

## DELAWARE BUSINESS INCOME OF NON-RESIDENT FORMERLY FORM 800

TAXPAYER NAME TAXPAYER ID

BUSINESS NAME BUSINESS TAXPAYER ID

NOTE: Complete only if business has Federal Schedule C or Partnership income or loss derived from or connected with sources in Delaware and at least one other state.

	GROSS REAL AND TANGIBLE PERSONAL PROPERTY	COLUMN A Delaware Sourced		COLUMN B Total Sourced	
	THO ENT	Beginning of Year	End of Year	Beginning of Year	End of Year
1.	Total real and tangible property owned	.00	.00	.00	.00
2.	Real tangible property rented (8 times annual rent paid)	.00	.00	.00	.00
3.	Total	.00	.00	.00	.00
4.	Total Columns A and B		.00		.00
5.	Average values. ( <b>Divide</b> Line 4 by 2)		.00		.00
	WAGES, SALARIES, AN	D OTHER COMPENSA	TION PAID TO EN	<b>IPLOYEES</b>	
6.	Wages, Salaries and other Compensation of all employees			.00	
	GROSS REC	EIPTS SUBJECT TO AF	PORTIONMENT		
7.	Gross receipts from sales of tangible personal property			.00.	
8.	Gross income from other sources (see instructions)			.00.	
9.	Total		.00		
	DETERMINATION	ON OF APPORTIONM	ENT PERCENTAG	ES	
10a.	Enter amount from Column A, Line 5			.00 = 10.	
10b.	Enter amount from Column B, Line 5			.00	
11a.	Enter amount from Column A, Line 6			.00 = 11.	
11b.	Enter amount from Column B, Line 6			.00	
12a.	Enter amount from Column A, Line 9			.00 = 12.	
12b.	Enter amount from Column B, Line 9			.00	
13.	Total				
14.	Apportionment percentage (see specific instructions				
15.	, , , , , , , , , , , , , , , , , , , ,				.00
16.	<b>Multiply</b> Line 15 by Line 14. Enter here and on Form	n PIT-NON, Page 1, Colum	n B, Line 6 or Line 10	)	.00