FORM 1100	DO NOT WRITE OR STAPLE IN THIS AREA - REVENUE CODE 0042						
2012 DELAWARE CORPORATION INCOME FOR CALENDAR YEAR 2012							
or fiscal year beginning 2012, and en-	3						
Name of Corporation							
Address	Zip Code		INITIAL RETURN			PLICABLE BOX:	EXTENSION ATTACHED
Delaware address if di □erent from above	Zip Code						
Date and State of Incorporation Nature of Business	,		IF OUT OF BUSINESS	S, ENTERDA	ATEHB	-	
ATTACH COMPLETE COPY OF FE 1. Federal Taxable Income (See specific instructions) 2. Subtractions:	DERAL FORM 1120				1		00
(a) Foreign dividends, interest and royalties (b) Net interest from U.S. securities (Schedule 1, Column 2) (c) Interest from affiliated companies (Schedule 1, Column 3) (d) Gain from sale of U.S. or Delaware securities (e) Wage deduction - Federal Jobs Credit (f) Handicapped accessibility deduction (Attach statement) (g) Net operating loss carry-over (h) Other (i) Total. Add Lines 2(a) through 2(h) 3. Line 1 minus Line 2(i) 4. Additions: (a) All state and political subdivision income taxes deducted in or	omputing Line 1	2c 2d 2e 2f 2g 2h		00 00 00 00 00 00 00 00	2i 3		00
(c) Interest income from obligations of any state except Delaward (d) Depletion expense - oil and gas (e) Interest paid affiliated companies (See instructions) (f) Donations included in Line 1 for which Delaware income tax of (g) Total. Add Lines 4(a) through 4(f)	redits were granted	4c 4d 4e 4f		00	4g 5		00
5. Entire net income [Line 3 plus Line 4(g)] WHERE LINE 5 IS DERIVED ENTIRELY FROM SOURCES WITHIN DEL. WHERE THE ENTIRE INCOME IS NOT DERIVED FROM SOURCES WITHIN DELIVED FROM SOURCES WITHING LUSIVE.	AWARE, ENTER AMOUNT ON THIN DELAWARE, COMPLETE						100
6. Total non-apportionable income (or loss) (Schedule 2, Column 3, 7. Income (or loss) subject to apportionment (Line 5 minus Line 6)			_		6 7		00
8. Apportionment percentage (Schedule 3D, Line 8) 9. Income (or loss) apportioned to Delaware (Line 7 multiplied by Lir 10. Non-apportionable income (or loss) (Schedule 2, Column 1, Line 8 11. Total (Line 9 plus or minus Line 10)	ne 8)				9 10 11 12		00 00 00
12. Delaware Taxable Income (Line 5 or Line 11, whichever is less) 13. Tax @8.7% 14. Delaware tentative tax paid 15. Credit carry-over from prior year 16. Other payments (attach statement)		14 15 16		00	13		
 17. Approved income tax credits 18. Total payments and credits. Add Lines 14 through 17 19. If Line 13 is greater than Line 18 enter BALANCE DUE AND PAY IN 20. If Line 18 is greater than Line 13 enter OVERPAYMENT: 					18 19 20a 20b 20c		00 00 00 00
PLEASE SEE REVE	RSE SIDE FOR SIGNA	TURE LI	NES AND MAILING	G INSTR	UCTIO	ONS.	

	SCHEDULE 1	I - INTEREST INCOM	E								-	
	Description Of Interest			ceived			Colum Interest Re From State O	ceived		Column 5 Other Interest Income		
1		C	0	0.0		0	0	0.0	ו		00	_
2		C	00	0.0		0	0	0.0	וכ		00	2
3		C	00	0.0		0	0	0.0)		00	3
4		C	00	00		0	0	0.0)		00	4
5		C	00	0.0		0	0	0.0)		00	5
6	Totals		00	00		0	<u> </u>	0)		00	6
	SCHEDULE	2 - NON-APPORTION Description	IABLE INCOME /	BLE INCOME ALLOCATED WITHIN Column 1 Within Delawa			OUT DELAWAR Column 2 Without Dela			Column 3		
_	Dente and revelt	ica from tanaihla aranartu		VV	ittiiii Deiaware	00	Without Dela	00			00	١.
1	1	ies from tangible property				00		00				2
<u>ح</u>	1 '	atents and copyrights) from sale of real property				00		00			00	3
3	` `) from sale of depreciable tar				00		00			00	1
-	` `	from Schedule 1, Columns 4	•			00		00			00	5
6	1		· ·			00		00			00	6
7		expenses (Attach statement				00		00			00	7
0	1	ionable income	•			00		00				8
0		3 - APPORTIONMEN				1001		100			00	۴
	CONLEGE	O-AIT ORTIONILLI			Real and Tangible	Persona	al Property					
			Concadio	Within De	<u>_</u>	CIOONE	_ ' ' '	Vithin and V	and Without Delaware			
		Description	Beginning			ar	Beginning		1	End of Year		
1	Real and tangible	e property owned		0.0		0 (00			00	1
	Real and tangible	• • •										Ė
2		ual rental paid)		0.0		0.0		0.0	+		00	2
3	Total			0.0		0.0)	0.0)		00	3
		inal cost of real and tangible e from which is separately					_					
4	allocated (See inst	ructions)		0.0		0.0		0.0	+		00	-
5	Total			0.0		0.0		0.0)		00	5
6	Average value (S	See instructions)				00	· .				00	6
		Sched	dule 3-B - Wages, S	alaries, and (Other Compensat	ion Paid	or Accrued to Em	ployees	18841.1			
Description				Within					Within and Without Delaware			
1	Wages, salaries,	and other compensation of a	all employees					00			00	1
2	1	laries, and other compensation	, ,					00			00	2
3	Total							00			00	3
			Schedule	3-C - Gross	Receipts Subject	to Appor	tionment					
1	Gross receipts from	om sales of tangible persona	I property					00			00	1
2 Gross income from other sources (Attach statement)							00			00	2	
3	Total							00			00	3
			Schedule 3	3-D - Determi	nation of Apportion	nment P	Percentage					
1								00			%	ı
<u>၂</u>		f real and tangible property w						00 =	=		70	
	Average value of	f real and tangible property w	vithin and without Delay	vare								
3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		dia and a second					00			%	
1	_	and other compensation paid						00	=		70	
_	. wages, salaries	and other compensation paid	a to employees within a	and without Dei	aware L							
5			D.L.					00			%	
6		nd gross income from within						00 =	=		70	
U	Gross receipts a	nd gross income from within	and without Delaware					00				
7	+										\neg	
	Total											
Ω											%	
U		ercentage (See instructions)							L			
	Under penalties correct and comp	of perjury, I declare that I had blete. If prepared by a person	ve examined this return other than the taxpaye	n, including acc er, the declarat	companying schedul on is based on all in	es and sta formation	atements, and to the of which the prepare	best of my k r has any kn	nowledge and owledge.	belief it is true,		
	Date	_	Signature of Officer				Title			Email Address		-
		Signature of in	dividual or firm preparing t	he return	_			Address				_
		- 3 0	, 9 .									

MAKE CHECK PAYABLE AND MAIL TO: Delaware Division of Revenue, P.O. Box 2044, Wilmington, DE 19899-2044 IF A 2D BARCODE APPEARS IN THE UPPER RIGHT CORNER OF PAGE 1 OF THIS FORM: