

DELAWARE 2 0 2 4 DIVISION OF REVENUE CIT-HIC

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

For Fiscal Year beginning and ending

Name of Corporation		Taxpayer ID		
Delaware Street Address				
Delaware City	State	Delaware Zip Code	State of Incorporation	Date of Incorporation
Mailing Address (if different than above)				
City	State	Zip Code		

PART I - GENERAL INFORMATION

1. Name and Taxpayer ID (SSN) of compensated employees working in Delaware. (Do not include Directors)

2. Name and Taxpayer ID (FEIN/ SSN) of owners (individual corporations) of more than 10% of the stock of the corporation whose Delaware individual or corporate income tax liability exceeded \$100,000 in any of the past three years.

Name			Name
TPID	Full Time	Part Time	TPID
Name			Name
TPID	Full Time	Part Time	TPID
Name			Name
TPID	Full Time	Part Time	TPID
Name			Name
TPID	Full Time	Part Time	TPID
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TPID	Full Time	Part Time	TPID
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Name			Name
TPID	Full Time	Part Time	TPID
Name			Name
TPID	Full Time	Part Time	TPID
Name			Name
TPID	Full Time	Part Time	TPID
Name			Name
TPID	Full Time	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 receive income from the following sources:

Rental income from real property located within Delaware.

Description

Rental income from tangible personal property located within Delaware.

Description

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.)

oration's maintenance and management of its intangible assets? (If checked, please provide a brief description.)					
a. Accounting and Bookkeeping	c. Consultation	e. Collections	g. Computer Services		

b. Legal d. Investment Advice f. Management

Description



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AND INDEPENDE	FORMERLY 1902(b)		
PART III - QUESTIONS RELATING TO EXEMPT ACTIVITI	IES		
If you check any of the following, it would be an indicati (If checked please provide a brief description.)	ion that the corporation is exempt from Delaware corporate tax unde	er Section 1902	2(b)(8), 30 DEL. C.
	income from any of the following sources? Please check the approvived is in excess of \$1 million, provide a description of the activity pe		
a. Interest on notes secured by real estate mor	tgages.		
Description			
b. Interest on all other debt obligations.			
Description			
c. Dividends.			
Description			
d. Patents, patent applications, trademarks, tra Description	ade names and know-how.		
e. Gain on the sale of intangible investments.			
Description			
f. Rental income from real property located out	tside of Delaware.		
Description			
g. Rental income from tangible personal prope	rty located outside of Delaware.		
Description			
2 Is the corneration engaged in husiness activities of	utside of Delaware other than described in Question 1 above: (If y	as nlassa dasc	rihe)
Yes No Description	utside of Delaware other than described in Question Tabove. (if y	es, piease desc	inde.)
res no gescription			
PART IV - ADDITIONAL INFORMATION			
Did the corporation have any source of income other the (If yes, please describe the source of income and the ac	nan the sources of income described in Parts II and III above? ctivity in Delaware relating to it.)	Yes	No
Description			
BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY Under penalties of perjury, I declare that I have examined this return, including accostatements, 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	ompanying schedules and Ian taxpayer, the declaration is		
SIGNATURE OF OFFICER	—————————————————————————————————————		
<u> </u>	<u></u>		
TITLE OF OFFICER			

MAIL COMPLETED FORM TO:

Delaware Division of Revenue
PO Box 2044
Wilmington, DE 19899-2044

∂ PHONE NUMBER