





DELAWARE BUSINESS INCOME OF NON-RESIDENT FORMERLY FORM 800

| TAXPAYER NAI | ME | | TAXPAYER II | D | | | | | |
|-----------------|---|--------------------------|--------------|-----------|---------------|----------|-------------|-----|--|
| | | | | | | | | | |
| | | | | | | | | | |
| BUSINESS NAME | | | BUSINESS TA | AXPAYER I | ID | | | | |
| 505111255 14711 | <u>-</u> | | 500111235 17 | | | | | | |
| | | | | | | | | | |
| | Complete only if business has Federal Scheducted with sources in Delaware and at least on | | ip income or | loss deri | ved from o | or | | | |
| | | COLU | COLUMN A | | | COLUMN B | | | |
| | GROSS REAL AND TANGIBLE PERSONAL PROPERTY | Delaware Sourced | | | Total Sourced | | | | |
| | FROFERIT | Beginning of Year | End of Yea | r Be | eginning of Y | ear | End of Year | | |
| 1. | Total real and tangible property owned | .00 | | .00 | | .00 | | .00 | |
| 2. | Real tangible property rented (eight times annual rent paid) | .00 | | .00 | | .00 | | .00 | |
| 3. | Total | .00 | | .00 | | .00 | | .00 | |
| 4. | Total Columns A and B | | | .00 | | | | .00 | |
| 5. | Average values. (Divide Line 4 by 2) | | | .00 | | | | .00 | |
| 6. | WAGES, SALARIES, AND Wages, Salaries and other Compensation of all employ | | SATION PAID | TO EMPL | OYEES | | | .00 | |
| | GROSS RECEI | IPTS SUBJECT TO <i>I</i> | APPORTIONM | ENT | | | | | |
| 7. | Gross receipts from sales of tangible personal propert | V | | | .00 | | | .00 | |
| 8. | Gross income from other sources (see instructions) | | | .00 | | | | | |
| 9. | Total | | | | .00 | | | .00 | |
| | DETERMINATIO | N OF APPORTION | MENT PERCEN | NTAGES | | | | | |
| 10a. | Enter amount from Column A, Line 5 | | | | 00 | | | | |
| 10b. | Enter amount from Column B, Line 5 | | | | = 10. 00 | | | | |
| 11a. | Enter amount from Column A, Line 6 | | | | 00 | | | | |
| 11b. | Enter amount from Column B, Line 6 | | | | = 11. | | | | |
| 12a. | Enter amount from Column A, Line 9 | | | | 00 | | | | |
| 12b. | Enter amount from Column B, Line 9 | | | | = 12. | | | | |
| 13. | Total | | | | | | | | |
| 14. | Apportionment percentage (see specific instructions) | | | | | | | | |
| 15. | Amount from Form PIT-NON, Page 1, Column A, Line 6 | or Line 10 | | | | | | .00 | |

16. Multiply Line 15 by Line 14. Enter here and on Form PIT-NON, Page 1, Column B, Line 6 or Line 10