

2006 DELAWARE 2006 CORPORATION INCOME TAX RETURN FOR CALENDAR YEAR 2006

or fiscal year beginning [ ] 2006, and ending [ ] 2007

EMPLOYER IDENTIFICATION NUMBER

Employer Identification Number grid

Name of Corporation

Address Zip Code

Delaware address if different from above Zip Code

Date and State of Incorporation Nature of Business

CHECK APPLICABLE BOX:

Initial Return, Change of Address, Extension Attached checkboxes

IF OUT OF BUSINESS, ENTER DATE HERE: [ ] / [ ] / [ ]

ATTACH COMPLETE COPY OF FEDERAL FORM 1120

Main tax return table with 20 lines and sub-rows (a-h) for deductions and additions. Includes columns for line numbers and amounts.

**SCHEDULE 1 - INTEREST INCOME**

Description Of Interest	Column 1 Foreign Interest	Column 2 Interest Received From U.S. Securities	Column 3 Interest Received From Affiliated Companies	Column 4 Interest Received From State Obligations	Column 5 Other Interest Income
1	00	00	00	00	00
2	00	00	00	00	00
3	00	00	00	00	00
4	00	00	00	00	00
5	00	00	00	00	00
6 <b>Totals</b>	00	00	00	00	00

**SCHEDULE 2 - NON-APPORTIONABLE INCOME ALLOCATED WITHIN AND WITHOUT DELAWARE**

Description	Column 1 Within Delaware	Column 2 Without Delaware	Column 3 Total
1 Rents and royalties from tangible property	00	00	00
2 Royalties from patents and copyrights	00	00	00
3 Gains or (losses) from sale of real property	00	00	00
4 Gains or (losses) from sale of depreciable tangible property	00	00	00
5 Interest income from Schedule 1, Columns 4 and 5, Line 6	00	00	00
6 Total	00	00	00
7 Less: Applicable expenses (Attach statement)	00	00	00
8 Total non-apportionable income	00	00	00

**SCHEDULE 3 - APPORTIONMENT PERCENTAGE**

Schedule 3-A - Gross Real and Tangible Personal Property

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

Schedule 3-B - Wages, Salaries, and Other Compensation Paid or Accrued to Employees

Description	Within Delaware	Within and Without Delaware
1 Wages, salaries, and other compensation of all employees	00	00
2 Less: Wages, salaries, and other compensation of general executive officers	00	00
3 Total	00	00

Schedule 3-C - Gross Receipts Subject to Apportionment

1 Gross receipts from sales of tangible personal property	00	00
2 Gross income from other sources (Attach statement)	00	00
3 Total	00	00

Schedule 3-D - 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	00	=	%
4 Wages, salaries and other compensation paid to employees within and without Delaware	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			
8 Apportionment percentage (See instructions)			%

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  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Signature of individual or firm preparing the return  
\_\_\_\_\_  
Address

**MAKE CHECK PAYABLE AND MAIL TO: DELAWARE DIVISION OF REVENUE, P.O. Box 2044, Wilmington, DE 19899-2044**  
**IF A 2D BARCODE APPEARS IN THE UPPER RIGHT CORNER OF PAGE 1 OF THIS FORM, SEND THE RETURN TO ONE OF THE FOLLOWING ADDRESSES:**  
**MAIL REFUND OR BALANCE DUE RETURNS TO: DELAWARE DIVISION OF REVENUE, P.O. Box 8712, Wilmington, DE 19899-8712**  
**MAIL ZERO DUE RETURNS TO: DELAWARE DIVISION OF REVENUE, P.O. Box 8719, Wilmington, DE 19899-8719**

2006 DELAWARE 2006 CORPORATION INCOME TAX RETURN FOR CALENDAR YEAR 2006

or fiscal year beginning [ ] 2006, and ending [ ] 2007

Name of Corporation

Address

City & State Zip Code

Date and State of Incorporation Nature of Business

EMPLOYER IDENTIFICATION NUMBER

Employer ID number input boxes

CHECK APPLICABLE BOX:

INITIAL RETURN CHANGE OF ADDRESS EXTENSION ATTACHED

Check boxes for return type

IF OUT OF BUSINESS, ENTER DATE HERE: [ ] / [ ] / [ ]

ATTACH COPY OF COMPLETED FEDERAL FORM 1120

Table with 4 columns: Description, Dollars, Dimes, and CENTS. Rows include Federal Taxable Income, Delaware taxes, Delaware Taxable Income, Tax @ 8.7%, Delaware tentative tax paid, Credit carry-over, Total payments and credits, Balance due, and Overpayment.

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

Date Signature of individual or firm preparing the return Address

## INSTRUCTIONS FOR FORM 1100EZ

### Use FORM 1100EZ Only If:

1. Your Federal Taxable Income (Line 30, Federal Form 1120) is less than \$10,000,000,
2. The addback of Delaware corporate income taxes deducted in computing Federal Taxable Income is the only modification to Federal Taxable Income and
3. All property owned and rented is located in Delaware, all wages and salaries are paid to employees working in Delaware and goods sold or services rendered are delivered or performed in Delaware.

### SPECIFIC INSTRUCTIONS

#### Calendar Or Fiscal Year Operation

This 2006 Form 1100EZ is used to report your Delaware corporate income tax for calendar year 2006 or fiscal year beginning in 2006 and ending in 2007. If the corporation conducts business on a fiscal year basis, enter the beginning and ending dates of the fiscal year in a MM/DD/YYYY format.

#### Name, Address And Employer Identification Number

Enter the complete name, address and employer identification number of the corporation. Employer identification numbers are issued by the Internal Revenue Service by filing Federal Form SS-4.

#### Date And State Of Incorporation And Nature Of Business

Enter the date in MM/YYYY format and the state in which the corporation is incorporated. Enter a short phrase to describe the nature of business conducted by the corporation.

#### Check The Applicable Box

Check the **Initial Return** box if this is the first time the corporation is filing a Delaware corporate income tax return. Check the **Change Of Address** box if the address of the corporation has changed from the previous year's filing. Check the **Extension Attached** box if the corporation has obtained an approved federal or Delaware extension of time to file the corporate income tax return.

#### Out Of Business

Enter the exact date in MM/DD/YYYY format when the corporation ceased business operations if the corporation went out of business during, or on the last day of the corporation's tax year ending. **Do not enter a date if the corporation ceased operations in Delaware and will continue to conduct business in another state.**

- Line 1.** Enter on Line 1 the amount of your Federal Taxable Income (Line 30, Federal Form 1120).
- Line 2.** Enter on Line 2 the amount of all Delaware net income taxes computed on the basis of, or in lieu of, net income or net profit that are imposed by the State of Delaware or political subdivision of the State of Delaware and were deducted in computing Federal Taxable Income.
- Line 3.** Add Line 1 and Line 2 and enter on Line 3.
- Line 4.** Multiply Line 3, Delaware Taxable Income, by 8.7%.
- Line 5.** Enter on Line 5 the amount of Delaware Tentative Tax paid.
- Line 6.** Enter on Line 6 the amount of credit carryover from the immediately preceding taxable year.
- Line 7.** Enter on Line 7 the sum of the payments from Line 5 and Line 6. This amount represents the total credits available to be applied against the tax liability on Line 4.
- Line 8.** Subtract Line 7 from Line 4. If Line 4 is greater than Line 7, enter on Line 8 the **BALANCE DUE** to be paid in full.
- Line 9.** Subtract Line 7 from Line 4. If Line 7 is greater than Line 4, enter on Line 9(a) the **TOTAL OVERPAYMENT** available for refund and/or credit carryover. Enter on Line 9(b) the amount of **REFUND REQUESTED**. Enter on Line 9(c) the amount of credit **CARRYOVER REQUESTED**. The sum of Lines 9(b) and 9(c) must be equal to the amount entered on Line 9(a).