

2015 DELAWARE 2015
S CORPORATION RECONCILIATION
AND SHAREHOLDERS INFORMATION RETURN
FORM 1100S
 FOR CALENDAR YEAR 2015

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

for Fiscal year beginning **MM D D Y Y** and ending **MM D D Y Y**

EMPLOYER IDENTIFICATION NUMBER

Name of Corporation

Street Address

City State Zip Code

CHECK APPLICABLE BOX: AMENDED RETURN
 INITIAL RETURN CHANGE OF ADDRESS EXTENSION ATTACHED

Delaware Address if Different than Above

City State Zip Code

IF OUT OF BUSINESS, ENTER DATE HERE: **MM D D Y Y**

State of Incorporation: Nature of Business:

DATE OF INCORPORATION: **MM D D Y Y**

ATTACH COMPLETE COPY OF FEDERAL FORM 1120S

1. Total Net Income from Delaware Form 1100S, Schedule A, Column B, Line 19	1	00	00
2. Subtractions:			
(a) Net interest from U.S. securities to the extent included in Line 1	2a	00	
(b) Wage deduction - Federal Jobs Credit	2b	00	
(c) Total. Add Lines 2(a) and 2(b)	2c		00
3. Line 1 minus Line 2(c)	3		00
4. Additions:			
(a) Interest on obligations from any state except Delaware to the extent excluded from Line 1	4a	00	
(b) Depletion expense	4b	00	
(c) Charitable contributions included in Line 1 for which the Delaware Land & Historic Resource Conservation credit was granted	4c	00	
(d) Total. Add Lines 4(a) through 4(c)	4d		00
5. Distributive income. Add Lines 3 and 4(d)	5		00
6. Percentage of stock owned by non-residents	6		%
7. Distributive income attributable to non-resident shareholders. (Multiply Line 5 by the percentage on Line 6)	7		00
8. Tax due on behalf of non-resident shareholders (Line 7 x 6.60%)	8		00
9. Estimated tax paid on behalf of non-resident shareholders from Delaware Form 1100P	9	00	
10. Other payments (Attach schedule)	10	00	
11. Approved income tax credits	11	00	
12. Total payments and credits. Add Lines 9 through 11	12		00
13. If Line 8 is greater than Line 12, enter BALANCE DUE AND PAY IN FULL. If Line 12 is greater than Line 8, the amount on Line 12 will be the amount of estimated tax proportionally claimed by the non- resident shareholder(s) upon the filing of their Delaware non-resident personal income tax return. A refund will not be issued directly to the S Corporation for any overpayment of estimated tax paid on behalf of the non-resident shareholders	13		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 Email Address

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**



DF11215019999

SCHEDULE 1 - APPORTIONMENT PERCENTAGE

Schedule 1-A - Gross Real and Tangible Personal Property

Table with 4 columns: Description, Within Delaware (Beginning of Year, End of Year), and Within and Without Delaware (Beginning of Year, End of Year). Rows include Real and tangible property owned, rented, and total values.

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

Table with 3 columns: Description, Within Delaware, and Within and Without Delaware. Rows include Wages, salaries, and other compensation of all employees, less general executive officers, and total.

Schedule 1-C - Gross Receipts Subject to Apportionment

Table with 3 columns: Description, Within Delaware, and Within and Without Delaware. Rows include Gross receipts from sales of tangible personal property, gross income from other sources, and total.

Schedule 1-D - Determination of Apportionment Percentage

Table with 3 columns: Description, Within Delaware, and Within and Without Delaware. Rows include Average value of real and tangible property, Wages, salaries and other compensation paid to employees, Gross receipts and gross income, and Apportionment percentage.

