



DF30020019999

FISCAL YEAR MM DD YY BUSINESS NAME

REV CODE 0006

EMPLOYER IDENTIFICATION NUMBER

ADDRESS

CITY STATE ZIP CODE

NATURE OF BUSINESS (SEE INSTRUCTIONS)

- A. CHECK APPLICABLE BOX AMENDED RETURN PARTNERSHIP DISSOLVED OR INACTIVE CHANGE OF ADDRESS
B. DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE
C. TOTAL NUMBERS OF PARTNERS:
D. YEAR PARTNERSHIP FORMED:

ATTACH COMPLETED COPY OF U.S. PARTNERSHIP RETURN OF INCOME FORM 1065 AND ALL SCHEDULES.

SCHEDULE 1 - PARTNERSHIP SHARE OF INCOME AND DEDUCTIONS WITHIN AND WITHOUT DELAWARE

Table with 4 columns: Line number, Description, Column A Total, Column B Within Delaware. Includes lines 1-15 for income and lines 16-19 for deductions.

SCHEDULE 2 - APPORTIONMENT PERCENTAGE. COMPLETE ONLY IF PARTNERSHIP HAS INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE AND AT LEAST ONE OTHER STATE, AND IF IT HAS ONE OR MORE PARTNERS WHO ARE NOT RESIDENTS IN DELAWARE.

SECTION A - GROSS REAL AND TANGIBLE PERSONAL PROPERTY

Table with 5 columns: Description, Column A (Delaware Sourced) Beginning of Year, Column A (Delaware Sourced) End of Year, Column B (Total Sourced (All Sources)) Beginning of Year, Column B (Total Sourced (All Sources)) End of Year, and Line Number. Rows 1-7.

SECTION B - WAGES, SALARIES, AND OTHER COMPENSATION PAID OR ACCRUED TO EMPLOYEES

8. Wages, salaries and other compensation of all employees..... 8

SECTION C - GROSS RECEIPTS SUBJECT TO APPORTIONMENT

9. Gross receipts from sales of tangible personal property..... 9
10. Gross income from other sources (see attachment)..... 10
11. Total..... 11

SECTION D - DETERMINATION OF APPORTIONMENT PERCENTAGES

12a. Enter amount from Column A, Line 7.....
12b. Enter amount from Column B, Line 7..... = % 12c
13a. Enter amount from Column A, Line 8.....
13b. Enter amount from Column B, Line 8..... = % 13c
14a. Enter amount from Column A, Line 11.....
14b. Enter amount from Column B, Line 11..... = % 14c
15. Total(Combined Apportionment Percentages on Lines 12c, 13c, and 14c..... 15
16. Apportionment percentage (see specific instructions)..... % 16

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 TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE/SHE HAS ANY KNOWLEDGE.

SIGNATURE OF PARTNER DATE TELEPHONE NUMBER EMAIL ADDRESS
SIGNATURE OF PREPARER PREPARER'S EIN OR SSN PREPARER'S PHONE DATE
STREET ADDRESS OF PREPARER CITY STATE ZIP

MAIL TO: DIVISION OF REVENUE, P.O. BOX 8703, WILMINGTON, DELAWARE 19899-8703

