

DO NOT WRITE OR STAPLE IN THIS AREA



DF30021019999

FISCAL YEAR MM DD YY MM DD YY

REV CODE 0006

BUSINESS NAME

EMPLOYER IDENTIFICATION NUMBER

ADDRESS

Grid for Employer Identification Number

CITY STATE ZIP CODE

NATURE OF BUSINESS (SEE INSTRUCTIONS)

Grid for City, State, and ZIP Code

Grid for Nature of Business

- 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 NUMBERS 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

Table with 15 columns for line items, 2 columns for 'Column A Total' and 'Column B Within Delaware', and 2 columns for line numbers. Includes items like Ordinary Income, Net Income, and 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: Beginning of Year, End of Year, Beginning of Year, End of Year. Rows 1-7 detailing property owned, rented, and net values.

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..... []
13a. Enter amount from Column A, Line 8..... [] = [] % 13c
13b. Enter amount from Column B, Line 8..... []
14a. Enter amount from Column A, Line 11..... [] = [] % 14c
14b. Enter amount from Column B, Line 11..... []
15. Total(Combined 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

