))		7.		00 \$.00
8.	NET LONG TERM CAPITAL GAIN (LOSS) (Form SCT)		8.	\$ 777 .	00 \$.00	
9.	NET GAIN (LOSS) UNDER SECTION 1231 (Form SC	1)		9.	\$ 888	00 \$.00	
10.	OTHER INCOME (LOSS) (Form SCT-SSA, Line 12) (Attach s		0	10.	\$	00 \$.00	
11.	TOTAL - Add Line 1 through Line 10			=	11.	\$ 1665	00 \$	0.00
	SUBTRACTIONS:							
12.	SECTION 179 EXPENSE DEDUCTION (Form SCT-SSA	A, Line 14)			12.	\$.	00 \$.00
13.	CHARITABLE CONTRIBUTIONS (Form SCT-SSA Line 15	5)			13.	\$.	00 \$.00
14.	OTHER DEDUCTIONS (Form SCT-SSA, Line 16)				14.	\$ 1554	00 \$.00
15.	DEPLETION EXPENSE (Form SCT-SSA, Line 17)				15.	\$ 111 .	00 \$.00
16.	TOTAL - Add Line 12 through Line 15				16.	\$ 1665	00 \$.00
17.	TOTAL NET INCOME (LOSS) - Subtract Line 16	from Line	e 11		17.	\$ 0.	00 \$	0.00
	STATE MODIFICATIONS							
	SUBTRACTIONS:							
18.	NET INTEREST FROM U.S. SECURITIES (Form SCT-R				18.		00 \$	
19.	WAGE DEDUCTION - FEDERAL JOBS CREDIT (For	rm SCT-RTN, I	Line 2b)		19.	\$ 10 .	00 \$.00
0	ADDITIONS:					4	-	
20.	INTEREST FROM ANY STATE EXCEPT DELAWAR		T-RTN, Line 4a)		20.			
21.	DEPLETION EXPENSE - OIL AND GAS (Form SCT-RTI				21.		00 \$	
22.	CHARITABLE CONTRIBUTIONS - for which the Delaware	e Land & Historio	c Kesource Conservation credit was	granted (Form SCT-RTN, Line 4c)	22.	\$ 3.	00 \$.00
	INCOME TAY OPENITO							
22	INCOME TAX CREDITS: APPROVED NON REFUNDABLE INCOME TAX C	DEDITO T	DOM C CORDODATIO	ıNı	23.	ė	00 \$	00
23. 24.	APPROVED NON REFUNDABLE INCOME TAX C			'IN	24.	-	00 \$ 00 \$	
25.	ESTIMATED TAX PAID ON BEHALF OF THE IND			REHOLDER	24. 25.	· ·	9 ¢	.00
23.	LOTHING TAX LAID ON DELIAL OF THE IND	TIPOAL	TOTA INCOMPENSE STIME	VEL TO EDEIX	۷.			.00