STATE OF DELAWARE DIVISION OF REVENUE

## FORM 402LTR 9901

## COMPUTATION SCHEDULE FOR CLAIMING LICENSE TAX REDUCTION FOR APPROVED NEW BUSINESS FACILITY GROSS RECEIPTS

THIS COMPUTATION SCHEDULE MUST BE COMPLETED AND SUBMITTED WITH EACH MONTHLY AND/OR QUARTERLY LICENSE TAX RETURN FOR WHICH A TAX REDUCTION IS CLAIMED.

DΛΡ	T A NAME AND ADDRESS				
	Federal Employer Identification	Number		TAX PERIOD ENDING	DATE
				(MM/DD/YY)	
	1				<del></del>
2. 1	Name of Taxpayer				
3. /	Address				
4. L	Location of qualifying business	facility (if different from above).			
5. [	Date Operations Commenced			Targeted Area Numb	ber
PAR	TB BUSINESS ACTIVITIES (  [] Aviation Mai ntenance & Rep [] Computer Software Sales (V [] Consumer Credit Reporting/C [] Data Processing or Data Pre [] Engineering [] Manufacturing [] Scienti □c, Agricultural or Ind	Vholesale Only)  Collection Services  Eparation  [ ]  [ ]  ustrial Research  [ ]	Telecommunications Wholesaling Management & Support Combination of Activities Occupational Licenses Retailing Targeted A Other	Targeted Areas Onl	y s Only
	T C - COMPUTATION OF NEW BU	ISINESS EACH ITY OPENIT			
1.	Total Gross Receipts for this Facility	SINESS PACIEIT I CREDIT	\$ _		
2.	Less Applicable Exclusion		\$ -		
3.	Taxable Gross Receipts for this Facili	itv	\$ -		
4.	Tax Rate (See Instructions on Back)	•	·		
5.	,	, y Tax Reduction (Multiply Line 3 by Line 4)	\$		
6.	Amount of Gross Receipts Attributa		\$ _		
7.	Percent of New Business Facility Rec	•	·	%	
	(Line 6 divided by Line 1)		_	70	
8.	Number of months elapsed		_		
9.	Enter Percentage of Tax Reduction	(From Chart Below)		%	
10.	New Business Facility Tax Credit Place the amount from Line 10 on of the Gross Receipts Tax coupon.	t (Multiply Lines 5, 7 and 9) the "Approved Tax Credit" Line	\$		
			FOR TA	RGETED AREAS ONLY	
Num	nber of Whole Months Percentage	Percentage	_		Months
EI	apsed Since	of Tax	Elapsed Sinc	e of Ta	ЭX

						FOR TARGETED AREAS ONLY			
Number of Whole Months			hs	Percentage		Number	of	Whole	Months
	Percentag	ge							
Elapsed Since				of Tax	Elapsed Since				of Tax
Operations Commenced			ed	Reduction	Operations Commenced				Reduction
1	through	12	months	90%	1	through	60	months	100%
13	through	24	months	80%	61	through	72	months	90%
25	through	36	months	70%	73	through	84	months	80%
37	through	48	months	60%	85	through	96	months	70%
49	through	60	months	50%	97	through	108	months	60%
61	through	72	months	40%	109	through	120	months	50%
73	through	84	months	30%	121	through	132	months	40%
85	through	96	months	20%	133	through	144	months	30%
97	through	108	months	10%	145	through	156	months	20%
109	through	120	months	5%	157	through	168	months	10%
	Over	120	months	0%	169	through	180	months	5%
						Over	180	months	0%

## GENERAL INSTRUCTIONS FOR COMPLETION OF FORM 402LTR9901

Every business which has been approved to receive the tax incentives for establishing or expanding a new business facility in Delaware MUST complete FORM 402LTR9901, COMPUTATION SCHEDULE FOR CLAIMING LICENSE TAX REDUCTION FOR APPROVED NEW BUSINESS FACILITY GROSS RECEIPTS in order to claim the reduction. A separate form must be completed for each new or expanded business facility for which a reduction is claimed. Separate forms are also required for each licensable activity conducted at each facility. When completing multiple Forms 402LTR901 for the same licensable activity, you must apportion the monthly exclusion for each licensable activity among the separate facilities based on the ratio of gross receipts for each facility to total gross receipts. Please use the following formula:

The following example illustrates the operation of this formula for a manufacturer. Assume the following facts. Company A establishes a new manufacturing facility (New Facility) in Delaware which produces \$500,000 gross receipts. The existing facility produces \$1,000,000 gross receipts. The exclusion apportioned to the new facility is calculated as follows:

Apportioned Monthly = Monthly Exclusion X Gross receipts from New Facility

\$1,000,000 \$500,000

Total Manufacturing Receipts
\$1,500,000

Apportioned Monthly exclusion \$1,000,000 X 33.33% = \$333,300. Enter this amount on Line 2 Form 402LTR9901.

## SPECIFIC INSTRUCTIONS

Line 1	Enter on Line 1 the total Delaware Gross F (Separate forms are required if the busines					
Line 2	Enter Applicable Exclusion for:					
	Manufacturers	\$1,000,000/Mo.	or	\$3,000,000/Qtr.		
	Wholesalers	80,000/Mo.	or	240,000/Qtr.		
	Retailers	80,000/Mo.	or	240,000/Qtr.		
	Occupational Licensees	80,000/Mo.	or	240,000/Qtr.		
Line 3	Subtract Line 2 from Line 1.					
Line 4	Enter on Line 4 the Tax Rate:					
	Manufacturers			.00144		
	Wholesalers			.00307		
	Retailers			.00576		
	Occupational Licenses			.00307		
Line 5	Multiply Line 3 Times Line 4.					
Line 6	Amount of Gross Receipts on Line 1 generated by new or expanded facility.					
Line 7 The Percentage of Receipts on Line 1 generated by new or expanded facility.				<i>'</i> .		
	(Line 6 divided by Line 1)					
Line 8	Number of Months since new or expanded facility was placed in service.					
Line 9	Using the number of months elapsed on Line 8, enter Percentage of Tax Reduction.  (Refer to the applicable Schedule on the front of this form.)					
Line 10	Multiply Lines 5, 7 and 9, place this amount on Line 10 and on the "Approved Tax Credit" Line of the Gross Receipts Tax coupon.					

Attach this form to the monthly or quarterly license tax gross receipts coupon. If you need assistance completing this form, please call the Business Audit Bureau at (302) 577-8455.