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

## 2022 DELAWARE S CORPORATION RECONCILIATION AND SHAREHOLDERS INFORMATION RETURN FORM 1100S

for Fiscal year beginning MM DD YY and ending MM DD YY							SMALL CORPORATIO	)N
Name of Corporation Street Address								
				CHECK APPLICABLE BOX:			ESOP	
Oue	erAddress			INITIAL RETURN	СН	ANGE OF ADDRES	SS	
City								
				AMENDED RETURN	EX	TENSION ATTACH	ED	
Dela	aware Address if Different t	han Above						
City		State	Zip Code	IF OUT OF BUSINESS, ENTER DA	TE HE	RE: MM		
Stat	e of Incorporation	Nature of Business:		DATE OF INCORPO		ON:		
Otat				DATE OF INCONF				
	ATTACH	COMPLETE COPY OF	FEDERAL FORM 1120S					
1.	Total Net Income from	n Delaware Form 1100	S, Schedule A, Column B, Line 1	9		1.		
2	Subtractions:							
		J.S securities to the ext	tent included in Line 1	2a.				
	(b) Wage deduction - Federal Jobs Credit			2b.				
	() 0					2c.		
		c)				3.		
	Additions:							
		tions from any state ex						
				4a.				
			1 for which the Delaware Land was granted	4b.				
				4c.				
_						4d.		
						5.		
			ent shareholders. (Multiply Line 5			6.		
			ers ( Line 7 x 6.60% )			7.		
9.	Estimated tax paid on	behalf of Non-Resider	nt Shareholders from			8.		
				9.				
10.	Other Payments (atta	ch schedule)		10.				
11.	Approved Non Refune	dable Income Tax Cred	its	11.				
12.	Approved Refundable	e Income Tax Credits		12.				
13.	Total Payments and C	Credits. Add Lines 9 thr	ough 12			13.		
14.	If Line 8 is greater that	an Line 13, enter BALA	NCE DUE AND PAY IN FULL. If	Line 13 is greater than Line 8,				
	the amount on Line 1	3 will be the amount of	estimated tax proportionally clai	med by the nonresident				
	shareholder(s) upon t	he filing of their Delawa	are non-resident personal incom	e tax return. A refund will not be				
	issued directly to the	S Corporation for any c	overpayment of estimated tax pa	d on behalf of the non-resident				
	loodod dhoodiy to the	e corporation for any c						

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	E CHECK PAYABLE AND MAIL TO: Delaware Division of Revenue, P.O. Box 2044, Wilmington, DE 19899-2044	9-2044 DF11222019999			



**FORM 1100S** 



## **SCHEDULE 1 - APPORTIONMENT PERCENTAGE**

	S	chedule 1-A - Gross R	_	Persona			
Description		Within Delaware			Within and Witho	but Delaware	
		Beginning of Year	End of Year		Beginning of Year	End of Year	
Real and tangible property	owned						
Real and tangible property re (Eight times annual rental pai							
Total							
Less: Value at original cost tangible property, the inco is separately allocated (Se	of real and me from which e instructions)						
Total							
Average value (See instruc	tions)						
Schedule 1-B - Wages, Salaries, and Other Compensation Paid or Accrued to Employees							
	Description			Within Delaware		Within and Without Delaware	
Wages, salaries, and other o	compensation of all e	nployees					
Less: Wages, salaries, and		0					
Total							
	S	chedule 1-C - Gross R	eceipts Subject t	o Appor			
Gross receipts from sales of	tangible personal pro	operty					
Gross income from other so	urces (Attach statem	ent)					
Total							
	Sci	nedule 1-D - Determina	ation of Apportion	nment P	ercentage		
Average value of real and t	angible property with	n Delaware			00		
Average value of real and t					00	9	
Wages, salaries and other o	compensation paid to	employees within Delawar	ə		00		
Wages, salaries and other o	compensation paid to	employees within and with	out Delaware		00		
Gross receipts and gross in	ncome from within De	laware			00	=	
Gross receipts and gross in	ncome from within an	d without Delaware					
Total							

