



**DELAWARE** 2024  
 DIVISION OF REVENUE F O R M  
 PRT-EXT  
**PARTNERSHIP REQUEST FOR EXTENSION**



Taxpayer ID

--	--	--	--	--	--	--	--	--	--

Calendar or Fiscal  
Year Ending

Due on or before

Extension to

Name of Partnership

Street Address

City

State

Zip Code

--	--	--

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**

