

**1108 Final Franchise Tax Report Federal Savings Banks Not Headquartered in Delaware**  
**5 Del.C. Ch. 11**

Effective Date: October 11, 2020

This report shall be completed by any federal savings bank not headquartered in this State but maintaining branches in this State and submitted to the Office of the State Bank Commissioner on or before January 30. Income reported is for the previous calendar year. Instructions for the preparation of this report are found in Regulation 1106.

Name of Federal Savings Bank	Tax Year
Location	Federal Employer Identification Number
	<u>Rounded to the nearest thousand \$</u>
1. Net Operating Income Before Taxes verifiable by documentary evidence	_____
2. Less: Interest income from obligations of volunteer fire companies	_____
3. Taxable income before taxes (subtract item 2 from item 1)	_____
4. Subtotal annual franchise tax liability (before tax credits)	
Calculation Table:	
First \$20,000,000 of item 3 at 8.7%	_____
Next \$ 5,000,000 of item 3 at 6.7%	_____
Next \$ 5,000,000 of item 3 at 4.7%	_____
Next \$620,000,000 of item 3 at 2.7%	_____
Amount of item 3 over \$650,000,000 at 1.7%	_____
Subtotal	_____
5. Less: Total employment tax credits (calculated in accordance with Regulation 1109, completed worksheet attached hereto)	_____
6. Less: Travelink tax credits (calculated in accordance with Department of Transportation Travelink tax credit reporting requirements, completed worksheet attached hereto)	_____

7. Less: Historic Preservation Tax Credits (calculated in accordance with the Office of Historic Preservation tax credit reporting requirements. Certificate of Completion attached. Certificate of Transfer attached if credits have been transferred, sold or assigned to the taxpayer by another person.) \_\_\_\_\_
8. Less: Other applicable tax credit(s) [attach supporting schedule identifying the credit(s)] \_\_\_\_\_
9. Total annual franchise tax liability  
(subtract items 5, 6, 7 and 8 from item 4) \_\_\_\_\_
10. Less: Estimated tax payments
- a. June 1 payment \$ \_\_\_\_\_
- b. September 1 payment \_\_\_\_\_
- c. December 1 payment \_\_\_\_\_
- d. Total estimated tax payments  
(add items 10a, 10b and 10c) \_\_\_\_\_
11. March 1 final tax payment  
(subtract item 10d from item 9) \_\_\_\_\_
12. Additional tax due to underpayment of estimated franchise tax or installment (if applicable) \_\_\_\_\_
13. Penalty for late payment of final franchise tax (if applicable) \_\_\_\_\_
14. Total final tax payment  
(add items 11, 12 and 13) \$ \_\_\_\_\_

I, the undersigned officer, hereby certify that this report, including any accompanying schedules and statements, has been prepared in conformance with the appropriate instructions and is true and correct to the best of my knowledge and belief.

_____	_____	_____
Date	Signature of President, Treasurer or Other Proper Officer	Title
	_____	_____
	Print Name	Phone No.
	_____	
	_____	
	_____	
	Print Address	

Mail Completed Form To:  
Office of the State Bank Commissioner  
1110 Forrest Avenue  
Dover, DE 19904

**5 DE Reg. 660 (09/01/01)**  
**20 DE Reg. 654 (02/01/17)**  
**24 DE Reg. 390 (10/01/20)**