



# DELAWARE 2023

DIVISION OF REVENUE FORM

## PARTNERSHIP RETURN FORMERLY 300

For Fiscal Year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Legal Partnership Name \_\_\_\_\_

Taxpayer ID \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Nature of Business (See instructions) \_\_\_\_\_

- A.**  Check Applicable Box(es):
- |   | Amended Return                                | Partnership Dissolved or Inactive | Change of Address |         |
|---|---|-----------------------------------|-------------------|---------|
|   | If address changed, check applicable box(es): |                                   | Location          | Mailing |
|   |   |                                   |                   | Billing |
| <b>B. DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE?</b> |   |                                   | Yes               | No      |
| <b>B. DID THE PARTNERSHIP HAVE DELAWARE RESIDENT PARTNERS?</b>                                |   |                                   | Yes               | No      |
| <b>C. TOTAL NUMBER OF PARTNERS</b>  |   |                                   |                   |         |
| <b>D. YEAR PARTNERSHIP FORMED</b>   |   |                                   |                   |         |

**SCHEDULE 1 - PARTNERSHIP SHARE OF INCOME AND DEDUCTIONS WITHIN AND WITHOUT DELAWARE**

<b>1. ORDINARY INCOME (LOSS)</b> (Federal Form 1065, Schedule K, Line 1)	<b>1.</b>		<b>.00</b>
<b>2. APPORTIONMENT PERCENTAGE</b> (Delaware Form PRT-RTN, Schedule 2, Line 16)	<b>2.</b>		
<b>3. ORDINARY INCOME APPORTIONED TO DELAWARE - Multiply Line 1 by Line 2</b>	<b>3.</b>		<b>.00</b>
		<b>COLUMN A</b>	<b>COLUMN B</b>
		Total	Within Delaware
<b>4. ENTER in Column A the Amount from Line 1 and in Column B the Amount from Line 3</b>	<b>4.</b>	<b>.00</b>	<b>.00</b>
<b>5. NET INCOME (LOSS) FROM RENTAL REAL ESTATE ACTIVITIES,</b> (Federal Form 1065, Schedule K, Line 2)	<b>5.</b>	<b>.00</b>	<b>.00</b>
<b>6. NET INCOME (LOSS) FROM OTHER RENTAL ACTIVITIES,</b> (Federal Form 1065, Schedule K, Line 3c)	<b>6.</b>	<b>.00</b>	<b>.00</b>
<b>7. GUARANTEED PAYMENTS</b> (Federal Form 1065, Schedule K, Line 4c)	<b>7.</b>	<b>.00</b>	<b>.00</b>
<b>8. INTEREST INCOME</b> (Federal Form 1065, Schedule K, Line 5)	<b>8.</b>	<b>.00</b>	<b>.00</b>
<b>9. DIVIDEND INCOME</b> (Federal Form 1065, Schedule K, Line 6a)	<b>9.</b>	<b>.00</b>	<b>.00</b>
<b>10. ROYALTY INCOME</b> (Federal Form 1065, Schedule K, Line 7)	<b>10.</b>	<b>.00</b>	<b>.00</b>
<b>11. NET SHORT TERM CAPITAL GAIN (LOSS)</b> (Federal Form 1065, Schedule K, Line 8)	<b>11.</b>	<b>.00</b>	<b>.00</b>
<b>12a. NET LONG TERM CAPITAL GAIN (LOSS)</b> (Federal Form 1065, Schedule K, Line 9a)	<b>12a.</b>	<b>.00</b>	<b>.00</b>
<b>12b. COLLECTIBLE GAIN (LOSS)</b> (Federal Form 1065, Schedule K, Line 9b)	<b>12b.</b>	<b>.00</b>	
<b>12c. UNRECAPTURED SECTION 1250 GAIN</b> (Federal Form 1065, Schedule K, Line 9c)	<b>12c.</b>	<b>.00</b>	
<b>13. NET GAIN (LOSS) UNDER SECTION 1231</b> (Federal Form 1065, Schedule K, Line 10)	<b>13.</b>	<b>.00</b>	<b>.00</b>
<b>14. OTHER INCOME (LOSS)</b> (Federal Form 1065, Schedule K, Line 11)	<b>14.</b>	<b>.00</b>	<b>.00</b>
<b>15. TOTAL INCOME - Add Line 4 through Line 12a and Line 13 and Line 14</b>	<b>15.</b>	<b>.00</b>	<b>.00</b>
<b>DEDUCTIONS:</b>			
<b>16. CHARITABLE CONTRIBUTIONS</b> (Federal Form 1065, Schedule K, Line 13a)	<b>16.</b>	<b>.00</b>	<b>.00</b>
<b>17. SECTION 179 EXPENSE DEDUCTION</b> (Federal Form 1065, Schedule K, Line 12)	<b>17.</b>	<b>.00</b>	<b>.00</b>
<b>18. EXPENSES RELATED TO INVESTMENT INCOME (LOSS)</b> (Federal Form 1065, Schedule K, Lines 13b and 13c)	<b>18.</b>	<b>.00</b>	<b>.00</b>
<b>19. OTHER DEDUCTIONS</b> (Federal Form 1065, Schedule K, Line 13d)	<b>19.</b>	<b>.00</b>	<b>.00</b>

📎 Attach Completed Copy of U.S. Partnership Return of Income Form 1065 and ALL Schedules.

