



	For Fiscal Year beginning		and ending		
Na	ame of Business			Employer Identification Number or Taxpayer ID	
Str	reet Address				
Cit	ty State	Zip Code			
Delaware Address (if different than above)				✓ Check Applicable Box:	
DC				Initial Return	
Cit	ty State	Zip Code			
64.4				Final Return	
Sta	ate of Incorporation Date of Incorporation Non-Resident P	artners/Shareholders		Amended Return	
Na	ature of Business			Amended Retain	
1.	DELAWARE SOURCED INCOME (Non-residents only)			1.	.00
2.				2.	.00
3.				3.	.00
4.	BALANCE - Subtract Line 3 from Line 2 (Enter 0 if Negative)			4.	.00
5.	ESTIMATED TAXES PAID			5.	.00
6.	CAPITAL GAINS TAX PAYMENTS (Attach Schedule REW-EST)			6.	.00
7.	S CORP PAYMENTS			7.	.00
8.	REFUNDABLE BUSINESS CREDITS (Must attach Form PIT-CRS		8.	.00	
9.	TOTAL PAYMENTS - Add Lines 5 through Line 8		9.	.00	
10. BALANCE DUE AND PAY IN FULL (If Line 9 is less than Line 4 Subtract Line 9 from Line 4)			Line 4)	10.	.00
11.	OVERPAYMENT AND REFUND (If Line 4 is less than Line 9 Su	btract Line 4 from Lir	ne 9)	11.	.00

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN @

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.

PAID PREPARER INFORMATION

		-
SIGNATURE OF OFFICER	曲 DATE	ADDRESS
TITLE OF OFFICER		CITY
\mathscr{J} phone number		EIN, SSN or P
@ EMAIL ADDRESS		@ EMAIL ADI



