

DELAWARE

DIVISION OF REVENUE

2026
FORM
CIT-HIC



INFORMATION RETURN HOLDING COMPANY / INVESTMENT COMPANY

For Fiscal Year beginning and ending

Name of Corporation

Taxpayer ID

----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Delaware Street Address

State of Incorporation Date of Incorporation

Delaware City State Delaware Zip Code

Mailing Address (if different than above)

City State Zip Code

PART I - GENERAL INFORMATION

1. Name and Taxpayer ID (SSN) of compensated employees working in Delaware. (Do not include Directors)

Name	
TPID	Full Time ☐ Part Time ☐
Name	
TPID	Full Time ☐ Part Time ☐
Name	
TPID	Full Time ☐ Part Time ☐
Name	
TPID	Full Time ☐ Part Time ☐
Name	
TPID	Full Time ☐ Part Time ☐
Name	
TPID	Full Time ☐ Part Time ☐
Name	
TPID	Full Time ☐ Part Time ☐
Name	
TPID	Full Time ☐ Part Time ☐
Name	
TPID	Full Time ☐ Part Time ☐
Name	
TPID	Full Time ☐ Part Time ☐

2. Name and Taxpayer ID (FEIN/ SSN) of owners (individual corporations) of more than 10% of the stock of the corporation whose Delaware individual or corporate income tax liability exceeded \$100,000 in any of the past three years.

Name	
TPID	
Name	
TPID	
Name	
TPID	
Name	
TPID	
Name	
TPID	
Name	
TPID	
Name	
TPID	
Name	
TPID	
Name	
TPID	
Name	
TPID	

PART II - QUESTIONS RELATING TO NON-EXEMPT ACTIVITIES

If any of the following are checked it would be an indication that the corporation is **NOT** exempt from Delaware corporate tax under Section 1902(b)(8), 30 DEL. C. (If checked, please provide a brief description.)

1. Please check if corporation receive income from the following sources:

☐ Rental income from real property located within Delaware.

Description

☐ Rental income from tangible personal property located within Delaware.

Description

2. Did the corporation provide in Delaware any of the services listed below for an unaffiliated entity or an affiliated entity other than as part of the corporation's maintenance and management of its intangible assets? (If checked, please provide a brief description.)

☐ a. Accounting and Bookkeeping

☐ c. Consultation

☐ e. Collections

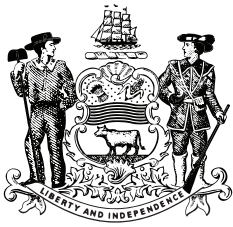
☐ g. Computer Services

☐ b. Legal

☐ d. Investment Advice

☐ f. Management

Description



DELAWARE

DIVISION OF REVENUE

2026
FORM
CIT-HIC



INFORMATION RETURN HOLDING COMPANY / INVESTMENT COMPANY

PART III - QUESTIONS RELATING TO EXEMPT ACTIVITIES

If you check any of the following, it would be an indication that the corporation is exempt from Delaware corporate tax under Section 1902(b)(8), 30 DEL. C. (If checked please provide a brief description.)

1. Did the corporation directly or indirectly receive income from any of the following sources? Please check the appropriate box for each source of income and, for each checked response where the income received is in excess of \$1 million, provide a description of the activity performed in Delaware with regard to such income.

- ☐ a. Interest on notes secured by real estate mortgages.
Description
- ☐ b. Interest on all other debt obligations.
Description
- ☐ c. Dividends.
Description
- ☐ d. Patents, patent applications, trademarks, trade names and know-how.
Description
- ☐ e. Gain on the sale of intangible investments.
Description
- ☐ f. Rental income from real property located outside of Delaware.
Description
- ☐ g. Rental income from tangible personal property located outside of Delaware.
Description

2. Is the corporation engaged in business activities outside of Delaware other than described in Question 1 above: (If yes, please describe.)

☐ Yes ☐ No Description

PART IV - ADDITIONAL INFORMATION

Did the corporation have any source of income other than the sources of income described in Parts II and III above?
(If yes, please describe the source of income and the activity in Delaware relating to it.)

☐ Yes ☐ No

Description

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 TO:
Delaware Division of Revenue
PO Box 2044
Wilmington, DE 19899-2044

SIGNATURE OF OFFICER

DATE

TITLE OF OFFICER

PHONE NUMBER

EMAIL ADDRESS