**FORM 1100S**
**SCHEDULE A**

**2019**

# DELAWARE S CORPORATION RECONCILIATION OF ORDINARY INCOME TO TOTAL NET INCOME

Reset | Print Form

For Fiscal year beginning MM DD 2019 and ending MM DD 2020

Name of S Corporation

EMPLOYER IDENTIFICATION NUMBER

| | | |
|---|---|---|
| 1. Ordinary income (loss) from Federal Form 1120S, Schedule K, Line 1 | | 00 |
| 2. Apportionment percentage from Delaware Form 1100S, Schedule 1-D, Line 8 | | % |
| 3. Ordinary income apportioned to Delaware. Multiply Line 1 times Line 2 | | 00 |

| | Column A Total | Column B Within Delaware | |
|---|---|---|---|
| 3(a). Enter in Column A the amount from Line 1. Enter in Column B the amount from Line 3 | 00 | 00 | 3(a). |
| **ADDITIONS:** | | | |
| 4. Net income (loss) from rental real estate activities, Federal Form 1120S, Schedule K, Line 2 | 00 | 00 | 4. |
| 5. Net income (loss) from other rental activities, Federal Form 1120S, Schedule K, Line 3c | 00 | 00 | 5. |
| 6. Interest income from Federal Form 1120S, Schedule K, Line 4 | 00 | 00 | 6. |
| 7. Dividend income from Federal Form 1120S, Schedule K, Line 5a | 00 | 00 | 7. |
| 8. Royalty income from Federal Form 1120S, Schedule K, Line 6 | 00 | 00 | 8. |
| 9. Net short term capital gain (loss) from Federal Form 1120S, Schedule K, Line 7 | 00 | 00 | 9. |
| 10. Net long term capital gain (loss) from Federal Form 1120S, Schedule K, Line 8a | 00 | 00 | 10. |
| 11. Net gain (loss) under Section 1231 from Federal Form 1120S, Schedule K, Line 9 | 00 | 00 | 11. |
| 12. Other income (loss)(Attach schedule) from Federal Form 1120S, Schedule K, Line 10 | 00 | 00 | 12. |
| 13. Total. Add Lines 3(a) through 12 | 00 | 00 | 13. |
| **SUBTRACTIONS:** | | | |
| 14. Section 179 expense deduction from Federal Form 1120S, Schedule K, Line 11 | 00 | 00 | 14. |
| 15. Charitable contributions from Federal Form 1120S, Schedule K, Line 12a | 00 | 00 | 15. |
| 16. Other deductions from Federal Form 1120S, Schedule K, Line 12d | 00 | 00 | 16. |
| 17. Depletion expense included on Federal Form 1120S, Schedule K, Line 15e | 00 | 00 | 17. |
| 18. Total. Add Lines 14 through 17 | 00 | 00 | 18. |
| 19. Total Net Income (Loss). Line 13 minus Line 18 | 00 | 00 | 19. |

***Enter the amount from Column B on Delaware Form 1100S, Line 1***