



DF30015019999

DO NOT WRITE OR STAPLE IN THIS AREA

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

REV CODE 006

BUSINESS NAME

MY INFOTECH LLC

ADDRESS

1000 STONE RIDGE WAY

CITY

DOVER

STATE

DE

ZIP CODE

19901

EMPLOYER IDENTIFICATION NUMBER

9 8 7 6 5 4 6 5 4

NATURE OF BUSINESS (SEE INSTRUCTIONS)

5 4 1 9 9 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? 1

C. TOTAL NUMBER OF PARTNERS: 2

D. YEAR PARTNERSHIP FORMED: 2007

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	26500	00	1
2. Apportionment percentage from Delaware Form 300, Schedule 2, Line 16.....	2	79.7654	%	2
3. Ordinary income apportioned to Delaware. Multiply Line 1 times Line 2.....	3	21138	00	3
4. Enter in Column A the amount from Line 1.....	4	26500	00	4
Enter in Column B the amount from Line 3.....			21138	00
5. Net income (loss) from rental real estate activities, Federal Form 1065, Schedule K, Line 2.....	5		00	5
6. Net income (loss) from other rental activities, Federal Form 1065, Schedule K, Line 3c.....	6		00	6
7. Guaranteed payments from Federal Form 1065, Schedule K, Line 4.....	7	13958	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 Federal Form 1065, Schedule K, Line 8.....	11		00	11
12a. Net long term capital gain (loss) from Federal Form 1065, Schedule K, Line 9(a).....	12a		00	12a
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 Federal Form 1065, Schedule K, Line 10.....	13		00	13
14. Other income (loss) (Attach schedule) from Federal Form 1065, Schedule K, Line 11.....	14		00	14
15. Total Income (Combine Lines 4 through 12a, Line 13, and Line 14).....	15	40458	00	15

## DEDUCTIONS:

16. Charitable contributions from Federal Form 1065, Schedule K, Line 13(a).....	16		00	16
17. Section 179 expense deduction from Federal Form 1065, Schedule K, Line 12.....	17		00	17
18. Expenses related to portfolio income (loss) from Federal Form 1065, Schedule K, Line 13(b) and 13(c).....	18		00	18
19. Other deductions from Federal Form 1065, Schedule K, Line 13(d).....	19	7158	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.....	4370	4370	4370	4370	1
2. Real tangible property rented (eight times annual rent paid).....	57600	58576	57600	58576	2
3. Total (Combine Lines 1 and 2).....	61970	62946	61970	62946	3
4. Less: value at original cost of real and tangible property (see instructions).....					4
5. Net Values (Subtract Line 4 from Line 3).....	61970	62946	61970	62946	5
6. Total (Combine Line 5 Beginning and End of Year Totals).....	124916		124916		6
7. Average values. (Divide Line 6 by 2).....	62458		62458		7

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

8. Wages, salaries and other compensation of all employees..... 67000 170500 8

**SECTION C - GROSS RECEIPTS SUBJECT TO APPORTIONMENT**

9. Gross receipts from sales of tangible personal property..... 0 0 9  
 10. Gross income from other sources (see attachment)..... 314899 314899 10  
 11. Total..... 314899 314899 11

**SECTION D - DETERMINATION OF APPORTIONMENT PERCENTAGES**

12a. Enter amount from Column A, Line 7..... 62458  
 12b. Enter amount from Column B, Line 7..... 62458 = 100.0000 % 12c  
 39.2962  
 13a. Enter amount from Column A, Line 8..... 67000  
 13b. Enter amount from Column B, Line 8..... 170500 = % 13c  
 14a. Enter amount from Column A, Line 11..... 314899  
 14b. Enter amount from Column B, Line 11..... 314899 = 100.0000 % 14c  
 15. Total (Combine Apportionment Percentages on Lines 12c, 13c and 14c)..... 239.2962 15  
 16. Apportionment percentage (see specific instructions)..... 79.7654 % 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



or Fiscal Year beginning MM/DD/YY and ending MM/DD/YYPartner's Identifying Number ▶ 123123789

EIN



SSN

Partnership's Identifying Number ▶ 987654654

Partner's Business Name

Partner's Address

1000 STONE RIDGE WAY

City

State

Zip-Code

DOVERDE19901

Country

USA

Attention

- OR -

Partner's First Name

William

Partner's Last Name

Joebob

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:	51.00000	%	95.00000	%
Loss:	51.00000	%	95.00000	%
Capital:	42.21900	%	42.21900	%

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...	25175	20081
2. Net Income (Loss) from Rental Real Estate Activities.....		
3. Net Income (Loss) from Other Rental Activities.....		
4. Guaranteed Payment to Partner.....	13958	13958
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).....	39133	34039
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).....	7158	7158



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

Partner's Identifying Number ▶ 123123678

☐ EIN☒ SSN

Partnership's Identifying Number ▶ 987654654

Partner's Business Name

Partner's Address

2094 EAST THIS WAY

City

State

Zip-Code

CHAMPAIGN

IL

61822

Country

USA

Attention

- OR -

Partner's First Name

Lucy

Partner's Last Name

Joebob

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:	49.00000	%	Profit: 5.00000
Loss:	49.00000	%	Loss: 5.00000
Capital:	57.78100	%	Capital: 57.78100

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...	1325	1057
2. Net Income (Loss) from Rental Real Estate Activities.....		
3. Net Income (Loss) from Other Rental Activities.....		
4. Guaranteed Payment to Partner.....	5000	5000
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).....	6325	6057
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).....		

