

# DELAWARE

2026  
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

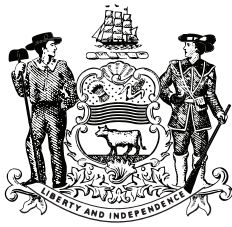
☐ Farming

☐ 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. [ ] .00   |
| 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 2027 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<br>Foreign Interest | Column 2<br>Interest Received<br>from U.S. Securities | Column 3<br>Interest Received<br>from Affiliated Companies | Column 4<br>Interest Received<br>from State Obligations | Column 5<br>Other Interest Income |
|------------|-------------------------|------------------------------|-------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------|-----------------------------------|
| 1.         | Description of Interest |                              |                                                       |                                                            |                                                         |                                   |
| 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                               |

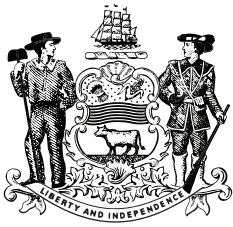
| SCHEDULE 2 | NON-APPORTIONABLE INCOME ALLOCATED<br>WITHIN AND WITHOUT DELAWARE | Column 1<br>Within Delaware | Column 2<br>Without Delaware | Column 3<br>Total |
|------------|-------------------------------------------------------------------|-----------------------------|------------------------------|-------------------|
| 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             | .00 |
| 2.          | GROSS RECEIPTS AND GROSS INCOME FROM WITHIN AND WITHOUT DELAWARE | .00 |
| 3.          | APPORTIONMENT PERCENTAGE (See instructions)                      | =   |

| 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. DECOUPLING MODIFICATIONS (Attach Form CIT-DCP)                                                                                       | 10. |  | .00 |
| 11. TOTAL SUBTRACTIONS - Add Line 1 through Line 10                                                                                      | 11. |  | .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. DECOUPLING MODIFICATIONS (Attach Form CIT-DCP)                                  | 7. |  | .00 |
| 8. TOTAL ADDITIONS - Add Line 1 through Line 7                                     | 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.

SIGNATURE OF OFFICER DATE

TITLE OF OFFICER

PHONE NUMBER

@ EMAIL ADDRESS

### PAID PREPARER INFORMATION

PAID PREPARER SIGNATURE DATE

ADDRESS

CITY STATE ZIP CODE

EIN, SSN or PTIN PHONE NUMBER

@ EMAIL ADDRESS

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

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN