

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.**

PART A -- NAME AND ADDRESS**1. Federal Employer Identification Number**

TAX PERIOD ENDING DATE
(MM / DD / YY)

1 ---

____ / ____ / ____

2. Name of Taxpayer**3. Address****4. Location of qualifying business facility (if different from above).****5. Date Operations Commenced**

Targeted Area Number

PART B -- BUSINESS ACTIVITIES --- Check the appropriate qualifying activity(s)

- | | |
|--|--|
| <input type="checkbox"/> Aviation Maintenance & Repair Services | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Computer Software Sales (Wholesale Only) | <input type="checkbox"/> Wholesaling |
| <input type="checkbox"/> Consumer Credit Reporting/Collection Services | <input type="checkbox"/> Management & Support Services for Activities listed |
| <input type="checkbox"/> Data Processing or Data Preparation | <input type="checkbox"/> Combination of Activities listed |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Occupational Licenses -- Targeted Areas Only |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retailing -- Targeted Areas Only |
| <input type="checkbox"/> Scientific, Agricultural or Industrial Research | <input type="checkbox"/> Other _____ -- Brownfield Areas Only |
| | <input type="checkbox"/> Other _____ -- Green Industries Only |

PART C - COMPUTATION OF NEW BUSINESS FACILITY CREDIT

- | | |
|--|----------|
| 1. Total Gross Receipts for this Facility | \$ _____ |
| 2. Less Applicable Exclusion | \$ _____ |
| 3. Taxable Gross Receipts for this Facility | \$ _____ |
| 4. Tax Rate (See Instructions on Back) | x _____ |
| 5. Tax before New Business Facility Tax Reduction (Multiply Line 3 by Line 4) | \$ _____ |
| 6. Amount of Gross Receipts Attributable to New Business Facility | \$ _____ |
| 7. Percent of New Business Facility Receipts to Total Receipts
(Line 6 divided by Line 1) | _____ % |
| 8. Number of months elapsed | _____ |
| 9. Enter Percentage of Tax Reduction (From Chart Below) | _____ % |
| 10. New Business Facility Tax Credit (Multiply Lines 5, 7 and 9) | \$ _____ |
- Place the amount from Line 10 on the "Approved Tax Credit" Line of the Gross Receipts Tax coupon.

Number of Whole Months Percentage Elapsed Since Operations Commenced				Percentage of Tax Reduction
1	through	12	months	90%
13	through	24	months	80%
25	through	36	months	70%
37	through	48	months	60%
49	through	60	months	50%
61	through	72	months	40%
73	through	84	months	30%
85	through	96	months	20%
97	through	108	months	10%
109	through	120	months	5%
	Over	120	months	0%

FOR TARGETED AREAS ONLY					Percentage of Tax Reduction
Number of Whole Months Elapsed Since Operations Commenced					
1	through	60	months		100%
61	through	72	months		90%
73	through	84	months		80%
85	through	96	months		70%
97	through	108	months		60%
109	through	120	months		50%
121	through	132	months		40%
133	through	144	months		30%
145	through	156	months		20%
157	through	168	months		10%
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:

$$\begin{array}{rclcl} \text{Apportioned Monthly or} & = & \text{Monthly or Quarterly} & \times & \text{Gross Receipts from New or} \\ \text{Quarterly Exclusion} & & \text{Exclusion} & & \text{Expanded Business Facility} \\ & & & & \hline & & & & \text{Total Gross Receipts from} \\ & & & & \text{Each Licensable activity} \end{array}$$

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:

$$\begin{array}{rclcl} \text{Apportioned Monthly} & = & \text{Monthly Exclusion} & \times & \text{Gross receipts from New Facility} \\ \text{Exclusion} & & \$1,000,000 & & \hline & & & & \$500,000 \\ & & & & \hline & & & & \text{Total Manufacturing Receipts} \\ & & & & \$1,500,000 \end{array}$$

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 Receipts for this facility.
(Separate forms are required if the business has more than one license.)
- 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.
(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.