

**2017 DELAWARE 2017  
CORPORATION INCOME TAX RETURN  
FORM 1100  
FOR CALENDAR YEAR 2017**

DO NOT WRITE OR STAPLE IN THIS AREA - REVENUE CODE 0042

for Fiscal year beginning MM | DD | YY and ending MM | DD | YY

EMPLOYER IDENTIFICATION NUMBER 

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Name of Corporation

Street Address

City  State  Zip Code

Delaware Address if Different than Above

City  State  Zip Code

State of Incorporation  Nature of Business:

CHECK APPLICABLE BOX:  Small Corporation  ESOP

INITIAL RETURN  CHANGE OF ADDRESS  EXTENSION ATTACHED

IF OUT OF BUSINESS, ENTER DATE HERE: MM | DD | YY

DATE OF INCORPORATION: MM | DD | YY

**ATTACH COMPLETED COPY OF FEDERAL FORM 1120**

1. Federal Taxable Income (See Specific Instructions) .....	00	1
2. Total subtractions from Schedule 4a .....	00	2
3. Line 1 minus Line 2 .....	00	3
4. Total additions from Schedule 4b .....	00	4
5. Entire net income. Line 3 plus Line 4 .....	00	5
WHERE LINE 5 IS DERIVED ENTIRELY FROM SOURCES WITHIN DELAWARE, ENTER AMOUNT ON LINE 11. WHERE THE ENTIRE INCOME IS NOT DERIVED FROM SOURCES WITHIN DELAWARE, COMPLETE ITEMS 6 TO 10 INCLUSIVE.		
6. Total non-apportionable income (or loss) (Schedule 2, Column 3, Line 8) .....	00	6
7. Income (or loss) subject to apportionment (Line 5 minus Line 6) .....	00	7
8. Apportionment percentage (Schedule 3D, Line 8) .....	%	8
9. Income (or loss) apportioned to Delaware (Line 7 multiplied by Line 8) .....	00	9
10. Non-apportionable income (or loss) (Schedule 2, Column 1, Line 8) .....	00	10
11. Total (Line 9 plus or minus Line 10) .....	00	11
12. Delaware Taxable Income (Line 5 or Line 11, whichever is less) .....	00	12
13. Tax @ 8.7% .....	00	13
14. Approved non-refundable tax credits .....	00	14
15. Balance due after non-refundable tax credits .....	00	15
16. Delaware tentative tax paid .....	00	16
17. Credit carry-over from prior year .....	00	17
18. Other payments (attach statement).....	00	18
19. Approved refundable income tax credits .....	00	19
20. Total payments and credits. Add Lines 16 through 19 .....	00	20
21. If Line 15 is greater than Line 20 enter BALANCE DUE AND PAY IN FULL .....	00	21
22. If Line 20 is greater than Line 15 enter OVERPAYMENT: (a) Total OVERPAYMENT .....	00	22a
(b) to be REFUNDED .....	00	22b
(c) to be CREDITED to 2018 TENTATIVE TAX...	00	22c

PLEASE SEE PAGE 3 FOR SIGNATURE LINES AND MAILING INSTRUCTIONS



DF11017019999

**SCHEDULE 1 - INTEREST INCOME**

Description of Interest	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 <b>Totals</b>	00	00	00	00	00

**SCHEDULE 2 NON-APPORTIONABLE INCOME ALLOCATED WITHIN AND WITHOUT DELAWARE**

Description	Column 1 Within Delaware	Column 2 Without Delaware	Column 3 Total
1 Rents and royalties from tangible property	00	00	00
2 Royalties from patents and copyrights	00	00	00
3 Gains or (losses) from sale of real property	00	00	00
4 Gains or (losses) from sale of depreciable tangible property	00	00	00
5 Interest income from Schedule 1, Columns 4 and 5, Line 6	00	00	00
6 Total	00	00	00
7 Less: Applicable expenses (Attach statement)	00	00	00
8 Total non-apportionable income	00	00	00

**SCHEDULE 3 - APPORTIONMENT PERCENTAGE**

**Schedule 3-A - Gross Real and Tangible Personal Property**

Description	Within Delaware		Within and Without Delaware	
	Beginning of Year	End of Year	Beginning of Year	End of Year
1 Real and tangible property owned	00	00	00	00
2 Real and tangible property rented (Eight times annual rental paid)	00	00	00	00
3 Total	00	00	00	00
4 Less: Value at original cost of real and tangible property, the income from which is separately allocated (See instructions)	00	00	00	00
5 Total	00	00	00	00
6 Average value (See instructions)		00		00

**Schedule 3-B - Wages, Salaries, and Other Compensation Paid or Accrued to Employees**

Description	Within Delaware	Within and Without Delaware
1 Wages, salaries, and other compensation of all employees	00	00
2 Less: Wages, salaries, and other compensation of general executive officers	00	00
3 Total	00	00

**Schedule 3-C - Gross Receipts Subject to Apportionment**

1 Gross receipts from sales of tangible personal property	00	00
2 Gross income from other sources (Attach statement)	00	00
3 Total	00	00

**Schedule 3-D - Determination of Apportionment Percentage**

1 Average value of real and tangible property within Delaware	00	=	%	1
2 Average value of real and tangible property within and without Delaware	00	=		2
3 Wages, salaries and other compensation paid to employees within Delaware	00	=	%	3
4 Wages, salaries and other compensation paid to employees within and without Delaware	00	=		4
5 Gross receipts and gross income from within Delaware	00	=	%	5
6 Gross receipts and gross income from within and without Delaware	00	=		6
7 Total				7
8 Apportionment percentage (See instruction)			%	8



**SCHEDULE 4-A - SUBTRACTIONS**

1. Foreign dividends, interest and royalties .....	00	1
2. Net interest from U.S. securities (Schedule 1, Column 2) .....	00	2
3. Interest from affiliated companies (Schedule 1, Column 3) .....	00	3
4. Gain from sale of U.S. or Delaware securities .....	00	4
5. Wage deduction - Federal Jobs Credit .....	00	5
6. Handicapped accessibility deduction (Attach statement) .....	00	6
7. Net operating loss carry-over .....	00	7
8. NBI must attach form 1100 NBI .....	00	8
9. TOTAL Subtractions (Add lines 1 thru 8) .....	00	9

**SCHEDULE 4-B - ADDITIONS**

1. All state and political subdivision income taxes deducted in computing Line 1 .....	00	1
2. Loss from sale of U.S. or Delaware securities .....	00	2
3. Interest income from obligations of any state except DE (Schedule 1, Column 4) .....	00	3
4. Depletion expense - oil and gas .....	00	4
5. Interest paid affiliated companies (See Instructions) .....	00	5
6. Donations included in Line 1 for which Delaware income tax credits were granted .....	00	6
7. TOTAL Additions (Add lines 1 thru 6) .....	00	7

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than the taxpayer, the declaration is based on all information of which the preparer has any knowledge.

_____	_____	_____	_____
Date	Signature of Officer	Title	Email Address
_____	_____		_____
Date	Signature of Individual or firm preparing the return		Address

**MAKE CHECK PAYABLE AND MAIL TO:** Delaware Division of Revenue, P.O. Box 2044, Wilmington, DE 19899-2044

