DELAV	VARE
FORM	300

DELAWARE PARTNERSHIP RETURN TAX YEAR

FISC	CAL YEAR///	To/	/					R	EV CODE (006
NAME					EMPLOYER IDENTIFICATION NUMBER					
ADE	DRESS					NATURE O	F BUSINES	SS (SEE	INSTRUCTIO	NS)
СІТ	Y	STAT	E	ZIP CODI	E					
<u> </u>		IDED RETURN	ARTNERSHIP DI	SSOLVED OR INACTIVE		F ADDRESS		1	1 1	
	IF THE PARTNERSHIP ADDRESS HAS CHAI					BILLING				
B.						NO				
B. DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE?										
	IF THE ANSWER TO EITHER QUESTION ON									
C.	TOTAL NUMBER OF PARTNERS:									
о. D.	YEAR PARTNERSHIP FORMED:									
D.	ATTACH COMPLETED COPY OF U.S. PART		F FORM 1065 AN	DALL SCHEDULES.						
SC	HEDULE 1 - PARTNERSHIP SHARE (LAWARE					
	OME:									_
1.	Ordinary income (loss) from Federal								00	1
2.	Apportionment percentage from Dela				=				%	2
3.	Ordinary income apportioned to Dela	aware. Multiply Line i tin	ies Line Z						00	3
					Column A Total		V	Column Vithin Dela		
4.	Enter in Column A the amount from			1		00			00	4
	Enter in Column B the amount from	Line 3		L						
5.	Net income (loss) from rental real es	state activities,		Г						٦
	Federal Form 1065, Schedule	K, Line 2		5		00			00	5
6.	Net income (loss) from other rental a			6		00			00	6
	Federal Form 1065, Schedule	K, Line 3c		······ ·						-l°
7.	Guaranteed payments from Federal F	Form 1065, Schedule K,	_ine 4			00			00	7
8.	Interest income from Federal Form 1	065, Schedule K, Line 5				00				
		,,		8					00	8
9.	Dividend income from Federal Form	1065, Schedule K, Line 6	6(a)			00			00	9
10.	Royalty income from Federal Form 1	1065, Schedule K, Line 7								+
11	Net short term capital gain (loss) from	1		10		00			00	10
	Federal Form 1065, Schedule					00			00	11
12a	. Net long term capital gain (loss) from			F						-
	Federal Form 1065, Schedule I	K, Line 9(a)		12a		00			00	12
	b. Collectible gain (loss) - Fed Fo	orm 1065, Sch. K, Line 9b		00 1	2b					
	c. Unrecaptured Section 1250 ga	in - Fed Form 1065, Sch.	K, Line 9c	00 1						
13.	Net gain (loss) under Section 1231 fro			 Г						٦
	Federal Form 1065, Schedule			13		00			00	13
14.	Other income (loss) (Attach schedule) Federal Form 1065, Schedule			14		00			00	14
4 5										-
15.	,	gn 12a, Line 13, and Line	÷ 14)	15		00			00	15
16.	Charitable contributions from Federal Form 1065, Schedule I	K line 13(a)		16		00			00	16
17.	Section 179 expense deduction from									+
	Federal Form 1065, Schedule	K, Line 12				00			00	17
18.	Expenses related to portfolio income ((loss) from								-
	Federal Form 1065, Schedule K	K, Line 13(b) and 13(c)				00			00	18
19.	Other deductions from Federal Form	1065, Schedule K, Line	13(d)			00			00	19

TAX YEAR 2009

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 Yea		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 ACC	CRUED TO EMPLOY	'EES				
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]	
12b. Enter amount from Column B, Line 7			=	%	12c	
13a. Enter amount from Column A, Line 8]	
13b. Enter amount from Column B. Line 8			=	%	13c	
14a. Enter amount from Column A, Line 11				%	1	
14b. Enter amount from Column B, Line 11			=	%	14c	
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

SIGNATURE OF PREPARER

DATE

DATE

TELEPHONE NUMBER

TELEPHONE NUMBER

E-MAIL ADDRESS

PREPARER EIN/SSN/PTIN

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

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



PRINT NAME OF PREPARER