2016 DELAWARE 2016
CORPORATION INCOME TAX RETURN
FORM 1100

FOR CALENDAR YEAR 2016

for Fiscal year beginning M M D D Y Y and ending M M D D Y Y

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

EMPLOYER IDENTIFICATION NUMBER

Name of Corporation

Street Address

City State Zip Code

Delaware Address if Different than Above

City State Zip Code

State of Incorporation: Nature of Business:

CHECK APPLICABLE BOX:

☐ INITIAL RETURN ☐ CHANGE OF ADDRESS ☐ EXTENSION ATTACHED

IF OUT OF BUSINESS, ENTER DATE HERE: M M D D Y Y

DATE OF INCORPORATION: M M D D Y Y

ATTACH COMPLETED COPY OF FEDERAL FORM 1120

1. Federal Taxable Income (See Specific Instructions)					1		00
2. Subtractions:	(a) Foreign dividends, interest and royalties	2a		00			
	(b) Net interest from U.S. securities (Schedule 1, Column 2)	2b		00			
	(c) Interest from affiliated companies (Schedule 1, Column 3)	2c		00			
	(d) Gain from sale of U.S. or Delaware securities	2d		00			
	(e) Wage deduction - Federal Jobs Credit	2e		00			
	(f) Handicapped accessibility deduction (Attach statement)	2f		00			
	(g) Net operating loss carry-over	2g		00			
	(h) Other	2h		00			
	(i) Total. Add Lines 2(a) through 2(h)				2i		00
3. Line 1 minus Line 2(i)					3		00
4. Additions:	(a) All state and political subdivision income taxes deducted in computing Line 1	4a		00			
	(b) Loss from sale of U.S. or Delaware securities	4b		00			
	(c) Interest income from obligations of any state except DE (Schedule 1, Column 4)	4c		00			
	(d) Depletion expense - oil and gas	4d		00			
	(e) Interest paid affiliated companies (See Instructions)	4e		00			
	(f) Donations included in Line 1 for which Delaware income tax credits were granted	4f		00			
	(g) Total. Add Lines 4(a) through 4(f)				4g		00
5. Entire net income [Line 3 plus Line 4(g)]					5		00

WHERE LINE 5 IS DERIVED ENTIRELY FROM SOURCES WITHIN DELAWARE, ENTER AMOUNT ON LINE 11.
WHERE THE ENTIRE INCOME IS NOT DERIVED FROM SOURCES WITHIN DELAWARE, COMPLETE ITEMS 6 TO 10 INCLUSIVE.

6. Total non-apportionable income (or loss) (Schedule 2, Column 3, Line 8)					6		00
7. Income (or loss) subject to apportionment (Line 5 minus Line 6)					7		00
8. Apportionment percentage (Schedule 3D, Line 8)		8		00			
9. Income (or loss) apportioned to Delaware (Line 7 multiplied by Line 8)					9		00
10. Non-apportionable income (or loss) (Schedule 2, Column 1, Line 8)					10		00
11. Total (Line 9 plus or minus Line 10)					11		00
12. Delaware Taxable Income (Line 5 or Line 11, whichever is less)					12		00
13. Tax @ 8.7%					13		00
14. Delaware tentative tax paid		14		00			
15. Credit carry-over from prior year		15		00			
16. Other payments (attach statement)		16		00			
17. Approved income tax credits		17		00			
18. Total payments and credits. Add Lines 14 through 17					18		00
19. If Line 13 is greater than Line 18 enter BALANCE DUE AND PAY IN FULL					19		00
20. If Line 18 is greater than Line 13 enter OVERPAYMENT:	(a) Total OVERPAYMENT				20a		00
	(b) to be REFUNDED				20b		00
	(c) to be CREDITED to 2017 TENTATIVE TAX				20c		00

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PLEASE SEE REVERSE SIDE FOR SIGNATURE LINES AND MAILING INSTRUCTIONS.

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	1
2		00	00	00	00	00	2
3		00	00	00	00	00	3
4		00	00	00	00	00	4
5		00	00	00	00	00	5
6	**Totals**	00	00	00	00	00	6

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	1
2	Royalties from patents and copyrights	00	00	00	2
3	Gains or (losses) from sale of real property	00	00	00	3
4	Gains or (losses) from sale of depreciable tangible property	00	00	00	4
5	Interest income from Schedule 1, Columns 4 and 5, Line 6	00	00	00	5
6	Total	00	00	00	6
7	Less: Applicable expenses (Attach statement)	00	00	00	7
8	Total non-apportionable income	00	00	00	8

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	1
2	Real and tangible property rented (Eight times annual rental paid)	00	00	00	00	2
3	Total	00	00	00	00	3
4	Less: Value at original cost of real and tangible property, the income from which is separately allocated (See instructions)	00	00	00	00	4
5	Total	00	00	00	00	5
6	Average value (See instructions)		00		00	6

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	1
2	Less: Wages, salaries, and other compensation of general executive officers	00	00	2
3	Total	00	00	3

Schedule 3-C - Gross Receipts Subject to Apportionment

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

Schedule 3-D - Determination of Apportionment Percentage

1	Average value of real and tangible property within Delaware	00	=	%	1
2	Average value of real and tangible property within and without Delaware	00			2
3	Wages, salaries and other compensation paid to employees within Delaware	00	=	%	3
4	Wages, salaries and other compensation paid to employees within and without Delaware	00			4
5	Gross receipts and gross income from within Delaware	00	=	%	5
6	Gross receipts and gross income from within and without Delaware	00			6
7	Total				7
8	Apportionment percentage (See instructions)			%	8

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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