



DELAWARE 2023
DIVISION OF REVENUE F O R M CIT-EXM

APPLICATION FOR EXEMPTION FROM CORPORATION INCOME TAX SECTION 1902(b)(8) HOLDING COMPANIES FORMERLY 1902-AP

PART 1

Name of Corporation Taxpayer ID
Street Address
City State Zip Code State of Incorporation Date of Incorporation
Mailing Address (if different than above) Nature of Business
City State Zip Code

PART 2

Name and address of Delaware employees. (If additional space is needed, attach list.)

Name
Address
City/State/Zip
Name
Address
City/State/Zip
Name
Address
City/State/Zip

PART 3

Name and address of persons (individuals, corporations, etc.) owning more than 10% of the stock of corporation.(If additional space is needed, attach list.)

Name
Address
City/State/Zip
Name
Address
City/State/Zip
Name
Address
City/State/Zip

PART 4

Describe in detail below your operations in Delaware and list each type of intangible investment owned and all sources of income. RECITING THE STATUTE DOES NOT CONSTITUTE AN ANSWER. (If additional space is needed, please provide attachments.)

- 1. Will the corporation act as a general partner in a partnership?
2. Will the corporation participate in a joint venture?
3. Will the corporation receive income from patents, royalties, copyrights, know-how, etc.?
4. Will the corporation engage in business outside of Delaware?

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

MAIL COMPLETED FORM TO: Delaware Division of Revenue 820 N. French Street Wilmington, DE 19801 Attn: Conferee