2021 DELAWARE

FORM 300 PARTNERSHIP RETURN

Pag	ge1
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DO NOT WRITE OR STAPLE IN THIS AREA

	DF30021019999					
FISCAL YEAR MM DD YY MM DD YY BUSINESS NAME		EMPLOYER	REV CODE 0006 EMPLOYER IDENTIFICATION NUMBER			
ВОЗ	INESS INAIVIE	LIVII LOTEI	CIDENTII IOATION NOMBER			
ADE	DRESS					
CIT	Y STATE ZIP CODE	NATURE OF	F BUSINESS (SEE INSTRUCTIONS)			
A.	CHECK APPLICABLE BOX AMENDED RETURN PARTNERSHIP DISSOLVED IF THE PARTNERSHIP ADDRESS HAS CHANGED, WHICH ADDRESS IS AFFECTED?	O OR INACTIVE OCATION MAILING	CHANGE OF ADDRESS BILLING			
	IF THE PARTINEROHIF ADDRESS HAS CHANGED, WHICH ADDRESS IS AFFECTED?	OCATION	BILLING			
B.	DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DE	ELAWARE YES	NO			
	DID THE PARTNERSHIP HAVE DELAWARE RESIDENT PARTNERS?	NO HOW MANY?				
C.	TOTAL NUMBERS OF PARTNERS:					
D.	YEAR PARTNERSHIP FORMED:					
	ATTACH COMPLETED COPY OF U.S. PARTNERSHIP RETURN OF INCOME FORM 1065 AND ALL	SCHEDULES.				
sc	HEDULE 1 - PARTNERSHIP SHARE OF INCOME AND DEDUCTIONS WITHIN AND WIT	THOUT DELAWARE				
1.	Ordinary Income (loss) from Federal Form 1065, Schedule K, Line 1		1	00 1		
2.	Apportionment percentage from Delaware Form 300, Schedule 2, Line 16		2	% 2		
3.	Ordinary Income apportioned to Delaware. Multiply Line 1 times Line 2		3	00 3		
4.	Enter In Column A the amount from Line 1			umn B Delaware		
4.	Enter In Column B the amount from Line 3		00	00 4		
5.	Net Income (loss) from rental real estate activities,					
	Federal Form 1065, Schedule K, Line 2	5		00 5		
6.	Net Income (loss) from other rental activities, Federal Form 1065, Schedule K, Line 3c	6		00 6		
7.	Guaranteed payments from Federal Form 1065, Schedule K, Line 4		00	00 7		
8.	Interest Income from Federal Form 1065, Schedule K, Line 5		00	00 8		
9.	Dividend Income from Federal Form 1065, Schedule K, Line 6(a)			00 9		
10.	Royalty Income from Federal Form 1065, Schedule K, Line 7	10		00 10		
11.	1 0 ()					
	Federal Form 1065, Schedule K, Line 8	11		00 11		
12a	i. Net long term capital gain (loss) from Federal Form 1065, Schedule K, Line 9(a)	12a	00	00 12		
	b. Collectible gain (loss) - Fed Form 1065, Sch. K, Line 9b	00 _{12b}		100		
	c. Unrecaptured Section 1250 gain - Fed Form 1065, Sch. K, Line 9c	00 12c				
13.	Net gain (loss) under Section 1231 from Federal Form 1065, Schedule K, Line 10		100	00 13		
		10		100		
14.	Other Income (loss) (Attach Schedule) from Federal Form 1065, Schedule K, Line 11	14	00	00 14		
15.	Total Income (Combine Lines 4 through 12a, Line 13, and Line 14)	15		00 15		
DE	DUCTIONS:					
16.	Charitable Contributions from					
	Federal Form 1065, Schedule K, Line 13(a)	16		00 16		
17.	Section 179 expense deduction from			00 47		
	Federal Form 1065, Schedule K, Line 12	17		00 17		
18.	Expenses related to investment income (loss) from Federal Form 1065, Schedule K, Line 13(b) and 13(c)	18	00	00 18		
	i ederari orini 1000, odriedule tv, Line 10(b) and 10(b)	10		100		
19.	Other deductions from Federal Form 1065, Schedule K, Line 13(d)	19		00 19		

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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					
		UMN A re Sourced	COLUI Total Sourced		
	Beginning of Year	End of Year	Beginning of Year	End of Year	
Total real and tangible property owned					1
2. Real tangible property rented (eight times annual rent paid)					2
3. Total (Combine Lines 1 and 2)					3
4. Less: value at original cost of real and tangible 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 OTHER COMPENSATION PAID OF	R ACCRUED TO EN	IPLOYEES			
Wages, salaries and other compensation of all employees				8	
SECTION C - GROSS RECEIPTS SUBJECT TO APPORTIONMENT					
Gross receipts from sales of tangible personal property				9	
Gross income from other sources (see attachment)				10	
11. Total				11	
SECTION D - DETERMINATION OF APPORTIONMENT PERCENTAGES					
12a. Enter amount from Column A, Line 7					
12b. Enter amount from Column B, Line 7			=	% 12c	С
13a. Enter amount from Column A, Line 8					
13b. Enter amount from Column B, Line 8			=	% 130	С
5, 210 0					
14a. Enter amount from Column A, Line 11			_	0/ 44	
14b. Enter amount from Column B, Line 11				% 14c	С
15. Total/Combined Appartianment Persontages on Lines 12s, 12s, and 14s				45	
15. Total(Combined Apportionment Percentages on Lines 12c, 13c, and 14c				15	
16. Apportionment percentage (see specific instructions)				% 16	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED T AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORR THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE/SH	ECT, AND COMPLE	TE. IF PREPARED			
SIGNATURE OF PARTNER DATE TELEPHONE NUMBER	ER	EMAIL AD	DRESS		
SIGNATURE OF PREPARER PREPARER'S	EIN OR SSN	PREPARER'S F	PHONE	DATE	
STREET ADDRESS OF PREPARER		CITY	STATE	ZIP	

MAIL TO: DIVISION OF REVENUE, P.O. BOX 8703, WILMINGTON, DELAWARE 19899-8703

