

DO NOT WRITE OR STAPLE IN THIS AREA



DF30016019999

FISCAL YEAR MM|DD|YY To MM|DD|YY

REV CODE 0006

BUSINESS NAME

ADDRESS

CITY STATE ZIP CODE

EMPLOYER IDENTIFICATION NUMBER

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 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:

Table with 15 rows for income items. Columns include description, line number, Column A Total, and Column B Within Delaware. Items include Ordinary income, Apportionment percentage, Net income from rental activities, Guaranteed payments, Interest income, Dividend income, Royalty income, Net short term capital gain, Net long term capital gain, Net gain under Section 1231, and Other income.

DEDUCTIONS:

Table with 4 rows for deduction items. Columns include description, line number, Column A Total, and Column B Within Delaware. Items include Charitable contributions, Section 179 expense deduction, Expenses related to portfolio income, and Other deductions.

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

Table with 4 columns: COLUMN A (Delaware Sourced) and COLUMN B (Total Sourced (All Sources)), each with sub-columns for Beginning of Year and End of Year. Rows 1-7 list property types and calculations.

SECTION B - WAGES, SALARIES, AND OTHER COMPENSATION PAID OR ACCRUED TO EMPLOYEES

8. Wages, salaries and other compensation of all employees..... [input box] [input box] 8

SECTION C - GROSS RECEIPTS SUBJECT TO APPORTIONMENT

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

SECTION D - DETERMINATION OF APPORTIONMENT PERCENTAGES

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



DF30016029999