



# DELAWARE FORM DIVISION OF REVENUE CIT-EXM



## APPLICATION FOR EXEMPTION FROM CORPORATION INCOME TAX SECTION 1902(b)(8) HOLDING COMPANIES

### PART 1

Name of Corporation

Street Address

City

State

Zip Code

Mailing Address (if different than above)

City

State

Zip Code

Taxpayer ID

State of Incorporation Date of Incorporation

Nature of Business

### 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?  
 Yes  No If yes, please describe the activities of the partnership.
2. Will the corporation participate in a joint venture?  
 Yes  No If yes, please describe the activities of the joint venture.
3. Will the corporation receive income from patents, royalties, copyrights, know-how, etc.?  
 Yes  No If yes, please describe any services which will be performed by the corporation with regard to such intangibles.
4. Will the corporation engage in business outside of Delaware?  
 Yes  No If yes, please describe the activities.

1.	
2.	
3.	
4.	

### 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.

TITLE OF OFFICER

PHONE NUMBER

EMAIL ADDRESS

SIGNATURE OF OFFICER

DATE

MAIL COMPLETED FORM TO:

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