

2012 DELAWARE 2012 CORPORATION INCOME TAX RETURN

FOR CALENDAR YEAR 2012

or fiscal year beginning _____ 2012, and ending _____ 2013

Name of Corporation _____

Address _____

City & State _____

Zip Code _____

Date and State of Incorporation _____

Nature of Business _____

EMPLOYER IDENTIFICATION NUMBER

____ - _____

CHECK APPLICABLE BOX:

INITIAL RETURN

CHANGE OF ADDRESS

EXTENSION ATTACHED

☐
☐
☐

IF OUT OF BUSINESS, ENTER DATE HERE: _____ / _____ / _____

ATTACH COPY OF COMPLETED FEDERAL FORM 1120

1. Federal Taxable Income (See specific instructions)

____ , ____ , ____ . **NO CENTS**
00

2. Delaware income taxes deducted in computing Line 1

____ , ____ , ____ . 00

3. Delaware Taxable Income (Add Line 1 and Line 2)

____ , ____ , ____ . 00

4. Tax @ 8.7%

____ , ____ , ____ . 00

5. Delaware tentative tax paid

____ , ____ , ____ . 00

6. Credit carry-over from prior year

____ , ____ , ____ . 00

7. Total payments and credits (Add Line 5 and Line 6)

____ , ____ , ____ . 00

8. If Line 4 is greater than Line 7, enter BALANCE DUE and PAY IN FULL

____ , ____ , ____ . 00

9. If Line 7 is greater than Line 4, enter OVERPAYMENT:

9a. Total OVERPAYMENT

____ , ____ , ____ . 00

9b. To be REFUNDED

____ , ____ , ____ . 00

9c. To be CREDITED to 2013 Tentative Tax

____ , ____ , ____ . 00

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

