## 2019 DELAWARE S CORPORATION RECONCILIATION AND SHAREHOLDERS INFORMATION RETURN

**FORM 1100S** 

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

| for Fiscal year beginning  Name of Corporation                       | and end   | ing MM DD YY  |                       |                                   |                        |                           | SMALL CORF                       | ORATION |
|--|---|---|-----------------------|-----------------------------------|------------------------|---------------------------|----------------------------------|---------|
| Name of Corporation  |   | CHECK APPLICABLE BOX:   |                       |                                   | ESOP                   |                           |                                  |         |
| Street Address   |   |   | GILGITAL LICADEL BOX. |                                   |                        |                           |                                  |         |
| 0.1  | 0: 1  | 7. 0. 1   |                       | INITIAL RETURN                    | CH                     | ANGE OF ADDI              | RESS                             |         |
| City   | State   | Zip Code  |                       | AMENDED RETURN                    | EV                     | TENSION ATTA              | CHED                             |         |
| Delaware Address if Different to                                     | than Above  |   |                       | AWIENDED RETORN                   | LX                     | TENOIONALIA               | OTIED                            |         |
| City   | Zip Code  | IF OL   | JT OF BUSINESS, ENT   | ER DATE HE                        | RE: MM                 |                           |                                  |         |
|  |   |   |                       |                                   |                        |                           |                                  |         |
| State of Incorporation   |   | DATE OF INCORPORATION: MM DD YY   |                       |                                   |                        |                           |                                  |         |
|  |   |   |                       |                                   |                        |                           |                                  |         |
|  | COMPLETE COPY OF FE   |   |                       |                                   |                        | 1                         |                                  |         |
| Total Net Income fror  | n Delaware Form 1100S, S  | Schedule A, Column B, Line 19   | 9                     |                                   |                        | 1.                        |                                  |         |
| 2. Subtractions:   |   |   |                       |                                   |                        |                           |                                  |         |
| (a) Net interest from  | U.S securities to the extent  | included in Line 1  | 2a.                   |                                   |                        |                           |                                  |         |
| (b) Wage deduction -   | Federal Jobs Credit   |   | 2b.                   |                                   |                        |                           |                                  |         |
| (c) Total, Add Lines 2   | (a) and 2(b)  |   |                       |                                   |                        | 2c.                       |                                  |         |
|  | c)  |   |                       |                                   |                        | 3.                        |                                  |         |
| 4. Additions:  |   |   |                       |                                   |                        |                           |                                  |         |
| ` '  | ations from any state excep   |   |                       |                                   |                        |                           |                                  |         |
|  |   |   | 4a.                   |                                   |                        |                           |                                  |         |
| (b) Depletion expense  |   |   | 4b.                   |                                   |                        |                           |                                  |         |
| & Historic Resou   | rce Conservation credit was   | s granted   | 4c.                   |                                   |                        |                           |                                  |         |
| (d) Total, Add Lines 4   | (a) through 4(c)  |   |                       |                                   |                        | 4d.                       |                                  |         |
| 5. Distributive Income, A  |   |   |                       |                                   | 5.                     |                           |                                  |         |
| 6. Percentage of stock owned by non-residents                        |   |   |                       |                                   |                        |                           | 6.                               |         |
|  |   | shareholders. (Multiply Line 5  |                       | •                                 | ,                      | 7.                        |                                  |         |
| <ol><li>Tax due on behalf of</li><li>Estimated tax paid or</li></ol> | (Line 7 x 6.60%)  |   |                       |                                   | 8.                     |                           |                                  |         |
|  |   | marenoiders from  | 9.                    |                                   |                        |                           |                                  |         |
| 10. Other Payments (atta   | ach schedule)   |   | 10.                   |                                   |                        |                           |                                  |         |
| • ,  | *   |   | 11.                   |                                   |                        |                           |                                  |         |
| • • •  |   |   | 12.                   |                                   |                        |                           |                                  |         |
|  |   | h 12  |                       |                                   |                        | 13.                       |                                  |         |
| •  | •   | E DUE AND PAY IN FULL. If   |                       |                                   |                        |                           |                                  |         |
| •  |   | imated tax proportionally clair   |                       | •                                 | ,                      |                           |                                  |         |
|  |   | non-resident personal income  | •                     |                                   | ot be                  |                           |                                  |         |
| ` ' '  | · ·   | payment of estimated tax paid   |                       |                                   |                        |                           |                                  |         |
| ,  | ,   | рауо от осинатов тал раг  |                       |                                   |                        | 14.                       |                                  |         |
|  |   |   |                       |                                   |                        |                           |                                  |         |
| best of my knowledge a   | ury, I declare that I have<br>and belief it is true, corre<br>n of which the preparer | examined this return, inclect and complete. If prepar<br>has any knowledge. | uding a<br>ed by a    | ccompanying so<br>person other th | chedules<br>nan the ta | and staten<br>xpayer, the | nents, and to the declaration is | ne      |
| Dete   |   | 060   |                       | - Taran                           |                        |                           | Frank C. 1.                      |         |
| Date   | Signature of 0  | JIIICEF   |                       | Title                             |                        |                           | Email Address                    |         |

DE11219019999

Signature of Individual or firm preparing the return

Date

## **SCHEDULE 1 - APPORTIONMENT PERCENTAGE**

|   |  | Schedule 1-A - Gross R            | eal and Tangible Persona       | al Property       |             |   |  |  |  |  |  |  |
|---|--|-----------------------------------|--------------------------------|-------------------|-------------|---|--|--|--|--|--|--|
|   | Within Delaware Within and Without Delaware  |                                   |                                |                   |             |   |  |  |  |  |  |  |
|   | Description  | Beginning of Year                 | End of Year                    | Beginning of Year | End of Year |   |  |  |  |  |  |  |
| 1 | Real and tangible property owned   |                                   |                                |                   |             | 1 |  |  |  |  |  |  |
| 2 | Real and tangible property rented (Eight times annual rental paid)   |                                   |                                |                   |             | 2 |  |  |  |  |  |  |
| 3 | Total  |                                   |                                |                   |             | 3 |  |  |  |  |  |  |
| 4 | Less: Value at original cost of real and tangible property, the income from which is separately allocated (See instructions) |                                   |                                |                   |             | 4 |  |  |  |  |  |  |
| 5 | Total  |                                   |                                |                   |             | 5 |  |  |  |  |  |  |
| 6 | Average value (See instructions)   |                                   |                                |                   |             | 6 |  |  |  |  |  |  |
|   | Schedule 1-B - Wages, Salaries, and Other Compensation Paid or Accrued to Employees  |                                   |                                |                   |             |   |  |  |  |  |  |  |
|   |  | Within Delaware                   | Within and Without<br>Delaware |                   |             |   |  |  |  |  |  |  |
| 1 | Wages, salaries, and other compensation of   | all employees                     |                                |                   |             | 1 |  |  |  |  |  |  |
| 2 | Less: Wages, salaries, and other compensati  | ion of general executive officers | s                              |                   |             | 2 |  |  |  |  |  |  |
| 3 | Total  |                                   |                                |                   |             | 3 |  |  |  |  |  |  |
|   |  |                                   |                                |                   |             |   |  |  |  |  |  |  |
|   |  |                                   | eceipts Subject to Appor       |                   |             |   |  |  |  |  |  |  |
| 1 | Gross receipts from sales of tangible persona  |                                   |                                | 1                 |             |   |  |  |  |  |  |  |
| 2 | Gross income from other sources (Attach sta  | •                                 |                                |                   |             | 2 |  |  |  |  |  |  |
| 3 | Total  |                                   |                                |                   |             | 3 |  |  |  |  |  |  |
|   |  | Schedule 1-D - Determina          | ation of Apportionment P       | ercentage         |             |   |  |  |  |  |  |  |
|   |  |                                   |                                |                   |             |   |  |  |  |  |  |  |
| 1 | Average value of real and tangible property  | within Delaware                   |                                | 00                | _           |   |  |  |  |  |  |  |
| 2 | Average value of real and tangible property  |                                   |                                | 00                | =   %       |   |  |  |  |  |  |  |
|   |  |                                   |                                |                   |             |   |  |  |  |  |  |  |
| 3 | Wages, salaries and other compensation pa  | 00                                | = 0/0                          |                   |             |   |  |  |  |  |  |  |
| 4 | Wages, salaries and other compensation pa  |                                   |                                |                   |             |   |  |  |  |  |  |  |
|   |  |                                   |                                |                   |             |   |  |  |  |  |  |  |
| 5 | Gross receipts and gross income from within  | 00                                | = %                            |                   |             |   |  |  |  |  |  |  |
| 6 | Gross receipts and gross income from within  | n and without Delaware            |                                |                   |             |   |  |  |  |  |  |  |
| 7 | Total  |                                   |                                |                   |             |   |  |  |  |  |  |  |
| 1 | Total  |                                   |                                |                   |             |   |  |  |  |  |  |  |
| 8 | Apportionment percentage (See instruction)   |                                   |                                |                   |             |   |  |  |  |  |  |  |

(Revised 04/2019)