

*Delaware*  
*Division of Revenue*

**GROSS RECEIPTS**  
**TAX RETURN**  
Form LM3 1309

DF51814019999



Business Name and Address

Account Number

Revenue Code

Business Code

Tax Period Ending

Due on or Before

- 
1. TOTAL GROSS RECEIPTS
  2. MINUS SUBCONTRACTORS AND DEVELOPMENT COSTS
  3. NET GROSS RECEIPTS
  4. MONTHLY EXCLUSION AMOUNT
  5. TAXABLE GROSS RECEIPTS
- GROSS RECEIPTS RATE
6. GROSS RECEIPTS TAX

NOT OFFICIAL - DO NOT FILE

---

I declare under penalties of perjury, that this is a true, correct and complete return.

Mail this Form with Remittance Payable to:  
Delaware Division of Revenue  
P.O. Box 2340  
Wilmington DE 19899-2340

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

For Questions Call: (302) 577-8780

\_\_\_\_\_  
Email Address