



DF30015019999

DO NOT WRITE OR STAPLE IN THIS AREA

FISCAL YEAR MM/DD/YY To MM/DD/YY

REV CODE 006

BUSINESS NAME

Bob's Rentals, LLC

ADDRESS

30732 Nowhere Road

CITY

Harbeson

STATE

DE

ZIP CODE

19954

EMPLOYER IDENTIFICATION NUMBER

1 5 9 7 5 3 2 5 8

NATURE OF BUSINESS (SEE INSTRUCTIONS)

5 3 1 1 1 0

A. CHECK APPLICABLE BOX: ☐ AMENDED RETURN ☐ PARTNERSHIP DISSOLVED OR INACTIVE ☐ CHANGE OF ADDRESSIF THE PARTNERSHIP ADDRESS HAS CHANGED, WHICH ADDRESS IS AFFECTED? ☐ LOCATION ☐ MAILING ☐ BILLINGB. DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE? ☒ YES ☐ NODID THE PARTNERSHIP HAVE DELAWARE RESIDENT PARTNERS? ☒ YES ☐ NO HOW MANY? 2

C. TOTAL NUMBER OF PARTNERS: 2

D. YEAR PARTNERSHIP FORMED: 2012

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, Line 1.....	1	-3064	00	1
2. Apportionment percentage from Delaware Form 300, Schedule 2, Line 16.....	2	100.0000	%	2
3. Ordinary income apportioned to Delaware. Multiply Line 1 times Line 2.....	3	-3064	00	3
4. Enter in Column A the amount from Line 1.....	4	-3064	00	4
Enter in Column B the amount from Line 3.....				
5. Net income (loss) from rental real estate activities,	5		00	5
Federal Form 1065, Schedule K, Line 2.....				
6. Net income (loss) from other rental activities,	6		00	6
Federal Form 1065, Schedule K, Line 3c.....				
7. Guaranteed payments from Federal Form 1065, Schedule K, Line 4.....	7		00	7
8. Interest income from Federal Form 1065, Schedule K, Line 5.....	8		00	8
9. Dividend income from Federal Form 1065, Schedule K, Line 6(a).....	9		00	9
10. Royalty income from Federal Form 1065, Schedule K, Line 7.....	10		00	10
11. Net short term capital gain (loss) from	11		00	11
Federal Form 1065, Schedule K, Line 8.....				
12a. Net long term capital gain (loss) from	12a		00	12a
Federal Form 1065, Schedule K, Line 9(a).....				
b. Collectible gain (loss) - Fed Form 1065, Sch. K, Line 9b	12b		00	12b
c. Unrecaptured Section 1250 gain - Fed Form 1065, Sch. K, Line 9c	12c		00	12c
13. Net gain (loss) under Section 1231 from	13		00	13
Federal Form 1065, Schedule K, Line 10.....				
14. Other income (loss) (Attach schedule) from	14		00	14
Federal Form 1065, Schedule K, Line 11.....				
15. Total Income (Combine Lines 4 through 12a, Line 13, and Line 14).....	15	-3064	00	15

DEDUCTIONS:

16. Charitable contributions from	16		00	16
Federal Form 1065, Schedule K, Line 13(a).....				
17. Section 179 expense deduction from	17		00	17
Federal Form 1065, Schedule K, Line 12.....				
18. Expenses related to portfolio income (loss) from	18		00	18
Federal Form 1065, Schedule K, Line 13(b) and 13(c).....				
19. Other deductions from Federal Form 1065, Schedule K, Line 13(d).....	19		00	19

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).....	0	0	0	0	3
4. Less: value at original cost of real and tangible property (see instructions).....					4
5. Net Values (Subtract Line 4 from Line 3).....	0	0	0	0	5
6. Total (Combine Line 5 Beginning and End of Year Totals).....		0		0	6
7. Average values. (Divide Line 6 by 2).....		0		0	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..... 0 11

SECTION D - DETERMINATION OF APPORTIONMENT PERCENTAGES

12a. Enter amount from Column A, Line 7..... 0
 12b. Enter amount from Column B, Line 7..... 0 = % 12c
 13a. Enter amount from Column A, Line 8..... 0
 13b. Enter amount from Column B, Line 8..... 0 = % 13c
 14a. Enter amount from Column A, Line 11..... 0
 14b. Enter amount from Column B, Line 11..... 0 = % 14c
 15. Total (Combine Apportionment Percentages on Lines 12c, 13c and 14c)..... 0.0000 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	EMAIL ADDRESS
		B00000078	302-999-9999
SIGNATURE OF PREPARER		PREPARER'S EIN OR SSN	PREPARER'S PHONE
			7/22/15
223 S. Nowhere Drive	Milford	DE	19963
STREET ADDRESS OF PREPARER	CITY	STATE	ZIP

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



or Fiscal Year beginning MM/DD/YY and ending MM/DD/YY

Partner's Identifying Number ▶ 123-45-6789

☐ EIN☒ SSN

Partnership's Identifying Number ▶ 159753258

Partner's Business Name

Partner's Address

30732 New Avenue

City

State

Zip-Code

Harbeson

DE

19954

Country

Attention

- OR -

Partner's First Name

Joe

Partner's Last Name

Smith

Partner's Type of Entity (See Instructions)

Code	Description
0 1	Individual

☒ Resident☐ Non-Resident

Partner's Share of Profit, Loss and Capital:			
	Beginning		Ending
Profit:	50.00000	%	Profit: 50.00000 %
Loss:	50.00000	%	Loss: 50.00000 %
Capital:	50.00000	%	Capital: 50.00000 %

Allocable Share of Income	Column A Federal 1065, Schedule K-1 Amount	Column B Portion of Items Derived from Sources in DE
1. Ordinary Income (Loss) from Trade or Business Activities...	-1532	-1532
2. Net Income (Loss) from Rental Real Estate Activities.....		
3. Net Income (Loss) from Other Rental Activities.....		
4. Guaranteed Payment to Partner.....		
5. Interest.....		
6. Dividends.....		
7. Royalties.....		
8. Net Short-term Capital Gain (Loss).....		
9. Net Long-term Capital Gain (Loss).....		
10. Net Gain (Loss) under 1231 (other than Due to Casualty and Theft).....		
11. Other Income (Loss).....		
12. Total Income (Combine Line 1 to Line 11).....	-1532	-1532

Allocable Share of Deductions	Column A Federal 1065, Schedule K-1 Amount	Column B Portion of Items Derived from Sources in DE
13. Charitable Contributions.....		
14. Section 179 Expense Deductions.....		
15. Expenses from Portfolio Income.....		
16. Other Deduction/Credits (Attach Schedule).....		



or Fiscal Year beginning MM/DD/YY and ending MM/DD/YY

Partner's Identifying Number ▶ 112233445

☐ EIN☒ SSN

Partnership's Identifying Number ▶ 159753258

Partner's Business Name

Partner's Address

30732 Nowhere Road

City

State

Zip-Code

Harbeson

DE

19954

Country

Attention

- OR -

Partner's First Name

Kathy

Partner's Last Name

Smith

Partner's Type of Entity (See Instructions)

Code	Description
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☒ Resident☐ Non-Resident

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