

DELAWARE 2 0 2 4 DIVISION OF REVENUE CIT-HIC



INFORMATION RETURN HOLDING COMPANY / INVESTMENT COMPANY FORMERLY 1902(b)

For Fiscal Year beginning		ginning		a	nd ending		
Name of Corporation					Taxpayer ID		
					I DAPAGE ID		
Delaware Street Address							
Delaware City		State	Delaware Zi	in Code	State of Incorporation Date of Incorporation		
Belaware erry		State	Delaware 2	ip code	State of incorporation		
Mailing Address (if different than above)							
City		State	Zip Code				
PART I - GENERAL INFORMATION							
PART I - GENERAL INFORMATION							
no Delaware (Do not include Directors)				more	me and Taxpayer ID (FEIN/ SSN) of owners (individual corporations) of than 10% of the stock of the corporation whose Delaware individual or orate income tax liability exceeded \$100,000 in any of the past three years.		
Name				Name			
TPID	Full T	ime	Part Time	TPID			
Name				Name			
TPID	Full T	ime	Part Time	TPID			
Name				Name	2		
TPID	Full T	ime	Part Time	TPID			
Name				Name	2		
TPID	Full T	ime	Part Time	TPID			
Name TPID	Full T	ima	Part Time	Name TPID	2		
Name	Full I	irrie	Part Time	Name			
TPID	Full T	ime	Part Time	TPID			
Name				Name			
TPID	Full T	ime	Part Time	TPID			
Name				Name			
TPID	Full T	ime	Part Time	TPID			
Name				Name	2		
TPID	Full T	ime	Part Time	TPID			
Name			5 · T	Name	2		
TPID	Full T	ime	Part Time	TPID			
PART II - QUESTIONS RELATING TO NON-EXEMPT ACTIVITIES							
If any of the following are checked it would be an indication that the corporation is NOT exempt from Delaware corporate tax under Section 1902(b)(8), 30 DEL. C. (If checked, please provide a brief description.)							
1. Please check if corporation rec	eive income from	the follow	ing sources:				
Rental income from real pro	perty located within	Delaware.					
Description							
Rental income from tangible	personal property l	ocated wit	nın Delaware.				
Description	Dalamana and a fel	h = ==	a Bakad Isala	£	estiliated authorized an efficiency and the standard for		
2. Did the corporation provide in Delaware any of the services listed below for an unaffiliated entity or an affiliated entity other than as part of the corporation's maintenance and management of its intangible assets? (If checked, please provide a brief description.)							
a. Accounting and Bookkeep	_	onsultatior			e. Collections g. Computer Services		

b. Legal

Description

f. Management

d. Investment Advice



DELAWARE 2024 DIVISION OF REVENUE CIT-HIC



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PART III - QUESTIONS RELATING TO EXEMPT ACTIVITIES

If you check any of the following, it would be an indication that the corporation is exempt from Delaware corporate tax under Section 1902(b)(8), 30 DEL. C. (If checked please provide a brief description.)

	ncome from any of the following sources? Please check the appropriate box for each source of income ved is in excess of \$1 million, provide a description of the activity performed in Delaware with regard to
a. Interest on notes secured by real estate mor	gages.
Description	
b. Interest on all other debt obligations.	
Description	
c. Dividends.	
Description	
d. Patents, patent applications, trademarks, tra	de names and know-how.
Description	
e. Gain on the sale of intangible investments.	
Description	
f. Rental income from real property located out	side of Delaware.
Description	to leasted autide of Delaures
g. Rental income from tangible personal proper	ty located outside of Delaware.
Description	
, , , , ,	atside of Delaware other than described in Question 1 above: (If yes, please describe.)
Yes No Description	
PART IV - ADDITIONAL INFORMATION Did the corporation have any source of income other the (If yes, please describe the source of income and the act Description	an the sources of income described in Parts II and III above? ivity in Delaware relating to it.) Yes No
BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY I Under penalties of perjury, I declare that I have examined this return, including acco statements, and believe it is true, correct and complete. If prepared by a person other the based on all information of which the preparer has any knowle	mpanying schedules and ın taxpayer, the declaration is
	· · · · · · · · · · · · · · · · · · ·
TITLE OF OFFICER	
	MAIL COMPLETED FORM TO:
	Delaware Division of Revenue PO Box 2044 Wilmington, DE 19899-2044
@ EMAIL ADDRESS	