

2013 **DELAWARE PARTNERSHIP RETURN**

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FISC	CAL YEAR MM DD YY TO MM DD YY				REV CODE 0	06
NAM	E	EMPLOYER IDENTIF	ICATION N	IUMBER		
ADD	RESS					
CIT	STATE ZIP CODE	NATURE OF BUSINE	SS (SEE I	NSTRUCTIONS)		
A.	CHECK APPLICABLE BOX: AMENDED RETURN PARTNERSHIP DIS	SOLVED OR INACTIVE		CHANGE OF ADDRESS		
Λ.	IF THE PARTNERSHIP ADDRESS HAS CHANGED, WHICH ADDRESS IS AFFECTED?	LOCATION	MAILIN			
	THE FACTORIE ADDRESS TAG GLANGED, WHIGH ADDRESS IS ALT ESTED:	LOCATION	WAILIN	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 MAN	NY?			
C.	TOTAL NUMBER OF PARTNERS:					
D.	YEAR PARTNERSHIP FORMED:					
υ.	TEANTANTHEROTHI FORMED.					
	ATTACH COMPLETED COPY OF U.S. PARTNERSHIP RETURN OF INCOME FORM 1065 AND	ALL SCHEDULES.				
SC	HEDULE 1 - PARTNERSHIP SHARE OF INCOME AND DEDUCTIONS WITHII	N AND WITHOUT DEL	.AWARE			
INC	DME:					
1.	Ordinary income (loss) from Federal Form 1065, Schedule K, Line1			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,			000		00 -
	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			7	00		00 6
7.	Guaranteed payments from Federal Form 1065, Schedule K, Line 4		8	00		00 8
8. 9.	Interest income from Federal Form 1065, Schedule K, Line 5		9	00		00 9
10.	Royalty income from Federal Form 1065, Schedule K, Line 6(a)		10	00		00 10
	Net short term capital gain (loss) from		10			
	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 12
	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
DE	DUCTIONS:					
16.	Charitable contributions from					
	Federal Form 1065, Schedule K, Line 13(a)		16	00)	00 16
17.	Section 179 expense deduction from					00
	Federal Form 1065, Schedule K, Line 12		17	00	¹	00 17
18.	Expenses related to portfolio income (loss) from					00
40	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



FORM 300 2

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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.

SECTION A - GROSS REAL AND TA	NGIBLE PERSON	AL PROPERTY					
			COLUMN A Delaware Sourced		COLU Total Sourced	IMN B (All Sources)	
			Beginning of Year	End of Year	Beginning of Year	End of Year	
1. Total real and tangible property own	ed						1
2. Real tangible property rented (eight t	imes annual rent pa	id)					2
3. Total (Combine Lines 1 and 2)							3
4. Less: value at original cost of real and	d tangible property (s	see instructions)					4
5. Net Values (Subtract Line 4 from Li	ne 3)						5
6. Total (Combine Line 5 Beginning and	d End of Year Totals	8)				6	
7. Average values. (Divide Line 6 by 2	2)					7	
SECTION B - WAGES, SALARIES, AN	ND OTHER COMPE	ENSATION PAID OR AC	CRUED TO EMPLOYE	EES			
8. Wages, salaries and other compens	ation of all employe	es				8	
SECTION C - GROSS RECEIPTS S	UBJECT TO APPO	ORTIONMENT					
9. Gross receipts from sales of tangibl	e personal property.					9	
10. Gross income from other sources ((see attachment)					10	
11. Total						11	
SECTION D - DETERMINATION OF	APPORTIONMEN	IT PERCENTAGES					
12a. Enter amount from Column A, Lir	ne 7						
12b. Enter amount from Column B, Lir	ne 7				_	% 12°	
13a. Enter amount from Column A, Lin	ne 8					0/	
13b. Enter amount from Column B. Lin	ne 8				=	% 13¢	
14a. Enter amount from Column A, Lin	ie 11					0/	
14b. Enter amount from Column B, Lin	ne 11				=	% 14c	
15. Total (Combine Apportionment Pero	centages on Lines 1	12c, 13c and 14c)				15	
16. Apportionment percentage (see sp	pecific instructions).					% 16	
UNDER PENALTIES OF PERJURY, AND TO THE BEST OF MY KNOWL THIS DECLARATION IS BASED OF	EDGE AND BELI	EF IT IS TRUE, CORR	RECT, AND COMPLET	TE. IF PREPARED			
SIGNATURE OF PARTNER	DATE	TELEPHONE NUM	IRER	EMAIL AD	NDRESS		
GIGNATURE OF FARTINER	DATE	I LLLF HONE NOW	IDEN	EIVIAIL AL	DILLOG		
SIGNATURE OF PREPARER		PREPARER	R'S EIN OR SSN	PREPARER'S	PHONE	DATE	
STREET ADDRESS OF PREPARER				CITY	STATE	ZIP	

 ${\tt MAILTO:\ DIVISION\ OF\ REVENUE,\ P.O.\ BOX\ 8703,\ WILMINGTON,\ DELAWARE\ 19899-8703}$

