



FISCAL YEAR MM|DD|YY To MM|DD|YY

REV CODE 006

NAME

EMPLOYER IDENTIFICATION NUMBER

ADDRESS

CITY STATE ZIP CODE

NATURE OF BUSINESS (SEE INSTRUCTIONS)

A. CHECK APPLICABLE BOX: [] AMENDED RETURN [] PARTNERSHIP DISSOLVED OR INACTIVE [] CHANGE OF ADDRESS
IF THE PARTNERSHIP ADDRESS HAS CHANGED, WHICH ADDRESS IS AFFECTED? [] LOCATION [] MAILING [] BILLING

B. DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE? [] YES [] NO
DID THE PARTNERSHIP HAVE DELAWARE RESIDENT PARTNERS? [] YES [] NO HOW MANY? _____

C. TOTAL NUMBER OF PARTNERS: _____

D. YEAR PARTNERSHIP FORMED: _____

ATTACH COMPLETED COPY OF U.S. PARTNERSHIP RETURN OF INCOME FORM 1065 AND ALL SCHEDULES.

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

INCOME:

Table with 15 rows for income items and 2 columns for totals (Column A Total, Column B Within Delaware). Includes items like Ordinary income, Apportionment percentage, Net income from rental activities, etc.

DEDUCTIONS:

Table with 4 rows for deduction items and 2 columns for totals (Column A Total, Column B Within Delaware). Includes items like Charitable contributions, Section 179 expense deduction, etc.

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

Table with 4 columns: COLUMN A (Delaware Sourced) - Beginning of Year, End of Year; COLUMN B (Total Sourced (All Sources)) - Beginning of Year, End of Year. Rows 1-7 for property valuation.

SECTION B - WAGES, SALARIES, AND OTHER COMPENSATION PAID OR ACCRUED TO EMPLOYEES

8. Wages, salaries and other compensation of all employees..... [] [] 8

SECTION C - GROSS RECEIPTS SUBJECT TO APPORTIONMENT

Table with 2 columns: Description, Amount. Rows 9-11 for gross receipts.

SECTION D - DETERMINATION OF APPORTIONMENT PERCENTAGES

Table for determining apportionment percentages. Rows 12a-16 showing calculations from Column A and B.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE/SHE HAS ANY KNOWLEDGE.

Signature and contact information fields: SIGNATURE OF PARTNER, DATE, TELEPHONE NUMBER, EMAIL ADDRESS, SIGNATURE OF PREPARER, PREPARER'S EIN OR SSN, PREPARER'S PHONE, DATE, STREET ADDRESS OF PREPARER, CITY, STATE, ZIP.

MAIL TO: DIVISION OF REVENUE, P.O. BOX 8703, WILMINGTON, DELAWARE 19899-8703

