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.

| | RT A NAME AND ADDRESS 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 |
| PA | [] Computer Software Sales (Wholesale Only) [] [] Consumer Credit Reporting/Collection Services [] [] Data Processing or Data Preparation [] [] Engineering [] [] Manufacturing [] [] Scienti □c, Agricultural or Industrial Research [] | y(s) 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 |
| 1. 2. 3. 4. 5. 6. 7. | (Line 6 divided by Line 1) Number of months elapsed | \$ |
| 9. 10. | Enter Percentage of Tax Reduction (From Chart Below) 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. | \$ |

| | | | | | | FOR TARGETED AREAS ONLY | | | |
|--------------------------------------|---------|-----|--------|------------|-----|-------------------------|-----------|--------|--------|
| Number of Whole Months Percentage | | | hs | Percentage | | Number | of | Whole | Months |
| | | | | | | Elapsed Since | | | |
| Elapsed Since | | | | of Tax | | of Tax | | | |
| Operations Commenced | | | | Reduction | | menced | Reduction | | |
| 1 | through | 12 | months | 90% | 1 | through | 60 | months | 100% |
| 13 | through | 24 | months | 80% | 61 | through | 72 | months | 90% |
| 25 | through | 36 | months | 70% | 73 | through | 84 | months | 80% |
| 37 | through | 48 | months | 60% | 85 | through | 96 | months | 70% |
| 49 | through | 60 | months | 50% | 97 | through | 108 | months | 60% |
| 61 | through | 72 | months | 40% | 109 | through | 120 | months | 50% |
| 73 | through | 84 | months | 30% | 121 | through | 132 | months | 40% |
| 85 | through | 96 | months | 20% | 133 | through | 144 | months | 30% |
| 97 | through | 108 | months | 10% | 145 | through | 156 | months | 20% |
| 109 | through | 120 | months | 5% | 157 | through | 168 | months | 10% |
| | Over | 120 | months | 0% | 169 | through | 180 | months | 5% |
| | | | | | | Over | 180 | months | 0% |

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:

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:

Apportioned Monthly = Monthly Exclusion X Gross receipts from New Facility

\$1,000,000 \$500,000

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 | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | (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.