



DELAWARE

F O R M

DIVISION OF REVENUE SCT-SSA



S CORPORATION RECONCILIATION OF ORDINARY INCOME TO TOTAL NET INCOME FORMERLY 1100S SCHEDULE A

For Fiscal Year beginning and ending

Name of S Corporation

Taxpayer ID

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1.	ORDINARY INCOME (LOSS) (Federal Form 1120S, Schedule K, Line 1)	1.	\$	.00
2.	APPORTIONMENT PERCENTAGE (Form SCT-RTN, Schedule 1D, Line 8)	2.		%
3.	ORDINARY INCOME APPORTIONED TO DELAWARE - Multiply Line 1 by Line 2	3.	\$	.00

		COLUMN A		COLUMN B	
		Total		Within Delaware	
3a.	ENTER in Column A the Amount from Line 1 and in Column B the Amount from Line 3	3a.	\$.00	\$	.00

+ ADDITIONS:					
4.	NET INCOME (LOSS) FROM RENTAL REAL ESTATE ACTIVITIES (Federal Form 1120S, Schedule K, Line 2)	4.	\$.00	\$	.00
5.	NET INCOME (LOSS) FROM OTHER RENTAL ACTIVITIES (Federal Form 1120S, Schedule K, Line 3c)	5.	\$.00	\$	.00
6.	INTEREST INCOME (Federal Form 1120S, Schedule K, Line 4)	6.	\$.00	\$	.00
7.	DIVIDEND INCOME (Federal Form 1120S, Schedule K, Line 5a)	7.	\$.00	\$	.00
8.	ROYALTY INCOME (Federal Form 1120S, Schedule K, Line 6)	8.	\$.00	\$	.00
9.	NET SHORT TERM CAPITAL GAIN (LOSS) (Federal Form 1120S, Schedule K, Line 7)	9.	\$.00	\$	.00
10.	NET LONG TERM CAPITAL GAIN (LOSS) (Federal Form 1120S, Schedule K, Line 8a)	10.	\$.00	\$	.00
11.	NET GAIN (LOSS) UNDER SECTION 1231 (Federal Form 1120S, Schedule K, Line 9)	11.	\$.00	\$	.00
12.	OTHER INCOME (LOSS) (Federal Form 1120S, Schedule K, Line 10) (Attach schedule)	12.	\$.00	\$	.00
13.	TOTAL - Add Line 3a through Line 12	13.	\$.00	\$	.00

- SUBTRACTIONS:					
14.	SECTION 179 EXPENSE DEDUCTION (Federal Form 1120S, Schedule K, Line 11)	14.	\$.00	\$	.00
15.	CHARITABLE CONTRIBUTIONS (Federal Form 1120S, Schedule K, Line 12a)	15.	\$.00	\$	.00
16.	OTHER DEDUCTIONS (Federal Form 1120S, Schedule K, Line 12d)	16.	\$.00	\$	.00
17.	DEPLETION EXPENSE (Included on Federal Form 1120S, Schedule K, Line 15e)	17.	\$.00	\$	.00
18.	TOTAL - Add Line 14 through Line 17	18.	\$.00	\$	.00
19.	TOTAL NET INCOME (LOSS) - Subtract Line 18 from Line 13	19.	\$.00	\$	.00

Enter the amount from Column B on Form SCT-RTN, Line 1