

**1107 Estimated Franchise Tax Report Federal Savings Banks Not Headquartered in Delaware**  
 5 Del.C. Ch. 11

Formerly Regulation No.: 5.1101etal.0006

Effective Date: ~~September 11, 2004~~ **[Proposed February 11, 2017]**

This report shall be completed by any federal savings bank not headquartered in this State but maintaining branches in this State with an estimated tax liability in excess of \$10,000 in any given year. The completed report is to be filed in the Office of the State Bank Commissioner on or before March 1 of the current year. Instructions for the preparation of this report are found in Regulation 1106 (formerly 5.1101etal.0005).

Name of Federal Savings Bank	Tax Year
Location	Federal Employer Identification Number
	<u>Rounded to the nearest thousand \$</u>
1. Estimated net operating income before taxes	_____
2. Less: Interest income from obligations of volunteer fire companies	_____
3. Estimated taxable income before taxes (subtract item 2 from item 1)	_____
4. Estimated 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 No. 1109 (formerly 5.1105.0008), 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. 9. Estimated total annual franchise tax liability (subtract items 5, 6 and 7 and 8 from item 4)

\_\_\_\_\_

9. 10. Payment Structure and Dates

\$ Amount

June 1 40% of estimate due

\_\_\_\_\_

September 1 20% of estimate due

\_\_\_\_\_

December 1 20% of estimate due

\_\_\_\_\_

March 1 (of succeeding year) Final payment

\_\_\_\_\_

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  
555 E. Loockerman Street, Suite 210  
Dover, DE 19901

**See 5 DE Reg. 659 (09/01/01)**