

DELAWARE

2025
DIVISION OF REVENUE F O R M
CIT-TAX
CORPORATION INCOME TAX RETURN



For Fiscal Year beginning and ending

Name of Corporation

Taxpayer ID

Street Address

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

City State Zip Code

Delaware Address (if different than above)

City State Zip Code

State of Incorporation Date of Incorporation If Out of Business, Enter Date

Nature of Business

☐ Small Corporation

☐ ESOP

✓ Check Applicable Box(es):

☐ Initial Return

☐ Amended Return

☐ Change of Address

☐ Extension Attached

☐ Farming

☐ Property and Casualty Insurance

| | | | | |
|----|---|----|----|-----|
| 1. | FEDERAL TAXABLE INCOME (See instructions) | 1. | \$ | .00 |
| 2. | TOTAL SUBTRACTIONS (Schedule 4A) | 2. | \$ | .00 |
| 3. | Subtract Line 2 from Line 1 | 3. | \$ | .00 |
| 4. | TOTAL ADDITIONS (Schedule 4B) | 4. | \$ | .00 |
| 5. | ENTIRE NET INCOME - Add Line 3 to Line 4 (Where Line 5 is derived entirely from sources within Delaware, enter amount on Line 11.) | 5. | \$ | .00 |

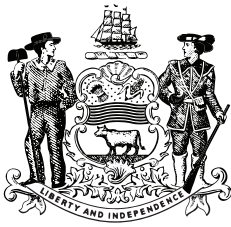
Where the entire income (Line 5) is NOT derived from sources within Delaware, complete Lines 6 through 10.

| | | | | |
|-----|--|-----|----|-----|
| 6. | TOTAL NON-APPORTIONABLE INCOME (OR LOSS) (Schedule 2, Column 3, Line 8) | 6. | \$ | .00 |
| 7. | INCOME (OR LOSS) SUBJECT TO APPORTIONMENT - Subtract Line 6 from Line 5 | 7. | \$ | .00 |
| 8. | APPORTIONMENT PERCENTAGE (Schedule 3B, Line 3) | 8. | | % |
| 9. | INCOME (OR LOSS) APPORTIONED TO DELAWARE - Multiply Line 7 by Line 8 | 9. | \$ | .00 |
| 10. | NON-APPORTIONABLE INCOME (OR LOSS) (Schedule 2, Column 1, Line 8) | 10. | \$ | .00 |

| | | | | |
|------|---|------|----|-----|
| 11. | TOTAL - Add Line 9 to Line 10 | 11. | \$ | .00 |
| 12. | DELAWARE TAXABLE INCOME (Line 5 or Line 11, whichever is less) | 12. | \$ | .00 |
| 13. | TAX LIABILITY - Multiply Line 12 by .087 | 13. | \$ | .00 |
| 14. | APPROVED NON-REFUNDABLE TAX CREDITS | 14. | \$ | .00 |
| 15. | BALANCE DUE AFTER APPROVED NON-REFUNDABLE TAX CREDITS - Subtract Line 14 from Line 13 (Enter 0 if Neg) | 15. | \$ | .00 |
| 16. | DELAWARE TENTATIVE TAX PAID | 16. | \$ | .00 |
| 17. | CREDIT CARRY-OVER FROM PRIOR YEAR | 17. | \$ | .00 |
| 18. | OTHER PAYMENTS (Attach statement) | 18. | \$ | .00 |
| 19. | APPROVED REFUNDABLE INCOME TAX CREDITS | 19. | \$ | .00 |
| 20. | TOTAL PAYMENTS AND CREDITS - Add Line 16 through Line 19 | 20. | \$ | .00 |
| 21. | BALANCE DUE AND PAY IN FULL (If Line 15 is greater than Line 20 Subtract Line 20 from Line 15) | 21. | \$ | .00 |
| 22a. | OVERPAYMENT (If Line 20 is greater than Line 15 Subtract Line 15 from Line 20) | 22a. | \$ | .00 |
| 22b. | AMOUNT TO BE REFUNDED | 22b. | \$ | .00 |
| 22c. | AMOUNT TO BE CREDITED TO 2026 TENTATIVE TAX | 22c. | \$ | .00 |

Attach Completed Copy of Federal Form 1120

PLEASE SEE PAGE 3 FOR SIGNATURE LINES AND MAILING INSTRUCTIONS



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NAME TAXPAYER ID

| SCHEDULE 1 | INTEREST INCOME | Column 1 Foreign Interest | Column 2 Interest Received from U.S. Securities | Column 3 Interest Received from Affiliated Companies | Column 4 Interest Received from State Obligations | Column 5 Other Interest Income |
|------------|-------------------------|------------------------------|---|--|---|-----------------------------------|
| | Description of Interest | | | | | |
| 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 |

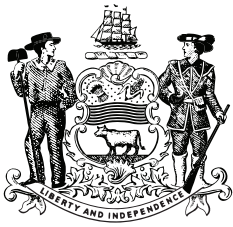
| SCHEDULE 2 | NON-APPORTIONABLE INCOME ALLOCATED WITHIN AND WITHOUT DELAWARE | Column 1 Within Delaware | Column 2 Without Delaware | Column 3 Total |
|------------|---|-----------------------------|------------------------------|-------------------|
| 1. | RENTS AND ROYALTIES FROM TANGIBLE PROPERTY | \$.00 | \$.00 | \$.00 |
| 2. | ROYALTIES FROM PATENTS AND COPYRIGHTS | \$.00 | \$.00 | \$.00 |
| 3. | GAINS OR (LOSSES) FROM SALE OF REAL PROPERTY | \$.00 | \$.00 | \$.00 |
| 4. | GAINS OR (LOSSES) FROM SALE OF DEPRECIABLE TANGIBLE PROPERTY | \$.00 | \$.00 | \$.00 |
| 5. | INTEREST INCOME (Schedule 1, Columns 4 and 5, Line 6) | \$.00 | \$.00 | \$.00 |
| 6. | TOTAL - Add Line 1 through Line 5 | \$.00 | \$.00 | \$.00 |
| 7. | LESS: APPLICABLE EXPENSES (Attach statement) | \$.00 | \$.00 | \$.00 |
| 8. | TOTAL NON-APPORTIONABLE INCOME - Subtract Line 7 from Line 6 | \$.00 | \$.00 | \$.00 |

| SCHEDULE 3A | GROSS RECEIPTS SUBJECT TO APPORTIONMENT | Within Delaware | Within and Without Delaware |
|-------------|---|-----------------|-----------------------------|
| 1. | GROSS RECEIPTS FROM SALES OF TANGIBLE PERSONAL PROPERTY | \$.00 | \$.00 |
| 2. | GROSS INCOME FROM OTHER SOURCES (Attach statement) | \$.00 | \$.00 |
| 3. | TOTAL - Add Line 1 to Line 2 | \$.00 | \$.00 |

| SCHEDULE 3B | DETERMINATION OF APPORTIONMENT PERCENTAGE | | |
|-------------|--|--------|---|
| 1. | GROSS RECEIPTS AND GROSS INCOME FROM WITHIN DELAWARE | 1. .00 | = |
| 2. | GROSS RECEIPTS AND GROSS INCOME FROM WITHIN AND WITHOUT DELAWARE | 2. .00 | |
| 3. | APPORTIONMENT PERCENTAGE (See instructions) | 3. | |

| SCHEDULE 3C | GROSS REAL AND TANGIBLE PROPERTY | Within Delaware | | Within and Without Delaware | |
|----------------|--|-------------------|-------------|-----------------------------|-------------|
| | | Beginning of Year | End of Year | Beginning of Year | End of Year |
| 1. | REAL & TANGIBLE PROPERTY OWNED | \$.00 | \$.00 | \$.00 | \$.00 |
| 2. | REAL & TANGIBLE PROPERTY RENTED (eight times annual rental paid) | \$.00 | \$.00 | \$.00 | \$.00 |
| 3. | TOTAL - Add Line 1 to Line 2 | \$.00 | \$.00 | \$.00 | \$.00 |
| 4. | LESS: VALUE AT ORIGINAL COST OF REAL AND TANGIBLE PROPERTY, the income from which is separately allocated (See instructions) | \$.00 | \$.00 | \$.00 | \$.00 |
| 5. | TOTAL - Subtract Line 4 from Line 3 | \$.00 | \$.00 | \$.00 | \$.00 |
| 6. | AVERAGE VALUE (See instructions) | \$.00 | \$.00 | \$.00 | \$.00 |

| SCHEDULE 3D | WAGES, SALARIES, AND OTHER COMPENSATION PAID OR ACCRUED TO EMPLOYEES | Within Delaware | Within and Without Delaware |
|-------------|---|-----------------|-----------------------------|
| 1. | WAGES, SALARIES, AND OTHER COMPENSATION OF ALL EMPLOYEES | \$.00 | \$.00 |
| 2. | LESS: WAGES, SALARIES, AND OTHER COMPENSATION OF GENERAL EXECUTIVE OFFICERS | \$.00 | \$.00 |
| 3. | TOTAL - Subtract Line 2 from Line 1 | \$.00 | \$.00 |



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SCHEDULE 4A SUBTRACTIONS

| | | | | |
|-----|---|-----|----|-----|
| 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) | 6. | \$ | .00 |
| 7. | NET OPERATING LOSS CARRY-OVER | 7. | \$ | .00 |
| 8. | NBI (Must attach form CIT-SCH) | 8. | \$ | .00 |
| 9. | ORDINARY AND NECESSARY BUSINESS EXPENSES AS NOT ALLOWED ON THE FEDERAL RETURN AND FOR A DELAWARE-LICENSED MARIJUANA RELATED BUSINESS. | 9. | \$ | .00 |
| 10. | TOTAL SUBTRACTIONS - Add Line 1 through Line 9 | 10. | \$ | .00 |

SCHEDULE 4B ADDITIONS

| | | | | |
|----|---|----|----|-----|
| 1. | ALL STATE AND POLITICAL SUBDIVISION INCOME TAXES DEDUCTED IN COMPUTING LINE 1 | 1. | \$ | .00 |
| 2. | LOSS FROM SALE OF U.S. OR DELAWARE SECURITIES | 2. | \$ | .00 |
| 3. | INTEREST INCOME FROM OBLIGATIONS OF ANY STATE EXCEPT DE (Schedule 1, Column 4) | 3. | \$ | .00 |
| 4. | DEPLETION EXPENSE - OIL AND GAS | 4. | \$ | .00 |
| 5. | INTEREST PAID AFFILIATED COMPANIES (See instructions) | 5. | \$ | .00 |
| 6. | DONATIONS INCLUDED IN LINE 1 FOR WHICH DELAWARE INCOME TAX CREDITS WERE GRANTED | 6. | \$ | .00 |
| 7. | TOTAL ADDITIONS - Add Line 1 through Line 6 | 7. | \$ | .00 |

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.

SIGNATURE OF OFFICER DATE

TITLE OF OFFICER

PHONE NUMBER

@ EMAIL ADDRESS

MAIL COMPLETED FORM WITH
REMITTANCE PAYABLE TO:
Delaware Division of Revenue
PO Box 2044
Wilmington, DE 19899-2044

PAID PREPARER INFORMATION

PAID PREPARER SIGNATURE DATE

ADDRESS

CITY STATE ZIP CODE

EIN, SSN or PTIN PHONE NUMBER

@ EMAIL ADDRESS

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN