



# DELAWARE 2024

DIVISION OF REVENUE FORM  
SCT-SSA



## S CORPORATION RECONCILIATION OF ORDINARY INCOME TO TOTAL NET INCOME

For Fiscal Year beginning  and ending

Name of S Corporation

Taxpayer ID  

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<b>1.</b>	ORDINARY INCOME (LOSS) (Federal Form 1120S, Schedule K, Line 1)		1. \$	.00
<b>2.</b>	APPORTIONMENT PERCENTAGE (Form SCT-RTN, Schedule 1D, Line 8)		2.	%
<b>3.</b>	ORDINARY INCOME APPORTIONED TO DELAWARE - Multiply Line 1 by Line 2		3. \$	.00

		COLUMN A	COLUMN B
		Total	Within Delaware
<b>3a.</b>	ENTER in Column A the Amount from Line 1 and in Column B the Amount from Line 3	3a. \$	.00 \$

+ ADDITIONS:			
<b>4.</b>	NET INCOME (LOSS) FROM RENTAL REAL ESTATE ACTIVITIES (Federal Form 1120S, Schedule K, Line 2)	4. \$	.00 \$
<b>5.</b>	NET INCOME (LOSS) FROM OTHER RENTAL ACTIVITIES (Federal Form 1120S, Schedule K, Line 3c)	5. \$	.00 \$
<b>6.</b>	INTEREST INCOME (Federal Form 1120S, Schedule K, Line 4)	6. \$	.00 \$
<b>7.</b>	DIVIDEND INCOME (Federal Form 1120S, Schedule K, Line 5a)	7. \$	.00 \$
<b>8.</b>	ROYALTY INCOME (Federal Form 1120S, Schedule K, Line 6)	8. \$	.00 \$
<b>9.</b>	NET SHORT TERM CAPITAL GAIN (LOSS) (Federal Form 1120S, Schedule K, Line 7)	9. \$	.00 \$
<b>10.</b>	NET LONG TERM CAPITAL GAIN (LOSS) (Federal Form 1120S, Schedule K, Line 8a)	10. \$	.00 \$
<b>11.</b>	NET GAIN (LOSS) UNDER SECTION 1231 (Federal Form 1120S, Schedule K, Line 9)	11. \$	.00 \$
<b>12.</b>	OTHER INCOME (LOSS) (Federal Form 1120S, Schedule K, Line 10) (Attach schedule)	12. \$	.00 \$
<b>13.</b>	TOTAL - Add Line 3a through Line 12	13. \$	.00 \$

- SUBTRACTIONS:			
<b>14.</b>	SECTION 179 EXPENSE DEDUCTION (Federal Form 1120S, Schedule K, Line 11)	14. \$	.00 \$
<b>15.</b>	CHARITABLE CONTRIBUTIONS (Federal Form 1120S, Schedule K, Line 12a)	15. \$	.00 \$
<b>16.</b>	OTHER DEDUCTIONS (Federal Form 1120S, Schedule K, Line 12d)	16. \$	.00 \$
<b>17.</b>	DEPLETION EXPENSE (Included on Federal Form 1120S, Schedule K, Line 15e)	17. \$	.00 \$
<b>18.</b>	ORDINARY AND NECESSARY BUSINESS EXPENSES AS NOT ALLOWED ON THE FEDERAL RETURN AND FOR A DELAWARE - LICENSED MARIJUANA RELATED BUSINESS	18. \$	.00 \$
<b>19.</b>	TOTAL - Add Line 14 through Line 18	19. \$	.00 \$
<b>20.</b>	TOTAL NET INCOME (LOSS) - Subtract Line 19 from Line 13	20. \$	.00 \$

Enter the amount from Column B on Form SCT-RTN, Line 1