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## FORM 800 Delaware Business Income of Non-Resident

ME AS SHOWN ON APPLICABLE SCHEDULE C OR SCHEDULE E		YOUR SOCIAL SECURITY NUMBER				
BUSINESS NAME		SOCIAL	SECURITY NUM	MBER OR FEIN		
NOTE: Complete only if business has Federal Schedule n Delaware and at least one other state.	e C or Partnership	income or	loss deriv	ed from or connected		with sources
SCHEDULE A - GROSS REAL AND TANGIBLE	PERSONAL PRO	PERTY				
	COLUMN Delaware Sou				COLU Total S	
	Beginning of Year	End	of Year	Beginn	ning of Year	End of Year
Total real and tangible property owned						
Real tangible property rented (eight times annual rent paid)						
3 Total						
4. Total Columns A and B						
5. Average values. (Divide Line 4 by 2)						
SCHEDULE B - WAGES, SALARIES, AND OTH	ER COMPENSAT	ION PAI	D OR AC	CRUED	TO EMPLO	YEES
6. Wages, salaries and other compensation of all employees						
SCHEDULE C - GROSS RECEIPTS SUBJECT T	O APPORTION	MENT				
7. Gross receipts from sales of tangible personal property						
8. Gross income from other sources (see instructions)						
9. Total						
SCHEDULE D - DETERMINATION OF APPORT			S			
10a. Enter amount from Column A, Line 5		0a 0b			=	%
11a. Enter amount from Column A, Line 6	_				=	%
12a. Enter amount from Column A, Line 9	_	2a 2b			=	%
13. Total						
14. Apportionment percentage (see specific instructions)						%
15. Amount from Form 200-02-NR, Page 2, Column 1, Line 6 or Li	ne 10					
16. Multiply Line 15 by Line 14. Enter here and on Form 200-02-N	IR, Page 2, Column 2, L	ine 6 or Lin	e 10			

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