



DELAWARE **2025**
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

