



FISCAL YEAR MM|DD|YY To MM|DD|YY

REV CODE 006

NAME

EMPLOYER IDENTIFICATION NUMBER

ADDRESS

Grid for Employer Identification Number

CITY STATE ZIP CODE

NATURE OF BUSINESS (SEE INSTRUCTIONS)

- A. CHECK APPLICABLE BOX: AMENDED RETURN, PARTNERSHIP DISSOLVED OR INACTIVE, CHANGE OF ADDRESS...
B. DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE?
C. TOTAL NUMBER 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

INCOME:

Table with 15 rows for income items, including Ordinary income, Apportionment percentage, Net income from rental activities, etc. Columns include description, line number, and amounts for Column A (Total) and Column B (Within Delaware).

DEDUCTIONS:

Table with 4 rows for deduction items: Charitable contributions, Section 179 expense deduction, Expenses related to portfolio income, and Other deductions.

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 4 columns: COLUMN A (Delaware Sourced) - Beginning of Year, End of Year; COLUMN B (Total Sourced (All Sources)) - Beginning of Year, End of Year. Rows 1-7 for property valuation.

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

8. Wages, salaries and other compensation of all employees..... [] [] 8

SECTION C - GROSS RECEIPTS SUBJECT TO APPORTIONMENT

9. Gross receipts from sales of tangible personal property..... [] [] 9
10. Gross income from other sources (see attachment)..... [] [] 10
11. Total..... [] [] 11

SECTION D - DETERMINATION OF APPORTIONMENT PERCENTAGES

12a. Enter amount from Column A, Line 7..... [] [] 12c
12b. Enter amount from Column B, Line 7..... [] [] = [] % 12c
13a. Enter amount from Column A, Line 8..... [] [] 13c
13b. Enter amount from Column B, Line 8..... [] [] = [] % 13c
14a. Enter amount from Column A, Line 11..... [] [] 14c
14b. Enter amount from Column B, Line 11..... [] [] = [] % 14c
15. Total (Combine Apportionment Percentages on Lines 12c, 13c and 14c)..... [] [] 15
16. Apportionment percentage (see specific instructions)..... [] [] % 16

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

