



DELAWARE **2027**
DIVISION OF REVENUE F O R M
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

BALANCE DUE FROM LINE 8 OF WORKSHEET



.00

City

State

Zip Code

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

- ESTIMATE DELAWARE TAXABLE INCOME FOR THE YEAR**
- CORPORATE INCOME TAX RATE**
- Multiply** Line 1 by Line 2

1. \$.00

2. 8.70 %

3. \$.00

- ESTIMATED LIABILITY FOR YEAR**

4. \$.00

- PERCENTAGE DUE**

5. %

- Multiply** Line 4 by Line 5

6. \$.00

- LESS CREDIT CARRYOVER UNUSED**

7. \$.00

- 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

DO NOT CUT THIS PAGE

