

# DELAWARE 2025 DIVISION OF REVENUE SCT-RIN



## S CORPORATION RECONCILIATION AND SHAREHOLDERS INFORMATION RETURN

For Fiscal Year beginning and ending  Name of Corporation	Taxpayer ID		
Name of Corporation	Taxpayer ID		
	Тахрауст по		
Street Address			
City State Zip Code	mall Corporation ESOP		
Delaware Address (if different than above)	mall Corporation ESOP		
Delaware radices (in dimerent diam above)			
City State Zip Code	✓ Check Applicable Box(es):		
	itial Return Amended Return		
State of Incorporation Date of Incorporation If Out of Business, Enter Date	_		
CI	hange of Address Extension Attached		
Nature of Business			
	Attach Completed Copy of U.S. Income Tax Return for an S Corporation Form 1120S.		
•	Return for an 3 Corporation Form 11203.		
1. TOTAL NET INCOME (Form SCT-SSA, Column B, Line 20)	1.		
SUBTRACTIONS:			
2a. NET INTEREST FROM U.S. SECURITIES - To the extent included in Line 1	2a.		
2b. WAGE DEDUCTION - FEDERAL JOBS CREDIT	2b.		
2c. TOTAL SUBTRACTIONS - Add Line 2a to Line 2b	2c.		
3. TOTAL - Subtract Line 2c from Line 1  ADDITIONS:	3.		
ADDITIONS:  4a. INTEREST ON OBLIGATIONS FROM ANY STATE EXCEPT DELAWARE - To the extent excluded from Line 1	4a.		
4b. DEPLETION EXPENSE	4b.		
4c. CHARITABLE CONTRIBUTIONS - Included in Line 1 for which the Delaware Land & Historic Resource Conservation credit was granted	4c.		
4d. TOTAL ADDITIONS - Add Line 4a through Line 4c	4d.		
5. DISTRIBUTIVE INCOME - Add Line 3 to Line 4d	5.		
6. PERCENTAGE OF STOCK OWNED BY NON-RESIDENTS	6.		
7. <b>DISTRIBUTIVE INCOME ATTRIBUTABLE TO NON-RESIDENT SHAREHOLDERS - Multiply</b> Line 5 by Line 6	5 7.		
8. TAX DUE ON BEHALF OF NON-RESIDENT SHAREHOLDERS - Multiply Line 7 by 6.60%	8.		
9. ESTIMATED TAX PAID ON BEHALF OF NON-RESIDENT SHAREHOLDERS (Form SCT-TAX)	9.		
10. OTHER PAYMENTS (Attach schedule)	10.		
11. APPROVED NON-REFUNDABLE INCOME TAX CREDITS	11.		
12. APPROVED REFUNDABLE INCOME TAX CREDITS	12.		
13. TOTAL PAYMENTS AND CREDITS - Add Line 9 through Line 12	13.		
14. BALANCE DUE AND PAY IN FULL - If Line 8 is greater than Line 13, Subtract Line 13 from Line 8	14.		
If Line 13 is greater than Line 8, the amount on Line 13 will be the estimated tax proportionally claimed by the non-resident shareholder(s) upon filing A refund will not be issued directly to the S Corporation for any overpayment of estimated tax paid on behalf of the non-resident shareholder(s).	their Delaware non-resident personal income tax return.		
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.	MATION		
Do DAID DDEDADED CICANA	TIDE # DATE		
PAID PREPARER SIGNA  ADDRESS  ADDRESS	ITURE		
TITLE OF OFFICER CITY	STATE ZIP CODE		

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

@ EMAIL ADDRESS

EIN, SSN or PTIN

@ EMAIL ADDRESS



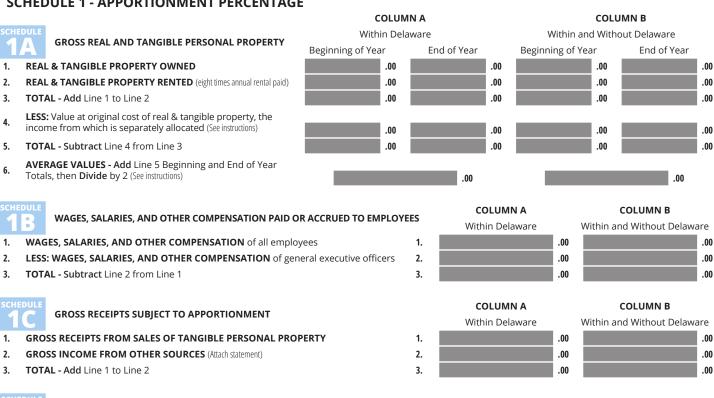




### S CORPORATION RECONCILIATION AND SHAREHOLDERS INFORMATION RETURN

Taxpayer ID Name

### **SCHEDULE 1 - APPORTIONMENT PERCENTAGE**



#### **DETERMINATION OF APPORTIONMENT PERCENTAGE**

1. 2.	AVERAGE VALUE OF REAL AND TANGIBLE PROPERTY within Delaware  AVERAGE VALUE OF REAL AND TANGIBLE PROPERTY within and without Delaware	1. 2.	.00 .00	=	
3. 4.	WAGES, SALARIES, AND OTHER COMPENSATION Paid to employees within Delaware WAGES, SALARIES, AND OTHER COMPENSATION Paid to employees within and without Delaware	3. 4.	.00 .00	=	
5. 6.	GROSS RECEIPTS AND GROSS INCOME from within Delaware GROSS RECEIPTS AND GROSS INCOME from within and without Delaware	5. 6.	.00 .00	=	
7.	TOTAL COMBINED APPORTIONMENT PERCENTAGES (See instructions)			7.	

**APPORTIONMENT PERCENTAGE** (See instructions)