



DELAWARE 2023
DIVISION OF REVENUE CIT-EXM



APPLICATION FOR EXEMPTION
FROM CORPORATION INCOME TAX
SECTION 1902(b)(8) HOLDING COMPANIES
FORMERLY 1902-AP

PART 1

Name of Corporation

Text input field for Name of Corporation

Street Address

Text input field for Street Address

City State Zip Code

Text input fields for City, State, and Zip Code

Mailing Address (if different than above)

Text input field for Mailing Address

City State Zip Code

Text input fields for City, State, and Zip Code

Taxpayer ID

Grid for Taxpayer ID

State of Incorporation Date of Incorporation

Text input fields for State of Incorporation and Date of Incorporation

Nature of Business

Text input field for Nature of Business

PART 2

Name and address of Delaware employees. (If additional space is needed, attach list.)

Table for Delaware employees with columns for Name, Address, and City/State/Zip

PART 3

Name and address of persons (individuals, corporations, etc.) owning more than 10% of the stock of corporation.(If additional space is needed, attach list.)

Table for persons owning more than 10% of stock with columns for Name, Address, and City/State/Zip

PART 4

Describe in detail below your operations in Delaware and list each type of intangible investment owned and all sources of income. RECITING THE STATUTE DOES NOT CONSTITUTE AN ANSWER. (If additional space is needed, please provide attachments.)

Text input field for describing operations and intangible investments

- 1. Will the corporation act as a general partner in a partnership?
2. Will the corporation participate in a joint venture?
3. Will the corporation receive income from patents, royalties, copyrights, know-how, etc.?
4. Will the corporation engage in business outside of Delaware?

Large text area for providing details for questions 1-4

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.

SIGNATURE OF OFFICER

DATE

TITLE OF OFFICER

PHONE NUMBER

EMAIL ADDRESS

MAIL COMPLETED FORM TO:

Delaware Division of Revenue
820 N. French Street
Wilmington, DE 19801
Attn: Conferee