

2015

FORM 1100-EXT	DELAWARE DIVISION OF REVENUE CORPORATION INCOME TAX REQUEST FOR EXTENSION	REV CODE 0042 25 05
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Federal Identification Number	Calendar or Fiscal Year Ending	Due on or Before	Extension To										
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Name of Corporation

Number, street and room or suite number or P.O. Box

City State Zip Code

1. Income Tax Liability (8.7% x Non-Resident Distributon Income)	\$	00
2. Tentative Tax Due (100% of Line 1)	\$	00
3. Less Amount of Tentative Tax Previously Paid	\$	00
4. Balance Due (Line 2 minus Line 3)	\$	00

INSTRUCTIONS FOR FILING A REQUEST FOR EXTENSION

An extension of six months for filing the annual Delaware Corporation Income Tax return may be made by filing Form 1100-EXT on or before the due date of the original return. Please note that timely filed extensions extend the period of time for filing a final return but **DO NOT** extend the period of time for making payment. **Payment of the anticipated liability must be made with the extension request. Extensions without payment of the anticipated liability will not be granted.**

Please use the schedule below to determine the due date of the extension request and the period the Delaware corporate return is extended to and place this information in the appropriate boxes above:

Tax Year Ending	Due on or Before	Extended To:
12/31/2015	04/01/2016	10/03/2016
01/31/2016	05/02/2016	11/01/2016
02/29/2016	06/01/2016	12/01/2016
03/31/2016	07/01/2016	01/03/2017
04/30/2016	08/01/2016	02/01/2017
05/31/2016	09/01/2016	03/01/2017
06/30/2016	10/03/2016	04/03/2017
07/31/2016	11/01/2016	05/01/2017
08/31/2016	12/01/2016	06/01/2017
09/30/2016	01/03/2017	07/03/2017
10/31/2016	02/01/2017	08/01/2017
11/30/2016	03/01/2017	09/01/2017

CONSOLIDATED DELAWARE CORPORATE INCOME TAX RETURNS

Consolidated Corporate Income Tax returns are not permitted under Delaware Law. Each corporation which is a member of a consolidated group must file separate Delaware Corporate Income Tax returns and Extensions as if a separate Federal Income Tax return was filed.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Authorized Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> M M D D Y Y Date	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Telephone Number
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Mail to: Delaware Division of Revenue, P.O. Box 8751, Wilmington, DE 19899-8751 or FAX (302) 577-8203

