



DELAWARE 2024

DIVISION OF REVENUE F O R M
CIT-TAX

CORPORATION INCOME TAX RETURN



For Fiscal Year beginning and ending

Name of Corporation

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

Taxpayer ID

Small Corporation ESOP

✓ Check Applicable Box(es):

Initial Return Amended Return

Change of Address Extension Attached

Farming Property and Casualty Insurance

1. FEDERAL TAXABLE INCOME (See instructions) +		1.	\$		.00
2. TOTAL SUBTRACTIONS (Schedule 4A)		2.	\$		.00
3. Subtract Line 2 from Line 1 =		3.	\$		.00
4. TOTAL ADDITIONS (Schedule 4B)		4.	\$		.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.) =		5.	\$		.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)		6.	\$		.00
7. INCOME (OR LOSS) SUBJECT TO APPORTIONMENT - Subtract Line 6 from Line 5 =		7.	\$		.00
8. APPORTIONMENT PERCENTAGE (Schedule 3B, Line 3)		8.			%
9. INCOME (OR LOSS) APPORTIONED TO DELAWARE - Multiply Line 7 by Line 8 =		9.	\$		.00
10. NON-APPORTIONABLE INCOME (OR LOSS) (Schedule 2, Column 1, Line 8)		10.	\$		.00

11. TOTAL - Add Line 9 to Line 10 =		11.	\$		.00
12. DELAWARE TAXABLE INCOME (Line 5 or Line 11, whichever is less)		12.	\$		.00
13. TAX LIABILITY - Multiply Line 12 by .087 =		13.	\$		.00
14. APPROVED NON-REFUNDABLE TAX CREDITS		14.	\$		.00
15. BALANCE DUE AFTER APPROVED NON-REFUNDABLE TAX CREDITS - Subtract Line 14 from Line 13 (Enter 0 if Neg) =		15.	\$		.00
16. DELAWARE TENTATIVE TAX PAID		16.	\$		.00
17. CREDIT CARRY-OVER FROM PRIOR YEAR		17.	\$		.00
18. OTHER PAYMENTS (Attach statement) =		18.	\$		.00
19. APPROVED REFUNDABLE INCOME TAX CREDITS		19.	\$		.00
20. TOTAL PAYMENTS AND CREDITS - Add Line 16 through Line 19 =		20.	\$		.00
21. BALANCE DUE AND PAY IN FULL (If Line 15 is greater than Line 20 Subtract Line 20 from Line 15) =		21.	\$		.00
22a. OVERPAYMENT (If Line 20 is greater than Line 15 Subtract Line 15 from Line 20) =		22a.	\$		.00
22b. AMOUNT TO BE REFUNDED		22b.	\$		.00
22c. AMOUNT TO BE CREDITED TO 2025 TENTATIVE TAX		22c.	\$		.00

📎 Attach Completed Copy of Federal Form 1120
PLEASE SEE PAGE 3 FOR SIGNATURE LINES AND MAILING INSTRUCTIONS



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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.	Description of Interest	\$.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

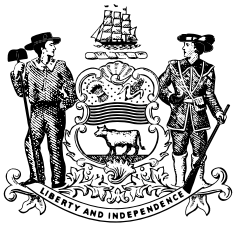
SCHEDULE 2 NON-APPORTIONABLE INCOME ALLOCATED WITHIN AND WITHOUT DELAWARE		Column 1 Within Delaware	Column 2 Without Delaware	Column 3 Total
1.	RENTS AND ROYALTIES FROM TANGIBLE PROPERTY	\$.00	\$.00	\$.00
2.	ROYALTIES FROM PATENTS AND COPYRIGHTS	\$.00	\$.00	\$.00
3.	GAINS OR (LOSSES) FROM SALE OF REAL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

SCHEDULE 3A GROSS RECEIPTS SUBJECT TO APPORTIONMENT		Within Delaware	Within and Without Delaware
1.	GROSS RECEIPTS FROM SALES OF TANGIBLE PERSONAL PROPERTY	\$.00	\$.00
2.	GROSS INCOME FROM OTHER SOURCES (Attach statement)	\$.00	\$.00
3.	TOTAL - Add Line 1 to Line 2	\$.00	\$.00

SCHEDULE 3B DETERMINATION OF APPORTIONMENT PERCENTAGE			
1.	GROSS RECEIPTS AND GROSS INCOME FROM WITHIN DELAWARE	.00	=
2.	GROSS RECEIPTS AND GROSS INCOME FROM WITHIN AND WITHOUT DELAWARE	.00	
3.	APPORTIONMENT PERCENTAGE (See instructions)		%

SCHEDULE 3C GROSS REAL AND TANGIBLE PROPERTY		Within Delaware		Within and Without Delaware	
		Beginning of Year	End of Year	Beginning of Year	End of Year
1.	REAL & TANGIBLE PROPERTY OWNED	\$.00	\$.00	\$.00	\$.00
2.	REAL & TANGIBLE PROPERTY RENTED (eight times annual rental paid)	\$.00	\$.00	\$.00	\$.00
3.	TOTAL - Add Line 1 to Line 2	\$.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 - Subtract Line 4 from Line 3	\$.00	\$.00	\$.00	\$.00
6.	AVERAGE VALUE (See instructions)	\$.00	\$.00	\$.00	\$.00

SCHEDULE 3D WAGES, SALARIES, AND OTHER COMPENSATION PAID OR ACCRUED TO EMPLOYEES		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 - Subtract Line 2 from Line 1	\$.00	\$.00



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SCHEDULE 4A SUBTRACTIONS

1. FOREIGN DIVIDENDS, INTEREST, AND ROYALTIES		1. \$.00
2. NET INTEREST FROM U.S. SECURITIES (Schedule 1, Column 2)		2. \$	.00
3. INTEREST FROM AFFILIATED COMPANIES (Schedule 1, Column 3)		3. \$	.00
4. GAIN FROM SALE OF U.S. OR DELAWARE SECURITIES		4. \$	.00
5. WAGE DEDUCTION - FEDERAL JOBS CREDIT		5. \$	.00
6. HANDICAPPED ACCESSIBILITY DEDUCTION (Attach statement)		6. \$	.00
7. NET OPERATING LOSS CARRY-OVER		7. \$	.00
8. NBI (Must attach form CIT-SCH)		8. \$	.00
9. ORDINARY AND NECESSARY BUSINESS EXPENSES AS NOT ALLOWED ON THE FEDERAL RETURN AND FOR A DELAWARE-LICENSED MARIJUANA RELATED BUSINESS.		9. \$	.00
10. TOTAL SUBTRACTIONS - Add Line 1 through Line 9		10. \$	.00

SCHEDULE 4B ADDITIONS

1. ALL STATE AND POLITICAL SUBDIVISION INCOME TAXES DEDUCTED IN COMPUTING LINE 1		1. \$	.00
2. LOSS FROM SALE OF U.S. OR DELAWARE SECURITIES		2. \$	.00
3. INTEREST INCOME FROM OBLIGATIONS OF ANY STATE EXCEPT DE (Schedule 1, Column 4)		3. \$	.00
4. DEPLETION EXPENSE - OIL AND GAS		4. \$	.00
5. INTEREST PAID AFFILIATED COMPANIES (See instructions)		5. \$	.00
6. DONATIONS INCLUDED IN LINE 1 FOR WHICH DELAWARE INCOME TAX CREDITS WERE GRANTED		6. \$	.00
7. TOTAL ADDITIONS - Add Line 1 through Line 6		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.

PAID PREPARER INFORMATION

PAID PREPARER SIGNATURE	DATE	
ADDRESS		
CITY	STATE	ZIP CODE
EIN, SSN or PTIN	PHONE NUMBER	
@ EMAIL ADDRESS		

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

MAIL COMPLETED FORM WITH REMITTANCE PAYABLE TO:

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

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN