2017 DELAWARE



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DO NOT WRITE OR STAPLE IN THIS AREA

	DF30017019999						
FISCAL YEAR MM DD YY MM DD YY BUSINESS NAME		EMPL OVE	REV CODE 0006 EMPLOYER IDENTIFICATION NUMBER				
BUS	SINESS NAME	EMPLOTE	R IDENTIFICATION NOMBE				
ADI	DRESS						
	7.250						
CIT	Y STATE ZIP CODE	NATURE C	F BUSINESS (SEE INSTRU	CTIONS)			
A.	CHECK APPLICABLE BOX AMENDED RETURN PARTNERSHIP DISSOLVED OR		CHANGE OF ADDRESS				
	IF THE PARTNERSHIP ADDRESS HAS CHANGED, WHICH ADDRESS IS AFFECTED?	TION MAILIN	IG BILLING				
В.	DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAW	/ARE YES	NO				
	DID THE PARTNERSHIP HAVE DELAWARE RESIDENT PARTNERS? YES 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 SCH	EDULES.					
SC	HEDULE 1 - PARTNERSHIP SHARE OF INCOME AND DEDUCTIONS WITHIN AND WITHO	UT DELAWARE					
					1		
1. 2.	Ordinary Income (loss) from Federal Form 1065, Schedule K, Line 1				1		
3.	Ordinary Income apportioned to Delaware. Multiply Line 1 times Line 2				3		
٥.	ordinary modified apportunitation to Bolandia. Indiaphy Emile 1 amiles Emile Emiliaria		Column A	Column B			
4.	Enter In Column A the amount from Line 1		Total	Within Delaware			
	Enter In Column B the amount from Line 3				4		
5.	Net Income (loss) from rental real estate activities,						
	Federal Form 1065, Schedule K, Line 2	5			5		
6.	Net Income (loss) from other rental activities,						
_	Federal Form 1065, Schedule K, Line 3c				6		
7.	Guaranteed payments from Federal Form 1065, Schedule K, Line 4				7 8		
8. 9.	Interest Income from Federal Form 1065, Schedule K, Line 5				9		
9. 10.	Dividend Income from Federal Form 1065, Schedule K, Line 6(a)				10		
11.		10					
	Federal Form 1065, Schedule K, Line 8	11			11		
12a	. Net long term capital gain (loss) from						
	Federal Form 1065, Schedule K, Line 9(a)	12a			12a		
	b. Collectible gain (loss) - Fed Form 1065, Sch. K, Line 9b	00 12b					
	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	13			13		
14	Other Income (loss) (Attach Schedule) from						
17.	Federal Form 1065, Schedule K, Line 11	14			14		
15.	Total Income (Combine Lines 4 through 12a, Line 13, and Line 14)	15			15		
DE	DUCTIONS:						
16.	Charitable Contributions from						
	Federal Form 1065, Schedule K, Line 13(a)	16			16		
17.	Section 179 expense deduction from				4-		
	Federal Form 1065, Schedule K, Line 12	17			17		
18.	Expenses related to investment income (loss) from	40			1.0		
	Federal Form 1065, Schedule K, Line 13(b) and 13(c)	18			18		
19	Other deductions from Federal Form 1065, Schedule K, Line 13(d)	19			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				
		COLUMN A Delaware Sourced		MN B (All Sources)
	Beginning of Year	End of Year	Beginning of Year	End of Year
Total real and tangible property owned				
Real tangible property rented (eight times annual rent paid)				
3. Total (Combine Lines 1 and 2)				
4. Less: value at original cost of real and tangible property (see instructions)				
5. Net Values (Subtract Line 4 from Line 3)				
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	OR ACCRUED TO EM	MPLOYEES		
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
10. Gross income from other sources (see attachment)				10
11. Total				11
SECTION D - DETERMINATION OF APPORTIONMENT PERCENTAGES				
2a. Enter amount from Column A, Line 7				
12b. Enter amount from Column B, Line 7			=	% 12A
13a. Enter amount from Column A, Line 8			=	% 13A
3b. Enter amount from Column B, Line 8				
14a. Enter amount from Column A, Line 11			=	
14b. Enter amount from Column B, Line 11				% 14A
Total(Combined Apportionment Percentages on Lines 12c, 13c, and 14c				15
6. Apportionment percentage (see specific instructions)				% 16
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, COR THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE/S	RECT, AND COMPLE	TE. IF PREPARED		
SIGNATURE OF PARTNER DATE TELEPHONE NUM	/BER	EMAIL AD	DRESS	
SIGNATURE OF PREPARER PREPARER	R'S EIN OR SSN	PREPARER'S	PHONE	DATE

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

