2022 **DELAWARE**

FORM 300



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DO NOT WRITE OR STAPLE IN THIS AREA	

REV CODE 0006 FISCAL YEAR **EMPLOYER IDENTIFICATION NUMBER BUSINESS NAME** ADDRESS CITY STATE ZIP CODE NATURE OF BUSINESS (SEE INSTRUCTIONS) 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** DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE B YES NO DID THE PARTNERSHIP HAVE DELAWARE RESIDENT PARTNERS? HOW MANY? TOTAL NUMBERS OF PARTNERS: YEAR PARTNERSHIP FORMED: D. 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 Ordinary Income (loss) from Federal Form 1065, Schedule K, Line 1...... % 2 Apportionment percentage from Delaware Form 300, Schedule 2, Line 16..... 2 Ordinary Income apportioned to Delaware. Multiply Line 1 times Line 2..... 3 3. Column B Enter In Column A the amount from Line 1..... Enter In Column B the amount from Line 3..... Net Income (loss) from rental real estate activities Federal Form 1065, Schedule K, Line 2..... Net Income (loss) from other rental activities. 6. Federal Form 1065, Schedule K, Line 3c..... 6 6 Guaranteed payments from Federal Form 1065, Schedule K, Line 4..... 7. 7 8 Interest Income from Federal Form 1065, Schedule K, Line 5. 8. 8 9 Dividend Income from Federal Form 1065, Schedule K, Line 6(a)..... 9 10 10. Royalty Income from Federal Form 1065, Schedule K, Line 7.... 10 Net short term capital gain (loss) from 11 Federal Form 1065, Schedule K, Line 8..... 12a. Net long term capital gain (loss) from Federal Form 1065, Schedule K, Line 9(a)..... 12a 12a b. Collectible gain (loss) - Fed Form 1065, Sch. K, Line 9b 12b c. Unrecaptured Section 1250 gain - Fed Form 1065, Sch. K, Line 9c 12c Net gain (loss) under Section 1231 from Federal Form 1065, Schedule K, Line 10..... 13 13 14. Other Income (loss) (Attach Schedule) from Federal Form 1065, Schedule K, Line 11..... 14 14 15 15. Total Income (Combine Lines 4 through 12a, Line 13, and Line 14)..... 15 DEDUCTIONS: 16. Charitable Contributions from 16 Federal Form 1065, Schedule K, Line 13(a)..... 16 17. Section 179 expense deduction from Federal Form 1065, Schedule K, Line 12..... 17 18. Expenses related to investment income (loss) from Federal Form 1065, Schedule K, Line 13(b) and 13(c)..... 18 18

19



19. Other deductions from Federal Form 1065, Schedule K, Line 13(d).....

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 TANGIBL	E 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 ar	nual rent paid)					2
3. Total (Combine Lines 1 and 2)						3
4. Less: value at original cost of real and tangib	ole 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 C	OTHER COMPENSATION PAID	OR ACCRUED TO EN	IPLOYEES			
8. Wages, salaries and other compensation of	all employees				8	
SECTION C - GROSS RECEIPTS SUBJECT	T TO APPORTIONMENT					
9. Gross receipts from sales of tangible person	al property				9	
10. Gross income from other sources (see atta	chment)				10	
11. Total					11	
SECTION D - DETERMINATION OF APPO	RTIONMENT 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					% 13c	
13b. Enter amount from Column B, Line 8				=	70 130	
14a. Enter amount from Column A, Line 11				=		
14b. Enter amount from Column B, Line 11					% 14c	
15. Total(Combined Apportionment Percentage	s on Lines 12c, 13c, and 14c				15	
16. Apportionment percentage (see specific ins	tructions)				% 16	
UNDER PENALTIES OF PERJURY, I DEC AND TO THE BEST OF MY KNOWLEDGE THIS DECLARATION IS BASED ON ALL I	AND BELIEF IT IS TRUE, COF	RRECT, AND COMPLE	TE. IF PREPARE			
SIGNATURE OF PARTNER	DATE TELEPHONE NUM	MBER	EMAIL AD	DDRESS		
SIGNATURE OF PREPARER	PREPAREF	R'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

