



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



Taxpayer ID

Calendar or Fiscal  
Year Ending

Due on or before

Extension to

Name of Partnership

Street Address

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

