STATE OF DELAWARE **2009** DIVISION OF REVENUE

FORM 402LTR 9901

COMPUTATION SCHEDULE FOR CLAIMING LICENSE TAX REDUCTION FOR APPROVED NEW BUSINESS FACILITY GROSS RECEIPTS

THIS COMPUTATION SCHEDULE MUST BE COMPLETED AND SUBMITTED WITH EACH MONTHLY AND/OR QUARTERLY LICENSE TAX RETURN FOR WHICH A TAX REDUCTION IS CLAIMED.

PART A -- NAME AND ADDRESS

1. Federal Employer Identification Number

1 --- ☐☐ ☐☐☐☐☐☐☐

TAX PERIOD ENDING DATE (MM / DD / YY)

_____ / _____ /_____

2. Name of Taxpayer

3. Address

4. Location of qualifying business facility (if different from above).

5. Date Operations Commenced **Targeted Area Number**

PART B -- BUSINESS ACTIVITIES --- Check the appropriate qualifying activity(s)

- [ ] Aviation Maintenance & Repair Services
- [ ] Computer Software Sales (Wholesale Only)
- [ ] Consumer Credit Reporting/Collection Services
- [ ] Data Processing or Data Preparation
- [ ] Engineering
- [ ] Manufacturing
- [ ] Scientific, Agricultural or Industrial Research
- [ ] Telecommunications
- [ ] Wholesaling
- [ ] Management & Support Services for Activities listed
- [ ] Combination of Activities listed
- [ ] Occupational Licenses -- ***Targeted Areas Only***
- [ ] Retailing -- ***Targeted Areas Only***
- [ ] Other _____ -- ***Brownfield Areas Only***
- [ ] Other _____ -- ***Green Industries Only***

PART C - COMPUTATION OF NEW BUSINESS FACILITY CREDIT

1.	Total Gross Receipts for this Facility	$ _____
2.	Less Applicable Exclusion	$ _____
3.	Taxable Gross Receipts for this Facility	$ _____
4.	Tax Rate (See Instructions on Back)	x _____
5.	Tax before New Business Facility Tax Reduction (Multiply Line 3 by Line 4)	$ _____
6.	Amount of Gross Receipts Attributable to New Business Facility	$ _____
7.	Percent of New Business Facility Receipts to Total Receipts (Line 6 divided by Line 1)	_____ %
8.	Number of months elapsed	_____
9.	Enter Percentage of Tax Reduction (From Chart Below)	_____ %
10.	New Business Facility Tax Credit (Multiply Lines 5, 7 and 9) Place the amount from Line 10 on the "Approved Tax Credit" Line of the Gross Receipts Tax coupon.	$ _____

Number of Whole Months Elapsed Since Operations Commenced	Percentage of Tax Reduction
1 through 12 months	90%
13 through 24 months	80%
25 through 36 months	70%
37 through 48 months	60%
49 through 60 months	50%
61 through 72 months	40%
73 through 84 months	30%
85 through 96 months	20%
97 through 108 months	10%
109 through 120 months	5%
Over 120 months	0%

FOR TARGETED AREAS ONLY

Number of Whole Months Elapsed Since Operations Commenced	Percentage of Tax Reduction
1 through 60 months	100%
61 through 72 months	90%
73 through 84 months	80%
85 through 96 months	70%
97 through 108 months	60%
109 through 120 months	50%
121 through 132 months	40%
133 through 144 months	30%
145 through 156 months	20%
157 through 168 months	10%
169 through 180 months	5%
Over 180 months	0%

(Revised 12/10/09)

GENERAL INSTRUCTIONS FOR COMPLETION OF FORM 402LTR9901

Every business which has been approved to receive the tax incentives for establishing or expanding a new business facility in Delaware **MUST** complete **FORM 402LTR9901, COMPUTATION SCHEDULE FOR CLAIMING LICENSE TAX REDUCTION FOR APPROVED NEW BUSINESS FACILITY GROSS RECEIPTS** in order to claim the reduction. A separate form must be completed for each new or expanded business facility for which a reduction is claimed. Separate forms are also required for each licensable activity conducted at each facility. When completing multiple Forms 402LTR901 for the same licensable activity, you must apportion the monthly exclusion for each licensable activity among the separate facilities based on the ratio of gross receipts for each facility to total gross receipts. Please use the following formula:

$$\text{Apportioned Monthly or Quarterly Exclusion} = \text{Monthly or Quarterly Exclusion} \times \frac{\text{Gross Receipts from New or Expanded Business Facility}}{\text{Total Gross Receipts from Each Licensable activity}}$$

The following example illustrates the operation of this formula for a manufacturer. Assume the following facts. Company A establishes a new manufacturing facility (New Facility) in Delaware which produces $500,000 gross receipts. The existing facility produces $1,000,000 gross receipts. The exclusion apportioned to the new facility is calculated as follows:

$$\text{Apportioned Monthly Exclusion} = \text{Monthly Exclusion } \$1{,}000{,}000 \times \frac{\text{Gross receipts from New Facility } \$500{,}000}{\text{Total Manufacturing Receipts } \$1{,}500{,}000}$$

Apportioned Monthly exclusion $1,000,000 X 33.33% = $333,300. Enter this amount on Line 2 Form 402LTR9901.

SPECIFIC INSTRUCTIONS

Line 1	Enter on Line 1 the total Delaware Gross Receipts for this facility. (Separate forms are required if the business has more than one license.)			
Line 2	Enter Applicable Exclusion for:			
	Manufacturers	$1,000,000/Mo.	or	$3,000,000/Qtr.
	Wholesalers	80,000/Mo.	or	240,000/Qtr.
	Retailers	80,000/Mo.	or	240,000/Qtr.
	Occupational Licensees	80,000/Mo.	or	240,000/Qtr.
Line 3	Subtract Line 2 from Line 1.			
Line 4	Enter on Line 4 the Tax Rate:			
	Manufacturers			.00144
	Wholesalers			.00307
	Retailers			.00576
	Occupational Licenses			.00307
Line 5	Multiply Line 3 Times Line 4.			
Line 6	Amount of Gross Receipts on Line 1 generated by new or expanded facility.			
Line 7	The Percentage of Receipts on Line 1 generated by new or expanded facility. (Line 6 divided by Line 1)			
Line 8	Number of Months since new or expanded facility was placed in service.			
Line 9	Using the number of months elapsed on Line 8, enter Percentage of Tax Reduction. (Refer to the applicable Schedule on the front of this form.)			
Line 10	Multiply Lines 5, 7 and 9, place this amount on Line 10 and on the "Approved Tax Credit" Line of the Gross Receipts Tax coupon.			

Attach this form to the monthly or quarterly license tax gross receipts coupon. If you need assistance completing this form, please call the Business Audit Bureau at (302) 577-8455.