





HEADQUARTERS MANAGEMENT CORPORATION TAX RETURN

Street Address City State Zip Code City State Zip Code City State Zip Code Small Corporation ESOP Deloware Address gidiffered thin-desed City State Zip Code City State Zip Code Small Corporation ESOP Check Applicable Box(es): Initial Return Amended Return Amended Return Amended Return Amended Return Amended Return Amended Return Amended Return Change of Address Extension Attached Certificated by Officer of the Corporation of Other Individual Duly Authorized Consolidated Return from An Affiliated Group of HMCs Consolidated Return from An Affiliated Group of HMCs 1. FEDERAL TAXABLE INCOME (See Institution) 2. TOTAL SUBTRACTIONS (Schedule 4A) 3. Subtract Line 2 from Line 1 3		For Fiscal Year beginning	and ending	
City State Zip Code Small Corporation ESOP Delaware Address (#different than above) City State Zip Code Small Corporation ESOP Check Applicable Box(es): Initial Return Amended Return Amended Return Amended Return Amended Return Amended Return Amended Return Change of Address Extension Attached Change of Address Extension Attached Consolidated Return from An Affilianed Group of HMCs Consolidated Return from An Affilianed Group of HMCs 1. FEDERAL TAXABLE INCOME (Seciolaridized) 2. TOTAL SUBTRACTIONS (Schedule 4A) 3. Subtract Line 2 from Line 1 4. TOTAL ADDITIONS (Schedule 4A) 5. ENTIRE MET INCOME - Add Line 3 to Line 4 (Where Line 5 is derived exicily from sources within Delaware, complete Lines 6 through 10. Where the entire income (Line 5) is NOT derived from sources within Delaware, complete Lines 6 through 10. TOTAL NON-APPORTIONABLE INCOME (OR LOSS) (Schedule 2, Column 3, Line 8) INCOME (OR LOSS) Subject To APPORTIONABLE INCOME (OR LOSS) (Schedule 2, Column 1, Line 8) INCOME (OR LOSS) APPORTIONED TO DELAWARE - Multiply Line 7 by Line 8 9. INCOME (OR LOSS) APPORTIONED TO DELAWARE - Multiply Line 7 by Line 8 9. INCOME (OR LOSS) APPORTIONED TO DELAWARE - Multiply Line 7 by Line 8 9. INCOME (OR LOSS) APPORTIONED TO DELAWARE - Multiply Line 7 by Line 8 10. APPORTIONABLE INCOME (Inc 5 or Line 11, whichever is less) 11. TOTAL - Add Line 9 to Line 10 12. DELAWARE TAXABLE INCOME (Inc 5 or Line 11, whichever is less) 13. TAX LIABILITY - Multiply Line 12 by .887. If less than \$5,000.00, enter \$5000.00. 14. APPROVED NON-RETUNDABLE TAX CREDITS 15. BALANCE DUE AFTER APPROVED NON-RETUNDABLE TAX CREDITS - Subtract Line 14 from Line 13 (fixe life g) 16. OTHER PAYMENTS (ATCACH Statement) 17. CREDIT CARRY-OVER FROM PRIOR YEAR 17	Na	me of Corporation	Taxpayor ID	
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## Attach Completed Copy of Federal Form 1120	Na	was of Dusiness	Change of Address Extension Attached	
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18. OTHER PAYMENTS (Attach statement) 19. APPROVED REFUNDABLE INCOME TAX CREDITS 20. TOTAL PAYMENTS AND CREDITS - Add Line 16 through Line 19 21. BALANCE DUE AND PAY IN FULL (If Line 15 is greater than Line 20 Subtract Line 20 from Line 15) 22a. OVERPAYMENT (If Line 20 is greater than Line 15 Subtract Line 15 from Line 20) 22b. AMOUNT TO BE REFUNDED				
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20. TOTAL PAYMENTS AND CREDITS - Add Line 16 through Line 19 21. BALANCE DUE AND PAY IN FULL (If Line 15 is greater than Line 20 Subtract Line 20 from Line 15) 22. OVERPAYMENT (If Line 20 is greater than Line 15 Subtract Line 15 from Line 20) 22. AMOUNT TO BE REFUNDED 2000 2100 2200 2200 2200 2200 2200 2200 2200 2200				
21.BALANCE DUE AND PAY IN FULL (If Line 15 is greater than Line 20 Subtract Line 20 from Line 15)210022a.OVERPAYMENT (If Line 20 is greater than Line 15 Subtract Line 15 from Line 20)22a0022b.AMOUNT TO BE REFUNDED.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				
22b. AMOUNT TO BE REFUNDED 22b00		_		
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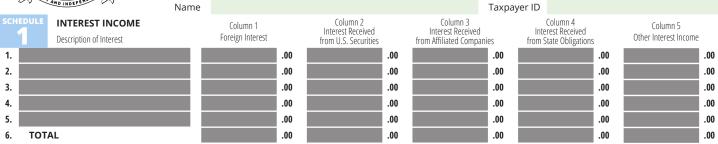
PLEASE SEE PAGE 3 FOR SIGNATURE LINES AND MAILING INSTRUCTIONS



DELAWARE 2025 DIVISION OF REVENUE HMC-TAX



HEADQUARTERS MANAGEMENT CORPORATION TAX RETURN



SCHE	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	1.		.00		.00		.00
2.	ROYALTIES FROM PATENTS AND COPYRIGHTS	2.		.00		.00		.00
3.	GAINS OR (LOSSES) FROM SALE OF REAL PROPERTY	3.		.00		.00		.00
4.	GAINS OR (LOSSES) FROM SALE OF DEPRECIABLE TANGIBLE PROPERTY	4.		.00		.00		.00
5.	INTEREST INCOME (Schedule 1, Columns 4 and 5, Line 6)	5.		.00		.00		.00
6.	TOTAL - Add Line 1 through Line 5	6.		.00		.00		.00
7.	LESS: APPLICABLE EXPENSES (Attach statement)	7.		.00		.00		.00
8.	TOTAL NON-APPORTIONABLE INCOME - Subtract Line 7 from Line 6	8.		.00		.00		.00

SCHE	GROSS REAL AND TANGIBLE		Within Dela	ware	Within and Without Delaware			
5	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	
2.	REAL AND TANGIBLE PROPERTY RENTED (Eight times annual rental paid)	2.	.00	.00	.00		.00	
3.	TOTAL	3.	.00	.00	.00		.00	
4.	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	

WAGES, SALARIES, AND OTHER COMPENSATION PAID OR ACCRUED TO EMPLOYEES

- WAGES, SALARIES, AND OTHER COMPENSATION OF ALL EMPLOYEES
 LESS: WAGES, SALARIES, AND OTHER COMPENSATION OF GENERAL EXECUTIVE OFFICERS
- 2. LESS: WAGES, SALARIES, AND OTHER COMPENSATION OF GENERAL EXECUTIVE OFFICERS
- 3. TOTAL Subtract Line 2 from Line 1

3C

GROSS RECEIPTS SUBJECT TO APPORTIONMENT

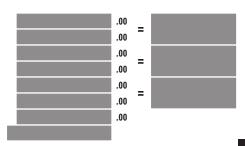
- 1. GROSS RECEIPTS FROM SALES OF TANGIBLE PERSONAL PROPERTY
- 2. GROSS INCOME FROM OTHER SOURCES (Attach statement)
- 3. TOTAL

	Within Delaware		Within and Without Delaware	
1.		.00		.00
2.		.00		.00
3.		.00		.00

SCHEDULE 3D

DETERMINATION OF APPORTIONMENT PERCENTAGE

- 1. AVERAGE VALUE OF REAL AND TANGIBLE PROPERTY WITHIN DELAWARE
- 2. AVERAGE VALUE OF REAL AND TANGIBLE PROPERTY WITHIN AND WITHOUT DELAWARE
- 3. WAGES, SALARIES AND OTHER COMPENSATION PAID TO EMPLOYEES WITHIN DELAWARE
- 4. WAGES, SALARIES AND OTHER COMPENSATION PAID TO EMPLOYEES WITHIN AND WITHOUT DELAWARE
- 5. GROSS RECEIPTS AND GROSS INCOME FROM WITHIN DELAWARE
- 6. GROSS RECEIPTS AND GROSS INCOME FROM WITHIN AND WITHOUT DELAWARE
 - 7. TOTAL
 - 8. APPORTIONMENT PERCENTAGE (SEE INSTRUCTION)





Name

DELAWARE 2025 DIVISION OF REVENUE HMC-TAX



Taxpayer ID

HEADQUARTERS MANAGEMENT CORPORATION TAX RETURN

SUBTRACTIONS FOREIGN DIVIDENDS, INTEREST, AND ROYALTIES 1. .00 NET INTEREST FROM U.S. SECURITIES (Schedule 1, Column 2) .00 2. 2. 3. INTEREST FROM AFFILIATED COMPANIES (Schedule 1, Column 3) 3. .00 **GAIN FROM SALE OF U.S. OR DELAWARE SECURITIES** 4. 4. 00 5. **WAGE DEDUCTION - FEDERAL JOBS CREDIT** 5. .00 HANDICAPPED ACCESSIBILITY DEDUCTION (Attach statement) 6. 6. .00 7. **NET OPERATING LOSS CARRY-OVER** 7. .00 8. **NBI** (Must attach form CIT-SCH) 8. .00 9. TOTAL SUBTRACTIONS - Add Line 1 through Line 8 9. .00 ADDITIONS ALL STATE AND POLITICAL SUBDIVISION INCOME TAXES DEDUCTED IN COMPUTING LINE 1 .00 1. 1. 2. LOSS FROM SALE OF U.S. OR DELAWARE SECURITIES .00 3. .00 INTEREST INCOME FROM OBLIGATIONS OF ANY STATE EXCEPT DE (Schedule 1, Column 4) 3. 4. **DEPLETION EXPENSE - OIL AND GAS** 4. .00 **INTEREST PAID AFFILIATED COMPANIES** (See instructions) 5. 5. .00 DONATIONS INCLUDED IN LINE 1 FOR WHICH DELAWARE INCOME TAX CREDITS WERE GRANTED 6. 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. PAID PREPARER INFORMATION SIGNATURE OF OFFICER PAID PREPARER SIGNATURE **DATE** TITLE OF OFFICER **ADDRESS** CITY STATE ZIP CODE @ EMAIL ADDRESS EIN, SSN or PTIN **PHONE NUMBER** @ EMAIL ADDRESS

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN ${\mathscr Q}$

