| ACCOUNT NUMBER | " CORPORATION PERSON VERIFY BUSINESS FEIN | | E IAX P.O. R FISCAL YEAR ENDING | Box 830, Wilmington, DE DUE ON OR BEFORE | VOUCHER |
|--|--|---|------------------------------------|---|---------|
| ACCOUNT NUMBER | VERIFY BUSINESS FEIN | CALENDAR O | R FISCAL YEAR ENDING | DUE ON OR BEFORE | VOUCHER |
| CHANGES MUST BE MADE ON THE CHECK THE BOX IF YOU ARE FILING | Re Ch: Bei REQUEST FOR CHANGE FORM. | eck Here If A quest For ange Form Is ing Filed | | E FROM LINE 3 C F ESTIMATED TAX FO | |
| | | TELEPHONE | TELEPHONE NUMBER | | E |
| X | | | | | |

(Cut Coupon on Line Above)

TAXPAYERS WORKSHEET AND RECORD OF PAYMENTS CALCULATION OF ESTIMATED TAX DUE

| 1. Estimated amount of distributive income for the taxable year. | \$ | .00 |
|---|-----------|-----|
| 2a. Total percentage of stock owned by non-resident shareholders. | X | % |
| 2b. Multiply Line 1 by Line 2a and enter result on Line 2b. | \$ | .00 |
| 3. Multiply Line 2b by 6.60% and enter the result on Line 3. (This is the total amount of personal income tax required to be paid on behalf of the non-resident shareholders.) | <u>\$</u> | .00 |
| 1. Estimated Liability for Year. | <u>\$</u> | .00 |
| 2. Percentage Due. | X | .50 |
| 3. Multiply Line 1 by Line 2. Amount Due. | \$ | .00 |

Please fill in the federal identification number, business name and address in the spaces provided. Sign and date the tax return and supply a telephone number where we can contact someone regarding the information on the tax return.

PLEASE NOTE: Voucher 1 (P-1) is due the 15th day of the 4th month following the end of the year. Voucher 2 (P-2) is due the 15th day of the 6th month following the end of the year. Voucher 3 (P-3) is due the 15th day of the 9th month following the end of the year. Voucher 4 (P-4) is due the 15th day of the 12th month following the end of the year.