



**DELAWARE** **2023**  
DIVISION OF REVENUE **F O R M**  
PRT-EXT  
**PARTNERSHIP REQUEST FOR EXTENSION**

Taxpayer ID

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Calendar or Fiscal  
Year Ending

Due on or before

Extension to

Name of Partnership

Street Address

City


State

Zip Code

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Check here if a request for change form is being filed

**MAIL COMPLETED FORM TO:**

  
Delaware Division of Revenue  
PO Box 0830  
Wilmington, DE 19899-0830

**BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

 AUTHORIZED SIGNATURE

 DATE

PRINTED NAME OF AUTHORIZED SIGNER

 PHONE NUMBER

 EMAIL ADDRESS

**DO NOT CUT THIS PAGE**

