

**2018 DELAWARE 2018
S CORPORATION RECONCILIATION
AND SHAREHOLDERS INFORMATION RETURN
FORM 1100S
FOR CALENDAR YEAR 2018**

DO NOT WRITE OR STAPLE IN THIS AREA - REVENUE CODE 0093

for Fiscal year beginning and ending

EMPLOYER IDENTIFICATION NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

SMALL CORPORATION

CHECK APPLICABLE BOX:

ESOP

INITIAL RETURN CHANGE OF ADDRESS

AMENDED RETURN EXTENSION ATTACHED

Name of Corporation

Street Address

City State Zip Code

Delaware Address if Different than Above

City State Zip Code

State of Incorporation Nature of Business:

IF OUT OF BUSINESS, ENTER DATE HERE:

DATE OF INCORPORATION:

ATTACH COMPLETE COPY OF FEDERAL FORM 1120S

1. Total Net Income from Delaware Form 1100S, Schedule A, Column B, Line 19	1.	<input type="text"/>	<input type="text" value="00"/>
2. Subtractions:			
(a) Net interest from U.S securities to the extent included in Line 1.....	2a.	<input type="text"/>	<input type="text" value="00"/>
(b) Wage deduction - Federal Jobs Credit	2b.	<input type="text"/>	<input type="text" value="00"/>
(c) Total, Add Lines 2(a) and 2(b)	2c.	<input type="text"/>	<input type="text" value="00"/>
3. Line 1 minus Line 2(c)	3.	<input type="text"/>	<input type="text" value="00"/>
4. Additions:			
(a) Interest on obligations from any state except Delaware to the extent excluded from Line 1.....	4a.	<input type="text"/>	<input type="text" value="00"/>
(b) Depletion expense	4b.	<input type="text"/>	<input type="text" value="00"/>
(c) Charitable contributions included in Line 1 for which the Delaware Land & Historic Resource Conservation credit was granted	4c.	<input type="text"/>	<input type="text" value="00"/>
(d) Total, Add Lines 4(a) through 4(c)	4d.	<input type="text"/>	<input type="text" value="00"/>
5. Distributive Income, Add Lines 3 and 4(d)	5.	<input type="text"/>	<input type="text" value="00"/>
6. Percentage of stock owned by non-residents	6.	<input type="text"/>	<input type="text" value="00"/>
7. Distributive income attributable to non-resident shareholders. (Multiply Line 5 by the percentage on Line 6)	7.	<input type="text"/>	<input type="text" value="00"/>
8. Tax due on behalf of non-resident shareholders (Line 7 x 6.60%)	8.	<input type="text"/>	<input type="text" value="00"/>
9. Estimated tax paid on behalf of Non-Resident Shareholders from Delaware Form 1100P	9.	<input type="text"/>	<input type="text" value="00"/>
10. Other Payments (attach schedule)	10.	<input type="text"/>	<input type="text" value="00"/>
11. Approved Non Refundable Income Tax Credits	11.	<input type="text"/>	<input type="text" value="00"/>
12. Approved Refundable Income Tax Credits	12.	<input type="text"/>	<input type="text" value="00"/>
13. Total Payments and Credits. Add Lines 9 through 12	13.	<input type="text"/>	<input type="text" value="00"/>
14. If Line 8 is greater than Line 13, enter BALANCE DUE AND PAY IN FULL. If Line 13 is greater than Line 8, the amount on Line 13 will be the amount of estimated tax proportionally claimed by the nonresident shareholder(s) upon the filing of their Delaware non-resident personal income tax return. A refund will not be issued directly to the S Corporation for any overpayment of estimated tax paid on behalf of the non-resident shareholders	14.	<input type="text"/>	<input type="text" value="00"/>

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than the taxpayer, the declaration is based on all information of which the preparer has any knowledge.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Signature of Officer	Title	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Signature of Individual or firm preparing the return	Address	

MAKE CHECK PAYABLE AND MAIL TO: Delaware Division of Revenue,
P.O. Box 2044, Wilmington, DE 19899-2044



DF11218019999

SCHEDULE 1 - APPORTIONMENT PERCENTAGE

Schedule 1-A - Gross Real and Tangible Personal Property

Description	Within Delaware		Within and Without Delaware		
	Beginning of Year	End of Year	Beginning of Year	End of Year	
	1 Real and tangible property owned	00	00	00	
2 Real and tangible property rented (Eight times annual rental paid)	00	00	00	00	2
3 Total	00	00	00	00	3
4 Less: Value at original cost of real and tangible property, the income from which is separately allocated (See instructions)	00	00	00	00	4
5 Total	00	00	00	00	5
6 Average value (See instructions)		00		00	6

Schedule 1-B - Wages, Salaries, and Other Compensation Paid or Accrued to Employees

Description	Within Delaware	Within and Without Delaware	
1 Wages, salaries, and other compensation of all employees	00	00	1
2 Less: Wages, salaries, and other compensation of general executive officers	00	00	2
3 Total	00	00	3

Schedule 1-C - Gross Receipts Subject to Apportionment

1 Gross receipts from sales of tangible personal property	00	00	1
2 Gross income from other sources (Attach statement)	00	00	2
3 Total	00	00	3

Schedule 1-D - 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				
8 Apportionment percentage (See instruction)				%

