el.			LA JON O JARTERS MA	WA FREVE	RE NUE CORPORAT	2 0 2 4 MMC-TAX	
Nai	me of Corporation	For Fiscal Y	ear beginning		and ending	Tauranum ID	
Stre	eet Address					Taxpayer ID	
City	/		State	Zip Code			
Del	aware Address (if dif	fferent than above)				Small Corporation	ESOP
City	1		State	Zip Code		🗸 Check App	licable Box(es):
city	/		State			Initial Return	Amended Return
Sta	te of Incorporation	Date of Incorporation	If Out of Busine	ss, Enter Date		Change of Address	Extension Attached
Nat	ture of Business					Certificated by Officer of	
	🖉 Attach Com	pleted Copy of Federal For	m 1120			Other Individual Duly A	uthorized om An Affiliated Group of HMCs
1. 2. 3. 4. 5.	TOTAL SUBTRACT Subtract Line 2 fro TOTAL ADDITION		Where Line 5 is derived of	entirely from sources within	Delaware, enter amour	 1. \$ 2. \$ 3. \$ 4. \$ nt on Line 11.) 3. \$ 	00. 00. 00. 00.
6. 7. 8. 9. 10.	TOTAL NON-APP INCOME (OR LOS APPORTIONMEN INCOME (OR LOS	income (Line 5) is NOT der ORTIONABLE INCOME (O S) SUBJECT TO APPORTIO T PERCENTAGE (Schedule S) APPORTIONED TO DEL NABLE INCOME (OR LOSS)	R LOSS) (Schedule NMENT - Subtrac 3-D, Line 8) AWARE - Multiply	e 2, Column 3, Line ct Line 6 from Line y Line 7 by Line 8	8)	through 10.	.00 .00 % .00 .00
 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 	TAX LIABILITY - M APPROVED NON- BALANCE DUE AF DELAWARE TENT CREDIT CARRY-O OTHER PAYMENT APPROVED REFU	BLE INCOME (Line 5 or Lir Multiply Line 12 by .087. If I REFUNDABLE TAX CREDI TER APPROVED NON-REF	ess than \$5,000.0 TS EUNDABLE TAX C	00, enter \$5000.00. REDITS - Subtract	Line 14 from Line	 ☑ 11. \$ 12. \$ ☑ 13. \$ ☑ 13. \$ ☑ 14. \$ ☑ 15. \$ 16. \$ 17. \$ ∅ 18. \$ 19. \$ ☑ 20. \$ 	00. 00. 00. 00. 00. 00. 00. 00. 00.
21. 22a. 22b. 22c.	OVERPAYMENT (I AMOUNT TO BE F	ND PAY IN FULL (If Line 15 If Line 20 is greater than Li REFUNDED CREDITED TO 2024 TENTA	ne 15 Subtract Li			5)	00. 00. 00.

PLEASE SEE PAGE 3 FOR SIGNATURE LINES AND MAILING INSTRUCTIONS







HEADQUARTERS MANAGEMENT CORPORATION TAX RETURN

SCHE	DULE INTEREST INC Description of Intere		Intere	est Received Interes	t Received Intere	st Received	umn 5 erest Income
1.		\$.00 \$.00 \$.00 \$.00 \$.00
2.		\$.00 \$.00 \$.00 \$.00 \$.00
3.		\$.00 \$.00 \$.00 \$.00 \$.00
4.		\$.00 \$.00 \$.00 \$.00 \$.00
5.		\$.00 \$.00 \$.00 \$.00 \$.00
6.	TOTAL	≣\$.00 \$.00 \$.00 \$.00 \$.00

	NON-APPORTIONABLE INCOME ALLOCATED WITHIN AND WITHOUT DELAWARE			Column 1 Within Delaware		Column 2 Without Delaware		Column 3 Total	
1. RE	INTS AND ROYALTIES FROM TANGIBLE PROPERTY	1	I. \$		00 \$	5	.00 \$.00
2. RC	DYALTIES FROM PATENTS AND COPYRIGHTS	2	2. \$		00 \$	5	.00 \$.00
3. G/	AINS OR (LOSSES) FROM SALE OF REAL PROPERTY	3	3. \$		00 \$	5	.00 \$.00
4. G/	AINS OR (LOSSES) FROM SALE OF DEPRECIABLE TANGIBLE PROPERT	γ	I. \$		00 \$	5	.00 \$.00
5. IN	TEREST INCOME (Schedule 1, Columns 4 and 5, Line 6)	5	5. \$		00 \$	5	.00 \$.00
6. TC	OTAL - Add Line 1 through Line 5		i. \$		00 \$	5	.00 \$	i anti anti anti anti anti anti anti ant	.00
7. LE	SS: APPLICABLE EXPENSES (Attach statement)	0	. \$		00 \$	5	.00 \$	i anti anti anti anti anti anti anti ant	.00
8. TC	OTAL NON-APPORTIONABLE INCOME - Subtract Line 7 from Line 6	8	3. \$		00 Ś	5	.00 💲		.00

SCHEDULE GROSS RE		GROSS REAL AND TANGIBLE	AL AND TANGIBLE				Within and Without Delaware		
	3	PERSONAL PROPERTY			Beginning of Year	End of Year	Beginning of Year	End of Year	
	1.	REAL AND TANGIBLE PROPERTY OWNED		1. \$.00 \$.00 \$.00 \$.00	
		REAL AND TANGIBLE PROPERTY RENTED (Eight times annual rental paid)		2. \$.00 \$.00 \$.00 \$.00	
	3.	TOTAL		3. \$.00 \$.00 \$.00 \$.00	
		LESS - Value at original cost of real and tangible property, the income from which is separately allocated (See instructions)		4. \$.00 \$.00 \$.00 \$.00	
	5.	TOTAL		5. \$.00 \$.00 \$.00 \$.00	
	6.	AVERAGE VALUE (See instructions)		6. 💲		.00 \$.00	

SCHE 3		ES			Within Delaware		Within and Without Delaware	1
1.	WAGES, SALARIES, AND OTHER COMPENSATION OF ALL EMPLOYEES	1	1. 💲	5		.00 \$.00
2.	LESS: WAGES, SALARIES, AND OTHER COMPENSATION OF GENERAL EXECUTIVE OFFICER	S 2	2. 😫	5		.00 \$.00
3.	TOTAL - Subtract Line 2 from Line 1	3	3. 😫	5		.00 \$.00
SCHE								
3	GROSS RECEIPTS SUBJECT TO APPORTIONMENT				Within Delaware		Within and Without Delaware	!
1.	GROSS RECEIPTS FROM SALES OF TANGIBLE PERSONAL PROPERTY	1	1. 😫	5		.00 \$.00
2.	GROSS INCOME FROM OTHER SOURCES (Attach statement)	<i>©</i> 2	2. 😫	5		.00 \$.00
3.	TOTAL	3	3. 😫	5		.00 \$.00
SCHE	DETERMINATION OF ADDODTIONMENT DEDCENTAGE							
1.	AVERAGE VALUE OF REAL AND TANGIBLE PROPERTY WITHIN DELAWARE			\$.00	_	
2.	AVERAGE VALUE OF REAL AND TANGIBLE PROPERTY WITHIN AND WITHOUT DELAWARE			\$.00	-	×
3.	WAGES, SALARIES AND OTHER COMPENSATION PAID TO EMPLOYEES WITHIN DELAWA	RE		\$.00	_	
4.	WAGES, SALARIES AND OTHER COMPENSATION PAID TO EMPLOYEES WITHIN AND WITHOUT	DELA	WAR	RE \$.00	-	×
5.	GROSS RECEIPTS AND GROSS INCOME FROM WITHIN DELAWARE			\$.00	_	~
6.	GROSS RECEIPTS AND GROSS INCOME FROM WITHIN AND WITHOUT DELAWARE			\$.00	-	<i>^</i> .

- 7. TOTAL
- APPORTIONMENT PERCENTAGE (SEE INSTRUCTION) 8.

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SUBTRACTIONS

2.

3.

1.	FOREIGN DIVIDENDS, INTEREST, AND ROYALTIES	1. \$.00
2.	NET INTEREST FROM U.S. SECURITIES (Schedule 1, Column 2)	2. \$.00
3.	INTEREST FROM AFFILIATED COMPANIES (Schedule 1, Column 3)	3. \$.00
4.	GAIN FROM SALE OF U.S. OR DELAWARE SECURITIES	4. \$.00
5.	WAGE DEDUCTION - FEDERAL JOBS CREDIT	5. \$.00
6.	HANDICAPPED ACCESSIBILITY DEDUCTION (Attach statement)	<i>⊘</i> 6. \$.00
7.	NET OPERATING LOSS CARRY-OVER	7. \$.00
8.	NBI (Must attach form CIT-SCH)	<i>⊘</i> 8. \$.00
9.	TOTAL SUBTRACTIONS - Add Line 1 through Line 8	9. \$.00
	ADDITIONS	1. Š	.00
		·· 🔶	

2. INTEREST INCOME FROM OBLIGATIONS OF ANY STATE EXCEPT DE (Schedule 1, Column 4) 3. 4.

5.

6.

7.

4. **DEPLETION EXPENSE - OIL AND GAS** 5. INTEREST PAID AFFILIATED COMPANIES (See instructions)

LOSS FROM SALE OF U.S. OR DELAWARE SECURITIES

- DONATIONS INCLUDED IN LINE 1 FOR WHICH DELAWARE INCOME TAX CREDITS WERE GRANTED 6.
- 7. TOTAL ADDITIONS - Add Line 1 through Line 6

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.

		PAID PREPARER INFORMATION					
SIGNATURE OF OFFICER	曲 DATE	PAID PREPARER SIGNATURE	曲 DATE	曲 DATE			
TITLE OF OFFICER		ADDRESS					
<i>∂</i> PHONE NUMBER		CITY	STATE ZIP CODE				
@ EMAIL ADDRESS		EIN, SSN or PTIN	J PHONE NUMBER				
		@ EMAIL ADDRESS					

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN @

