



DELAWARE 2023

DIVISION OF REVENUE F O R M CIT-EXM



APPLICATION FOR EXEMPTION FROM CORPORATION INCOME TAX SECTION 1902(b)(8) HOLDING COMPANIES FORMERLY 1902-AP

PART 1

Name of Corporation

Street Address

City State Zip Code

Mailing Address (if different than above)

City State Zip Code

Taxpayer ID

State of Incorporation Date of Incorporation

Nature of Business

PART 2

Name and address of Delaware employees. (If additional space is needed, attach list.)

Name	<input type="text"/>
Address	<input type="text"/>
City/State/Zip	<input type="text"/>
Name	<input type="text"/>
Address	<input type="text"/>
City/State/Zip	<input type="text"/>
Name	<input type="text"/>
Address	<input type="text"/>
City/State/Zip	<input type="text"/>

PART 3

Name and address of persons (individuals, corporations, etc.) owning more than 10% of the stock of corporation.(If additional space is needed, attach list.)

Name	<input type="text"/>
Address	<input type="text"/>
City/State/Zip	<input type="text"/>
Name	<input type="text"/>
Address	<input type="text"/>
City/State/Zip	<input type="text"/>
Name	<input type="text"/>
Address	<input type="text"/>
City/State/Zip	<input type="text"/>

PART 4

Describe in detail below your operations in Delaware and list each type of intangible investment owned and all sources of income. RECITING THE STATUTE DOES NOT CONSTITUTE AN ANSWER. (If additional space is needed, please provide attachments.)

1. Will the corporation act as a general partner in a partnership?
 Yes No If yes, please describe the activities of the partnership. 1.

2. Will the corporation participate in a joint venture?
 Yes No If yes, please describe the activities of the joint venture. 2.

3. Will the corporation receive income from patents, royalties, copyrights, know-how, etc.?
 Yes No If yes, please describe any services which will be performed by the corporation with regard to such intangibles. 3.

4. Will the corporation engage in business outside of Delaware?
 Yes No If yes, please describe the activities. 4.

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

TITLE OF OFFICER

PHONE NUMBER

EMAIL ADDRESS

 SIGNATURE OF OFFICER

 DATE

MAIL COMPLETED FORM TO:

Delaware Division of Revenue
 820 N. French Street
 Wilmington, DE 19801
 Attn: Conferee