





Name of Corporation			Fee	deral Emplo	ver Identif	icatio	n Nui
Address			-				
City	State	Zip Code	-				
EXISTING ACTIVITIES OF APPLIC	ANT						
1. Date of election to be taxed as	a Headquarters Manager	nent Corporation					
2. Prior to the date of this application							
a) Did the Applicant conduct an		activities in Delawar	e?			Yes	
<b>b)</b> If the answer to question 2(a)				/estment			
activities', as defined in 30 De						Yes	
•) Was the Applicant affiliated w		ever performed any	non 'investn	nent			_
activities' in Delaware?	ter any other energy that					Yes	
3. If the answers to question 2. (a)	, (b), and (c) are 'No' skin	to Part C. 🤿					
4. If the answer to question 2. (a)			•				
<b>5.</b> If the answer to question 2. (b)							
NEW BUSINESS ACTIVITIES OF A	PPLICANT WITH NO DEL	AWARE AFFILIATES					
1. Describe the Headquarters Ser				in Delaware	<u>م</u>		
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<ol> <li>Describe the intangible investment</li> </ol>	ents Applicant will mana	ge and/or maintain a	and the inve	stment acti	vities it will	perfo	orm i
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3. Go to and Complete Part F.  EXPANDED BUSINESS ACTIVITIE	S OF APPLICANT WITH N	IO DELAWARE AFFI	LIATES				
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PART	<ul> <li><b>EXPANDED BUSINESS ACTIVITIES OF APPLICANT WITH NO DELAWARE AFFILIATES (CONTINUED)</b></li> <li>Supply a list of the Name, Address and Federal Identification Number of each individual represented in question 4 above and the name of the corporation and Federal Employer Identification Number of the entity the employees worked for prior to the election.</li> </ul>
	6. Enter the 'Expenditures', as defined in 30 Del. § 6401(4), of the Applicant allocated to this State in the Applicant's most recent taxable year ending prior to this application and before the election date on Part B, Line 1.
	7. Go to and Complete Part F. 🔿
	APPLICANT PERFORMED NON INVESTMENT ACTIVITIES OR HAS DELAWARE AFFILIATES
PART	<ol> <li>Describe all intangible investments managed and/or maintained and any investment activities performed by the Applicant in Delaware prior to this application and before the election date on Part B, Line 1.</li> </ol>
	<ol> <li>Describe the 'new/additional' intangible investments Applicant will manage and/or maintain and the investment activities it will perform in Delaware.</li> </ol>
	<ol> <li>Describe any Headquarters Services, other than those listed in question 1 above, performed by the Applicant and its affiliates within Delaware prior to this application and before the election date on Part B, Line 1.</li> </ol>
	<ol> <li>Describe the 'new/additional' Headquarters Service Activities Applicant will perform in Delaware.</li> </ol>
	<ul> <li>5. Enter the number of individuals employed in Delaware on a regular basis 35 or more hours per week, performing activities described in question 1 above, prior to this application and before the election date on Part B, Line 1.</li> <li>6. Enter the number of individuals employed in Delaware on a regular basis 35 or more hours per week, performing activities described in question 3 above, prior to this application and before the election date on Part B, Line 1.</li> </ul>
	<ul> <li>7. Enter the number of individuals employed in Delaware on a regular basis 35 or more hours per week, within Delaware by each affiliate of the Applicant, prior to this application and before the election date on Part B, Line 1.</li> </ul>
	<ul> <li>8. Supply a separate list of the Name, Address and Federal Identification Number of each individual represented in questions</li> <li>5, 6 and 7 above and the name and Federal Employer Identification Number of the entity the employees worked for prior to this application and before the election.</li> </ul>
	9. Enter the 'Expenditures', as defined in 30 Del. § 6401(4), of the Applicant allocated to this State in the Applicant's most recent taxable year ending prior to this application and before the election date on Part B, Line 1.
	<ul> <li>10. Supply a list of the Name, Address and Federal Identification Number of each affiliate that performed activities in Delaware prior to this application and before the election date on Part B, Line 1.</li> <li>11. Supply a list of the Name, Address and Federal Identification Number of each affiliate that performed activities in Delaware prior to this application and before the election date on Part B, Line 1.</li> </ul>
	<ol> <li>Enter the 'Expenditures', as defined in 30 Del. § 6401(4), of all affiliates of the Applicant allocated to this State in the affiliates' most recent taxable year ending prior to this application and before the election date on Part B, Line 1.</li> <li>Go to and Complete Part F.</li> </ol>

		AWARE 2025 NOFREVENUE LIC-HMC ION AND ELECTION FOR A HEADQUARTERS EMENT CORPORATION BUSINESS LICENSE					
ADT	COMPUTATION OF LICENSE FEE DUE W						
PART	Each Headquarters Management Corpo						
		on that is submitting an application after an affiliated Headquarters Management					
	Corporation has been approved is subject to the alternative License Fee calculated in Line 2.						
-	1. Annual License Fee for first Headquarters Management Corporation.						
	Check here and remit \$5000.	If the election date on Part B, Line 1 is other than January 1st, apportion the License Fee based on the number of months starting with the month of election through December, divided by twelve. Multiply \$5,000 x number of months / 12 = \$					
		Check here and remit \$					
	2. Annual License Fee for each additional Headquarters Management Corporation.						
	Check here and remit \$500.	If the election date on Part B, Line 1 is other than January 1st, apportion the License Fee based on the number of months starting with the month of election through December, divided by twelve.         Multiply \$500 x number of months       / 12 = \$					
		Check here and remit \$					

I certify that I am authorized by the Applicant to make this election for Headquarters Management Corporation status and that the foregoing information and attachments hereto are true, correct and complete to the best of my knowledge and belief:

Applicant's Signature	Title		
T Print Applicant's Name			
			MAIL COMPLETED FORM TO: Delaware Division of Revenue PO Box 8750 Wilmington, DE 19899-8750
			<i></i>
		_	
Approval of the Director of Revenue or designee <i>30 Del § 6401(3)</i>	Yes No		
➢ Signature of the Director of Revenue or designee 30 Del § 6401(3)	曲 Date		