

DELAWARE 2023 DIVISION OF REVENUE PRT-RTN

PARTNERSHIP RETURN FORMERLY 300

For Fiscal Year beginning and ending

Legal Partnership Name Taxpayer ID

Street Address

City State Zip Code Nature of Business (See instructions)

Amended Return Partnership Dissolved or Inactive Change of Address ✓ Check Applicable Box(es): If address changed, check applicable box(es): Location Mailing Billing DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE? Yes No DID THE PARTNERSHIP HAVE DELAWARE RESIDENT PARTNERS? Yes Nο B. NUMBER OF DELAWARE RESIDENT PARTNERS C. TOTAL NUMBER OF PARTNERS YEAR PARTNERSHIP FORMED D SCHEDULE 1 - PARTNERSHIP SHARE OF INCOME AND DEDUCTIONS WITHIN AND WITHOUT DELAWARE ORDINARY INCOME (LOSS) (Federal Form 1065, Schedule K, Line 1) 1. .00 1. 2. APPORTIONMENT PERCENTAGE (Delaware Form PRT-RTN, Schedule 2, Line 16) 2. 3. ORDINARY INCOME APPORTIONED TO DELAWARE - Multiply Line 1 by Line 2 3. .00 **COLUMN A COLUMN B** Total Within Delaware 4. ENTER in Column A the Amount from Line 1 and in Column B the Amount from Line 3 4. .00 .00 5. NET INCOME (LOSS) FROM RENTAL REAL ESTATE ACTIVITIES, (Federal Form 1065, Schedule K, Line 2) 5. .00 .00 NET INCOME (LOSS) FROM OTHER RENTAL ACTIVITIES, (Federal Form 1065, Schedule K, Line 3c) 6. 6. 00 00 GUARANTEED PAYMENTS (Federal Form 1065, Schedule K, Line 4c) 7. 7. .00 .00 INTEREST INCOME (Federal Form 1065, Schedule K, Line 5) 8. 8. .00 .00 9. **DIVIDEND INCOME** (Federal Form 1065, Schedule K, Line 6a) 9. .00 .00 10. **ROYALTY INCOME** (Federal Form 1065, Schedule K, Line 7) 10. .00 .00 NET SHORT TERM CAPITAL GAIN (LOSS) (Federal Form 1065, Schedule K, Line 8) 11. 11. .00 .00 12a. NET LONG TERM CAPITAL GAIN (LOSS) (Federal Form 1065, Schedule K, Line 9a) 12a. .00 .00 COLLECTIBLE GAIN (LOSS) (Federal Form 1065, Schedule K, Line 9b) 12b. .00 12c. UNRECAPTURED SECTION 1250 GAIN (Federal Form 1065, Schedule K, Line 9c) .00 NET GAIN (LOSS) UNDER SECTION 1231 (Federal Form 1065, Schedule K, Line 10) 13. 13. .00 .00 14. OTHER INCOME (LOSS) (Federal Form 1065, Schedule K, Line 11) 14. .00 .00 TOTAL INCOME - Add Line 4 through Line 12a and Line 13 and Line 14 15. 15. 00 00 **DEDUCTIONS:** CHARITABLE CONTRIBUTIONS (Federal Form 1065, Schedule K, Line 13a) 16. .00 .00 16. SECTION 179 EXPENSE DEDUCTION (Federal Form 1065, Schedule K, Line 12) 17. 17. .00 .00 EXPENSES RELATED TO INVESTMENT INCOME (LOSS) (Federal Form 1065, Schedule K, Lines 13b and 13c) 18. .00 .00 18.

Attach Completed Copy of U.S. Partnership Return of Income Form 1065 and ALL Schedules.

19.

.00

.00

OTHER DEDUCTIONS (Federal Form 1065, Schedule K, Line 13d)

19.



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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.

	Delaware and at least one other state, a	na ii it nas one or i	•		elawai e.		
CECTIO	and the same of th		COLUMN			COLUN	
SECTION	GROSS REAL AND TANGIBLE PERSONAL PRO	PERTY	Delaware Sou			-	ll Sources)
F		Begi	nning of Year	End of Year	Beginning of Y		End of Year
1.	TOTAL REAL & TANGIBLE PROPERTY OWNED		.00	.00		.00	.00
2.	REAL & TANGIBLE PROPERTY RENTED (eight times annu	al rental paid)	.00	.00		.00	.00
3.	TOTAL - Add Line 1 to Line 2		.00	.00		.00	.00
4.	LESS: Value at original cost of real & tangible property (See	instructions)	.00	.00		.00	.00
5.	NET VALUES - Subtract Line 4 from Line 3		.00	.00		.00	.00
6.	TOTAL - Add Line 5 Beginning and End of Year Total	als		.00			.00
7.	AVERAGE VALUES - Divide Line 6 by 2			.00			.00
SECTIO	ON .			COLUM	IN A	,	OLUMN B
WAGES, SALARIES, AND OTHER COMPENSATION PAID OR AC		ON PAID OR ACCR	UED TO EMPLOYEES			Total Sourced (All Sources)	
8.	WAGES, SALARIES, AND OTHER COMPENSATION	OF ALL EMPLOYER	ES 8	B.	.00	Total 30t	.00.
SECTIO		INT		COLUM	IN A	c	OLUMN B
C	GROSS RECEIPTS SUBJECT TO APPORTIONME	:IV I		Delaware S	Sourced	Total Sou	urced (All Sources)
9.	GROSS RECEIPTS FROM SALES OF TANGIBLE PERS	SONAL PROPERTY	9	9.	.00		.00
10.	GROSS INCOME FROM OTHER SOURCES (See attachm	ent)	1	0.	.00		.00
11.	TOTAL - Add Line 1 to Line 2		1	1.	.00		.00
SECTION	DETERMINATION OF APPORTIONMENT PERC	CENTAGES					
12a.	ENTER AMOUNT FROM COLUMN A, LINE 7		12	2a.	.00		
12b.	ENTER AMOUNT FROM COLUMN B, LINE 7		12	2b.	.00 = 12	c.	
42-	ENTER AMOUNT FROM COLUMN A LINE O		4-	.	00		
13a.	ENTER AMOUNT FROM COLUMN A, LINE 8			Ba.	.00 = 13	ic.	
13b.	ENTER AMOUNT FROM COLUMN B, LINE 8		1;	Bb.	.00		
14a.	ENTER AMOUNT FROM COLUMN A, LINE 11		14	la.	.00		
14b.	ENTER AMOUNT FROM COLUMN B, LINE 11		14	lb.	.00 = 14	Æ.	
15. TOTAL COMBINED APPORTIONMENT PERCENTAGES - Add Line 12c, Line			Line 13c, and Line 14	4c	1:		
16.	APPORTIONMENT PERCENTAGE (See instructions)				10	6.	
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.				PAID PREPARER INFORMATION			
			□ PAID P	REPARER SIGNATURE			⊞ DATE
			ADDRESS				
	SIGNATURE OF PARTNER	⊞ DATE	CITY		STATE	ZIP	CODE
∂ PHONE NUMBER			EIN, SSN c	or PTIN	<i>∂</i> PHONE	NUMBER	
@	EMAIL ADDRESS		@ EMAIL /	ADDRESS			