FORM 800

Delaware Business Income of Non-Resident

NAME AS SHOWN ON APPLICABLE SCHEDULE C OR SCHEDULE E			YOUR SOCIAL SECURITY NUMBER								
BUSINESS NAME			SOCIAL S	FCURI	TY NUMF	SER OR FI	FIN				
NOTE: Complete only if business has Federal Schedul	le C or Partr	nership ind	come or l	loss	derive	ed fron	n or c	onnected	d with sour	ces	
in Delaware and at least one other state.	DEDCON	AL DDOE	CDTV								_
SCHEDULE A - GROSS REAL AND TANGIBLE	PERSON	COLUI			COLUMN B					7	
		ourced						Sourced			
	Beginning	End of Year			Beginning of Year			End of Year			
Total real and tangible property owned											1
Real tangible property rented (eight times annual rent paid)											2
3 Total											3
4. Total Columns A and B				_							4
5. Average values. (Divide Line 4 by 2)											5
SCHEDULE B - WAGES, SALARIES, AND OTH	ER COMP	ENSATIO	ON PAID	OR	ACC	RUE	D TO	EMPLC	YEES		
6. Wages, salaries and other compensation of all employees										6	
SCHEDULE C - GROSS RECEIPTS SUBJECT	TO APPOR	RTIONME	NT								_
7. Gross receipts from sales of tangible personal property											7
8. Gross income from other sources (see instructions)											8
9. Total											9
SCHEDULE D - DETERMINATION OF APPORT	IONMENT	PERCE	NTAGES	3							7
10a. Enter amount from Column A, Line 5								=		%	10
100. Enter amount from Column B, Line C		101.									
11a. Enter amount from Column A, Line 6								=		%	11
11b. Enter amount from Column B, Line 6		11b									
12a. Enter amount from Column A, Line 9								_		%	12
12b. Enter amount from Column B, Line 9		12b								/0	_
13. Total											13
14. Apportionment percentage (see specific instructions)								%	14		
15. Amount from Form 200-02-NR, Page 2, Column 1, Line 6 or Line 10									15		
16. Multiply Line 15 by Line 14. Enter here and on Form 200-02-	NR, Page 2, Co	olumn 2, Lin	e 6 or Line	10							16

