FORM 1100EZ

DO NOT WRITE OR STAPLE IN THIS AREA - REVENUE CODE 0042

2005 DELAWARE 2005 CORPORATION INCOME TAX RETURN

FOR CALENDAR YEAR 2005

or fiscal year beginning _____ 2005, and ending _____ 2006

EMPLOYER IDENTIFICATION NUMBER

☐☐ - ☐☐☐☐☐☐☐

Name of Corporation

Address

City & State | Zip Code

Date and State of Incorporation | Nature of Business

CHECK APPLICABLE BOX:

INITIAL RETURN ☐ CHANGE OF ADDRESS ☐ EXTENSION ATTACHED ☐

IF OUT OF BUSINESS, ENTER DATE HERE: ____/____/____

ATTACH COPY OF COMPLETED FEDERAL FORM 1120

		NO CENTS
1.	Federal Taxable Income (See specific instructions)	☐,☐☐☐,☐☐☐.00
2.	Delaware income taxes deducted in computing Line 1	☐,☐☐☐,☐☐☐.00
3.	Delaware Taxable Income (Add Line 1 and Line 2)	☐☐,☐☐☐,☐☐☐.00
4.	Tax @ 8.7%	☐,☐☐☐,☐☐☐.00
5.	Delaware tentative tax paid	☐,☐☐☐,☐☐☐.00
6.	Credit carry-over from prior year	☐,☐☐☐,☐☐☐.00
7.	Total payments and credits (Add Line 5 and Line 6)	☐,☐☐☐,☐☐☐.00
8.	If Line 4 is greater than Line 7, enter BALANCE DUE and PAY IN FULL	☐,☐☐☐,☐☐☐.00
9.	If Line 7 is greater than Line 4, enter OVERPAYMENT:	
9a.	Total OVERPAYMENT	☐,☐☐☐,☐☐☐.00
9b.	To be REFUNDED	☐,☐☐☐,☐☐☐.00
9c.	To be CREDITED to 2006 Tentative Tax	☐,☐☐☐,☐☐☐.00

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

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 2005 Form 1100EZ is used to report your Delaware corporate income tax for calendar year 2005 or fiscal year beginning in 2005 and ending in 2006. 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).