

DO NOT WRITE OR STAPLE IN THIS AREA



DF30018019999

FISCAL YEAR 01 01 18 12 31 18

REV CODE 0006

BUSINESS NAME: XYZ HORSE TRADING CO, LLC
ADDRESS: 625 TECHNOLOGY DRIVE
CITY: WESTBOROUGH STATE: MA ZIP CODE: 01581

EMPLOYER IDENTIFICATION NUMBER

NATURE OF BUSINESS (SEE INSTRUCTIONS)
5 4 1 9 9 0

- A. CHECK APPLICABLE BOX AMENDED RETURN PARTNERSHIP DISSOLVED OR INACTIVE CHANGE OF ADDRESS
B. DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE
C. TOTAL NUMBERS OF PARTNERS: 4
D. YEAR PARTNERSHIP FORMED: 2005

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

Table with 3 main columns: Description, Column A Total, Column B Within Delaware. Rows include Ordinary Income, Apportionment percentage, Net Income from rental activities, etc.

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

Table with 4 columns: Description, COLUMN A (Delaware Sourced), COLUMN B (Total Sourced (All Sources)), and Line Number. Rows include Total real and tangible property owned, Real tangible property rented, Total (Combine Lines 1 and 2), Less: value at original cost, Net Values, Total (Combine Line 5 Beginning and End of Year Totals), and Average values.

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

8. Wages, salaries and other compensation of all employees..... 541941 8

SECTION C - GROSS RECEIPTS SUBJECT TO APPORTIONMENT

Table with 3 columns: Description, Amount, and Line Number. Rows include Gross receipts from sales of tangible personal property, Gross income from other sources, and Total.

SECTION D - DETERMINATION OF APPORTIONMENT PERCENTAGES

Table with 4 columns: Description, Amount, Operator, Percentage, and Line Number. Rows include 12a-12b, 13a-13b, 14a-14b, 15, and 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 | YY

Partner's Identifying Number ▶ 777665544 EIN SSN Partnership's Identifying Number ▶ _____

Partner's Business Name

Partner's Address
23 FARM ROAD

-OR-

City State Zip-Code
SHREWSBURY MA 01545 - _____

Partner's First Name
JOSEPH

Country

Partner's Last Name
JOHNSON

Attention

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:	<u>32.670000</u>	<u>32.670000</u>	Profit:
Loss:	<u>32.670000</u>	<u>32.670000</u>	Loss:
Capital:	<u>32.670000</u>	<u>32.670000</u>	Capital:

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 of Business Activities..		
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).....		

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



DO NOT WRITE OR STAPLE IN THIS AREA



DF30018019999

FISCAL YEAR 01 01 18 12 31 18

REV CODE 0006

BUSINESS NAME: BOB'S RENTAL'S, LLC
ADDRESS: 30732 NOWHERE ROAD
CITY: HARBESON STATE: DE ZIP CODE: 19954

EMPLOYER IDENTIFICATION NUMBER

NATURE OF BUSINESS (SEE INSTRUCTIONS)
5 3 1 1 1 0

- A. CHECK APPLICABLE BOX AMENDED RETURN PARTNERSHIP DISSOLVED OR INACTIVE CHANGE OF ADDRESS
B. DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE
C. TOTAL NUMBERS 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

Table with 15 rows for income and 19 rows for deductions. Columns include description, line number, and amounts for Column A (Total) and Column B (Within Delaware).

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

Table with 4 columns: COLUMN A Delaware Sourced, COLUMN B Total Sourced (All Sources), Beginning of Year, End of Year. Rows 1-7 detailing property values and averages.

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

8. Wages, salaries and other compensation of all employees..... 0 8

SECTION C - GROSS RECEIPTS SUBJECT TO APPORTIONMENT

9. Gross receipts from sales of tangible personal property..... 0 9
10. Gross income from other sources (see attachment)..... 0 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 = 0.000000% 12c
13a. Enter amount from Column A, Line 8..... 0
13b. Enter amount from Column B, Line 8..... 0 = 0.000000% 13c
14a. Enter amount from Column A, Line 11..... 0
14b. Enter amount from Column B, Line 11..... 0 = 0.000000% 14c
15. Total(Combined Apportionment Percentages on Lines 12c, 13c, and 14c..... 0.000000 15
16. Apportionment percentage (see specific instructions)..... 0.000000% 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 lines for Partner, Preparer, and their respective contact information (Date, Telephone Number, Email Address, EIN/SSN, Phone, 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 ▶ 123456789 EIN SSN Partnership's Identifying Number ▶ _____

Partner's Business Name

Partner's Address
30732 NEW AVENUE

-OR-

City State Zip-Code
HARBESON DE 19954 - _____

Partner's First Name
JOE

Country

Partner's Last Name
SMITH

Attention

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:	<u>50.000000</u>	<u>50.000000</u>	Profit:
Loss:	<u>50.000000</u>	<u>50.000000</u>	Loss:
Capital:	<u>50.000000</u>	<u>50.000000</u>	Capital:

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 of Business Activities..		
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).....		

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



DO NOT WRITE OR STAPLE IN THIS AREA



DF30018019999

FISCAL YEAR 01 01 18 12 31 18

REV CODE 0006

BUSINESS NAME: PACIFIC REHAB HEALTH CENTER
ADDRESS: 14 SOLOMON DRIVE
CITY: MONSEY STATE: NY ZIP CODE: 10952

EMPLOYER IDENTIFICATION NUMBER

NATURE OF BUSINESS (SEE INSTRUCTIONS)
6 2 3 0 0 0

- A. CHECK APPLICABLE BOX AMENDED RETURN PARTNERSHIP DISSOLVED OR INACTIVE CHANGE OF ADDRESS
B. DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE
C. TOTAL NUMBERS OF PARTNERS: 2
D. YEAR PARTNERSHIP FORMED: 2008

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

Table with 15 rows for income and 5 rows for deductions. Columns include description, line number, and amounts for Column A (Total) and Column B (Within Delaware).

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

Table with 5 columns: Description, Column A (Delaware Sourced) Beginning of Year, Column A (Delaware Sourced) End of Year, Column B (Total Sourced (All Sources)) Beginning of Year, Column B (Total Sourced (All Sources)) End of Year. Rows 1-7.

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 [] 0 11

SECTION D - DETERMINATION OF APPORTIONMENT PERCENTAGES

12a. Enter amount from Column A, Line 7..... 1154610
12b. Enter amount from Column B, Line 7..... 1154610 = 100.000000% 12c
13a. Enter amount from Column A, Line 8..... 0
13b. Enter amount from Column B, Line 8..... 0 = 0.000000% 13c
14a. Enter amount from Column A, Line 11..... 0
14b. Enter amount from Column B, Line 11..... 0 = 0.000000% 14c
15. Total(Combined Apportionment Percentages on Lines 12c, 13c, and 14c..... 100.000000 15
16. Apportionment percentage (see specific instructions)..... 100.000000% 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 | YY

Partner's Identifying Number ▶ 123654789 EIN SSN Partnership's Identifying Number ▶ _____

Partner's Business Name

Partner's Address
14 SOLOMON DRIVE

-OR-

City State Zip-Code
MONSEY NY 10952 - _____

Partner's First Name
TROY

Country
USA

Partner's Last Name
RUTH

Attention

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:	<u>1.000000</u>	<u>1.000000</u>
Loss:	<u>1.000000</u>	<u>1.000000</u>
Capital:	<u>1.000000</u>	<u>1.000000</u>

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 of Business Activities..		
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).....		

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



DO NOT WRITE OR STAPLE IN THIS AREA



DF30018019999

FISCAL YEAR 01 01 18 12 31 18

REV CODE 0006

BUSINESS NAME

BOB'S OPERATING PARTNERSHIP LP

EMPLOYER IDENTIFICATION NUMBER

Empty box for Employer Identification Number

ADDRESS

1023 NOWHERE ROAD

NATURE OF BUSINESS (SEE INSTRUCTIONS)

5 2 3 9 0 0

CITY STATE ZIP CODE

WILMINGTON DE 19801

A. 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

B. DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE DID THE PARTNERSHIP HAVE DELAWARE RESIDENT PARTNERS? YES NO HOW MANY?

C. TOTAL NUMBERS OF PARTNERS: 2

D. YEAR PARTNERSHIP FORMED: 2009

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

Table with 15 rows for income and 19 rows for deductions. Columns include description, line number, Column A Total, and Column B Within Delaware.

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

Table with 4 columns: Description, COLUMN A (Delaware Sourced) Beginning/End of Year, COLUMN B (Total Sourced) Beginning/End of Year, and Line Number. Rows include Total real and tangible property owned, Real tangible property rented, Total, Less: value at original cost, Net Values, Total, and Average values.

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

8. Wages, salaries and other compensation of all employees..... 103345 8

SECTION C - GROSS RECEIPTS SUBJECT TO APPORTIONMENT

Table with 3 columns: Description, Amount, and Line Number. Rows include Gross receipts from sales of tangible personal property, Gross income from other sources, and Total.

SECTION D - DETERMINATION OF APPORTIONMENT PERCENTAGES

Table for determining apportionment percentages. Rows 12a-12c, 13a-13c, 14a-14c, and 15-16 show calculations of percentages based on amounts from previous sections.

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 | YY

Partner's Identifying Number ▶ 261235412 EIN SSN Partnership's Identifying Number ▶ _____

Partner's Business Name
ALANWOOD MORTGAGE CAPITAL INC

Partner's Address
625 ROCK MANOR DRIVE

-OR-

City WEST ROCKLAND ROAD State GA Zip-Code 30309 -

Partner's First Name

Country
USA

Partner's Last Name

Attention

Partner's Type of Entity (see instructions)

Code	Description
0 4	DOM CORP

Resident
 Non-Resident

Partner's Share of Profit, Loss and Capital:			
	Beginning	Ending	
Profit:	<u>99.019800</u>	<u>99.011272</u>	Profit:
Loss:	<u>99.019800</u>	<u>99.011272</u>	Loss:
Capital:	<u>98.937101</u>	<u>98.855673</u>	Capital:

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 of Business Activities..		
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).....		

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



DO NOT WRITE OR STAPLE IN THIS AREA



DF30018019999

FISCAL YEAR 01 01 18 12 31 18

REV CODE 0006

BUSINESS NAME SCHOTT PROPERTY LIMITED PARTNERSHIP

EMPLOYER IDENTIFICATION NUMBER

ADDRESS 5 CHESTFIELD ROAD

CITY MALVERN STATE PA ZIP CODE 19355

NATURE OF BUSINESS (SEE INSTRUCTIONS) 5 3 1 1 2 0

A. 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

B. DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE DID THE PARTNERSHIP HAVE DELAWARE RESIDENT PARTNERS? YES NO HOW MANY?

C. TOTAL NUMBERS OF PARTNERS: 67 D. YEAR PARTNERSHIP FORMED: 1994

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

Table with 15 rows for income and 5 rows for deductions. Columns include description, line number, Column A Total, Column B Within Delaware, and line number. Includes items like Ordinary Income, Net Income, and Charitable Contributions.

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

Table with 4 columns: Description, Column A (Delaware Sourced) Beginning/End of Year, Column B (Total Sourced) Beginning/End of Year. Rows 1-7.

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

Table with 3 columns: Description, Column A, Column B. Rows 9-11.

SECTION D - DETERMINATION OF APPORTIONMENT PERCENTAGES

Table with 4 columns: Description, Column A, Column B, Percentage. Rows 12a-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 lines for Partner, Preparer, and address fields (Street, 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 ▶ 789451234 EIN SSN Partnership's Identifying Number ▶ _____

Partner's Business Name

Partner's Address
789 AVON AVENUE

-OR-

City State Zip-Code
TAMPA FL 33617 - _____

Partner's First Name
JUAN

Country

Partner's Last Name
PEDRO

Attention

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:	<u>0.043916</u>	<u>0.038674</u>	Profit:
Loss:	<u>0.043916</u>	<u>0.038674</u>	Loss:
Capital:	<u>0.043916</u>	<u>0.038674</u>	Capital:

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 of Business Activities..		
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).....		

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

