DELAWARE
DIVISION OF REVENUE

2023 FORM
CIT-EXM

APPLICATION FOR EXEMPTION
FROM CORPORATION INCOME TAX
SECTION 1902(b)(8) HOLDING COMPANIES
FORMERLY 1902-AP

PART 1

Name of Corporation

Street Address

City | State | Zip Code

Mailing Address (if different than above)

City | State | Zip Code

Taxpayer ID

State of Incorporation | Date of Incorporation

Nature of Business

PART 2

Name and address of Delaware employees. (If additional space is needed, attach list.)

Name
Address
City/State/Zip
Name
Address
City/State/Zip
Name
Address
City/State/Zip

PART 3

Name and address of persons (individuals, corporations, etc.) owning more than 10% of the stock of corporation.(If additional space is needed, attach list.)

Name
Address
City/State/Zip
Name
Address
City/State/Zip
Name
Address
City/State/Zip

PART 4

Describe in detail below your operations in Delaware and list each type of intangible investment owned and all sources of income.
RECITING THE STATUTE DOES NOT CONSTITUTE AN ANSWER. (If additional space is needed, please provide attachments.)

1. Will the corporation act as a general partner in a partnership?
   ☐ Yes ☐ No   If yes, please describe the activities of the partnership.   **1.**

2. Will the corporation participate in a joint venture?
   ☐ Yes ☐ No   If yes, please describe the activities of the joint venture.   **2.**

3. Will the corporation receive income from patents, royalties, copyrights, know-how, etc.?
   ☐ Yes ☐ No   If yes, please describe any services which will be performed by the corporation with regard to such intangibles.   **3.**

4. Will the corporation engage in business outside of Delaware?
   ☐ Yes ☐ No   If yes, please describe the activities.   **4.**

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

MAIL COMPLETED FORM TO:
Delaware Division of Revenue
820 N. French Street
Wilmington, DE 19801
Attn: Conferee