DELAWARE
FORM 300

DELAWARE PARTNERSHIP RETURN
TAX YEAR
2010

DO NOT WRITE OR STAPLE IN THIS AREA

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

REV CODE 006

NAME			EMPLOYER IDENTIFICATION NUMBER
ADDRESS			NATURE OF BUSINESS (SEE INSTRUCTIONS)
CITY	STATE	ZIP CODE	

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:

1. Ordinary income (loss) from Federal Form 1065, Schedule K, Line1	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 portfolio 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

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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		=	%	12c
12b. Enter amount from Column B, Line 7				
13a. Enter amount from Column A, Line 8		=	%	13c
13b. Enter amount from Column B. Line 8				
14a. Enter amount from Column A, Line 11		=	%	14c
14b. Enter amount from Column B, Line 11				

15. Total (Combine 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	E-MAIL ADDRESS
SIGNATURE OF PREPARER	DATE	TELEPHONE NUMBER	PRINT NAME OF PREPARER

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

PREPARER EIN/SSN/PTIN

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

(Revised 12/15/10)