



DELAWARE 2025
F O R M
DIVISION OF REVENUE PRT-EXT
PARTNERSHIP REQUEST FOR EXTENSION



Taxpayer ID

Calendar or Fiscal
Year Ending

Due on or before

ANSWER

Extension to

Name of Partnership

Street Address

1. **What is the primary purpose of the proposed legislation?**

City _____ State _____ Zip Code _____

Check here if a request for change form is being filed

MAIL COMPLETED FORM TO: 
Delaware Division of Revenue
PO Box 0830
Wilmington, DE 19899-0830

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

AUTHORIZED SIGNATURE

DATE

Printed Name of Authorized Signer

 Phone Number

@ Email Address

DO NOT CUT THIS PAGE

