DELAWARE
FORM 300

TAX YEAR

DO NOT WRITE OR STAPLE IN THIS AREA

DELAWARE PARTNERSHIP RETURN
(FOR TAX YEARS BEGINNING 2000)

REV CODE 006

FISCAL YEAR _____/_____/_____ To _____/_____/_____

NAME			EMPLOYER IDENTIFICATION NUMBER
ADDRESS			NATURE OF BUSINESS
CITY	STATE	ZIP CODE	

A. CHECK APPLICABLE BOX: ☐ INITIAL RETURN ☐ AMENDED RETURN ☐ PARTNERSHIP DISSOLVED OR INACTIVE ☐ CHANGE OF ADDRESS

B. NUMBER OF PARTNERS WHO ARE NON-RESIDENTS OF DELAWARE..... _____

C. DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE? ☐ YES ☐ NO

D. ATTACH COMPLETED COPY OF U.S. PARTNERSHIP RETURN OF INCOME FORM 1065 (AND ALL SCHEDULES OTHER THAN K-1)

E. ALL PARTNERSHIPS WITH NON-RESIDENT PARTNERS MUST COMPLETE SCHEDULE 1. SEE INSTRUCTIONS REGARDING SCHEDULE 2. ALL PARTNERSHIPS MUST COMPLETE SCHEDULE 3.

SCHEDULE 1 - PARTNER'S SHARE PARTNER'S SHARE OF INCOME, DEDUCTIONS, ETC. (ENTER AMOUNTS FROM SCHEDULE K-1, FORM 1065). COMPLETE FOR EACH NON-RESIDENT ONLY (ATTACH ADDITIONAL SCHEDULE IF NECESSARY).	PARTNER A	PARTNER B	PORTION, IF ANY, OF ITEMS DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE	
			PARTNER A	PARTNER B
1. ORDINARY INCOME (LOSS) FROM TRADE OR BUSINESS ACTIVITIES (SCHEDULE K-1, LINE 1).....				
2. NET INCOME (LOSS) FROM RENTAL REAL ESTATE ACTIVITIES (SCHEDULE K-1, LINE 2).....				
3. NET INCOME FROM OTHER RENTAL ACTIVITIES (SCHEDULE K-1, LINE 3).....				
4. PORTFOLIO INCOME (LOSS): (SCHEDULE K-1, LINES 4a THROUGH 4f).....				
a. INTEREST.....				
b. DIVIDENDS.....				
c. ROYALTIES.....				
d. NET SHORT-TERM CAPITAL GAIN (LOSS).....				
e. NET LONG-TERM CAPITAL GAIN (LOSS).....				
f. OTHER PORTFOLIO INCOME (LOSS) (ATTACH SCHEDULE).....				
5. GUARANTEED PAYMENTS TO PARTNER (SCHEDULE K-1, LINE 5).....				
6. NET GAIN (LOSS) UNDER SECTION 1231 (OTHER THAN DUE TO CASUALTY OR THEFT) (SCHEDULE K-1, LINE 6).....				
7. OTHER INCOME (LOSS) (ATTACH SCHEDULE) (SCHEDULE K-1, LINE 7).....				

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, HIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE HAS ANY KNOWLEDGE.

SIGNATURE OF PARTNER | DATE | SIGNATURE OF PREPARER | DATE

PREPARER ADDRESS (STREET, CITY, STATE & ZIP CODE)

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

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					3
4. Less: value at original cost of real and tangible property (see instructions)					4
5. Net Values					5
6. Total Columns A and B					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		=	%	12
12b. Enter amount from Column B, Line 7	12b				
13a. Enter amount from Column A, Line 8	13a		=	%	13
13b. Enter amount from Column B, Line 8	13b				
14a. Enter amount from Column A, Line 11	14a		=	%	14
14b. Enter amount from Column B, Line 11	14b				
15. Total					15
16. Apportionment percentage (see specific instructions)				%	16

SCHEDULE 3 - PARTNER'S INFORMATION (ATTACH CONTINUING SCHEDULE IN SAME FORMAT IF THERE ARE MORE THAN FIVE PARTNERS)

	NAME AND SOCIAL SECURITY NUMBER	ADDRESS	CHECK HERE IF DELAWARE		AMOUNT INCLUDED IN DE GROSS INCOME
			RESIDENT	NON-RESIDENT	
1.	NAME SOCIAL SECURITY NUMBER				
2.	NAME SOCIAL SECURITY NUMBER				
3.	NAME SOCIAL SECURITY NUMBER				
4.	NAME SOCIAL SECURITY NUMBER				
5.	NAME SOCIAL SECURITY NUMBER				