Appendix K: Lockbox Remittance Examples
Contract Number: TRE18101-BANKINGSRVC

A. Corporations Lockbox
B. Unemployment Insurance Lockbox
C. Training Tax Lockbox
Appendix K: Lockbox Remittance Examples

Contract Number: TRE18101-BANKINGSRVC

A. Corporations Lockbox
STATE OF DELAWARE
1ST ESTIMATED TAX NOTICE

DO NOT ALTER FILE NUMBER

FILE NUMBER
NAME

TAX YEAR
PHONE NUMBER

TAX PENALTY INTEREST FILING FEE CHECK CHARGE PREV. BAL. OR CR. TOTAL BAL. DUE

AMT. DUE IF REC'D BY
Jun 1, 2017
AMT. DUE IF REC'D BY
Jul 1, 2017
AMT. DUE IF REC'D BY
Aug 1, 2017
AMT. DUE IF REC'D BY

Due on or before
Jun 1, 2017

MAKE CHECK PAYABLE TO:
DELAWARE SECRETARY OF STATE

CHECK NO. AMOUNT ENCLOSSED

PLEASE REMIT INVOICE WITH PAYMENT

FRANCHISE TAX TENTATIVE RETURN
ESTIMATED TAX STATEMENT
STATE OF DELAWARE

ALL CORPORATIONS WHOSE TAX FOR THE PREVIOUS YEAR IS $5,000 OR MORE, MUST PAY ESTIMATED INSTALLMENTS BASED ON THE PRIOR YEAR'S ASSESSMENT.

Payments must be received on or before the due date. The first installment due June 1 is 40% of the assessment, the September 1 and December 1 installments are 20% each.

If the tax of a corporation remains unpaid after the due date, the tax shall bear interest at the rate of 1.5% on the unpaid balance until fully paid.

Do not alter pre-printed information on statement. If any information is incorrect, please contact the Delaware Franchise Tax Section at 302-739-3073.

Please mail statement along with your payment to State of Delaware, Division of Corporations, P.O. Box 5509 Binghamton, NY 13902-5509. Overnight deliveries can be made to JPMorgan Chase, 33 Lewis Road, Binghamton, NY 13905 ATTN: State of Delaware-Division of Corporations-5509

DO NOT WRITE IN THIS SPACE - FOR BANK USE ONLY
STATE OF DELAWARE
2ND ESTIMATED TAX NOTICE

DO NOT ALTER FILE NUMBER

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AMT. DUE IF REC'D BY Sep 1, 2017 AMT. DUE IF REC'D BY Oct 1, 2017 AMT. DUE IF REC'D BY Nov 1, 2017 AMT. DUE IF REC'D BY

Due on or before Sep 1, 2017

REGISTERED AGENT 9121151
CORP1, INC.
28 OLD RUDNICK LN
DOVER, DE 19901

MAKE CHECK PAYABLE TO:
DELAWARE SECRETARY OF STATE

CHECK NO. AMOUNT ENCLOSED

PLEASE REMIT INVOICE WITH PAYMENT

090117 5173910 016285180 0 1

FRANCHISE TAX TENTATIVE RETURN
ESTIMATED TAX STATEMENT
STATE OF DELAWARE
ALL CORPORATIONS WHOSE TAX FOR THE PREVIOUS YEAR IS $5,000 OR MORE, MUST PAY ESTIMATED INSTALLMENTS BASED ON THE PRIOR YEAR’S ASSESSMENT.

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DO NOT WRITE IN THIS SPACE - FOR BANK USE ONLY
# STATE OF DELAWARE
## 3RD ESTIMATED TAX NOTICE

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**AMT. DUE IF REC'D BY**
- Dec 1, 2017
- Jan 1, 2018
- Feb 1, 2018

**Due on or before Dec 1, 2017**

**MAKE CHECK PAYABLE TO:**
DELAWARE SECRETARY OF STATE

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**REGISTERED AGENT 9069971**
DELAWARE CORPORATE SERVICES INC.
901 N MARKET ST STE 705
WILMINGTON, DE 19801

---

**FRANCHISE TAX TENTATIVE RETURN**
**ESTIMATED TAX STATEMENT**
**STATE OF DELAWARE**

ALL CORPORATIONS WHOSE TAX FOR THE PREVIOUS YEAR IS $5,000 OR MORE, MUST PAY ESTIMATED INSTALLMENTS BASED ON THE PRIOR YEAR'S ASSESSMENT.

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---

Do not alter pre-printed information on statement. If any information is incorrect, please contact the Delaware Franchise Tax Section at 302-739-3073.

Please mail statement along with your payment to State of Delaware, Division of Corporations, P.O. Box 5509 Binghamton, NY 13902-5509. Overnight deliveries can be made to JPMorgan Chase, 33 Lewis Road, Binghamton, NY 13905 ATTN: State of Delaware-Division of Corporations-5509

---

**DO NOT WRITE IN THIS SPACE - FOR BANK USE ONLY**
STATE OF DELAWARE  L.P. TAX NOTICE

DO NOT ALTER FILE NUMBER

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<th>TAX YEAR</th>
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AMT. DUE IF REC'D BY:  
Jun 1, 2017

*  

AMT. DUE IF REC'D BY:  
Jul 1, 2017

*  

AMT. DUE IF REC'D BY:  
Aug 1, 2017

*  

AMT. DUE IF REC'D BY:  
Sep 1, 2017

MAK3 CHECK PAYABLE TO:  
DELAWARE SECRETARY OF STATE

REGISTERED AGENT 9008413  
INCORPORATING SERVICES, LTD.  
3500 S DUPONT HWY  
DOVER, DE 19901

CHECK NO.  
AMOUNT ENCLOSED  
PLEASE REMIT INVOICE WITH PAYMENT

4  060117  2183898  000030000  0  9

THIS IS THE ONLY NOTICE YOU WILL RECEIVE!

Every domestic or foreign limited partnership and every domestic or foreign limited liability company and every domestic or foreign general partnership shall pay an annual tax in the amount of $300.00 due on or before June 1 each year pursuant to Title 6 of the Delaware Code. Payments are considered timely if received (not postmarked) by June 1 (regardless of whether this date falls on the weekend).

If the tax of a limited partnership/limited liability company/general partnership remains unpaid after the due date, a penalty of $200.00 shall be assessed and both the tax and penalty shall bear interest at the rate of 1.5% per month or portion thereof until fully paid. Pursuant to Delaware Corporation Law, there is no provision for a waiver of penalty and interest. An unpaid balance as of June 1 causes the limited partnership/limited liability company/general partnership to cease to be in good standing.

Return ORIGINAL invoice and payment to Delaware Division of Corporations, P.O. Box 5509, Binghamton, NY 13902-5509. Overnight deliveries can be made to JPMorgan Chase, 33 Lewis Road, Binghamton, NY 13905, Attn: State of Delaware-Division of Corporations-5509 or remit payment online at corp.delaware.gov between 8:00 am - 11:45 pm Eastern Time.

MAKE CHECKS PAYABLE TO THE DELAWARE SECRETARY OF STATE. A MAXIMUM OF 25 COUPONS PER CHECK WILL BE ACCEPTED.

DO NOT WRITE IN THIS SPACE - FOR BANK USE ONLY
PAY ONLINE AT www.corp.delaware.gov

STATE OF DELAWARE
DELIBUENT L.L.C. TAX NOTICE

DO NOT ALTER FILE NUMBER

<table>
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<th>NAME</th>
<th>TAX YEAR</th>
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AMT. DUE IF REC'D. BY | AMT. DUE IF REC'D. BY | AMT. DUE IF REC'D. BY | AMT. DUE IF REC'D. BY
Jul 1, 2017 | Aug 1, 2017 | Sep 1, 2017 | Oct 1, 2017

* * *

REGISTERED AGENT 9246740
DELAWARE INTERCORP, LLC
113 BARKSDALE PROFESSIONAL CTR
NEWARK, DE 19711-3258

MAKE CHECK PAYABLE TO:
DELWARE SECRETARY OF STATE

CHECK NO. AMOUNT ENCLOSED

PLEASE REMIT INVOICE WITH PAYMENT

7 070117 2974850 000050750 0 9

THIS IS THE ONLY NOTICE YOU WILL RECEIVE!

Every domestic or foreign limited partnership and every domestic or foreign limited liability company and every domestic or foreign general partnership shall pay an annual tax in the amount of $300.00 due on or before June 1 each year pursuant to Title 6 of the Delaware Code. Payments are considered timely if received (not postmarked) by June 1 (regardless of whether this date falls on the weekend).

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MAKE CHECKS PAYABLE TO THE DELAWARE SECRETARY OF STATE. A MAXIMUM OF 25 COUPONS PER CHECK WILL BE ACCEPTED.

DO NOT WRITE IN THIS SPACE - FOR BANK USE ONLY
Appendix K: Lockbox Remittance Examples
Contract Number: TRE18101-BANKINGSRVC

B. Unemployment Insurance Lockbox
GENERAL INSTRUCTIONS

This tax package contains the necessary forms and instructions to file your quarterly Unemployment Insurance Tax Reports. Reports should contain wage data for one quarter only. If you need report forms for other periods or if you need to make corrections to previously submitted reports call the Division of Unemployment Insurance at (302) 761-8482 to obtain the necessary forms.

USE OF INFORMATION

In accordance with 20 CFR Part 603, wage information and other confidential unemployment insurance information may be requested and utilized for other governmental purposes, including, but not limited to, verification of an Individual’s eligibility under other government programs.

CHANGE REPORT UC-8C

This form must be used to ensure that changes in status or corrections to pre-printed information are properly recorded. DO NOT MAKE CHANGES DIRECTLY TO PRE-PRINTED INFORMATION ON TAX REPORTS. Return with tax forms only if changes are required.

PAYMENT COUPON

To ensure proper credit for payment, write your account number on the check and write the amount enclosed in the space provided. Return with tax forms in the envelope provided.

QUARTERLY TAX REPORT UC-8

Complete UC-8A before completing UC-8.

Line 1  For each month, report the number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month.

Line 2  Enter Gross Covered Wages (Total from UC-8A). If you had no covered wages this quarter enter 0 (zero) on UC-8. Line 2, sign and return.

Line 3  Enter the amount included in Line 2 which represents wages in excess of the taxable wage base ($16,500.00 annually) paid to each employee.

Line 4  Enter taxable wages. (Line 2 minus Line 3).

Line 5  Multiply taxable wages by your tax rate.

Line 6  Enter only credits that have been approved by the Division. Credits taken cannot exceed the tax due.

Line 7  Enter net tax due.

Line 8  Late payments are subject to interest charges at the rate of 18% per year from the due date. Calculate interest due as follows: \[ \text{NET TAX DUE \times .015 \times MONTHS PAST DUE} \]

Line 9  Enter penalty for late reporting as provided by law.

Line 10  Payment due must equal the Total of Lines 7, 8 and 9.

IMPORTANT: THIS REPORT MUST BE SIGNED BY EMPLOYER OR OTHER DUTY AUTHORIZED REPRESENTATIVE.

QUARTERLY PAYROLL REPORT UC-8A

This form is used to report Gross Covered Wages for all employees. "Wages" is defined as all remuneration for personal services including commissions, tips, bonuses (excluding any attendance bonus paid during or incident to any period of unemployment), dismissal payments, holiday pay and the cash value of all remuneration in any medium other than cash. If you are an approved MAGNETIC TAPE filer check the block and return blank form.

CORPORATE OFFICERS

Effective 96-1, regardless of ownership interest, wages from employment earned by officers are subject to the state unemployment insurance tax.

FORM COMPLETION

1. Report wages for this quarter only. DO NOT INCLUDE NEGATIVE WAGES.
2. All columns must be completed or form will not be processed.
3. If there is not enough space to list all employees on this form use additional pages. Continuation forms will be provided upon request or you may supply your own forms. Forms must include Employer Name, Account Number, Yr/Qtr, Employee Name, Social Security Number and Gross Covered Wages.
4. Each page should be totaled and the total of all additional pages should be entered on Line 32 of form UC-8A.
5. Add line 31 and 32 and enter Grand Total on Line 33 and on form UC-8 Line 2.
STATE OF DELAWARE UNEMPLOYMENT INSURANCE
Use this form to report changes in status or corrections to pre-printed information

DELWARE DEPARTMENT OF LABOR
DIVISION OF UNEMPLOYMENT INSURANCE
P.O. BOX 41785
PHILADELPHIA, PA 19101-1785

☐ Covered employment was permanently discontinued on __________________________ Date

☐ Operations were permanently discontinued on __________________________ Date

☐ Business reorganized effective __________________________ Date

☐ Business sold on __________________________ Date

☐ Name change/correction ______________________________________________________

☐ Telephone number ( ) __________________________

☐ Mailing Address ____________________________________________________________

__________________________________________ (OUTSIDE REPRESENTATIVE MUST FILE A POWER OF ATTORNEY)

☐ Change in ownership interest _______________________________________________

Please explain ______________________________________________________________

☐ If the Federal ID shown, is incorrect, please print correct number here. __________________________

X __________________________

Signature of owner or duly authorized representative

Title __________________________ Date

CHANGE REPORT
READ INSTRUCTIONS ON INSIDE COVER BEFORE COMPLETING THIS REPORT

DO NOT USE THIS REPORT TO MAKE CORRECTIONS

STATE OF DELAWARE UNEMPLOYMENT INSURANCE

Reporting Period (Yr /Qtr)
Due Date
Account No.
Federal ID Number
Tax Rate

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>1st Month</th>
<th>2nd Month</th>
<th>3rd Month</th>
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<tbody>
<tr>
<td>1</td>
<td>For each month, report the number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>Gross covered wages paid this quarter (Enter total from UC-8A, line 33.) If you had no covered wages this quarter, enter 0, sign and return</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess wages (Wages included in line 2 that exceed $16,500 annually per employee)</td>
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<td></td>
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<tr>
<td>4</td>
<td>Taxable Wages (Line 2 less line 3)</td>
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<tr>
<td>5</td>
<td>Tax due (Multiply line 4 by )</td>
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<td></td>
</tr>
<tr>
<td>6</td>
<td>Approved credit (See instructions.)</td>
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<tr>
<td>7</td>
<td>Net tax due (Line 5 less line 6)</td>
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<td></td>
</tr>
<tr>
<td>8</td>
<td>Interest (See instructions.)</td>
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<tr>
<td>9</td>
<td>Penalty ($17.25 for late reporting)</td>
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<tr>
<td>10</td>
<td>Payment due (Total of lines 7, 8 and 9)</td>
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I certify, to the best of my knowledge, this report and the attached payroll reports are true and correct.

X. ________________________________
   Signature of owner or duly authorized representative

Title ________________________________
Date ________________________________

QUARTERLY TAX REPORT

Make check payable to:
Delaware Unemployment Compensation Fund (DUCF)

Write account number on check and return with Payment Coupon to:
Delaware Department of Labor
Div. of Unemployment Insurance
P.O. Box 41785
Philadelphia, PA 19101-1785

AGENCY COPY
STATE OF DELAWARE UNEMPLOYMENT INSURANCE

Reporting Period (Yr/Qtr)
Due Date
Account No.
Federal ID Number

☐ IF YOU ARE AN APPROVED MAGNETIC MEDIA FILER, CHECK BOX AND RETURN THIS FORM. NO FURTHER ENTRIES ARE REQUIRED.

<table>
<thead>
<tr>
<th>Employee Social Security Number</th>
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<th>Gross Covered Wages</th>
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<td>33 GRAND TOTAL</td>
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AGENCY COPY

QUARTERLY PAYROLL REPORT

DO NOT USE THIS REPORT TO FILE CORRECTIONS.
Appendix K: Lockbox Remittance Examples
Contract Number: TRE18101-BANKINGSRVC

C. Training Tax Lockbox
<table>
<thead>
<tr>
<th>POSTING DATE</th>
<th>DESCRIPTION</th>
<th>ACCOUNT NO.</th>
<th>CHARGES (DOLLARS)</th>
<th>PAYMENT &amp; CREDITS (DOLLARS)</th>
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<td>ASSESSMENT</td>
<td>17-2</td>
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<td>5.70</td>
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<td>8/18/2017</td>
<td>PAYMENT</td>
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<td>11/6/2017</td>
<td>ASSESSMENT</td>
<td>17-3</td>
<td>2.41</td>
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PREVIOUS BALANCE $ 5.70

-PAYMENT & CREDITS $ 5.70

+CHARGES $ 5.48

AMOUNT DUE $ 5.48

TO INSURE PROPER CREDIT RETURN THIS PORTION WITH PAYMENT

PAYMENT COUPON

2008052001810010000005484

ACCOUNT NUMBER: [Redacted]
DUE DATE: 1/31/2018
AMOUNT DUE: [Redacted]
AMOUNT ENCLOSED: [Redacted]

MAKE CHECK PAYABLE TO DELAWARE EMPLOYMENT TRAINING FUND (DETF).

MAIL PAYMENT TO:
DELAWARE DEPARTMENT OF LABOR
EMPLOYMENT TRAINING FUND TAX
P.O. BOX 41780
PHILADELPHIA, PA 19101-1780

AUTO**-5-DIGIT 19103