



DF30018019999

REV CODE 0006

FISCAL YEAR
BUSINESS NAME

EMPLOYER IDENTIFICATION NUMBER

ADDRESS

CITY STATE ZIP CODE

NATURE OF BUSINESS (SEE INSTRUCTIONS)

- A. CHECK APPLICABLE BOX AMENDED RETURN PARTNERSHIP DISSOLVED OR INACTIVE CHANGE OF ADDRESS
 IF THE PARTNERSHIP ADDRESS HAS CHANGED, WHICH ADDRESS IS AFFECTED? LOCATION MAILING BILLING
- B. DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE YES NO
 DID THE PARTNERSHIP HAVE DELAWARE RESIDENT PARTNERS? YES NO HOW MANY?
- C. TOTAL NUMBERS OF PARTNERS:
- D. YEAR PARTNERSHIP FORMED:

ATTACH COMPLETED COPY OF U.S. PARTNERSHIP RETURN OF INCOME FORM 1065 AND ALL SCHEDULES.

SCHEDULE 1 - PARTNERSHIP SHARE OF INCOME AND DEDUCTIONS WITHIN AND WITHOUT DELAWARE

1. Ordinary Income (loss) from Federal Form 1065, Schedule K, Line 1.....	1		00	1
2. Apportionment percentage from Delaware Form 300, Schedule 2, Line 16.....	2		%	2
3. Ordinary Income apportioned to Delaware. Multiply Line 1 times Line 2.....	3		00	3
		Column A Total		Column B Within Delaware
4. Enter In Column A the amount from Line 1.....				
Enter In Column B the amount from Line 3.....	4		00	00 4
5. Net Income (loss) from rental real estate activities, Federal Form 1065, Schedule K, Line 2.....	5		00	00 5
6. Net Income (loss) from other rental activities, Federal Form 1065, Schedule K, Line 3c.....	6		00	00 6
7. Guaranteed payments from Federal Form 1065, Schedule K, Line 4.....	7		00	00 7
8. Interest Income from Federal Form 1065, Schedule K, Line 5.....	8		00	00 8
9. Dividend Income from Federal Form 1065, Schedule K, Line 6(a).....	9		00	00 9
10. Royalty Income from Federal Form 1065, Schedule K, Line 7.....	10		00	00 10
11. Net short term capital gain (loss) from Federal Form 1065, Schedule K, Line 8.....	11		00	00 11
12a. Net long term capital gain (loss) from Federal Form 1065, Schedule K, Line 9(a).....	12a		00	00 12a
b. Collectible gain (loss) - Fed Form 1065, Sch. K, Line 9b	00 12b			
c. Unrecaptured Section 1250 gain - Fed Form 1065, Sch. K, Line 9c	00 12c			
13. Net gain (loss) under Section 1231 from Federal Form 1065, Schedule K, Line 10.....	13		00	00 13
14. Other Income (loss) (Attach Schedule) from Federal Form 1065, Schedule K, Line 11.....	14		00	00 14
15. Total Income (Combine Lines 4 through 12a, Line 13, and Line 14).....	15		00	00 15
DEDUCTIONS:				
16. Charitable Contributions from Federal Form 1065, Schedule K, Line 13(a).....	16		00	00 16
17. Section 179 expense deduction from Federal Form 1065, Schedule K, Line 12.....	17		00	00 17
18. Expenses related to investment income (loss) from Federal Form 1065, Schedule K, Line 13(b) and 13(c).....	18		00	00 18
19. Other deductions from Federal Form 1065, Schedule K, Line 13(d).....	19		00	00 19

SCHEDULE 2 - APPORTIONMENT PERCENTAGE. COMPLETE ONLY IF PARTNERSHIP HAS INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE AND AT LEAST ONE OTHER STATE, AND IF IT HAS ONE OR MORE PARTNERS WHO ARE NOT RESIDENTS IN DELAWARE.

SECTION A - GROSS REAL AND TANGIBLE PERSONAL PROPERTY

Table with 5 columns: Description, Column A (Delaware Sourced) Beginning of Year, Column A (Delaware Sourced) End of Year, Column B (Total Sourced (All Sources)) Beginning of Year, Column B (Total Sourced (All Sources)) End of Year, and Line Number. Rows include: 1. Total real and tangible property owned, 2. Real tangible property rented, 3. Total (Combine Lines 1 and 2), 4. Less: value at original cost of real and tangible property, 5. Net Values, 6. Total (Combine Line 5 Beginning and End of Year Totals), 7. Average values.

SECTION B - WAGES, SALARIES, AND OTHER COMPENSATION PAID OR ACCRUED TO EMPLOYEES

Table with 2 columns: Description and Line Number. Row 8: Wages, salaries and other compensation of all employees.

SECTION C - GROSS RECEIPTS SUBJECT TO APPORTIONMENT

Table with 2 columns: Description and Line Number. Rows include: 9. Gross receipts from sales of tangible personal property, 10. Gross income from other sources, 11. Total.

SECTION D - DETERMINATION OF APPORTIONMENT PERCENTAGES

Table with 4 columns: Description, Column A, Column B, and Line Number. Rows include: 12a. Enter amount from Column A, Line 7, 12b. Enter amount from Column B, Line 7, 13a. Enter amount from Column A, Line 8, 13b. Enter amount from Column B, Line 8, 14a. Enter amount from Column A, Line 11, 14b. Enter amount from Column B, Line 11, 15. Total(Combined Apportionment Percentages on Lines 12c, 13c, and 14c), 16. Apportionment percentage.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE/SHE HAS ANY KNOWLEDGE.

SIGNATURE OF PARTNER DATE TELEPHONE NUMBER EMAIL ADDRESS
SIGNATURE OF PREPARER PREPARER'S EIN OR SSN PREPARER'S PHONE DATE
STREET ADDRESS OF PREPARER CITY STATE ZIP

MAIL TO: DIVISION OF REVENUE, P.O. BOX 8703, WILMINGTON, DELAWARE 19899-8703

