DO NOT WRITE OR STAPLE IN THIS AREA - REVENUE CODE 0093

### 2018 DELAWARE 2018 S CORPORATION RECONCILIATION AND SHAREHOLDERS INFORMATION RETURN FORM 1100S

FOR CALENDAR YEAR 2018

|   |                     |                               | EMPLOYER IDENTIFICATION NUMBER |                  |                   |
|---|---------------------|-------------------------------|--------------------------------|------------------|-------------------|
| for Fiscal year beginning   | and end             | ling                          |                                |                  | SMALL CORPORATION |
| Name of Corporation   |                     |                               |                                |                  |                   |
|   |                     |                               | CHECK APPLICABLE BOX           | (:               | ESOP              |
| Street Address  |                     |                               |                                |                  | 20                |
| City  | State               | Zip Code                      | INITIAL RETURN                 | CHANGE OF ADDRES | 58                |
| City  | State               |                               | AMENDED RETURN                 | EXTENSION ATTACH | IFD               |
| Delaware Address if Different than Above  |                     |                               |                                |                  |                   |
|   |                     |                               |                                |                  |                   |
| City  | State               | Zip Code                      | IF OUT OF BUSINESS, ENTER      | DATE HERE:       |                   |
|   |                     |                               |                                |                  |                   |
| State of Incorporation Nature   | e of Business:      |                               | DATE OF INCO                   | RPORATION:       |                   |
|   |                     |                               |                                |                  |                   |
|   |                     |                               |                                |                  |                   |
|   |                     | EDERAL FORM 1120S             |                                | 1.               |                   |
| 1. Total Net Income from Delawa   | re Form 1100S, 3    | Schedule A, Column B, Line 19 | 9                              |                  |                   |
| 2. Subtractions:  |                     |                               |                                |                  |                   |
| (a) Net interest from U.S secu  | rities to the exten | t included in Line 1          | 2a.                            |                  |                   |
| (b) Wage deduction - Federal .  | Jobs Credit         |                               | 2b.                            |                  |                   |
| (c) Total, Add Lines 2(a) and 2   | (b)                 |                               |                                | 2c.              |                   |
| 3. Line 1 minus Line 2(c)   |                     |                               |                                | ······ 3.        |                   |
| 4. Additions:   |                     | t Dalaman                     |                                |                  |                   |
| (a) Interest on obligations from  | , ,                 | ot Delaware                   |                                |                  |                   |
| (b) Depletion expense   |                     |                               | 4a.                            |                  |                   |
| (c) Charitable contributions in<br>& Historic Resource Conse                                      |                     |                               | 4b.                            |                  |                   |
|   |                     |                               | 4c.                            | 00               |                   |
| (d) Total, Add Lines 4(a) throug  |                     |                               |                                |                  |                   |
| 5. Distributive Income, Add Lines   | . ,                 |                               |                                | ••               |                   |
| <ol> <li>Percentage of stock owned by</li> <li>Distributive income attributable</li> </ol>        |                     |                               |                                | . 0.             |                   |
| 8. Tax due on behalf of non-resid   |                     | ( 1)                          | , , ,                          | · /.             |                   |
| 9. Estimated tax paid on behalf o   | f Non-Resident S    | Shareholders from             |                                | 0.               |                   |
| Delaware Form 1100P   |                     |                               | 9.<br>10.                      |                  |                   |
| 10. Other Payments (attach sched  | ,                   |                               | 10.                            |                  |                   |
| 11. Approved Non Refundable Inc   |                     |                               | 11.                            |                  |                   |
| 12. Approved Refundable Income  |                     |                               |                                | 40               |                   |
| <ul><li>13. Total Payments and Credits. A</li><li>14. If Line 8 is greater than Line 13</li></ul> |                     |                               |                                |                  |                   |
| the amount on Line 13 will be   |                     |                               |                                | <b>,</b>         |                   |
| shareholder(s) upon the filing of   |                     |                               | •                              | he               |                   |
| issued directly to the S Corpor   |                     | •                             |                                |                  |                   |
| shareholders  | ,                   | ., .                          |                                |                  |                   |
|   |                     |                               |                                |                  |                   |

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       |
| MA   | AKE CHECK PAYABLE AND MAIL TO: Delaware Division of Revenue,<br>P.O. Box 2044, Wilmington, DE 19899-2044 |       | F11218019999  |



# **FORM 1100S**



## SCHEDULE 1 - APPORTIONMENT PERCENTAGE

#### Schedule 1-A - Gross Real and Tangible Personal Property

|   |  | Within Delaware   |             | Within and Without Delaware |             |
|---|--|-------------------|-------------|-----------------------------|-------------|
|   | Description  | Beginning of Year | End of Year | Beginning of Year           | End of Year |
| 1 | Real and tangible property owned   |                   |             |                             | 00 1        |
| 2 | Real and tangible property rented (Eight times annual rental paid)   |                   |             |                             | 00 2        |
| 3 | Total  |                   |             |                             | 00 3        |
| 4 | Less: Value at original cost of real and<br>tangible property, the income from which<br>is separately allocated (See instructions) |                   |             |                             | 00 4        |
| 5 | Total  |                   |             |                             | 00 5        |
| 6 | Average value (See instructions)   |                   |             |                             | 00 6        |

#### Schedule 1-B - Wages, Salaries, and Other Compensation Paid or Accrued to Employees

|        | Description  | Within Delaware  | Within and Without<br>Delaware |   |
|--------|--|------------------|--------------------------------|---|
| 1      | Wages, salaries, and other compensation of all employees   |                  |                                | 1 |
| 2      | Less: Wages, salaries, and other compensation of general executive officers  |                  |                                | 2 |
| 3      | Total  |                  |                                | 3 |
|        | Schedule 1-C - Gross Receipts Subject to Apport  | onment           |                                |   |
| 1      | Gross receipts from sales of tangible personal property  |                  |                                | 1 |
| 2      | Gross income from other sources (Attach statement)   |                  |                                | 2 |
| 3      | Total  |                  |                                | 3 |
| 1<br>2 | Schedule 1-D - Determination of Apportionment Pe<br>Average value of real and tangible property within Delaware<br>Average value of real and tangible property within and without Delaware | rcentage<br>00 = |                                |   |
| 3<br>4 | Wages, salaries and other compensation paid to employees within Delaware<br>Wages, salaries and other compensation paid to employees within and without Delaware                           | 00<br>00 =       |                                |   |
| 5<br>6 | Gross receipts and gross income from within Delaware<br>Gross receipts and gross income from within and without Delaware   | 00<br>00 =       |                                |   |
| 7      | Total  |                  |                                |   |
| 8      | Apportionment percentage (See instruction)   |                  |                                |   |

