2017 DELAWARE

FORM 300
PARTNERSHIP RETURN

DF30017019999

DO NOT WRITE OR STAPLE IN THIS AREA

REV CODE 0006

FISCAL YEAR MM DD YY MM DD YY

BUSINESS 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 NUMBERS 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

1. Ordinary Income (loss) from Federal Form 1065, Schedule K, Line 1 ..... 1 00 1
2. Apportionment percentage from Delaware Form 300, Schedule 2, Line 16 ..... 2 % 2
3. Ordinary Income apportioned to Delaware. Multiply Line 1 times Line 2 ..... 3 00 3

		Column A Total	Column B Within Delaware	
4. Enter In Column A the amount from Line 1 ..... Enter In Column B the amount from Line 3	4	00	00	4
5. Net Income (loss) from rental real estate activities, Federal Form 1065, Schedule K, Line 2	5	00	00	5
6. Net Income (loss) from other rental activities, Federal Form 1065, Schedule K, Line 3c	6	00	00	6
7. Guaranteed payments from Federal Form 1065, Schedule K, Line 4	7	00	00	7
8. Interest Income from Federal Form 1065, Schedule K, Line 5	8	00	00	8
9. Dividend Income from Federal Form 1065, Schedule K, Line 6(a)	9	00	00	9
10. Royalty Income from Federal Form 1065, Schedule K, Line 7	10	00	00	10
11. Net short term capital gain (loss) from Federal Form 1065, Schedule K, Line 8	11	00	00	11
12a. Net long term capital gain (loss) from Federal Form 1065, Schedule K, Line 9(a)	12a	00	00	12a
b. Collectible gain (loss) - Fed Form 1065, Sch. K, Line 9b	00	12b		
c. Unrecaptured Section 1250 gain - Fed Form 1065, Sch. K, Line 9c	00	12c		
13. Net gain (loss) under Section 1231 from Federal Form 1065, Schedule K, Line 10	13	00	00	13
14. Other Income (loss) (Attach Schedule) from Federal Form 1065, Schedule K, Line 11	14	00	00	14
15. Total Income (Combine Lines 4 through 12a, Line 13, and Line 14)	15	00	00	15

DEDUCTIONS:

16. Charitable Contributions from Federal Form 1065, Schedule K, Line 13(a)	16	00	00	16
17. Section 179 expense deduction from Federal Form 1065, Schedule K, Line 12	17	00	00	17
18. Expenses related to investment income (loss) from Federal Form 1065, Schedule K, Line 13(b) and 13(c)	18	00	00	18
19. Other deductions from Federal Form 1065, Schedule K, Line 13(d)	19	00	00	19

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 Delaware Sourced		COLUMN B Total Sourced (All Sources)		
	Beginning of Year	End of Year	Beginning of Year	End of Year	
1. Total real and tangible property owned					1
2. Real tangible property rented (eight times annual rent paid)					2
3. Total (Combine Lines 1 and 2)					3
4. Less: value at original cost of real and tangible property (see instructions)					4
5. Net Values (Subtract Line 4 from Line 3)					5
6. Total (Combine Line 5 Beginning and End of Year Totals)					6
7. Average values. *(Divide Line 6 by 2)*					7

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

9. Gross receipts from sales of tangible personal property			9
10. Gross income from other sources (see attachment)			10
11. Total			11

SECTION D - DETERMINATION OF APPORTIONMENT PERCENTAGES

12a. Enter amount from Column A, Line 7		=	%	12A
12b. Enter amount from Column B, Line 7				
13a. Enter amount from Column A, Line 8		=	%	13A
13b. Enter amount from Column B, Line 8				
14a. Enter amount from Column A, Line 11		=	%	14A
14b. Enter amount from Column B, Line 11				
15. Total(Combined Apportionment Percentages on Lines 12c, 13c, and 14c				15
16. Apportionment percentage (see specific instructions)			%	16

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 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