

# 2021 DELAWARE CORPORATION INCOME TAX RETURN FORM 1100

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

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

EMPLOYER IDENTIFICATION NUMBER 

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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:  Small Corporation  ESOP

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) .....	<input style="width: 100%;" type="text"/>	00	1
2. Total subtractions from Schedule 4A .....	<input style="width: 100%;" type="text"/>	00	2
3. Line 1 minus Line 2 .....	<input style="width: 100%;" type="text"/>	00	3
4. Total additions from Schedule 4B .....	<input style="width: 100%;" type="text"/>	00	4
5. Entire net income. Line 3 plus Line 4 .....	<input style="width: 100%;" type="text"/>	00	5
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) .....	<input style="width: 100%;" type="text"/>	00	6
7. Income (or loss) subject to apportionment (Line 5 minus Line 6) .....	<input style="width: 100%;" type="text"/>	00	7
8. Apportionment percentage (Schedule 3B, Line 3) .....	<input style="width: 100%;" type="text"/>	%	8
9. Income (or loss) apportioned to Delaware (Line 7 multiplied by Line 8) .....	<input style="width: 100%;" type="text"/>	00	9
10. Non-apportionable income (or loss) (Schedule 2, Column 1, Line 8) .....	<input style="width: 100%;" type="text"/>	00	10
11. Total (Line 9 plus or minus Line 10) .....	<input style="width: 100%;" type="text"/>	00	11
12. Delaware Taxable Income (Line 5 or Line 11, whichever is less) .....	<input style="width: 100%;" type="text"/>	00	12
13. Tax @ 8.7% .....	<input style="width: 100%;" type="text"/>	00	13
14. Approved non-refundable tax credits .....	<input style="width: 100%;" type="text"/>	00	14
15. Balance due after non-refundable tax credits .....	<input style="width: 100%;" type="text"/>	00	15
16. Delaware tentative tax paid .....	<input style="width: 100%;" type="text"/>	00	16
17. Credit carry-over from prior year .....	<input style="width: 100%;" type="text"/>	00	17
18. Other payments (attach statement).....	<input style="width: 100%;" type="text"/>	00	18
19. Approved refundable income tax credits .....	<input style="width: 100%;" type="text"/>	00	19
20. Total payments and credits. Add Lines 16 through 19 .....	<input style="width: 100%;" type="text"/>	00	20
21. If Line 15 is greater than Line 20 enter BALANCE DUE AND PAY IN FULL .....	<input style="width: 100%;" type="text"/>	00	21
22. If Line 20 is greater than Line 15 enter OVERPAYMENT: (a) Total OVERPAYMENT .....	<input style="width: 100%;" type="text"/>	00	22a
(b) to be REFUNDED .....	<input style="width: 100%;" type="text"/>	00	22b
(c) to be CREDITED to 2022 TENTATIVE TAX...	<input style="width: 100%;" type="text"/>	00	22c

PLEASE SEE PAGE 3 FOR SIGNATURE LINES AND MAILING INSTRUCTIONS



DF11021019999

**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 <b>Totals</b>	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 Receipts Subject to Apportionment**

Description	Within Delaware	Within and Without Delaware
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-B - Determination of Apportionment Percentage**

1 Gross receipts and gross income from within Delaware	00	=		%	1
2 Gross receipts and gross income from within and without Delaware	00				2
3 Apportionment percentage (See instruction)				%	3

**Schedule 3-C - 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-D - 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 4-A - SUBTRACTIONS**

1. Foreign dividends, interest and royalties .....	00	1
2. Net interest from U.S. securities (Schedule 1, Column 2) .....	00	2
3. Interest from affiliated companies (Schedule 1, Column 3) .....	00	3
4. Gain from sale of U.S. or Delaware securities .....	00	4
5. Wage deduction - Federal Jobs Credit .....	00	5
6. Handicapped accessibility deduction (Attach statement) .....	00	6
7. Net operating loss carry-over .....	00	7
8. NBI must attach form 1100 NBI .....	00	8
9. TOTAL Subtractions (Add lines 1 thru 8) .....	00	9

**SCHEDULE 4-B - ADDITIONS**

1. All state and political subdivision income taxes deducted in computing Line 1 .....	00	1
2. Loss from sale of U.S. or Delaware securities .....	00	2
3. Interest income from obligations of any state except DE (Schedule 1, Column 4) .....	00	3
4. Depletion expense - oil and gas .....	00	4
5. Interest paid affiliated companies (See Instructions) .....	00	5
6. Donations included in Line 1 for which Delaware income tax credits were granted .....	00	6
7. TOTAL Additions (Add lines 1 thru 7) .....	00	7

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

