

DELAWARE 2025 DIVISION OF REVENUE F O R M HEADQUARTERS MANAGEMENT CORPORATION TAX RETURN



For Fiscal Year beginning and ending

Name of Corporation

Taxpayer ID

Street Address

City State Zip Code

Delaware Address (if different than above)

City State Zip Code

State of Incorporation Date of Incorporation If Out of Business, Enter Date

Nature of Business

Attach Completed Copy of Federal Form 1120

Small Corporation ESOP

✓ Check Applicable Box(es):

Initial Return Amended Return
 Change of Address Extension Attached
 Certificated by Officer of the Corporation or
Other Individual Duly Authorized
 Consolidated Return from An Affiliated Group of HMCs

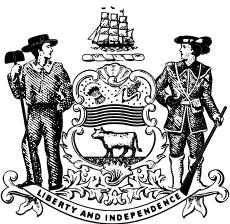
1. FEDERAL TAXABLE INCOME (See instructions)	<input type="text"/>	1. <input type="text"/> .00
2. TOTAL SUBTRACTIONS (Schedule 4A)	<input type="text"/>	2. <input type="text"/> .00
3. Subtract Line 2 from Line 1	<input type="text"/>	3. <input type="text"/> .00
4. TOTAL ADDITIONS (Schedule 4B)	<input type="text"/>	4. <input type="text"/> .00
5. ENTIRE NET INCOME - Add Line 3 to Line 4 (Where Line 5 is derived entirely from sources within Delaware, enter amount on Line 11.)	<input type="text"/>	5. <input type="text"/> .00

Where the entire income (Line 5) is NOT derived from sources within Delaware, complete Lines 6 through 10.

6. TOTAL NON-APPORTIONABLE INCOME (OR LOSS) (Schedule 2, Column 3, Line 8)	<input type="text"/>	6. <input type="text"/> .00
7. INCOME (OR LOSS) SUBJECT TO APPORTIONMENT - Subtract Line 6 from Line 5	<input type="text"/>	7. <input type="text"/> .00
8. APPORTIONMENT PERCENTAGE (Schedule 3-D, Line 8)	<input type="text"/>	8. <input type="text"/> %
9. INCOME (OR LOSS) APPORTIONED TO DELAWARE - Multiply Line 7 by Line 8	<input type="text"/>	9. <input type="text"/> .00
10. NON-APPORTIONABLE INCOME (OR LOSS) (Schedule 2, Column 1, Line 8)	<input type="text"/>	10. <input type="text"/> .00

11. TOTAL - Add Line 9 to Line 10	<input type="text"/>	11. <input type="text"/> .00
12. DELAWARE TAXABLE INCOME (Line 5 or Line 11, whichever is less)	<input type="text"/>	12. <input type="text"/> .00
13. TAX LIABILITY - Multiply Line 12 by .087. If less than \$5,000.00, enter \$5000.00.	<input type="text"/>	13. <input type="text"/> .00
14. APPROVED NON-REFUNDABLE TAX CREDITS	<input type="text"/>	14. <input type="text"/> .00
15. BALANCE DUE AFTER APPROVED NON-REFUNDABLE TAX CREDITS - Subtract Line 14 from Line 13 (Enter 0 if Neg)	<input type="text"/>	15. <input type="text"/> .00
16. DELAWARE TENTATIVE TAX PAID	<input type="text"/>	16. <input type="text"/> .00
17. CREDIT CARRY-OVER FROM PRIOR YEAR	<input type="text"/>	17. <input type="text"/> .00
18. OTHER PAYMENTS (Attach statement)	<input type="text"/>	18. <input type="text"/> .00
19. APPROVED REFUNDABLE INCOME TAX CREDITS	<input type="text"/>	19. <input type="text"/> .00
20. TOTAL PAYMENTS AND CREDITS - Add Line 16 through Line 19	<input type="text"/>	20. <input type="text"/> .00
21. BALANCE DUE AND PAY IN FULL (If Line 15 is greater than Line 20 Subtract Line 20 from Line 15)	<input type="text"/>	21. <input type="text"/> .00
22a. OVERPAYMENT (If Line 20 is greater than Line 15 Subtract Line 15 from Line 20)	<input type="text"/>	22a. <input type="text"/> .00
22b. AMOUNT TO BE REFUNDED	<input type="text"/>	22b. <input type="text"/> .00
22c. AMOUNT TO BE CREDITED TO 2026 TENTATIVE TAX	<input type="text"/>	22c. <input type="text"/> .00

PLEASE SEE PAGE 3 FOR SIGNATURE LINES AND MAILING INSTRUCTIONS



DELAWARE 2025
DIVISION OF REVENUE FORM HMC-TAX
HEADQUARTERS MANAGEMENT CORPORATION TAX RETURN



Name		Taxpayer ID				
SCHEDULE 1 INTEREST INCOME		Column 1 Foreign Interest	Column 2 Interest Received from U.S. Securities	Column 3 Interest Received from Affiliated Companies	Column 4 Interest Received from State Obligations	Column 5 Other Interest Income
1.		\$.00	\$.00	\$.00	\$.00	\$.00
2.		\$.00	\$.00	\$.00	\$.00	\$.00
3.		\$.00	\$.00	\$.00	\$.00	\$.00
4.		\$.00	\$.00	\$.00	\$.00	\$.00
5.		\$.00	\$.00	\$.00	\$.00	\$.00
6.	TOTAL	\$.00	\$.00	\$.00	\$.00	\$.00

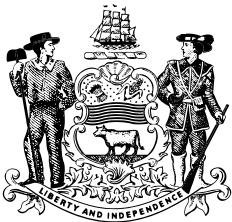
SCHEDULE 2 NON-APPORTIONABLE INCOME ALLOCATED WITHIN AND WITHOUT DELAWARE		Column 1 Within Delaware	Column 2 Without Delaware	Column 3 Total
1.	RENTS AND ROYALTIES FROM TANGIBLE PROPERTY	1. \$.00	\$.00	\$.00
2.	ROYALTIES FROM PATENTS AND COPYRIGHTS	2. \$.00	\$.00	\$.00
3.	GAINS OR (LOSSES) FROM SALE OF REAL PROPERTY	3. \$.00	\$.00	\$.00
4.	GAINS OR (LOSSES) FROM SALE OF DEPRECIABLE TANGIBLE PROPERTY	4. \$.00	\$.00	\$.00
5.	INTEREST INCOME (Schedule 1, Columns 4 and 5, Line 6)	5. \$.00	\$.00	\$.00
6.	TOTAL - Add Line 1 through Line 5	6. \$.00	\$.00	\$.00
7.	LESS: APPLICABLE EXPENSES (Attach statement)	7. \$.00	\$.00	\$.00
8.	TOTAL NON-APPORTIONABLE INCOME - Subtract Line 7 from Line 6	8. \$.00	\$.00	\$.00

SCHEDULE 3A GROSS REAL AND TANGIBLE PERSONAL PROPERTY		Within Delaware	Within and Without Delaware		
		Beginning of Year	End of Year	Beginning of Year	End of Year
1.	REAL AND TANGIBLE PROPERTY OWNED	1. \$.00	\$.00	\$.00	\$.00
2.	REAL AND TANGIBLE PROPERTY RENTED (Eight times annual rental paid)	2. \$.00	\$.00	\$.00	\$.00
3.	TOTAL	3. \$.00	\$.00	\$.00	\$.00
4.	LESS - Value at original cost of real and tangible property, the income from which is separately allocated (See instructions)	4. \$.00	\$.00	\$.00	\$.00
5.	TOTAL	5. \$.00	\$.00	\$.00	\$.00
6.	AVERAGE VALUE (See instructions)	6. \$.00	\$.00	\$.00	\$.00

SCHEDULE 3B WAGES, SALARIES, AND OTHER COMPENSATION PAID OR ACCRUED TO EMPLOYEES		Within Delaware	Within and Without Delaware		
		Beginning of Year	End of Year	Beginning of Year	End of Year
1.	WAGES, SALARIES, AND OTHER COMPENSATION OF ALL EMPLOYEES	1. \$.00	\$.00	\$.00	\$.00
2.	LESS: WAGES, SALARIES, AND OTHER COMPENSATION OF GENERAL EXECUTIVE OFFICERS	2. \$.00	\$.00	\$.00	\$.00
3.	TOTAL - Subtract Line 2 from Line 1	3. \$.00	\$.00	\$.00	\$.00

SCHEDULE 3C GROSS RECEIPTS SUBJECT TO APPORTIONMENT		Within Delaware	Within and Without Delaware		
		Beginning of Year	End of Year	Beginning of Year	End of Year
1.	GROSS RECEIPTS FROM SALES OF TANGIBLE PERSONAL PROPERTY	1. \$.00	\$.00	\$.00	\$.00
2.	GROSS INCOME FROM OTHER SOURCES (Attach statement)	2. \$.00	\$.00	\$.00	\$.00
3.	TOTAL	3. \$.00	\$.00	\$.00	\$.00

SCHEDULE 3D DETERMINATION OF APPORTIONMENT PERCENTAGE		Within Delaware	Within and Without Delaware		
		Beginning of Year	End of Year	Beginning of Year	End of Year
1.	AVERAGE VALUE OF REAL AND TANGIBLE PROPERTY WITHIN DELAWARE	1. \$.00	\$.00	\$.00	\$.00
2.	AVERAGE VALUE OF REAL AND TANGIBLE PROPERTY WITHIN AND WITHOUT DELAWARE	2. \$.00	\$.00	\$.00	\$.00
3.	WAGES, SALARIES AND OTHER COMPENSATION PAID TO EMPLOYEES WITHIN DELAWARE	3. \$.00	\$.00	\$.00	\$.00
4.	WAGES, SALARIES AND OTHER COMPENSATION PAID TO EMPLOYEES WITHIN AND WITHOUT DELAWARE	4. \$.00	\$.00	\$.00	\$.00
5.	GROSS RECEIPTS AND GROSS INCOME FROM WITHIN DELAWARE	5. \$.00	\$.00	\$.00	\$.00
6.	GROSS RECEIPTS AND GROSS INCOME FROM WITHIN AND WITHOUT DELAWARE	6. \$.00	\$.00	\$.00	\$.00
7.	TOTAL	7. \$.00	\$.00	\$.00	\$.00
8.	APPORTIONMENT PERCENTAGE (SEE INSTRUCTION)	8. \$.00	\$.00	\$.00	\$.00



DELAWARE 2025
DIVISION OF REVENUE FORM HMC-TAX
HEADQUARTERS MANAGEMENT CORPORATION TAX RETURN

Name Taxpayer ID **SCHEDULE****4A****SUBTRACTIONS****1. FOREIGN DIVIDENDS, INTEREST, AND ROYALTIES****2. NET INTEREST FROM U.S. SECURITIES** (Schedule 1, Column 2)**3. INTEREST FROM AFFILIATED COMPANIES** (Schedule 1, Column 3)**4. GAIN FROM SALE OF U.S. OR DELAWARE SECURITIES****5. WAGE DEDUCTION - FEDERAL JOBS CREDIT****6. HANDICAPPED ACCESSIBILITY DEDUCTION** (Attach statement) **7. NET OPERATING LOSS CARRY-OVER** **8. NBI** (Must attach form CIT-SCH) **9. TOTAL SUBTRACTIONS** - Add Line 1 through Line 8

1.	\$	.00
2.	\$	.00
3.	\$	.00
4.	\$	.00
5.	\$	.00
6.	\$	.00
7.	\$	.00
8.	\$	.00
9.	\$	.00

SCHEDULE**4B****ADDITIONS****1. ALL STATE AND POLITICAL SUBDIVISION INCOME TAXES DEDUCTED IN COMPUTING LINE 1****2. LOSS FROM SALE OF U.S. OR DELAWARE SECURITIES****3. INTEREST INCOME FROM OBLIGATIONS OF ANY STATE EXCEPT DE** (Schedule 1, Column 4)**4. DEPLETION EXPENSE - OIL AND GAS****5. INTEREST PAID AFFILIATED COMPANIES** (See instructions) **6. DONATIONS INCLUDED IN LINE 1 FOR WHICH DELAWARE INCOME TAX CREDITS WERE GRANTED****7. TOTAL ADDITIONS** - Add Line 1 through Line 6

1.	\$	.00
2.	\$	.00
3.	\$	.00
4.	\$	.00
5.	\$	.00
6.	\$	.00
7.	\$	.00

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 DATETITLE OF OFFICER @ PHONE NUMBER @ EMAIL ADDRESS **PAID PREPARER INFORMATION** PAID PREPARER SIGNATURE DATEADDRESS CITY STATE ZIP CODE EIN, SSN or PTIN @ PHONE NUMBER @ EMAIL ADDRESS **PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN**

MAIL COMPLETED FORM WITH
REMITTANCE PAYABLE TO:

 Delaware Division of Revenue
 PO Box 2044
 Wilmington, DE 19899-2044