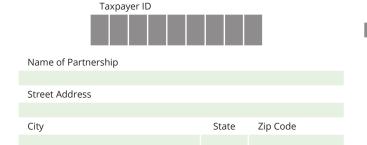






PARTNERSHIP REQUEST FOR EXTENSION



Calendar or Fiscal Year Ending

Due on or before

Extension to

MAIL COMPLETED FORM TO:	
Delaware Division of F	Revenue

PO Box 0830 Wilmington, DE 19899-0830

Check here if a request for change form is being filed

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	
${\mathscr J}$ Phone Number	
@ Email Address	

DO NOT CUT THIS PAGE

