

**2013 DELAWARE 2013  
CORPORATION INCOME TAX RETURN  
FORM 1100**

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

FOR CALENDAR YEAR 2013

for Fiscal year beginning MM|DD|YY and ending MM|DD|YY

EMPLOYER IDENTIFICATION NUMBER

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Name of Corporation

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Street Address

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City State Zip Code

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Delaware Address if Different than Above

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City State Zip Code

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State of Incorporation: Nature of Business:

CHECK APPLICABLE BOX:

INITIAL RETURN  CHANGE OF ADDRESS  EXTENSION ATTACHED

IF OUT OF BUSINESS, ENTER DATE HERE: MM|DD|YY  
DATE OF INCORPORATION: MM|DD|YY

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 2014 TENTATIVE TAX .....	20c				00



PLEASE SEE REVERSE SIDE FOR SIGNATURE LINES AND MAILING INSTRUCTIONS.

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
2	00	00	00	00	00
3	00	00	00	00	00
4	00	00	00	00	00
5	00	00	00	00	00
6 Totals	00	00	00	00	00

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

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

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

Schedule 3-C - Gross Receipts Subject to Apportionment

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

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



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

IF A 2D BARCODE APPEARS IN THE UPPER RIGHT CORNER OF PAGE 1: MAIL REFUND OR BALANCE DUE RETURNS TO: Delaware Division of Revenue, P.O. Box 8712, Wilmington, DE 19899-8712 MAIL ZERO DUE RETURNS TO: Delaware Division of Revenue, P.O. Box 8719, Wilmington, DE 19899-8719

MAKE CHECK PAYABLE AND MAIL TO: Delaware Division of Revenue, P.O. Box 2044, Wilmington, DE 19899-2044

(Form Revised 01/23/14)