

DELAWARE 2025

DIVISION OF REVENUE F O R M
CMP-TAX
COMPOSITE PERSONAL INCOME TAX RETURN



For Fiscal Year beginning and ending

Name of Business

Street Address

City State Zip Code

Delaware Address (if different than above)

City State Zip Code

State of Incorporation Date of Incorporation Non-Resident Partners/Shareholders

Nature of Business

Employer Identification Number or Taxpayer ID

✓ Check Applicable Box:

☐ Initial Return

☐ Final Return

☐ Amended Return

1.	DELAWARE SOURCED INCOME (Non-residents only)	1.	\$	.00
2.	TAX LIABILITY - Multiply Line 1 by .0660	2.	\$	.00
3.	NON REFUNDABLE CREDITS (Must attach Form PIT-CRS)	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)	10.	\$	.00
11.	OVERPAYMENT AND REFUND (If Line 4 is less than Line 9 Subtract Line 4 from Line 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.

SIGNATURE OF OFFICER

DATE

TITLE OF OFFICER

PHONE NUMBER

@ EMAIL ADDRESS

PAID PREPARER INFORMATION

PAID PREPARER SIGNATURE

DATE

ADDRESS

CITY

STATE

ZIP CODE

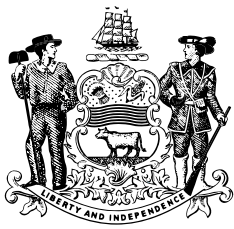
EIN, SSN or PTIN

PHONE NUMBER

@ EMAIL ADDRESS

MAIL COMPLETED FORM WITH
REMITTANCE PAYABLE TO:

Delaware Division of Revenue
PO Box 508
Wilmington, DE 19899-0508



DELAWARE

2025
DIVISION OF REVENUE
F O R M
PRT-PSI
SCHEDULE K-1 PARTNER'S SHARE OF INCOME



For Fiscal Year beginning and ending

✓ Check Applicable Box:

☐ EIN ☐ SSN

Partner's Taxpayer ID

Partnership's Taxpayer ID

Partner's Business Name

- OR -

Partner's First Name

Partner's Last Name

Partner's Street Address

City

State

Zip Code

Country

Attention

Partner's Type of Entity (See instructions)

Code	Description
<input type="text"/>	<input type="text"/>

✓ Check Applicable Box:

☐ Resident

☐ Non-Resident

Partner's Share of Profit, Loss, and Capital

	Beginning	Ending
Profit	<input type="text"/>	<input type="text"/>
Loss	<input type="text"/>	<input type="text"/>
Capital	<input type="text"/>	<input type="text"/>

ALLOCABLE SHARE OF INCOME

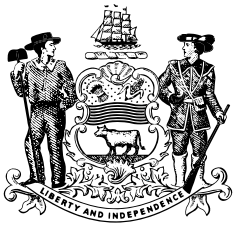
- ORDINARY INCOME (LOSS) FROM TRADE OF BUSINESS ACTIVITIES
- NET INCOME (LOSS) FROM RENTAL REAL ESTATE ACTIVITIES
- NET INCOME (LOSS) FROM OTHER RENTAL ACTIVITIES
- GUARANTEED PAYMENT TO PARTNER
- INTEREST
- DIVIDENDS
- ROYALTIES
- NET SHORT TERM CAPITAL GAIN (LOSS)
- NET LONG TERM CAPITAL GAIN (LOSS)
- NET GAIN (LOSS) UNDER SECTION 1231 (other than due to Casualty and Theft)
- OTHER INCOME (LOSS)
- TOTAL INCOME - Add Line 1 through Line 11

	COLUMN A Federal 1065 Schedule K-1 Amount	COLUMN B Portion of Items Derived from Sources in DE
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/>
12.	<input type="text"/>	<input type="text"/>

ALLOCABLE SHARE OF DEDUCTIONS

- CHARITABLE CONTRIBUTION
- SECTION 179 EXPENSE DEDUCTIONS
- EXPENSES FROM INVESTMENT INCOME
- OTHER DEDUCTIONS/CREDITS (Attach Schedule)
- QUALIFIED EXPENSES RELATED TO OPERATING A MARIJUANA ESTABLISHMENT
DISALLOWED AS A DEDUCTION FOR FEDERAL PURPOSES

	COLUMN A Federal 1065 Schedule K-1 Amount	COLUMN B Portion of Items Derived from Sources in DE
13.	<input type="text"/>	<input type="text"/>
14.	<input type="text"/>	<input type="text"/>
15.	<input type="text"/>	<input type="text"/>
16.	<input type="text"/>	<input type="text"/>
17.	<input type="text"/>	<input type="text"/>



DELAWARE

2025
DIVISION OF REVENUE
SCT-SSR
S CORPORATION SHAREHOLDER'S INFORMATION RETURN
SHAREHOLDER'S SHARE OF INCOME, DEDUCTIONS & CREDITS



For Fiscal Year beginning [] and ending []

✓ Check Applicable Box:

Shareholder's Taxpayer ID

S Corporation's Taxpayer ID

☐ Resident

☐ Non-Resident

Shareholder's Name

Street Address

City

State

Zip Code

S Corporation's Name

Street Address

City

State

Zip Code

Percentage of Stock Owned

COLUMN A

COLUMN B

Resident

Non-Resident

1. SHAREHOLDER'S PORTION OF ORDINARY INCOME (LOSS) (Form SCT-SSA, Line 3a)

1. \$.00 \$.00

+ ADDITIONS:

2. NET INCOME (LOSS) FROM RENTAL REAL ESTATE ACTIVITIES (Form SCT-SSA, Line 4)

2. \$.00 \$.00

3. NET INCOME (LOSS) FROM OTHER RENTAL ACTIVITIES (Form SCT-SSA, Line 5)

3. \$.00 \$.00

4. INTEREST INCOME (Form SCT-SSA, Line 6)

4. \$.00 \$.00

5. DIVIDEND INCOME (Form SCT-SSA, Line 7)

5. \$.00 \$.00

6. ROYALTY INCOME (Form SCT-SSA, Line 8)

6. \$.00 \$.00

7. NET SHORT TERM CAPITAL GAIN (LOSS) (Form SCT-SSA, Line 9)

7. \$.00 \$.00

8. NET LONG TERM CAPITAL GAIN (LOSS) (Form SCT-SSA, Line 10)

8. \$.00 \$.00

9. NET GAIN (LOSS) UNDER SECTION 1231 (Form SCT-SSA, Line 11)

9. \$.00 \$.00

10. OTHER INCOME (LOSS) (Form SCT-SSA, Line 12) (Attach schedule)

10. \$.00 \$.00

11. TOTAL - Add Line 1 through Line 10

11. \$.00 \$.00

- SUBTRACTIONS:

12. SECTION 179 EXPENSE DEDUCTION (Form SCT-SSA, Line 14)

12. \$.00 \$.00

13. CHARITABLE CONTRIBUTIONS (Form SCT-SSA Line 15)

13. \$.00 \$.00

14. OTHER DEDUCTIONS (Form SCT-SSA, Line 16)

14. \$.00 \$.00

15. DEPLETION EXPENSE (Form SCT-SSA, Line 17)

15. \$.00 \$.00

16. ORDINARY AND NECESSARY BUSINESS EXPENSES AS NOT ALLOWED ON THE FEDERAL RETURN AND FOR A DELAWARE-LICENSED MARIJUANA RELATED BUSINESS.

16. \$.00 \$.00

17. TOTAL - Add Line 12 through Line 16

17. \$.00 \$.00

18. TOTAL NET INCOME (LOSS) - Subtract Line 17 from Line 11

18. \$.00 \$.00

STATE MODIFICATIONS

- SUBTRACTIONS:

19. NET INTEREST FROM U.S. SECURITIES (Form SCT-RTN, Line 2a)

19. \$.00 \$.00

20. WAGE DEDUCTION - FEDERAL JOBS CREDIT (Form SCT-RTN, Line 2b)

20. \$.00 \$.00

+ ADDITIONS:

21. INTEREST FROM ANY STATE EXCEPT DELAWARE (Form SCT-RTN, Line 4a)

21. \$.00 \$.00

22. DEPLETION EXPENSE - OIL AND GAS (Form SCT-RTN, Line 4b)

22. \$.00 \$.00

23. CHARITABLE CONTRIBUTIONS - for which the Delaware Land & Historic Resource Conservation credit was granted (Form SCT-RTN, Line 4c)

23. \$.00 \$.00

INCOME TAX CREDITS:

24. APPROVED NON REFUNDABLE INCOME TAX CREDITS FROM S CORPORATION

24. \$.00 \$.00

25. APPROVED REFUNDABLE INCOME TAX CREDITS FROM S CORPORATION

25. \$.00 \$.00

26. ESTIMATED TAX PAID ON BEHALF OF THE INDIVIDUAL NON-RESIDENT SHAREHOLDER

26. \$.00 \$.00