



DELAWARE

DIVISION OF REVENUE

2025
F O R M
PRT-RTN

PARTNERSHIP RETURN



For Fiscal Year beginning and ending

Legal Partnership Name

Taxpayer ID

Street Address

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City

State

Zip Code

Nature of Business (See instructions)

A. ☒ Check Applicable Box(es):

☐

Amended Return

☐

Partnership Dissolved or Inactive

☐

Change of Address

If address changed, check applicable box(es):

☐

Location

☐

Mailing

☐

Billing

B. DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE?

☐

Yes

☐

No

B. DID THE PARTNERSHIP HAVE DELAWARE RESIDENT PARTNERS?

☐

Yes

☐

No

NUMBER OF DELAWARE RESIDENT PARTNERS

C. TOTAL NUMBER OF PARTNERS

D. YEAR PARTNERSHIP FORMED

SCHEDULE 1 - PARTNERSHIP SHARE OF INCOME AND DEDUCTIONS WITHIN AND WITHOUT DELAWARE

1.	ORDINARY INCOME (LOSS) (Federal Form 1065, Schedule K, Line 1)	1.	\$	.00
2.	APPORTIONMENT PERCENTAGE (Delaware Form PRT-RTN, Schedule 2, Line 16)	2.		%
3.	ORDINARY INCOME APPORTIONED TO DELAWARE - Multiply Line 1 by Line 2	3.	\$	.00

COLUMN A

COLUMN B

Total Within Delaware

4.	ENTER in Column A the Amount from Line 1 and in Column B the Amount from Line 3	4.	\$	.00	\$	.00
5.	NET INCOME (LOSS) FROM RENTAL REAL ESTATE ACTIVITIES, (Federal Form 1065, Schedule K, Line 2)	5.	\$	.00	\$	.00
6.	NET INCOME (LOSS) FROM OTHER RENTAL ACTIVITIES, (Federal Form 1065, Schedule K, Line 3c)	6.	\$	.00	\$	.00
7.	GUARANTEED PAYMENTS (Federal Form 1065, Schedule K, Line 4c)	7.	\$	.00	\$	.00
8.	INTEREST INCOME (Federal Form 1065, Schedule K, Line 5)	8.	\$	.00	\$	.00
9.	DIVIDEND INCOME (Federal Form 1065, Schedule K, Line 6a)	9.	\$	.00	\$	.00
10.	ROYALTY INCOME (Federal Form 1065, Schedule K, Line 7)	10.	\$	.00	\$	.00
11.	NET SHORT TERM CAPITAL GAIN (LOSS) (Federal Form 1065, Schedule K, Line 8)	11.	\$	.00	\$	.00
12a.	NET LONG TERM CAPITAL GAIN (LOSS) (Federal Form 1065, Schedule K, Line 9a)	12a.	\$	.00	\$	.00
12b.	COLLECTIBLE GAIN (LOSS) (Federal Form 1065, Schedule K, Line 9b)		\$	.00		
12c.	UNRECAPTURED SECTION 1250 GAIN (Federal Form 1065, Schedule K, Line 9c)		\$	.00		
13.	NET GAIN (LOSS) UNDER SECTION 1231 (Federal Form 1065, Schedule K, Line 10)	13.	\$	.00	\$	.00
14.	OTHER INCOME (LOSS) (Federal Form 1065, Schedule K, Line 11)	14.	\$	.00	\$	.00
15.	TOTAL INCOME - Add Line 4 through Line 12a and Line 13 and Line 14	15.	\$	.00	\$	.00

DEDUCTIONS:

16.	CHARITABLE CONTRIBUTIONS (Federal Form 1065, Schedule K, Line 13a)	16.	\$	.00	\$	.00
17.	SECTION 179 EXPENSE DEDUCTION (Federal Form 1065, Schedule K, Line 12)	17.	\$	.00	\$	.00
18.	EXPENSES RELATED TO INVESTMENT INCOME (LOSS) (Federal Form 1065, Schedule K, Lines 13b and 13c)	18.	\$	.00	\$	.00
19.	OTHER DEDUCTIONS (Federal Form 1065, Schedule K, Line 13e)	19.	\$	.00	\$	.00
20.	QUALIFIED EXPENSES RELATED TO OPERATING A MARIJUANA ESTABLISHMENT DISALLOWED AS A DEDUCTION FOR FEDERAL PURPOSES	20.	\$	.00	\$	.00

Ⓢ Attach Completed Copy of U.S. Partnership Return of Income Form 1065 and ALL Schedules.



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Legal Partnership Name Taxpayer ID 

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

	COLUMN A		COLUMN B	
	Delaware Sourced		Total Sourced (All Sources)	
	Beginning of Year	End of Year	Beginning of Year	End of Year
1. TOTAL REAL & TANGIBLE PROPERTY OWNED	\$.00	\$.00	\$.00	\$.00
2. REAL & TANGIBLE PROPERTY RENTED (eight times annual rental paid)	\$.00	\$.00	\$.00	\$.00
3. TOTAL - Add Line 1 to Line 2	\$.00	\$.00	\$.00	\$.00
4. LESS: Value at original cost of real & tangible property (See instructions)	\$.00	\$.00	\$.00	\$.00
5. NET VALUES - Subtract Line 4 from Line 3	\$.00	\$.00	\$.00	\$.00
6. TOTAL - Add Line 5 Beginning and End of Year Totals	\$.00	\$.00	\$.00	\$.00
7. AVERAGE VALUES - Divide Line 6 by 2	\$.00	\$.00	\$.00	\$.00

SECTION B

WAGES, SALARIES, AND OTHER COMPENSATION PAID OR ACCRUED TO EMPLOYEES

	COLUMN A	COLUMN B
	Delaware Sourced	Total Sourced (All Sources)
8. WAGES, SALARIES, AND OTHER COMPENSATION OF ALL EMPLOYEES	\$.00	\$.00

SECTION C

GROSS RECEIPTS SUBJECT TO APPORTIONMENT

	COLUMN A	COLUMN B
	Delaware Sourced	Total Sourced (All Sources)
9. GROSS RECEIPTS FROM SALES OF TANGIBLE PERSONAL PROPERTY	\$.00	\$.00
10. GROSS INCOME FROM OTHER SOURCES (See attachment)	\$.00	\$.00
11. TOTAL - Add Line 9 to Line 10	\$.00	\$.00

SECTION D

DETERMINATION OF APPORTIONMENT PERCENTAGES

12a. ENTER AMOUNT FROM COLUMN A, LINE 7	12a. \$.00	=	12c. <input type="text"/>
12b. ENTER AMOUNT FROM COLUMN B, LINE 7	12b. \$.00		
13a. ENTER AMOUNT FROM COLUMN A, LINE 8	13a. \$.00	=	13c. <input type="text"/>
13b. ENTER AMOUNT FROM COLUMN B, LINE 8	13b. \$.00		
14a. ENTER AMOUNT FROM COLUMN A, LINE 11	14a. \$.00	=	14c. <input type="text"/>
14b. ENTER AMOUNT FROM COLUMN B, LINE 11	14b. \$.00		
15. TOTAL COMBINED APPORTIONMENT PERCENTAGES - Add Line 12c, Line 13c, and Line 14c			15. <input type="text"/>
16. APPORTIONMENT PERCENTAGE (See instructions)			16. <input type="text"/>

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.

SIGNATURE OF PARTNER DATE PHONE NUMBER @ EMAIL ADDRESS

PAID PREPARER INFORMATION

PAID PREPARER SIGNATURE DATE ADDRESS CITY STATE ZIP CODE EIN, SSN or PTIN PHONE NUMBER @ EMAIL ADDRESS

MAIL COMPLETED FORM WITH
REMITTANCE PAYABLE TO:

Delaware Division of Revenue
PO Box 8703
Wilmington, DE 19899-8703