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2019 DELAWARE S CORPORATION RECONCILIATION AND SHAREHOLDERS INFORMATION RETURN FORM 1100S

for Fiscal year beginning	and end	ing MM DD YY	EMPLOYER IDENTIFICAT	ION NU	MBER		
Name of Corporation						SMALL CORPOR	ATION
Street Address			CHECK APPLICABLE BO	K :		ESOP	
			INITIAL RETURN	СН	ANGE OF ADDI	RESS	
City	State	Zip Code					
			AMENDED RETURN	EX	TENSION ATTA	CHED	
Delaware Address if Different than Above							
City	State	Zip Code			de. MM		
			IF OUT OF BUSINESS, ENTER	DATE HE	RE:		
State of Incorporation Nature of Bu	isiness:		DATE OF INCC	RPORATI	ON: MM		
ATTACH COMPLETE	COPY OF FI	EDERAL FORM 1120S					
1. Total Net Income from Delaware Fo	orm 1100S, S	Schedule A, Column B, Line 19)		1.		
 Subtractions: (a) Net interest from U.S securities 	to the outer	tingludged in Ling 1	•				
(a) Net interest from 0.5 securities (b) Wage deduction - Federal Jobs			2a.				
(c) Total, Add Lines 2(a) and 2(b)			2b.				
3. Line 1 minus Line 2(c)					2c.		
4. Additions:					3.		
(a) Interest on obligations from any	y state excep	ot Delaware					
to the extent excluded from Lir	ne 1		4a.				
(b) Depletion expense			4b.				
 (c) Charitable contributions include & Historic Resource Conservation 	ed in Line 1 f ion credit wa	or which the Delaware Land s granted	40. 4C.				
(d) Total, Add Lines 4(a) through 4(4d.		
5. Distributive Income, Add Lines 3 ar	,				5.		
 Percentage of stock owned by non- 					6.		
7. Distributive income attributable to r					7.		
8. Tax due on behalf of non-resident s	hareholders	(Line 7 x 6.60%)			8.		
Estimated tax paid on behalf of Nor Delaware Form 1100P	n-Resident S	shareholders from	9.		0.		
			10.				
10. Other Payments (attach schedule)							
11. Approved Non Refundable Income			11.				
12. Approved Refundable Income Tax			12.		13.		
13. Total Payments and Credits. Add Li		•			13.		
14. If Line 8 is greater than Line 13, en				8,			
the amount on Line 13 will be the a							
shareholder(s) upon the filing of the							
issued directly to the S Corporation	-				4.4		
shareholders					14.		

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.

Date	Signature of Officer	Title	Email Address
Date MAKE (Signature of Individual or firm preparing the return CHECK PAYABLE AND MAIL TO: Delaware Division of Revenue, P.O. Box 2044, Wilmington, DE 19899-204	Addre	



FORM 1100S



		eal and Tangible Persona		ut Deleware			
Within Delaware Within and Without Delaware							
Description	Beginning of Year	End of Year	Beginning of Year	End of Year			
Real and tangible property owned							
Real and tangible property rented (Eight times annual rental paid)							
Total							
Less: Value at original cost of real and tangible property, the income from which is separately allocated (See instructions)							
Total							
Average value (See instructions)							
Schedule 1-B	- Wages, Salaries, and Ot	her Compensation Paid o	or Accrued to Employees				
	Within Delaware	Within and Without Delaware					
Wages, salaries, and other compensation of	all employees						
Less: Wages, salaries, and other compensation of general executive officers							
Total							
		eceipts Subject to Appor					
Gross receipts from sales of tangible persona							
Gross income from other sources (Attach statement)							
	Schedule 1-D - Determina	ation of Apportionment P	ercentage				
Average value of real and tangible property within Delaware			00	-			
Average value of real and tangible property	within and without Delaware		00				
Wages, salaries and other compensation pa	id to employees within Delawa	re	00	0			
Wages, salaries and other compensation pa	id to employees within and with	out Delaware	00				
Gross receipts and gross income from withi	n Delaware		00				
Gross receipts and gross income from withi	n and without Delaware		00	/			
Total							

