

**DELAWARE
FORM 200-C**

**1999
DELAWARE COMPOSITE
PERSONAL INCOME TAX RETURN**



FISCAL YEAR ____/____/____ TO ____/____/____

DO NOT WRITE OR STAPLE IN THIS AREA

CHECK APPLICABLE BOX: INITIAL RETURN FINAL RETURN AMENDED RETURN

LIST NUMBER OF NON-RESIDENT PARTNERS/SHAREHOLDERS: _____

NAME OF BUSINESS			
ADDRESS	CITY	STATE	ZIP CODE
DELAWARE ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
DATE AND STATE OF INCORPORATION		EMPLOYER IDENTIFICATION OR SOCIAL SECURITY NUMBER	
NATURE OF BUSINESS			

1. DELAWARE SOURCED INCOME (NON-RESIDENTS ONLY).....			1.
2. TAX LIABILITY (MULTIPLY LINE 1 BY .064).....			2.
3. NON REFUNDABLE CREDITS (MUST ATTACH FORM 700).....			3.
4. BALANCE (SUBTRACT LINE 3 FROM LINE 2. CANNOT BE LESS THAN ZERO).....			4.
5. ESTIMATED TAXES PAID (S CORPORATIONS ATTACH COPY OF FORM 1100, SCHEDULE A-1).....			5.
6. IF LINE 5 IS LESS THAN LINE 2, SUBTRACT LINE 5 FROM LINE 2 AND ENTER HERE.....PAY IN FULL>			6.
7. IF LINE 2 IS LESS THAN LINE 5, SUBTRACT LINE 2 FROM LINE 5 AND ENTER HERE.....REFUND>			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 AUTHORIZED OFFICER	TITLE	DATE
SIGNATURE OF PREPARER	PREPARER'S EMPLOYER ID OR SOCIAL SECURITY NUMBER	DATE

MAKE CHECK PAYABLE AND MAIL TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 508, WILMINGTON, DE 19899-0508

INSTRUCTIONS FOR COMPOSITE PERSONAL INCOME TAX RETURN

The Delaware Division of Revenue will accept a composite return of qualifying non-resident shareholders of an S corporation (or of a limited liability company which is treated as a partnership) or of qualifying non-resident individual partners of a partnership if all conditions specified below are met:

- Members included in the composite return must be non-residents of the State of Delaware for the full taxable year.
- Members included in the composite return must have no income (including spouse's) from sources within the state other than his or her distributive share of corporate or partnership income whose source is within Delaware.
- All members included in the composite return must have the same tax year for income tax purposes.

An affidavit stating the member qualifies for inclusion in a composite return under the three items above must be executed by each member included in the composite return. The affidavits must be maintained in the corporation or partnership files and are subject to review by the Division of Revenue.

There is a requirement for all qualifying non-resident individual partners to file the Delaware Form 200-C. If one or more partners choose not to file the Delaware Form 200-C, they must file a Delaware Non-Resident Personal Income Tax Return, Form 200-02.

The following limitations and conditions shall apply to those members included in the composite return:

- No tax credits other than non-refundable credits from Form 700 will be allowed.
- No net operating losses will be allowed.
- Any refund or overpayment of income taxes made on a composite basis must be remitted to the organization for distribution to the members.

A composite return may not be changed or corrected except by an amended composite return filed by the entity.

Composite returns are due on the 15th day of the fourth month following the close of the taxable year of the shareholders or partners included in the composite return. Federal Extensions of Time to File will be accepted on a composite basis.

The Delaware Division of Revenue requires Schedule K-1 for all corporate partners, non-resident individual partners, and shareholders.

The composite return must be signed by the partners or corporate officers authorized to sign the partnership return or S corporation income tax return.