



DELAWARE 2025 DIVISION OF REVENUE PARTNERSHIP RETURN



For Fiscal Year beginning and ending

Legal Partnership Name

Taxpayer ID

Street Address

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

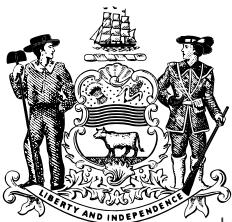
1. ORDINARY INCOME (LOSS) (Federal Form 1065, Schedule K, Line 1)	1. <input type="text"/> \$ <input type="text"/> .00
2. APPORTIONMENT PERCENTAGE (Delaware Form PRT-RTN, Schedule 2, Line 16)	2. <input type="text"/> %
3. ORDINARY INCOME APPORTIONED TO DELAWARE - Multiply Line 1 by Line 2	3. <input type="text"/> \$ <input type="text"/> .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	\$ <input type="text"/> .00	\$ <input type="text"/> .00
5. NET INCOME (LOSS) FROM RENTAL REAL ESTATE ACTIVITIES, (Federal Form 1065, Schedule K, Line 2)	\$ <input type="text"/> .00	\$ <input type="text"/> .00
6. NET INCOME (LOSS) FROM OTHER RENTAL ACTIVITIES, (Federal Form 1065, Schedule K, Line 3c)	\$ <input type="text"/> .00	\$ <input type="text"/> .00
7. GUARANTEED PAYMENTS (Federal Form 1065, Schedule K, Line 4c)	\$ <input type="text"/> .00	\$ <input type="text"/> .00
8. INTEREST INCOME (Federal Form 1065, Schedule K, Line 5)	\$ <input type="text"/> .00	\$ <input type="text"/> .00
9. DIVIDEND INCOME (Federal Form 1065, Schedule K, Line 6a)	\$ <input type="text"/> .00	\$ <input type="text"/> .00
10. ROYALTY INCOME (Federal Form 1065, Schedule K, Line 7)	\$ <input type="text"/> .00	\$ <input type="text"/> .00
11. NET SHORT TERM CAPITAL GAIN (LOSS) (Federal Form 1065, Schedule K, Line 8)	\$ <input type="text"/> .00	\$ <input type="text"/> .00
12a. NET LONG TERM CAPITAL GAIN (LOSS) (Federal Form 1065, Schedule K, Line 9a)	\$ <input type="text"/> .00	\$ <input type="text"/> .00
12b. COLLECTIBLE GAIN (LOSS) (Federal Form 1065, Schedule K, Line 9b)	\$ <input type="text"/> .00	\$ <input type="text"/> .00
12c. UNRECAPTURED SECTION 1250 GAIN (Federal Form 1065, Schedule K, Line 9c)	\$ <input type="text"/> .00	\$ <input type="text"/> .00
13. NET GAIN (LOSS) UNDER SECTION 1231 (Federal Form 1065, Schedule K, Line 10)	\$ <input type="text"/> .00	\$ <input type="text"/> .00
14. OTHER INCOME (LOSS) (Federal Form 1065, Schedule K, Line 11)	\$ <input type="text"/> .00	\$ <input type="text"/> .00
15. TOTAL INCOME - Add Line 4 through Line 12a and Line 13 and Line 14	\$ <input type="text"/> .00	\$ <input type="text"/> .00

DEDUCTIONS:

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

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



DELAWARE 2025

F O R M
PRT-RTN
PARTNERSHIP RETURN

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
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)	Beginning of Year	End of Year
8.	WAGES, SALARIES, AND OTHER COMPENSATION OF ALL EMPLOYEES	8. \$.00	\$.00	\$.00	\$.00

SECTION C	GROSS RECEIPTS SUBJECT TO APPORTIONMENT	COLUMN A		COLUMN B	
		Delaware Sourced	Total Sourced (All Sources)	Beginning of Year	End of Year
9.	GROSS RECEIPTS FROM SALES OF TANGIBLE PERSONAL PROPERTY	9. \$.00	\$.00	\$.00	\$.00
10.	GROSS INCOME FROM OTHER SOURCES (See attachment)	10. \$.00	\$.00	\$.00	\$.00
11.	TOTAL - Add Line 9 to Line 10	11. \$.00	\$.00	\$.00	\$.00

SECTION D	DETERMINATION OF APPORTIONMENT PERCENTAGES	12a. ENTER AMOUNT FROM COLUMN A, LINE 7		12b. ENTER AMOUNT FROM COLUMN B, LINE 7		12c. = 12d. %	
		12a. \$.00	12b. \$.00	12c. = 12d. %	12d. \$.00		
13a.	ENTER AMOUNT FROM COLUMN A, LINE 8	13a. \$.00	13b. \$.00	13c. = 13d. %	13d. \$.00		
13b.	ENTER AMOUNT FROM COLUMN B, LINE 8	13b. \$.00					
14a.	ENTER AMOUNT FROM COLUMN A, LINE 11	14a. \$.00	14b. \$.00	14c. = 14d. %	14d. \$.00		
14b.	ENTER AMOUNT FROM COLUMN B, LINE 11	14b. \$.00					
15.	TOTAL COMBINED APPORTIONMENT PERCENTAGES - Add Line 12c, Line 13c, and Line 14c	15. \$.00					
16.	APPORTIONMENT PERCENTAGE (See instructions)	16. \$.00					

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 PARTNERDATE PHONE NUMBER @ EMAIL ADDRESS

PAID PREPARER INFORMATION

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