DELAWARE 2026
DIVISION OF REVENUE FORM HMC-EST

HEADQUARTERS MANAGEMENT CORPORATION TENTATIVE TAX RETURN

Taxpayer ID

Calendar or Fiscal Year Ending

Due on or before

Quarter

Name of Corporation

Street Address

City | State | Zip Code

BALANCE DUE FROM LINE 8 OF WORKSHEET .00

AMOUNT OF THIS PAYMENT .00

Check here if a request for change form is being filed

DO NOT CUT THIS PAGE

TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS

1.	**ESTIMATE DELAWARE TAXABLE INCOME FOR THE YEAR**	1.	.00
2.	**CORPORATE INCOME TAX RATE**	2.	8.70
3.	**Multiply** Line 1 by Line 2	3.	.00
4.	**ESTIMATED LIABILITY FOR YEAR**	4.	.00
5.	**PERCENTAGE DUE**	5.	
6.	**Multiply** Line 4 by Line 5	6.	.00
7.	**LESS CREDIT CARRYOVER UNUSED**	7.	.00
8.	**Subtract** Line 7 from Line 6 (cannot be less than zero)	8.	.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.

MAIL COMPLETED FORM WITH REMITTANCE PAYABLE TO:
Delaware Division of Revenue
PO Box 0830
Wilmington, DE 19899-0830

AUTHORIZED SIGNATURE | DATE

PRINTED NAME OF AUTHORIZED SIGNER

PHONE NUMBER

EMAIL ADDRESS

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