

# Appendix I: Lockbox Remittance Examples

Contract Number: TRE28101-BANKINGSRVC

- A. Corporations Lockbox
- B. Unemployment Insurance Lockbox
- C. Training Tax Lockbox

# Appendix I: Lockbox Remittance Examples

Contract Number: TRE28101-BANKINGSRVC

## A. Corporations Lockbox

**2025 STATE OF DELAWARE 1ST ESTIMATED TAX NOTICE**

DO NOT ALTER FILE NUMBER

FILE NUMBER 002429554	NAME ADRENALIN ATTRACTIONS INC.					TAX YEAR 2025	PHONE NUMBER
TAX \$34,066.00	PENALTY	INTEREST	FILING FEE	CHECK CHARGE	PREV. BAL. OR CR. \$86,645.48	TOTAL BAL. DUE \$120,711.48	
AMT. DUE IF RECD. BY \$	1-Jun-25 \$123,272.44	AMT. DUE IF RECD. BY \$	1-Jul-25 \$125,063.91	AMT. DUE IF RECD. BY \$	1-Aug-25 \$126,855.38	AMT. DUE IF RECD. BY	

Registered Agent 9216365  
State of Delaware  
Division of Corporations  
PO Box 5509  
Binghamton, NY 13902-5509

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

CHECK NO.	AMOUNT ENCLOSED
	\$

PLEASE REMIT INVOICE WITH PAYMENT

1 060125 002429554 012071148 0 8

Due on or before **1-Jun-25**

**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 1st is 40% of the assessment, the September 1st and December 1st 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 the pre-printed information on the statement. If any information is incorrect, please contact the Delaware Franchise Tax Section at 302-739-3073

Please mail the statement along with your payment to the State of Delaware - Delaware Division of Corporations, P.O. Box 5509, Binghamton, NY 13902-5509. Overnight/Courier Mailing Address: JPMorgan Chase, 33 Lewis Road, Binghamton, NY 13905, ATTN: State of Delaware - Division of Corporations - 5509.

**DO NOT WRITE BELOW THIS LINE - FOR BANK USE ONLY**

STATE OF DELAWARE 2ND ESTIMATED TAX NOTICE

DE FILE NUMBER 006844675	NAME CUBRIO INC.					TAX YEAR 2024
TAX 84249.00	PENALTY 0.00	INTEREST 0.00	FILING FEE 0.00	CHECK CHARGE 0.00	PREV BAL. OR CR. 146942.69	TOTAL BAL DUE 231191.69
AMT. DUE IF RECD. BY: Sep 01, 2024 240046.85		AMT. DUE IF RECD. BY: Oct 01, 2024 243419.81		AMT. DUE IF RECD. BY: Nov 01, 2024 246792.77		AMT. DUE IF RECD. BY:

State of Delaware  
 Division of Corporations  
 P.O. Box 5509  
 Binghamton, NY 13902-5509

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

CHECK NO.	AMOUNT ENCLOSED
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PLEASE REMIT INVOICE WITH PAYMENT

1 090124 006844675 023119100 0 5

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 ESTIMATED TAX STATEMENT  
 STATE OF DELAWARE**

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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.

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Overnight deliveries can be made to: Attn: State of Delaware-Division of Corporations-5509, JPMorgan Chase, 33 Lewis Road, Binghamton, NY 13905.

DO NOT WRITE IN THIS SPACE - FOR BANK USE ONLY

**STATE OF DELAWARE DELINQUENT TAX NOTICE**

DO NOT ALTER FILE NUMBER

FILE NUMBER 4915584	NAME R3 ENERGY INVESTMENT MANAGEMENT, LLC				TAX YEAR 2019	PHONE NUMBER
TAX 300.00	PENALTY 200.00	INTEREST 7.50	FILING FEE	CHECK CHARGE	PREV. BAL. OR CR.	TOTAL BAL. DUE 507.50
AMT. DUE IF RECD. BY 1-Jul-20	AMT. DUE IF RECD. BY 1-Oct-20	AMT. DUE IF RECD. BY 1-Nov-20	AMT. DUE IF RECD. BY 1-Dec-20			
\$ 507.50	\$ 515.00	\$ 522.50	\$ 530.00			

Registered Agent 9000010  
State of Delaware  
Division of Corporations  
PO Box 5509  
Binghamton, NY 13902-5509

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

CHECK NO.	AMOUNT ENCLOSED
	\$

PLEASE REMIT INVOICE WITH PAYMENT

7 070120 4915584 000050750 0 7

Due on or before **1-Jul-20**

**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**

**STATE OF DELAWARE  
3RD ESTIMATED TAX NOTICE**

DO NOT ALTER FILE NUMBER

FILE NUMBER 006920560	NAME ADAPT NATURALS INC.					TAX YEAR 2024	PHONE NUMBER
TAX 6,932.00	PENALTY 0.00	INTEREST 0.00	FILING FEE 0.00	CHECK CHARGE 0.00	PREV. BAL. OR CR. 3,466.00 CR	TOTAL BAL. DUE 3,466.00	
AMT. DUE IF RECD. BY Dec 1, 2024 3,544.00		AMT. DUE IF RECD. BY Jan 1, 2025 3,595.99		AMT. DUE IF RECD. BY Feb 1, 2025 3,647.98		AMT. DUE IF RECD. BY	

Due on or before **Dec 1, 2024**

STATE OF DELAWARE  
DIVISION OF CORPORATIONS  
P.O. BOX 5509  
BINGHAMTON, NY 13902-5509

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

CHECK NO.	AMOUNT ENCLOSED
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PLEASE REMIT INVOICE WITH PAYMENT

1 120124 006920560 0003466000 4

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

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Overnight deliveries can be made to: Attn: State of Delaware-Division of Corporations-5509, JPMorgan Chase, 33 Lewis Road, Binghamton, NY 13905.

DO NOT WRITE IN THIS SPACE - FOR BANK USE ONLY

**PAY ONLINE AT [corp.delaware.gov](http://corp.delaware.gov)  
STATE OF DELAWARE  
L.P. TAX NOTICE**

DO NOT ALTER FILE NUMBER

FILE NUMBER 002330637		NAME B&B INVESTORS CAPITAL LP				TAX YEAR 2024	PHONE NUMBER
TAX 300.00	PENALTY 0.00	INTEREST 0.00	FILING FEE 0.00	CHECK CHARGE 0.00	PREV. BAL. OR CR. 0.00	TOTAL BAL. DUE 300.00	
AMT. DUE IF RECD. BY 6/1/2025 300.00		AMT. DUE IF RECD. BY 7/1/2025 507.50		AMT. DUE IF RECD. BY 8/1/2025 515.00		AMT. DUE IF RECD. BY 9/1/2025 522.50	

State of Delaware  
Division of Corporations  
PO Box 5509  
Binghamton NY 13902-5509

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

CHECK NO.	AMOUNT ENCLOSED

PLEASE REMIT INVOICE WITH PAYMENT

4 060125 002330637 000030000 0 3

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DO NOT WRITE IN THIS SPACE – FOR BANK USE ONLY

SOSTN

**PAY ONLINE AT corp.delaware.gov**

**STATE OF DELAWARE**

**G.P. TAX NOTICE**

DO NOT ALTER FILE NUMBER

FILE NUMBER 003504906		NAME PIKE DEW JV GP				TAX YEAR 2024	PHONE NUMBER
TAX 300.00	PENALTY 0.00	INTEREST 0.00	FILING FEE 0.00	CHECK CHARGE 0.00	PREV. BAL. OR CR. 0.00	TOTAL BAL. OR CR. 300.00	
AMT. DUE IF RECD. BY 300.00 Jun 1, 2025	AMT. DUE IF RECD. BY 507.50 Jul 1, 2025		AMT. DUE IF RECD. BY 515.00 Aug 1, 2025		AMT. DUE IF RECD. BY 522.50 Sep 1, 2025		

State of Delaware  
 Division of Corporations  
 PO Box 5509  
 Binghamton NY 13902-5509

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

CHECK NO.	AMOUNT ENCLOSED

PLEASE REMIT INVOICE WITH PAYMENT

8 060125 003504906 000030000 0 6

**THIS IS THE ONLY NOTICE YOU WILL RECEIVE!**

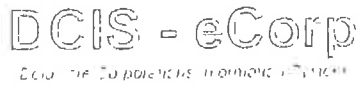
Every domestic or foreign limited partnership and every domestic or foreign limited liability company and every domestic or foreign general partnership shall pay an annual tax in the amount of \$300.00 due on or before June 1 each year pursuant to Title 6 of the Delaware Code. Payments are considered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

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**DO NOT WRITE IN THIS SPACE – FOR BANK USE ONLY**



Department of State - Division of Corporations

Troubleshooting Errors

Tax Filing Information

LP/LLC/GP Tax - Filing Information

File Number: 3097913
Name: FAIRFIELD NEWPORT JV LLC
Tax Year: 2024

Agent Number: 9000014
Agent Name: CORPORATION SERVICE COMPANY
Address: 251 LITTLE FALLS DRIVE
City: WILMINGTON
State: DE
Zip Code: 19808

Table with 6 columns: Tax Year, LP/LLC/GP Tax, Penalty, 1.5% Monthly Interest, Previous Credit/Balance, Amount Due. Row 1: 2024, \$300.00, \$0.00, \$0.00, \$0.00, \$300.00. Row 2: Total, \$300.00.

Exit

Pay Taxes

For help filing your annual report, call 302-739-3073, Option 3, or click below



https://dcis.corp.delaware.gov/ecorp/FranchiseTax/LlcFiling.aspx?eld=250423153932732

# Appendix I: Lockbox Remittance Examples

Contract Number: TRE28101-BANKINGSRVC

## B. Unemployment Insurance Lockbox

FROM  
DELAWARE DEPARTMENT OF LABOR  
DIVISION OF UNEMPLOYMENT INSURANCE  
P.O. BOX 9953  
WILMINGTON, DE 19809-0953

FORWARD SERVICE REQUESTED

## EMPLOYER'S QUARTERLY REPORT - FORMS SET

UNEMPLOYMENT INSURANCE  
UC-8 QUARTERLY TAX REPORT  
UC-8A QUARTERLY PAYROLL REPORT  
UC-8C CHANGE REPORT



### STATE OF DELAWARE UNEMPLOYMENT INSURANCE

Use this form to report changes in status or corrections to pre-printed information

DOL UI TAX LOCKBOX (UC8 & UC8A)  
PO BOX 5515  
BINGHAMTON, NY 13902

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** \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Signature of owner or duly authorized representative

REMOVE BEFORE INSERTING INTO ENVELOPE

▼ DETACH AT PERFORATION ▼

Detach at Perforation  
and Return with Payment



MAKE CHECK PAYABLE TO: DELAWARE UNEMPLOYMENT COMPENSATION FUND (DUCF)

EMPLOYER NAME	ACCOUNT NO.	AMOUNT ENCLOSED

**DOL UI TAX LOCKBOX (UC8 & UC8A)  
PO BOX 5515  
BINGHAMTON, NY 13902**

**PAYMENT COUPON**

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

	1st Month	2nd Month	3rd Month
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.			
2. 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.			
3. Excess wages (Wages included in line 2 that exceed \$12,500 annually per employee)			
4. Taxable Wages (Line 2 less line 3)			
5. Tax due (Multiply line 4 by _____ )			
6. Approved credit (See instructions.)			
7. Net tax due (Line 5 less line 6)			
8. Interest (See instructions.)			
9. Penalty (See instructions.)			
10. Payment due (Total of lines 7, 8 and 9)			

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

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

Write account number on  
check and return with  
Payment Coupon to:

DOL UI Tax Lockbox  
(UC8 & UC8A)  
PO Box 5515  
Binghamton, NY 13902

QUARTERLY TAX REPORT

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.

Employee Social Security Number	Employee Name (First Initial, Middle Initial and Last Name)	Gross Covered Wages
1		
2		
3		
4		
5		
6		
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31 Total this Page		
32 Total from additional pages		
33 GRAND TOTAL		

# Appendix I: Lockbox Remittance Examples

Contract Number: TRE28101-BANKINGSRVC

## C. Training Tax Lockbox



**DELAWARE EMPLOYMENT TRAINING FUND**  
SEE REVERSE FOR IMPORTANT INFORMATION  
**PAYMENT COUPON**

ACCOUNT NUMBER	DUE DATE	AMOUNT DUE	AMOUNT ENCLOSED
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MAKE CHECK PAYABLE TO DELAWARE EMPLOYMENT TRAINING FUND (DETF)

ABC INC  
11 W MAIN ST  
  
PHILADELPHIA, PA 19125

MAIL PAYMENT TO:  
STATE OF DELAWARE-DOL DUI TRAINING TAX  
P.O. BOX 5514  
BINGHAMTON, NY 13902

xxxxxxxx00003500251001000xxxxxxxx

-----  
Detach Here

-----  
TO INSURE PROPER CREDIT RETURN THIS PORTION WITH PAYMENT

**DELAWARE EMPLOYMENT TRAINING FUND**

EMPLOYER NAME	ACCOUNT NO.	STATEMENT DATE	PAYMENT DUE DATE
		12/20/2024	01/31/2025

POSTING DATE	DESCRIPTION		CHARGES (DOLLARS)	PAYMENT & CREDITS (DOLLARS)
02/01/2024	ASSESSMENT	23-4	10.78	
04/08/2024	PAYMENT			48.72
05/01/2024	ASSESSMENT	24-1	78.75	
07/25/2024	ASSESSMENT	24-2	3.48	
10/24/2024	ASSESSMENT	24-3	12.27	

PREVIOUS BALANCE	- PAYMENT & CREDITS	+ CHARGES	AMOUNT DUE
48.72	48.72	- 105.28	105.28

## EMPLOYMENT TRAINING FUND TAX

### WHAT IS IT?

The Blue-Collar Jobs Act of 1984 created a funding source by instituting a tax on Delaware employers for employment and training purposes. The funds are used to provide industrial training or retraining for dislocated workers, school-to-work transition services, and career ladder training for State employees. For specific information regarding training programs you may contact the Division of Employment and Training at (302) 761-8214.

### HOW IS IT CALCULATED?

The special assessment shall be levied at the rate indicated below:

- (i) .085% when the taxable wage base is \$18,500,
- (ii) .095% when the taxable wage base is \$16,500,
- (iii) .11 % when the taxable wage base is \$14,500,
- (iv) .126% when the taxable wage base is \$12,500 and
- (v) .15% when the taxable wage base is \$10,500.

Employers will be billed not later than June 30 and December 31 of each year for the period covering the two most recently completed calendar quarters prior to each billing and will be considered delinquent 30 days thereafter.

### DESCRIPTIONS

1. Assessment- tax liability as determined by your reported quarterly taxable wages for period indicated. Liability may be increased or decreased based on adjustments of taxable wages to previously filed Unemployment Insurance Quarterly Tax Report.
2. Estimated Assessment- tax liability as determined by the Department of Labor as a result of delinquent Unemployment Insurance Quarterly Tax Reports.
3. Interest- delinquent balances are subject to interest charges at the rate of 18% per Year from due date.
4. Dishonored Check- checks returned for non-sufficient funds, improper endorsement, etc.
5. Payment- payments are applied to the oldest balance on the basis of interest first, then assessments.
6. Refund- reimbursement for overpayment.
7. Court Costs - costs associated with judgments placed for unpaid assessments

### FILING INSTRUCTIONS

Make check payable to the Delaware Employment Training Fund (DETF). To insure proper credit for payment write your account number on the check and return with the payment coupon in the envelope provided. Direct any inquiries about your account to the Division of Unemployment Insurance at (302) 7618482.