

DELAWARE COMPOSITE PERSONAL INCOME TAX RETURN

DO NOT WRITE OR STAPLE IN THIS AREA

FISCAL YEAR MM DD YY TO MM DD YY

CHECK APPLICABLE BOX: [ ] INITIAL RETURN [ ] FINAL RETURN [ ] AMENDED RETURN

LIST NUMBER OF NON-RESIDENT PARTNERS/SHAREHOLDERS:

NAME OF BUSINESS

ADDRESS

CITY

STATE

ZIP CODE

DELAWARE ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP CODE

EMPLOYER IDENTIFICATION OR SOCIAL SECURITY NUMBER

DATE OF INCORPORATION

STATE OF INCORPORATION

NATURE OF BUSINESS

MM DD YY

- 1. DELAWARE SOURCED INCOME (NON-RESIDENTS ONLY)..... 1.
2. TAX LIABILITY (MULTIPLY LINE 1 BY .0660 )..... 2.
3. NON REFUNDABLE CREDITS (MUST ATTACH FORM 700)..... 3.
4. BALANCE (SUBTRACT LINE 3 FROM LINE 2. CANNOT BE LESS THAN ZERO)..... 4.
5. ESTIMATED TAXES PAID (INCLUDE REAL ESTATE ESTIMATED TAXES PAID ON THIS LINE)..... 5.
6. IF LINE 5 IS LESS THAN LINE 4, SUBTRACT LINE 5 FROM LINE 4 AND ENTER HERE..... PAY IN FULL> 6.
7. IF LINE 4 IS LESS THAN LINE 5, SUBTRACT LINE 4 FROM LINE 5 AND ENTER HERE..... REFUND> 7.

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 THE TAXPAYER, HIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE HAS ANY KNOWLEDGE.

SIGNATURE OF AUTHORIZED OFFICER

TITLE

DATE

SIGNATURE OF PREPARER

PREPARER'S EIN OR SSN

PREPARER'S PHONE

DATE

STREET ADDRESS OF PREPARER

CITY

STATE

ZIP

MAKE CHECK PAYABLE AND MAIL TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 508, WILMINGTON, DE 19899-0508

