



DF30015019999

DO NOT WRITE OR STAPLE IN THIS AREA

REV CODE 0006

FISCAL YEAR MM/DD/YY To MM/DD/YY

BUSINESS NAME

ADDRESS

CITY

STATE

ZIP CODE

EMPLOYER IDENTIFICATION NUMBER

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 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:

1. Ordinary income (loss) from Federal Form 1065, Schedule K, Line 1.....	1	<input type="text"/>	<input type="text"/>	00	1
2. Apportionment percentage from Delaware Form 300, Schedule 2, Line 16.....	2	<input type="text"/>	<input type="text"/>	%	2
3. Ordinary income apportioned to Delaware. Multiply Line 1 times Line 2.....	3	<input type="text"/>	<input type="text"/>	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	<input type="text"/>	<input type="text"/>	00	00 4
5. Net income (loss) from rental real estate activities, Federal Form 1065, Schedule K, Line 2.....	5	<input type="text"/>	<input type="text"/>	00	00 5
6. Net income (loss) from other rental activities, Federal Form 1065, Schedule K, Line 3c.....	6	<input type="text"/>	<input type="text"/>	00	00 6
7. Guaranteed payments from Federal Form 1065, Schedule K, Line 4.....	7	<input type="text"/>	<input type="text"/>	00	00 7
8. Interest income from Federal Form 1065, Schedule K, Line 5.....	8	<input type="text"/>	<input type="text"/>	00	00 8
9. Dividend income from Federal Form 1065, Schedule K, Line 6(a).....	9	<input type="text"/>	<input type="text"/>	00	00 9
10. Royalty income from Federal Form 1065, Schedule K, Line 7.....	10	<input type="text"/>	<input type="text"/>	00	00 10
11. Net short term capital gain (loss) from Federal Form 1065, Schedule K, Line 8.....	11	<input type="text"/>	<input type="text"/>	00	00 11
12a. Net long term capital gain (loss) from Federal Form 1065, Schedule K, Line 9(a).....	12a	<input type="text"/>	<input type="text"/>	00	00 12a
b. Collectible gain (loss) - Fed Form 1065, Sch. K, Line 9b		<input type="text"/>	<input type="text"/>	00	12b
c. Unrecaptured Section 1250 gain - Fed Form 1065, Sch. K, Line 9c		<input type="text"/>	<input type="text"/>	00	12c
13. Net gain (loss) under Section 1231 from Federal Form 1065, Schedule K, Line 10.....	13	<input type="text"/>	<input type="text"/>	00	00 13
14. Other income (loss) (Attach schedule) from Federal Form 1065, Schedule K, Line 11.....	14	<input type="text"/>	<input type="text"/>	00	00 14
15. Total Income (Combine Lines 4 through 12a, Line 13, and Line 14).....	15	<input type="text"/>	<input type="text"/>	00	00 15

DEDUCTIONS:

16. Charitable contributions from Federal Form 1065, Schedule K, Line 13(a).....	16	<input type="text"/>	<input type="text"/>	00	00 16
17. Section 179 expense deduction from Federal Form 1065, Schedule K, Line 12.....	17	<input type="text"/>	<input type="text"/>	00	00 17
18. Expenses related to portfolio income (loss) from Federal Form 1065, Schedule K, Line 13(b) and 13(c).....	18	<input type="text"/>	<input type="text"/>	00	00 18
19. Other deductions from Federal Form 1065, Schedule K, Line 13(d).....	19	<input type="text"/>	<input type="text"/>	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

	COLUMN A Delaware Sourced		COLUMN B Total Sourced (All Sources)		
	Beginning of Year	End of Year	Beginning of Year	End of Year	
1. Total real and tangible property owned.....					1
2. Real tangible property rented (eight times annual rent paid).....					2
3. Total (Combine Lines 1 and 2).....					3
4. Less: value at original cost of real and tangible property (see instructions).....					4
5. Net Values (Subtract Line 4 from Line 3).....					5
6. Total (Combine Line 5 Beginning and End of Year Totals).....					6
7. Average values. (Divide Line 6 by 2).....					7

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

