

FROM:
DIVISION OF REVENUE
STATE OF DELAWARE
P.O. BOX 8750
WILMINGTON, DE 19899-8750



State of Delaware
Form CRA

COMBINED REGISTRATION APPLICATION
FOR
STATE OF DELAWARE
BUSINESS LICENSE AND/OR
WITHHOLDING AGENT

LOCATION OF OFFICES
TOLL-FREE TELEPHONE NUMBER (DELAWARE ONLY) 1 - 800 - 292 - 7826

DOVER

Division of Revenue
Thomas Collins Building
Route 13, Dover, Delaware 19901

Telephone: (302) 744-1085

WILMINGTON

Division of Revenue
State Office Building
820 N. French Street
Wilmington, Delaware 19801

Taxpayers Assistance Section
Telephone: (302) 577-8205

GEORGETOWN

Division of Revenue
422 N. DuPont Highway, Suite 2
Georgetown, Delaware 19947

Telephone: (302) 856-5358

COMBINED REGISTRATION APPLICATION FORM

1. This Combined Registration Application form must be completed by **all** persons or companies conducting any business activity in Delaware or having one or more employees who work in the State of Delaware or who are residents of Delaware for whom you are deducting Delaware income tax. **Part A** is to be completed by all taxpayers. **Part B** must be completed by any person or company paying Delaware withholding tax. **Part C** must be completed by taxpayers applying for a Delaware Business License(s). The attachment for **Contractors Only** is to be attached to the application along with the other appropriate forms listed. The Initial Employer's Report of Delaware Tax Withheld and the Initial Gross Receipts Tax Return are only to be used for your **FIRST** time filing of these returns. Separate checks must accompany each type of tax return(s) you file. A separate Initial Gross Receipts Tax Return must be filed for each type of license acquired.
2. You should receive your personalized Withholding and Gross Receipts forms by the time your next return is due. If you have not received your forms, contact the Business Master File Section at (302) 577-8778. If you have questions concerning the completion of the forms, contact the Withholding Tax Section at (302) 577-8779; or the Gross Receipts Section at (302) 577-8780.
3. All questions in Part A **MUST** be answered; if not applicable, write "NA" in the answer block.
4. This application may not be accepted if all necessary information is not provided.
5. This application must be signed at the end of Part C by the owner or officer and dated.
6. Mail completed application with the **required license fee**, if applicable, to DIVISION OF REVENUE, P.O. BOX 8750, WILMINGTON, DELAWARE 19899-8750.

SPECIFIC INSTRUCTIONS - PLEASE READ CAREFULLY - PLEASE PRINT CLEARLY OR TYPE.

- Line 1. Enter your Federal Employer Identification Number or Social Security number, whichever is used for federal purposes. If you are an employer or your business ownership is not that of a Sole Proprietorship, you must have a Federal Employer Identification number. You can apply for a number using Federal Form SS-4. (Call your nearest IRS office.) If you have applied for a Federal Employer Identification number, please enter "APPLIED FOR" on Line 1 and the Division of Revenue will assign a temporary number until your Federal Identification number has been received. **Notify the Business Master File Unit at (302) 577-8778, when your Federal Employer Identification Number is obtained.** All of your tax returns should be filed under **ONE** identification number. **If you are a sole proprietor and you have a federal identification number, you must enter both numbers on Line 1 of Part A and Part C.**
- Line 2. Enter the name of the business (individual, partnership, corporate name, governmental agency, etc.).
- Line 3. Enter the trade name of your business if different from the primary business name on Line 2.
- Line 4. Enter the address of your primary business location. (A Post Office Box is **NOT** an acceptable location address.)
- Line 5. Enter the address to which correspondence should be mailed if different from your primary business location. If you have a PO Box, enter that information here.
- Line 6. If your business operates on a seasonal basis, enter the month your seasonal activity begins and ends.
- Line 7. Please check the appropriate box which indicates the period of your taxable year. If you are a fiscal year taxpayer, please enter the last month and day of the taxable year.
- Line 8. If incorporated, enter the State in which incorporated.
- Line 9. If incorporated, enter the date on which incorporated.
- Line 10. Enter the date your business operations began or will begin in Delaware.
- Line 11. Check the appropriate box which describes your legal form of business. If you are a sole proprietor and you have a federal identification number, **please ensure that you have entered both numbers on Line 1.** If you are registering to remit withholding taxes for a person performing domestic services in your home, indicate your type of ownership as **#18 Employer-Domestic Employees**. If you are only registering to be a withholding agent as a convenience to your employees and are not conducting business in Delaware, **Check Type ownership #35, Withholding Agent Only.**
- Line 12. On line 11 if you have checked 06 - Sub Chapter S Corporation, please indicate if you have Shareholders that are NOT Delaware residents.
- Line 13. Enter the parent company's name.
- Line 14. Enter the parent company's identification number.
- Line 15. Enter the previous name of your business if it has been changed.
- Line 16. Enter the previous identification number of your business if it has been changed.
- Line 17. Enter the name, title, phone number, fax number and e-mail address of the individual who should be contacted regarding tax matters.
- Line 18. Enter the name, title and social security number of the proprietor, partners or principal officers of your business. If more than three, please attach a separate list. If you have a Registered Agent, provide that information also.
- Line 19. Fully describe the specific nature of your business.

NOTE: Without a COMPLETE application, we cannot process the forms necessary for your filing requirements.

PART C - TO BE COMPLETED BY TAXPAYERS APPLYING FOR A LICENSE

LICENSE APPLICATIONS WILL NOT BE PROCESSED WITHOUT LICENSE FEE

LICENSE #1 - NAME AND ADDRESS

REV CODE 0101-01

1. Enter Federal Employer Identification Number OR Social Security Number

1- -

2- - -

2. Name _____

3. Trade Name if Different from Above _____

4. Business Location Address _____

 City State Zip Code

5. Mailing Address if Different _____

 City State Zip Code

6. Describe your business activity _____

FOR OFFICE USE ONLY	
Bus Code	Suffix

7. When did or when will you begin operating in Delaware? _____

8. For what calendar year are you applying? Calendar year ending 12/31/ _____

Check if 65 years or older and whose total sales are less than \$5,000 (25% of Annual Fee)

Proration Basis for Initial Licenses	Jan - 100%	Apr - 75%	Jul - 50%	Oct - 25%
Multiply Annual Fee by Respective Month	Feb - 92%	May - 67%	Aug - 42%	Nov - 17%
Percentage and Circle Month Started	Mar - 83%	Jun - 58%	Sep - 33%	Dec - 8%

PLEASE READ PART C INSTRUCTIONS BEFORE COMPLETING COMPUTATION OF THE FEE.

COMPUTATION OF FEE \$ _____ X _____ = \$ _____ X _____ = \$ _____

Annual Fee # of units if Applicable Total License (annual fee X # of units) Prorated Percentage Total Fee

LICENSE #2 - NAME AND ADDRESS

1. Enter Federal Employer Identification Number OR Social Security Number

1- -

2- - -

2. Name _____

3. Trade Name if Different from Above _____

4. Business Location Address _____

 City State Zip Code

5. Mailing Address if Different _____

 City State Zip Code

6. Describe your business activity _____

FOR OFFICE USE ONLY	
Bus Code	Suffix

7. When did or when will you begin operating in Delaware? _____

8. For what calendar year are you applying? Calendar year ending 12/31/ _____

Check if 65 years or older and whose total sales are less than \$5,000 (25% of Annual Fee)

Proration Basis for Initial Licenses	Jan - 100%	Apr - 75%	Jul - 50%	Oct - 25%
Multiply Annual Fee by Respective Month	Feb - 92%	May - 67%	Aug - 42%	Nov - 17%
Percentage and Circle Month Started	Mar - 83%	Jun - 58%	Sep - 33%	Dec - 8%

PLEASE READ PART C INSTRUCTIONS BEFORE COMPLETING COMPUTATION OF THE FEE.

COMPUTATION OF FEE \$ _____ X _____ = \$ _____ X _____ = \$ _____

Annual Fee # of units if Applicable Total License (annual fee X # of units) Prorated Percentage Total Fee

9. AMOUNT DUE MUST BE REMITTED WITH THIS APPLICATION. (Total Fee from License # 1 and License # 2.) \$ _____

 SIGNATURE TITLE DATE

I declare under penalties as provided by law that the information on this application is true, correct and complete.

PART B - REGISTERING TO WITHHOLD DELAWARE INCOME TAXES

Delaware requires that every employer register with the Delaware Division of Revenue. Registration is accomplished by completing this form. Delaware Withholding Agents must use the same identification number as their Federal Employer Identification Number. Every employer required to deduct and withhold tax must file a withholding tax return as prescribed by the statute and pay over to the Division of Revenue or its designated depository the tax required to be deducted and withheld. An initial return is included in this application to use in filing your first return. If you do not receive your preprinted forms in time to file your second return, call the Business Master File Unit at (302) 577-8778. If you do not have Delaware Withholding Tax Tables or need information, call the Withholding Tax Unit at (302) 577-8779 or visit our website (see page 8). The Division of Revenue does not accept common paymasters.

Please Note: All employers are also required to register with the Department of Labor Unemployment Insurance. For information call (302) 761-8484.

Mandatory Electronic Funds Transfer Any employer required under the provisions of §6302 of the Internal Revenue Code to deposit federal employment taxes by electronic funds transfer will be required to deposit Delaware withholding taxes by electronic funds transfer. The effective date for this new requirement is one year after the employer is required to deposit the federal funds electronically. House Bill 605 imposes a penalty on employers who are required by Delaware law but fail to deposit their withholding tax electronically. The penalty is the lesser of 5.0% of the amount that should have been electronically transferred or \$500. Employers who want to participate either as mandated under the Internal Revenue Code requirements or voluntarily for Delaware should contact the Division of Revenue at (302) 577-8231 for additional information and the proper form.

PART C - APPLYING FOR DELAWARE BUSINESS OR OCCUPATIONAL LICENSE(S)

Enter your Federal Identification Number or Social Security Number as entered on Part A. If you are a sole proprietor and you have a federal identification number, you must enter both numbers on Line 1.

Delaware law requires every person, firm or corporation conducting a business within this State to obtain a license and to pay an additional monthly or quarterly fee based on the aggregate gross receipts derived from the operation of such business. Failure to obtain a business license will result in a \$200 penalty if such failure is not self disclosed. **A separate license is required for each separate business activity.** You may apply for two (2) different licenses on this application. Enter the type of license applied for and the business name and address for each separate location and/or activity. Complete the schedule for the COMPUTATION OF FEE for each license. If you start doing business in Delaware after February 1st, you may prorate the fees for your initial year according to the schedule, i.e., if you started doing business in Delaware in the month of April and you are a Retailer, you are required to pay $.75 \times \$75.00$ which is \$56.25. License Fees for all new applications are proratable except Cigarette, Motor Vehicle Dealers, Circus Exhibitors and Outdoor Musical Festival Promoters.

Decals for Cigarette, Merchandise Vending Machines and Amusement Machines are proratable upon first application or as additional machines are purchased and placed in service.

Unless otherwise listed, the annual license fee is \$75 for the first location. Occupational, Professional, General Service, Lessors of Tangible Personal Property and Retailer's licenses require a \$25 license fee for each additional location. Farm Machinery Retailers, Food Processors, Commercial Feed Dealers, Manufacturers and Wholesalers licenses require a \$75 license for each additional location. Contractors, Motor Vehicle Dealers and Steam, Gas and Electric licenses are not required to obtain a license for additional locations. Public utilities (gas, electric, telephone and telegraph) are required to complete this application but are not required to obtain a business license. A complete list of Revenue licenses is contained in this booklet titled "Detailed List of Revenue Licenses and Tax Rates". Any person 65 years of age or older whose gross receipts are less than \$5,000 per year shall pay one quarter ($\frac{1}{4}$) of the annual occupational license fee specified. There is a \$15.00 fee for the replacement of any lost or stolen license.

The license fee must accompany this application. Applications without the license fee will not be processed.

Most businesses are liable for a monthly or quarterly gross receipts tax at rates ranging from 0.096% to 0.72% (.00096 - .0072) in excess of allowable exclusions. Unless expressly provided in the statutes, the term "gross receipts" is the total receipts of a business for goods sold or services rendered and no deduction is made for the cost of goods or property sold, labor costs, interest expense, delivery costs, State or Federal taxes or any other expenses. For additional information visit our website: www.state.de.us/revenue. Select business tax questions, then scroll down to "Tax Tips". After you have filed your application, the Division of Revenue will mail the appropriate forms required to report and pay the Gross Receipts Tax. An initial quarterly return is included in this application to use in filing your first return. Please refer to the table on the next page to determine the tax rate and exclusion amount for your business activity. If you do not receive your pre-printed forms in time to file your second return, call the Business Master File Unit at (302) 577-8778.

DETAILED LIST OF DIVISION OF REVENUE LICENSES AND TAX RATES

Category	Annual Fee	Additional Locations	Tax Rate	Returns Due	Exclusion Effective 1/1/99
Advertising Agency	\$ 75	\$ 25	0.00384	Monthly	\$ 50,000
Amusement Machine Owner					
Business License Fee	75	25	0.00384	Monthly	50,000
Each Machine (Decal)	75	--	--	--	--
Auctioneer Non-Resident Each County	225	225	0.00384	Monthly	50,000
Auctioneer Resident	75	25	0.00384	Monthly	50,000
Broker	75	25	0.00384	Monthly	50,000
*Cigarette					
* Wholesaler and/or Affixing Agent	200	200	--	--	--
Wholesale Bus. License also needed	75	75	0.00384	Monthly	50,000
* Retail Permit (3 years)	15	--	--	--	--
Vend. Mach. Decals Ea. Machine	3	--	--	--	--
*Circus Exhibitor	750	--	--	--	--
Non-profit Organizations	300	--	--	--	--
Commercial Feed Dealers	75	75	0.00096	Monthly	50,000
Commercial Lessors	75	25	0.00384	Monthly	50,000
Contractors	75	--	0.00624	Monthly	50,000
Developers	75	--	0.00624	Monthly	50,000
Non-Residents (Bonding Requirements)	75	--	0.00624	Monthly	50,000
Construction Transportaion	75	--	0.00624	Monthly	50,000
Drayperson or Mover	75	25	0.00384	Monthly	50,000
Electric Use Tax	--	--	.0425/.0200	Tech Info Memo 97-8 and 97-9	
Farm Machinery Retailer	75	75	0.00096	Monthly	50,000
Finance or Small Loan Agency	450	450	--	--	--
Food Processors	75	75	0.00192	Monthly	50,000
Foreign Sales Corporation	150	25			
Foreign Sales Service Corporation	150	25	0.00384	Monthly	50,000
Gas Use Tax	--	--	.0425 /.0200	Tech Info Memo 97-8 and 97-9	
General Services	75	25	0.00384	Monthly	50,000
[1] Grocery Supermarkets	75	25	0.00384	Monthly	50,000
[2] Hotel -- Per Suite / Per Room	30/25	--	0.08	Monthly	--
Lease/Use of Tangible Personal Property					
Motor Vehicles	--	--	0.0192	Quarterly	--
Other	--	--	0.0192	Quarterly	--
Lessor of Tangible Personal Property					
Motor Vehicles	75	25	0.00288	Quarterly	150,000
Other	75	25	0.00288	Quarterly	150,000
Manufacturers	75	75	0.0018	Monthly	1,000,000
Manufacturers Representative	75	25	0.00384	Monthly	50,000
[2] Motel --Per Room	25	--	0.08	Monthly	--
[7] *Motor Vehicle Dealer	100	--	2.00 ea veh	Quarterly	--
Occupational / Professional	75	25	0.00384	Monthly	50,000
*Outdoor Music Festival Promoter	750	--	--	--	--
Parking Lot or Garage Operator	75	35	0.00384	Monthly	50,000
Petroleum Dealers					
[3] Retailer	75	25	0.0162	Monthly	50,000
[4] Wholesaler	75	75	0.01524	Monthly	50,000
Photographer - Resident	75	25	0.00384	Monthly	50,000
*Transient - Plus \$25 per day	--	--	0.00384	Monthly	50,000
Private Detective (State Police Approval Required)	75	25	0.00384	Monthly	50,000
Public Utilities					
Cable Television	--	--	0.02125	Monthly	--

DETAILED LIST OF DIVISION OF REVENUE LICENSES AND TAX RATES

Category	Annual Fee	Additional Locations	Tax Rate	Returns Due	Exclusion Effective 1/1/99
[5] Electric Utility	--	--	0.0425	Monthly	--
Gas Utility	--	--	0.0425	Monthly	--
[6] Telephone	--	--	0.0425	Monthly	--
Telegraph	--	--	0.0425	Monthly	--
Real Estate Broker	75	25	0.00384	Monthly	50,000
Restaurant Retailer	75	25	0.00624	Monthly	50,000
Retailer - General	75	25	0.0072	Monthly	50,000
Transient (Registration & Bonding Required)	75	25	0.0072	Monthly	50,000
Transient 10 days or less	25	--	0.0072	After 10th day	3,000
Sales Representative	75	--	--	--	--
Security Guard Co. (State Police Approval Required)	75	25	0.00384	Monthly	50,000
Security Systems (State Police Approval Required)	115	25	0.00384	Monthly	50,000
Showperson	375	--	--	--	--
Steam, Gas & Electric	50	1st year	0.001	Annually	
Taxicab or Bus Operator -- 1st Veh / Each	45	30	--	--	--
[2] Tourist Home--Per Room (Min. 5 Rooms)	15	--	0.08	Monthly	
Trailer Park -- Each Space	10	--	--	--	--
Transportation Agent	75	25	--	--	--
Travel Agency	225	25	--	--	--
Machine Decals					
Amusement Machine	75	--	--	--	--
Vending Machine -- Each Machine	5	--	--	--	--
Cigarette -- Each Machine	3	--	--	--	--
(Business License Also Needed)					
Wholesalers	75	75	0.00384	Monthly	50,000

* Those categories marked with an asterisk (*) are not proratable and the full amount must be paid.

[1] Grocery Supermarkets -- The tax rate for the first \$2 million is .00384 and .0072 on the remaining taxable gross receipts.

[2] Hotels, Motels and Tourist Homes -- The eight percent (8%) tax is collected from the guest and remitted to the Division of Revenue.

[3] Petroleum Retailers -- The composite rate includes the General Fund tax of .0072 and a Hazardous Substance tax of .009

[4] Petroleum Wholesalers -- The composite rate includes the General Fund tax of .00384, a Hazardous Substance tax of .009 and surtax of .0024.

[5] Electric Utility -- The tax rate is .02 for electric consumed by manufacturers, food processors and agribusinesses.

[6] Interstate calls are exempt.

[7] Motor Vehicle Dealer -- **House Bill 163, effective August, 1999, requires Motor Vehicle Dealers who self-finance any sale of a motor vehicle to a retail buyer without charging interest** to file an original surety bond in the principal sum of \$25,000 with the Division of Revenue.

REPORTING OF NEW HIRES

Delaware Law requires that every employer who is required to withhold Delaware income tax from its employees is also required to report the hiring of new employees to the Division of Child Support Enforcement. The report must be made within 20 days of hiring the new employee(s) and must contain the name, address and social security of the employee and the name, address and federal employer identification number of the employer. The report may be made using federal form W-4 or an equivalent form of your choice. The report may be in paper and mailed to Division of Child Support Enforcement, New Hire Reporting, P.O. Box 913, New Castle, DE 19720, faxed to (302) 577-4873 or E-mail to: newhires@state.de.us. Reports may be made by electronic or magnetic media and a multistate employer may elect to report to one state. For more information concerning multistate or magnetic filing, call the Division of Child Support Enforcement at (302) 577-7171. Contact the Customer Service Unit at (302) 369-2160 for specific questions.

UNEMPLOYMENT INSURANCE

In addition to registering as an employer with the Division of Revenue, all employers must file Form UC-1 with the State of Delaware, Department of Labor. Employers are required to pay unemployment insurance taxes with respect to any calendar year if they (a) pay wages of \$1,500 or more during any calendar quarter in that year or (b) employ at least one person for 20 days during such calendar year, each day being in a different week. If you have any questions concerning your filing requirements with the Department of Labor you may write to Department of Labor, Division of Unemployment Insurance, P.O. Box 9950, Wilmington, DE 19809 or by calling (302) 761-8484.

PLACES TO FIND ADDITIONAL INFORMATION

BUSINESS INTERNET FILING PROGRAM

The Division of Revenue has partnered with NationTax Online to provide taxpayers with an easy to use web based filing system. The Business Internet Filing System will allow registered taxpayers to file and pay their taxes over the internet. Currently you can file the following taxes: withholding, corporate tentative, "S" corporation estimated, gross receipt and excise taxes. To register for the Business Tax Internet Filing Program, go to NationTax Online www.nationtax.com and complete the easy online registration.

DIVISION OF REVENUE

The Office of Business Taxes of the Division of Revenue has a Home Page especially designed for business customers to answer questions and assist business taxpayers in obtaining a business license and meeting their filing requirements. The site also permits a business to file many business taxes using the Internet. The address is <http://www.state.de.us/revenue>. At the Division of Revenue's Home Page, select "Business Tax" from the side bar menu.

SPECIFIC CONTACTS AT DIVISION OF REVENUE:

TOPIC	CONTACT	PHONE #	E-MAIL ADDRESS
License Registration / Business Tax Forms	Patty Locklear	(302) 577-8250	plocklear@state.de.us
New Business Compliance	Selena Gardner	(302) 577-8447	sgardner@state.de.us
Business Tax Forms System Support	Elsie Rogers	(302) 577-8222	erogers@state.de.us
Business Tax Systems	David Sullivan	(302) 577-8230	dasullivan@state.de.us
Corporate Refunds /Return Processing	Shirley Gladney	(302) 577-8235	sgladney@state.de.us
Gross Receipts & Withholding Tax	Greg MacCord	(302) 577-8240	gmaccord@state.de.us
Business Electronic Funds Transfer	EFT Department	(302) 577-8231	gmaccord@state.de.us
Business Audit Bureau	Ron Kaminski	(302) 577-8445	rkaminski@state.de.us
Affiliated Finance Companies	Ron Kaminski	(302) 577-8445	rkaminski@state.de.us
Business Tax Claims for Refunds	Theresa Mau	(302) 577-8264	tmau@state.de.us
Cigarette Tax	Jeanne M. Davis	(302) 577-8448	jedavis@state.de.us
Commercial Lessor	Thomas Eopollo	(302) 577-8261	teopollo@state.de.us
Contractors & Developers	Gary Stulir	(302) 577-8266	gstulir@state.de.us
Corporate Income Tax Amended Returns	Shirley B. Deans	(302) 577-8258	sdeans@state.de.us
Petroleum Superfund Tax	Rick Jezyk	(302) 577-8265	rjezyk@state.de.us
Occupational Licenses	Elliott Johns	(302) 577-8262	ejohns@state.de.us
Other Tobacco Products	Jeanne M. Davis	(302) 577-8448	jedavis@state.de.us
Public Accommodations Tax	Gary Stulir	(302) 577-8266	gstulir@state.de.us
Public Utility Tax	Marilyn Brisco	(302) 577-8269	mbrisco@state.de.us
Realty Transfer Tax	Steve Seidel	(302) 577-8455	sseidel@state.de.us
Telecommunications	Marilyn Brisco	(302) 577-8269	mbrisco@state.de.us
Transient Retailers	Elliott Johns	(302) 577-8262	ejohns@state.de.us
Abandoned Property	Diane Breighner	(302) 577-8220	dbreighner@state.de.us
Manufacturer	Steve Seidel	(302) 577-8455	sseidel@state.de.us
Retail, General	William Kirby	(302) 577-8259	wkirby@state.de.us
Wholesale, General	William Kirby	(302) 577-8259	wkirby@state.de.us

STATE OF DELAWARE
 Mail This Copy With Remittance
 Payable To
 Delaware Division of Revenue
 P.O. Box 8995
 Wilmington, DE 19899-8995

**INITIAL
 MONTHLY
 EMPLOYER'S REPORT OF
 DELAWARE TAX WITHHELD**

DO NOT WRITE OR STAPLE IN THIS AREA **089 OR 090**

Employer Identification Number
 1 -

Social Security Number
 2 - -

FOR OFFICE USE ONLY

 Suffix

BUSINESS NAME AND ADDRESS

MAILING ADDRESS IF DIFFERENT

PAYMENT DUE DATE 15 days after end of month

PAYMENT FOR PERIOD

FROM			TO		
Month	Day	Year	Month	Day	Year

1. AMOUNT WITHHELD AND DUE FOR PERIOD	\$ _____
2. AMOUNT REMITTED	\$ _____

X AUTHORIZED SIGNATURE (I DECLARE UNDER PENALTIES OF PERJURY THAT THIS IS A TRUE, CORRECT AND COMPLETE RETURN.) _____ DATE _____ TELEPHONE NUMBER _____

STATE OF DELAWARE
 Mail This Copy With Remittance
 Payable To
 Delaware Division of Revenue
 P.O. Box 2340
 Wilmington, DE 19899-2340

**INITIAL
 QUARTERLY
 GROSS RECEIPTS
 TAX RETURN**

DO NOT WRITE OR STAPLE IN THIS AREA **028**

Employer Identification Number
 1 -

Social Security Number
 2 - -

FOR OFFICE USE ONLY
 s B
 s B
FILING PERIOD

BUSINESS NAME AND ADDRESS

MAILING ADDRESS IF DIFFERENT

BUSINESS DESCRIPTION

PAYMENT FOR QUARTER ENDING

PAYMENT DUE DATE

Last day of first month following the end of quarter

GROSS RECEIPTS

1. TOTAL GROSS RECEIPTS	\$ _____
2. LESS EXCLUSION	\$ _____
3. TAXABLE AMOUNT	\$ _____
4. GROSS RECEIPTS TAX, LINE 3 X _____ TAX RATE	= \$ _____
5. APPROVED TAX CREDITS	\$ _____
6. BALANCE DUE. SUBTRACT LINE 5 FROM LINE 4	\$ _____

X AUTHORIZED SIGNATURE (I DECLARE UNDER PENALTIES OF PERJURY THAT THIS IS A TRUE, CORRECT AND COMPLETE RETURN.) _____ DATE _____ TELEPHONE NUMBER _____

INSTRUCTIONS FOR INITIAL EMPLOYER'S REPORT OF DELAWARE TAX WITHHELD

This form is only to be used for the **FIRST** time filing of your Delaware withholding tax. Withholding returns for new employers are due on the 15th day after the end of the month. If you do not receive your pre-printed forms in time to file your second return, call the Business Master File Unit at (302) 577-8778. If you need **INFORMATION**, contact the Withholding Tax Section at (302) 577-8779.

Enter your Federal Employer Identification Number. If you have applied for a Federal Employer Identification Number and have not yet received it, either use the temporary number assigned by the Division of Revenue or write "Applied For". **Notify the Business Master File Unit at (302) 577-8778 when your number is obtained.** Enter the Business Name, Trade Name if applicable, and the mailing address for your withholding forms. Enter the beginning and ending dates of your filing period.

All filers must enter the total amount withheld for the period on Line 1. The tax is due with the filing of the return. Enter on Line 2 the amount remitted with this return. If Line 2 does not equal Line 1, please provide an explanation for the difference.

Be sure to sign and date the return and include a telephone number.

INSTRUCTIONS FOR INITIAL LICENSE TAX RETURN

This form is only to be used for **FIRST** time filing of your Delaware gross receipts or excise tax return. If you do not receive your pre-printed forms in time to file your second return, call the Business Master File Section at (302) 577-8778. If you need **INFORMATION**, call the Gross Receipts Tax Section at (302) 577-8780. **DO NOT DUPLICATE** this form. Your filing period is determined by the type of license for which you are paying the gross receipts tax. A separate Initial Gross Receipts Tax Return must be filed for each type of license acquired. Contact the Division of Revenue to receive additional Initial Gross Receipts Tax Returns.

Enter your Federal Employer Identification Number or Social Security Number, whichever is used. You should be using the **SAME** number on **ALL** of your Delaware tax returns. If you are using your Social Security Number until you receive your Federal Employer Identification Number, use that same number on both the Gross Receipts and Withholding Initial returns. **Notify the Business Master File Section at (302) 577-8778 when your Federal Employer Identification Number is obtained.** Enter the Business Name (trade name if applicable) and the address for the location for which you are paying the gross receipts tax. Please provide a mail-to address in the space provided if it is different from the location address. Provide a brief description of your business activity. Use the Detailed List of Revenue Licenses and Tax Rates chart on Pages 6 & 7 to find the tax rate and exclusion and provide the Quarter Ending Date (03/31/YY, 06/30/YY, etc). The return is due on the last day of the first month following the tax period ending e.g. the return for the tax period ending March 31, 2000 is due on April 30, 2000.

Line 1. Enter the total gross receipts for the period.

Line 2. Enter the amount of the allowable quarterly exclusion using the Rate Chart on Page 6.

Line 3. Subtract Line 2 from Line 1. This is the Taxable Amount of Gross Receipts.

Line 4. Using the Rate Chart on Page 6, determine the proper Tax Rate for your category, enter this tax rate and multiply Line 3 by this rate and enter result on Line 4.

Line 5. Enter the amount of **approved** license gross receipt credits such as New Business Facility or Travelink.

Line 6. **Balance Due. Subtract Line 5 from Line 4 and enter result on Line 6.**

Please be sure to sign, date and provide a telephone number.

SPECIAL REQUIREMENTS FOR CONTRACTORS

ALL RESIDENT AND NON-RESIDENT CONTRACTORS must complete the following check list and attach all required documentation and this form to their Combined Registration Application. Please see the instructions on the back of this form. You should also get a copy Technical Information Memorandum TIM 93-5 for contractors. If you did not receive the required forms or if you have questions, contact the Division of Revenue at (302) 577-8205.

RESIDENT CONTRACTORS

Check Off

- 1. DEPARTMENT OF LABOR FORM UC-1 (Must be completed and attached even if you do not have employees).
- 2. INDUSTRIAL ACCIDENT BOARD FORM (Must be completed and attached even if you do not have employees).
- 3. Will you subcontract? YES NO If yes, complete and attach Division of Revenue Form 5060, Statement of Contractors Awarded by General Contractors and Subcontractors. *The civil penalty for failure or refusal to comply with this section is a fine of up to \$10,000 for each occurrence.*
- 4. Are you applying for a business license for bidding purposes only? YES NO
- 5. Complete Part C of the Combined Registration Application and attach your check for the license fee.
The license fee is not required if the application is being submitted for bidding purposes only.

NON-RESIDENT CONTRACTORS

- 1. DEPARTMENT OF LABOR FORM UC-1 (Must be completed and attached even if you do not have employees).
- 2. INDUSTRIAL ACCIDENT BOARD FORM (Must be completed and attached even if you do not have employees).
- 3. Will you subcontract? YES NO If yes, complete and attach Division of Revenue Form 5060, Statement of Contractors Awarded by General Contractors and Subcontractors. *The civil penalty for failure or refusal to comply with this section is a fine of up to \$10,000 for each occurrence.*
- 4. Are you applying for a business license for bidding purposes only? YES NO
- 5. Non-resident contractors must supply a bond equal to 6% of the contract(s) totaling \$20,000 or more with this application. If you don't have a bonding requirement at this time, check the box on this line and skip item number 6. A bond is required at the time when the total of all contracts exceeds \$20,000.

6.	Name & Address of person(s) with whom you have this contract(s)	Contract Period	Contract Amount \$

Total Contracts \$ _____ x .06 = \$ _____ (Amount of Bond)

Type of Bond: Cash (Attach Form 1125-C) Surety (Attach Form 1125)

Name of Bonding Company _____ Bond Number _____ Value \$ _____

Letter of Credit Bank Name _____ (Requires Director of Revenue's approval.)

- 7. Complete Part C of the Combined Registration Application and attach your check for the license fee.
The license fee is not required if the application is being submitted for bidding purposes only.

I declare under penalties as provided by law that this application has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement.

Signature Title Date

INSTRUCTIONS FOR SPECIAL REQUIREMENTS FOR CONTRACTORS

Please start by completing the State of Delaware Combined Registration Application for State of Delaware Business License and/or Withholding Agent (Form CRA) in its entirety.

Refer to the Technical Information Memorandum 93-5 for specific requirements of Resident and Non-Resident Contractors and Real Estate Developers.

1. The statute requires that all contractors register with the Department of Labor. Form UC-1 must be completed or you must supply a Certificate of Notice issued by the Division of Unemployment Insurance to document such registration.
2. The statute also requires that you show evidence of insurance to pay Workmen's Compensation. You must supply either a copy of Page 1 of your insurance policy **OR** the name, address, and policy number of your carrier **OR** a copy of Form 22 issued by the Industrial Accident Board which certifies your ability to make direct payments of workmen's compensation. Even if you do not have employees, the Division of Industrial Affairs form is required.
3. Every architect, professional engineer, contractor, or construction manager must file with the Division of Revenue a statement of the total value of any contract or subcontract entered into with a non-resident of the State of Delaware within ten (10) days of entering into such contracts. This statement, Form 5060, must include the names and addresses of the contracting parties. The civil penalty for failure or refusal to comply with this section is a fine of up to \$10,000 for each such occurrence.
4. Non-Resident Contractors are required to obtain a bond equal to six percent (6%) of the contract amount for all single contracts/subcontracts exceeding \$20,000 or when the aggregate of two or more contracts/subcontracts in a calendar year total \$20,000 or more. Form 1125, Non-Resident Contractor Bond, may be used to fulfill this bonding requirement. The Division of Revenue will accept an alternative bond form supplied by your bonding company or cash bonds on any contract amount. The contractor's bond must be filed **before** construction commences on any contract for which a bond is required.

Bonds will be released at the completion of the contract and after a verification that all State tax liabilities have been met. The following information must be supplied at the time of making the request for the release of the bond or a request for a refund of a cash bond.

1. A copy of the contract award.
 2. Date construction commenced.
 3. Date construction ended.
 4. A schedule by month of payments received.
 5. A list of persons (resident and non-resident), with social security numbers, employed at the construction site.
 6. A Schedule by month of the wages paid to the persons referenced in item #5.
5. If this application is for bidding purposes only, please check the box on line four.
 6. Be sure to include your license fee. Your fee is proratable for your initial year, based on what month of the year your business will begin. Only one license fee is required regardless of the number of locations a contractor may have. If you are engaged in any activity other than contracting as described in the Technical Memorandum, you may be required to obtain a separate business license for that activity. The license fee is not required if the application is being submitted for bidding purposes only.
 7. Real Estate Development involves the acquisition of land (raw or improved), the building of structures thereon and the sale of the land with structures to a customer. Persons engaged in the business of a Real Estate Developer are subject to the licensing requirements as a contractor and must complete this form. Contractors are permitted to reduce their gross receipts by amounts paid to subcontractors and Real Estate Developers are permitted to further reduce such receipts by expenses incurred in the development of realty (see Technical Information Memorandum 93-5 for details)

BE SURE TO SIGN THE STATEMENT AT THE BOTTOM ON THE COMBINED REGISTRATION APPLICATION AND THE CONTRACTORS FORM.

**IMPORTANT INFORMATION FROM THE
DELAWARE ECONOMIC DEVELOPMENT OFFICE
AND YOUR LOCAL
CHAMBERS OF COMMERCE**

The Delaware Economic Development Office (DEDO) is the state agency responsible for Delaware's business and tourism development efforts. The DEDO staff works to encourage the retention and expansion of existing businesses and the recruitment of new businesses to Delaware. DEDO can provide existing and new businesses with a range of services including technical assistance, financing, exporter assistance, permitting assistance, employee training and statistical data. For more information, contact DEDO at 99 Kings Highway, P.O. Box 1401, Dover, Delaware 19903 302/739-4271.

Chambers of Commerce also provide a wide array of services for businesses. Use the following listing to contact the State, County or Local Chambers for information.

DELAWARE CHAMBERS OF COMMERCE

NEW CASTLE COUNTY

Delaware State
Chamber of Commerce
1201 N. Orange Street, Ste. 200
PO Box 671
Wilmington DE 19899-0671
302/655-7221
800/292-9507

Middletown Area
Chamber of Commerce
P.O. Box 1
Middletown DE 19709-0001
302/378-7545

New Castle County
Chamber of Commerce
County Commerce Office Park
P.O. Box 11247
Wilmington DE 19850
302/737-4343

KENT COUNTY

Central Delaware
Chamber of Commerce
Suite 2-A
9 East Loockerman Street
Dover DE 19901
or
P.O. Box 576
Dover DE 19903-0576
302/734-7513

Greater Milford
Chamber of Commerce
11 S. DuPont Blvd.
PO Box 805
Milford DE 19963-0805
302/422-3344

SUSSEX COUNTY

Bethany-Fenwick Area
Chamber of Commerce
P.O. Box 1450
Bethany Beach DE 19930-1450
302/539-2100
800/962-7873

Delmar
Chamber of Commerce
PO Box 416
Delmar DE 19940-0416
302/846-3336

Greater Georgetown
Chamber of Commerce
P.O. Box 1
Georgetown DE 19947-0001
302/856-1544

Greater Millsboro
Chamber of Commerce
P.O. Box 187
Millsboro DE 19966-0187
302/934-6777

Greater Seaford
Chamber of Commerce
P.O. Box 26
Seaford DE 19973-0026
302/629-9690

SUSSEX COUNTY

Laurel
Chamber of Commerce
P.O. Box 696
Laurel DE 19956-0696
302/875-9319

Lewes
Chamber of Commerce &
Visitors Bureau
P.O. Box 1
Lewes DE 19958-0001
302/645-8073

Milton
Chamber of Commerce
210 Union Street
P.O. Box 526
Milton DE 19968
302/684-1101
302/684-2509 (FAX)

Rehoboth-Dewey
Chamber of Commerce
501 Rehoboth Avenue
P.O. Box 216
Rehoboth Beach DE 19971-0216
302/227-2233
800/441-1329

Selbyville
Chamber of Commerce
P.O. Box 1150
Selbyville DE 19975-1150
302/436-5526