

DELAWARE 2025 DIVISION OF REVENUE M DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



For Fiscal Year beginning _____ and ending _____

Your Taxpayer ID
4 9 0 5 4 9 9 9 9

Spouse Taxpayer ID

Amended Return
Must include page 4

Filing Status (Must check one)

1. Single, Divorced, Widow(er) 2. Joint 3. Married & Filing Separate Forms
4. Married & Filing Combined Separate on this form 5. Head of Household

Your First Name M.I. Last Name Suffix

A **A**

Spouse First Name M.I. Last Name Suffix

B **A**

Present Home Address (Number and Street) Apartment #

City State Zip Code

Form
PIT-UND
Attached

If you were a part-year resident in 2025, give the
dates you resided in Delaware:

Claimed as
Dependent
on someone
else's return

mm-dd-yyyy

mm-dd-yyyy

Column A is for Spouse information, Filing status 4 only. All other filing status use Column B.

		COLUMN A		COLUMN B
<input checked="" type="checkbox"/>	SECTION A - ADDITIONS			
1.	FEDERAL AGI AMOUNT FROM FEDERAL FORM 1040	10895	1.	10895
2.	INTEREST ON STATE & LOCAL OBLIGATIONS OTHER THAN DELAWARE		2.	
3.	FIDUCIARY ADJUSTMENT, OIL DEPLETION		3.	
4.	TOTAL - Add Lines 1 through 3	10895	4.	10895
<input type="checkbox"/>	SECTION B - SUBTRACTIONS			
5.	INTEREST RECEIVED ON U.S. OBLIGATIONS		5.	
6.	PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)		6.	
	Column A if Spouse had a Military Pension Column B if You had a Military Pension			
7.	DELAWARE STATE TAX REFUND, FIDUCIARY ADJUSTMENT, WORK OPPORTUNITY TAX CREDIT, DELAWARE NOL CARRYFORWARD, ETC. (See instructions)		7.	
8a.	TAXABLE SOCIAL SECURITY/RR RETIREMENT BENEFITS/HIGHER EDUCATION EXCLUSION/CERTAIN LUMP SUM DISTRIBUTIONS (See instructions)		8a.	
8b.	529 CONTRIBUTION TO DELAWARE-SPONSORED TUITION PROGRAM OR ABLE PROGRAM		8b.	
	Column A if Spouse 529 ABLE Column B if You 529 ABLE			
9.	Add Lines 5 through 8b		9.	
10.	Subtract Line 9 from Line 4	10895	10.	10895
11.	EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)		11.	
12.	DELAWARE ADJUSTED GROSS INCOME. Subtract Line 11 from Line 10. Enter here.	10895	12.	10895
	SECTION C - DEDUCTIONS (If columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.)			
13.	TOTAL ITEMIZED DEDUCTIONS FROM DELAWARE SCHEDULE A (Must attach PIT-RSA)		13.	
14.	FOREIGN TAXES PAID (See instructions)		14.	
15.	CHARITABLE MILEAGE DEDUCTION (See instructions)		15.	
16.	ACTIVE LABOR ORGANIZATION DUES (See instructions)		16.	
17.	SUBTOTAL - Add Line 13 through Line 16		17.	
18.	FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)		18.	
19.	NET ITEMIZED DEDUCTIONS - Subtract Line 18 from Line 17. Enter here and on Line 20 (See instructions)		19.	

DELAWARE 2025 DIVISION OF REVENUE M DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



NAME **A AND B A**

TAXPAYER ID **490549999**

	COLUMN A		COLUMN B
<p>Column A is for Spouse information, Filing status 4 only. All other filing status use Column B.</p>			
<p>20. If you elect the DELAWARE STANDARD DEDUCTION check here</p> <p>a. <input checked="" type="checkbox"/> Filing Statuses 1, 3, & 5 enter \$3250 in Column B; Filing Status 2 enter \$6500 in Column B; Filing Status 4 enter \$3250 in Column A and in Column B</p>		<p>If you elect DELAWARE ITEMIZED DEDUCTIONS check here</p> <p>b. Filing Statuses 1, 2, 3, and 5, enter itemized deductions from Line 19 in Column B; Filing Status 4 enter itemized deductions from Line 19 in Columns A and B</p>	
	20.	3250	20. 3250
<p>21. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions) (See instructions)</p> <p>Multiply the number of boxes checked below by \$2500. If you are filing a combined separate return (Filing status 4), enter the total for each appropriate column. All others enter total in Column B.</p> <p>Column A - if Spouse was: 65 or over blind Column B - if You were: 65 or over blind</p>			
	21.		21.
<p>22. TOTAL DEDUCTIONS - Add Line 20 and Line 21 and enter here.</p>	22.	3250	22. 3250
SECTION D - CALCULATIONS			
<p>23. TAXABLE INCOME - Subtract Line 22 from Line 12, and compute tax on this amount</p>	23.	7645	23. 7645
<p>24. TAX LIABILITY FROM TAX RATE TABLE/SCHEDULE (See instructions)</p>	24.	168	24. 168
<p>25. TAX ON LUMP SUM DISTRIBUTION (Form PIT-STC)</p>	25.		25.
<p>26. TOTAL TAX - Add Line 24 and Line 25</p>	26.	168	26. 168
<p>27a. PERSONAL CREDITS</p> <p>Enter number of exemptions 3 x \$110 <small>If you are Filing Status 3, see instructions. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.</small></p> <p>On Line 27a, enter the number of exemptions for: Column A 1 Column B 2</p>	27a.	110	27a. 220
<p>27b. CHECK BOXES Spouse 60 or over (Column A) Self 60 or over (Column B)</p> <p>Enter number of boxes checked on Line 27b 0 x \$110</p>	27b.		27b.
<p>28. TAX IMPOSED BY OTHER STATES (Must attach copy of PIT-RSS and other state return.)</p>	28.		28.
<p>29. VOLUNTEER FIREFIGHTER CO. # Spouse (Column A) Self (Column B) Enter credit amount</p>	29.		29.
<p>30. OTHER NON-REFUNDABLE CREDITS (See instructions)</p>	30.		30.
<p>31. CHILD CARE CREDIT. Must attach Form 2441. (Enter 50% of Federal credit)</p>	31.		31.
<p>32. TOTAL NON-REFUNDABLE CREDITS - Add Line 27a through Line 31 (See instructions)</p>	32.	110	32. 168
<p>33. BALANCE - Subtract Line 32 from Line 26. If Line 32 is greater than Line 26, enter 0.</p>	33.	58	33.
<p>34. EARNED INCOME TAX CREDIT. REFUNDABLE NON-REFUNDABLE (See instructions)</p>	34.		34.
<p>35. DELAWARE TAX WITHHELD (Attach W2s/1099s)</p>	35.		35.
<p>36. ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS</p>	36.		36.
<p>37. S CORP PAYMENTS</p>	37.		37.
<p>38. REFUNDABLE BUSINESS CREDITS</p>	38.		38.
<p>39. CAPITAL GAINS TAX PAYMENTS (Attach Form REW-EST)</p>	39.		39.
<p>40. TOTAL REFUNDABLE CREDITS For amended return, enter Line 40 then proceed to Line 48 on page 4 (All else, see instructions)</p>	40.		40.

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NAME **A AND B A**

TAXPAYER ID **490549999**

	COLUMN A	COLUMN B
41. BALANCE DUE <small>If Line 34 plus Line 40 is less than or equal to Line 33 Subtract the sum of Line 34 and Line 40 from Line 33.</small>	41.	58
42. OVERPAYMENT <small>If Line 34 plus Line 40 is greater than Line 33 Subtract Line 33 from the sum of Line 34 and Line 40.</small>	42.	42.
43. CONTRIBUTIONS TO SPECIAL FUNDS. <small>If electing a contribution, complete and attach Form PIT-RSS.</small>		43.
44. AMOUNT OF LINE 42 TO BE APPLIED TO 2026 ESTIMATED TAX ACCOUNT		44.
45. PENALTIES AND INTEREST DUE. <small>If Line 41 is greater than \$800, see estimated tax instructions</small>		45.
46. NET BALANCE DUE. <small>For Filing Status 4, see instructions. For all other filing statuses Add Line 41, Line 43, and Line 45.</small>	46.	58
47. NET REFUND. <small>For Filing Status 4, see instructions. For all other filing statuses Subtract Line 43, Line 44, and Line 45 from Line 41.</small>	47.	

SECTION E - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete Section E below. See instructions for details.

ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER	
CHECKING			<small>Is this refund going to or through an account that is located outside of the United States?</small>
SAVINGS			
			YES NO

DMV STATE ID #

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

PAID PREPARER INFORMATION

YOUR SIGNATURE	DATE	PAID PREPARER SIGNATURE	DATE
SPOUSE SIGNATURE	DATE	ADDRESS	
HOME PHONE NUMBER	BUSINESS PHONE NUMBER	CITY	STATE ZIP CODE
EMAIL ADDRESS		EIN, SSN or PTIN	PHONE NUMBER
		EMAIL ADDRESS	

BALANCE DUE WITH PAYMENT ENCLOSED (LINE 46)
MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 508, Wilmington, DE 19899-0508
 Make check payable to: Delaware Division of Revenue

REFUND (LINE 47)
MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 8710
 Wilmington, DE 19899-8710

ALL OTHER RETURNS
MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 8711
 Wilmington, DE 19899-8711

PLEASE REMEMBER TO ATTACH W-2, 1099-R AND APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN