

DELAWARE **2026**
DIVISION OF REVENUE F O R M
HMC-TAX
HEADQUARTERS MANAGEMENT CORPORATION 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

☐ Certificated by Officer of the Corporation or Other Individual Duly Authorized

☐ Consolidated Return from An Affiliated Group of HMCs

📎 Attach Completed Copy of Federal Form 1120

- FEDERAL TAXABLE INCOME** (See instructions)
- TOTAL SUBTRACTIONS** (Schedule 4A)
- Subtract Line 2 from Line 1
- TOTAL ADDITIONS** (Schedule 4B)
- ENTIRE NET INCOME** - Add Line 3 to Line 4 (Where Line 5 is derived entirely from sources within Delaware, enter amount on Line 11.)

1.	\$		.00
2.	\$		.00
3.	\$		.00
4.	\$		.00
5.	\$		.00

Where the entire income (Line 5) is NOT derived from sources within Delaware, complete Lines 6 through 10.

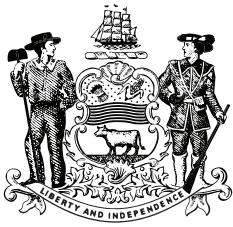
- TOTAL NON-APPORTIONABLE INCOME (OR LOSS)** (Schedule 2, Column 3, Line 8)
- INCOME (OR LOSS) SUBJECT TO APPORTIONMENT** - Subtract Line 6 from Line 5
- APPORTIONMENT PERCENTAGE** (Schedule 3-D, Line 8)
- INCOME (OR LOSS) APPORTIONED TO DELAWARE** - Multiply Line 7 by Line 8
- NON-APPORTIONABLE INCOME (OR LOSS)** (Schedule 2, Column 1, Line 8)

6.	\$		.00
7.	\$		.00
8.			%
9.	\$		.00
10.	\$		.00

- TOTAL** - Add Line 9 to Line 10
- DELAWARE TAXABLE INCOME** (Line 5 or Line 11, whichever is less)
- TAX LIABILITY** - Multiply Line 12 by .087. If less than \$5,000.00, enter \$5000.00.
- APPROVED NON-REFUNDABLE TAX CREDITS**
- BALANCE DUE AFTER APPROVED NON-REFUNDABLE TAX CREDITS** - Subtract Line 14 from Line 13 (Enter 0 if Neg)
- DELAWARE TENTATIVE TAX PAID**
- CREDIT CARRY-OVER FROM PRIOR YEAR**
- OTHER PAYMENTS** (Attach statement)
- APPROVED REFUNDABLE INCOME TAX CREDITS**
- TOTAL PAYMENTS AND CREDITS** - Add Line 16 through Line 19
- BALANCE DUE AND PAY IN FULL** (If Line 15 is greater than Line 20 Subtract Line 20 from Line 15)
- OVERPAYMENT** (If Line 20 is greater than Line 15 Subtract Line 15 from Line 20)
- AMOUNT TO BE REFUNDED**
- AMOUNT TO BE CREDITED TO 2027 TENTATIVE TAX**

11.	\$		.00
12.	\$		.00
13.	\$		.00
14.	\$		.00
15.	\$		.00
16.	\$		.00
17.	\$		.00
18.	\$		.00
19.	\$		.00
20.	\$		.00
21.	\$		.00
22a.	\$		.00
22b.	\$		.00
22c.	\$		.00

PLEASE SEE PAGE 3 FOR SIGNATURE LINES AND MAILING INSTRUCTIONS



DELAWARE 2026

DIVISION OF REVENUE FORM
HMC-TAX
HEADQUARTERS MANAGEMENT CORPORATION TAX RETURN



Name		Taxpayer ID				
SCHEDULE 1	INTEREST INCOME	Column 1 Foreign Interest	Column 2 Interest Received from U.S. Securities	Column 3 Interest Received from Affiliated Companies	Column 4 Interest Received from State Obligations	Column 5 Other Interest Income
1.	Description of Interest					
2.						
3.						
4.						
5.						
6.	TOTAL					

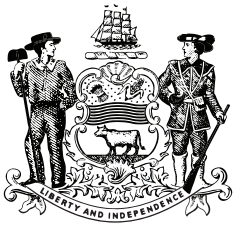
SCHEDULE 2	NON-APPORTIONABLE INCOME ALLOCATED WITHIN AND WITHOUT DELAWARE	Column 1 Within Delaware	Column 2 Without Delaware	Column 3 Total
1.	RENTS AND ROYALTIES FROM TANGIBLE PROPERTY			
2.	ROYALTIES FROM PATENTS AND COPYRIGHTS			
3.	GAINS OR (LOSSES) FROM SALE OF REAL PROPERTY			
4.	GAINS OR (LOSSES) FROM SALE OF DEPRECIABLE TANGIBLE PROPERTY			
5.	INTEREST INCOME (Schedule 1, Columns 4 and 5, Line 6)			
6.	TOTAL - Add Line 1 through Line 5			
7.	LESS: APPLICABLE EXPENSES (Attach statement)			
8.	TOTAL NON-APPORTIONABLE INCOME - Subtract Line 7 from Line 6			

SCHEDULE 3A	GROSS REAL AND TANGIBLE PERSONAL PROPERTY	Within Delaware	Within and Without Delaware		
		Beginning of Year	End of Year	Beginning of Year	End of Year
1.	REAL AND TANGIBLE PROPERTY OWNED				
2.	REAL AND TANGIBLE PROPERTY RENTED (Eight times annual rental paid)				
3.	TOTAL				
4.	LESS - Value at original cost of real and tangible property, the income from which is separately allocated (See instructions)				
5.	TOTAL				
6.	AVERAGE VALUE (See instructions)				

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

SCHEDULE 3C	GROSS RECEIPTS SUBJECT TO APPORTIONMENT	Within Delaware	Within and Without Delaware
1.	GROSS RECEIPTS FROM SALES OF TANGIBLE PERSONAL PROPERTY		
2.	GROSS INCOME FROM OTHER SOURCES (Attach statement)		
3.	TOTAL		

SCHEDULE 3D	DETERMINATION OF APPORTIONMENT PERCENTAGE			
1.	AVERAGE VALUE OF REAL AND TANGIBLE PROPERTY WITHIN DELAWARE		.00	%
2.	AVERAGE VALUE OF REAL AND TANGIBLE PROPERTY WITHIN AND WITHOUT DELAWARE		.00	%
3.	WAGES, SALARIES AND OTHER COMPENSATION PAID TO EMPLOYEES WITHIN DELAWARE		.00	%
4.	WAGES, SALARIES AND OTHER COMPENSATION PAID TO EMPLOYEES WITHIN AND WITHOUT DELAWARE		.00	%
5.	GROSS RECEIPTS AND GROSS INCOME FROM WITHIN DELAWARE		.00	%
6.	GROSS RECEIPTS AND GROSS INCOME FROM WITHIN AND WITHOUT DELAWARE		.00	%
7.	TOTAL		.00	%
8.	APPORTIONMENT PERCENTAGE (SEE INSTRUCTION)		%	



DELAWARE 2026

DIVISION OF REVENUE FORM HMC-TAX

HEADQUARTERS MANAGEMENT CORPORATION TAX RETURN



Name

Taxpayer ID

SCHEDULE

4A



SUBTRACTIONS

1. FOREIGN DIVIDENDS, INTEREST, AND ROYALTIES
2. NET INTEREST FROM U.S. SECURITIES (Schedule 1, Column 2)
3. INTEREST FROM AFFILIATED COMPANIES (Schedule 1, Column 3)
4. GAIN FROM SALE OF U.S. OR DELAWARE SECURITIES
5. WAGE DEDUCTION - FEDERAL JOBS CREDIT
6. HANDICAPPED ACCESSIBILITY DEDUCTION (Attach statement)
7. NET OPERATING LOSS CARRY-OVER
8. NBI (Must attach form CIT-SCH)
9. DECOUPLING MODIFICATIONS
10. TOTAL SUBTRACTIONS - Add Line 1 through Line 9

1.	\$		.00
2.	\$		.00
3.	\$		.00
4.	\$		.00
5.	\$		.00
6.	\$		.00
7.	\$		.00
8.	\$		.00
9.	\$		.00
10.	\$		.00

SCHEDULE

4B



ADDITIONS

1. ALL STATE AND POLITICAL SUBDIVISION INCOME TAXES DEDUCTED IN COMPUTING LINE 1
2. LOSS FROM SALE OF U.S. OR DELAWARE SECURITIES
3. INTEREST INCOME FROM OBLIGATIONS OF ANY STATE EXCEPT DE (Schedule 1, Column 4)
4. DEPLETION EXPENSE - OIL AND GAS
5. INTEREST PAID AFFILIATED COMPANIES (See instructions)
6. DONATIONS INCLUDED IN LINE 1 FOR WHICH DELAWARE INCOME TAX CREDITS WERE GRANTED
7. DECOUPLING MODIFICATIONS
8. TOTAL ADDITIONS - Add Line 1 through Line 7

1.	\$		.00
2.	\$		.00
3.	\$		.00
4.	\$		.00
5.	\$		.00
6.	\$		.00
7.	\$		.00
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

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

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