



DELAWARE 2024

DIVISION OF REVENUE F O R M CIT-HIC



INFORMATION RETURN HOLDING COMPANY / INVESTMENT COMPANY FORMERLY 1902(b)

For Fiscal Year beginning [] and ending []

Name of Corporation []

Delaware Street Address []

Delaware City [] State [] Delaware Zip Code []

Mailing Address (if different than above) []

City [] State [] Zip Code []

Taxpayer ID [] [] [] [] [] [] [] []

State of Incorporation [] Date of Incorporation []

PART I - GENERAL INFORMATION

<p>1. Name and Taxpayer ID (SSN) of compensated employees working in Delaware. (Do not include Directors)</p> <p>Name []</p> <p>TPID [] Full Time [] Part Time []</p> <p>Name []</p> <p>TPID [] Full Time [] Part Time []</p> <p>Name []</p> <p>TPID [] Full Time [] Part Time []</p> <p>Name []</p> <p>TPID [] Full Time [] Part Time []</p> <p>Name []</p> <p>TPID [] Full Time [] Part Time []</p> <p>Name []</p> <p>TPID [] Full Time [] Part Time []</p> <p>Name []</p> <p>TPID [] Full Time [] Part Time []</p> <p>Name []</p> <p>TPID [] Full Time [] Part Time []</p> <p>Name []</p> <p>TPID [] Full Time [] Part Time []</p>	<p>2. Name and Taxpayer ID (FEIN/ SSN) of owners (individual corporations) of more than 10% of the stock of the corporation whose Delaware individual or corporate income tax liability exceeded \$100,000 in any of the past three years.</p> <p>Name []</p> <p>TPID []</p> <p>Name []</p> <p>TPID []</p> <p>Name []</p> <p>TPID []</p> <p>Name []</p> <p>TPID []</p> <p>Name []</p> <p>TPID []</p> <p>Name []</p> <p>TPID []</p> <p>Name []</p> <p>TPID []</p> <p>Name []</p> <p>TPID []</p> <p>Name []</p> <p>TPID []</p>
---	--

PART II - QUESTIONS RELATING TO NON-EXEMPT ACTIVITIES

If any of the following are checked it would be an indication that the corporation is **NOT** exempt from Delaware corporate tax under Section 1902(b)(8), 30 DEL. C. (If checked, please provide a brief description.)

1. Please check if corporation receive income from the following sources:

Rental income from real property located within Delaware.
Description []

Rental income from tangible personal property located within Delaware.
Description []

2. Did the corporation provide in Delaware any of the services listed below for an unaffiliated entity or an affiliated entity other than as part of the corporation's maintenance and management of its intangible assets? (If checked, please provide a brief description.)

a. Accounting and Bookkeeping c. Consultation e. Collections g. Computer Services

b. Legal d. Investment Advice f. Management

Description []



DELAWARE 2024
DIVISION OF REVENUE CIT-HIC



INFORMATION RETURN
HOLDING COMPANY / INVESTMENT COMPANY
FORMERLY 1902(b)

PART III - QUESTIONS RELATING TO EXEMPT ACTIVITIES

If you check any of the following, it would be an indication that the corporation is exempt from Delaware corporate tax under Section 1902(b)(8), 30 DEL. C. (If checked please provide a brief description.)

1. Did the corporation directly or indirectly receive income from any of the following sources? Please check the appropriate box for each source of income and, for each checked response where the income received is in excess of \$1 million, provide a description of the activity performed in Delaware with regard to such income.

- a. Interest on notes secured by real estate mortgages.
b. Interest on all other debt obligations.
c. Dividends.
d. Patents, patent applications, trademarks, trade names and know-how.
e. Gain on the sale of intangible investments.
f. Rental income from real property located outside of Delaware.
g. Rental income from tangible personal property located outside of Delaware.

2. Is the corporation engaged in business activities outside of Delaware other than described in Question 1 above: (If yes, please describe.)

Yes No Description

PART IV - ADDITIONAL INFORMATION

Did the corporation have any source of income other than the sources of income described in Parts II and III above? (If yes, please describe the source of income and the activity in Delaware relating to it.)

Yes No

Description

Large empty box for additional information description.

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.

SIGNATURE OF OFFICER, DATE, TITLE OF OFFICER, PHONE NUMBER, EMAIL ADDRESS

MAIL COMPLETED FORM TO: Delaware Division of Revenue PO Box 2044 Wilmington, DE 19899-2044