

DELAWARE COMPOSITE PERSONAL INCOME TAX RETURN

DO NOT WRITE OR STAPLE IN THIS AREA

FISCAL YEAR MM | DD | YY TO MM | DD | YY

CHECK APPLICABLE BOX: [] INITIAL RETURN [] FINAL RETURN [] AMENDED RETURN

LIST NUMBER OF NON-RESIDENT PARTNERS/SHAREHOLDERS: _____

NAME OF BUSINESS _____

EMPLOYER IDENTIFICATION OR SOCIAL SECURITY NUMBER

ADDRESS _____

CITY STATE _____

ZIP CODE _____

DELAWARE ADDRESS (IF DIFFERENT) _____

CITY STATE _____

ZIP CODE _____

DATE OF INCORPORATION STATE OF INCORPORATION NATURE OF BUSINESS

- 1. DELAWARE SOURCED INCOME (NON-RESIDENTS ONLY)..... 1.
2. TAX LIABILITY (MULTIPLY LINE 1 BY .0660)..... 2.
3. NON REFUNDABLE CREDITS (MUST ATTACH FORM 700)..... 3.
4. BALANCE (SUBTRACT LINE 3 FROM LINE 2. CANNOT BE LESS THAN ZERO)..... 4.
5. ESTIMATED TAXES PAID (INCLUDE REAL ESTATE ESTIMATED TAXES PAID ON THIS LINE)..... 5.
6. IF LINE 5 IS LESS THAN LINE 4, SUBTRACT LINE 5 FROM LINE 4 AND ENTER HERE..... PAY IN FULL> 6.
7. IF LINE 4 IS LESS THAN LINE 5, SUBTRACT LINE 4 FROM LINE 5 AND ENTER HERE..... REFUND> 7.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN THE TAXPAYER, HIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE HAS ANY KNOWLEDGE.

SIGNATURE OF AUTHORIZED OFFICER TITLE DATE
SIGNATURE OF PREPARER PREPARER'S EIN OR SSN PREPARER'S PHONE DATE
STREET ADDRESS OF PREPARER CITY STATE ZIP

MAKE CHECK PAYABLE AND MAIL TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 508, WILMINGTON, DE 19899-0508

