

## DELAWARE 2023 DIVISION OF REVENUE CMP-TAX



## COMPOSITE PERSONAL INCOME TAX RETURN FORMERLY 200C

| For Fisca   | l Year beginning  |                         | and ending     |                                  |                                 |
|---|-------------------|-------------------------|----------------|----------------------------------|---------------------------------|
| Name of Business  |                   |                         | Employ         | yer Identification Number or     | Taxnaver ID                     |
| Street Address  |                   |                         | Emplo          | yel identification (diffice)     | Tuxpayer 15                     |
| City  | State             | Zip Code                |                |                                  |                                 |
| Delaware Address (if different than above)  |                   | ✓ Check Applicable Box: |                |                                  |                                 |
| Cit.  | Chaha             | 7:- C                   |                | Initial Return                   |                                 |
| City  | State             | Zip Code                |                | Final Return                     |                                 |
| State of Incorporation Date of Incorporation  | Non-Resident Part | tners/Shareholders      | Amended Return |                                  |                                 |
| Nature of Business  |                   |                         |                |                                  |                                 |
| <ol> <li>DELAWARE SOURCED INCOME (Non-residents only)</li> <li>TAX LIABILITY - Multiply Line 1 by .0660</li> <li>NON REFUNDABLE CREDITS (Must attach form PIT-CRS)</li> <li>BALANCE - Subtract Line 3 from Line 2 (Enter 0 if Negative)</li> <li>ESTIMATED TAXES PAID (Include real estate taxes paid on this line)</li> <li>BALANCE DUE AND PAY IN FULL (If Line 5 is less than Line 4 Subtract Line 5 from Line 4 over the subtract Line 4 from Line 4 is less than Line 5 Subtract Line 4 from Line 5</li> </ol> |                   |                         | •              | 1.<br>2.<br>3.<br>4.<br>5.<br>6. | .00<br>.00<br>.00<br>.00<br>.00 |
| PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN ${\mathscr Q}$   |                   |                         |                |                                  |                                 |
| 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.  PAID PREPARER INFORMATION  PAID PREPARER SIGNATURE  |                   |                         |                |                                  |                                 |
| SIGNATURE OF OFFICER  | ⊞ DATE            | Al                      | DDRESS         |                                  |                                 |



ZIP CODE

STATE

TITLE OF OFFICER

 ${\mathcal J}$  PHONE NUMBER

@ EMAIL ADDRESS

CITY

EIN, SSN or PTIN

@ EMAIL ADDRESS