

DELAWARE 2021

DIVISION OF REVENUE PIT-RES

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

4 9 0 5 4 8 8 8 8

Amended Return
Must include page 3

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

A

M.I.

Last Name

A

Suffix

Spouse First Name

B A

M.I.

Last Name

A

Suffix

Present Home Address (Number and Street)

Apartment #

Form
PIT-UND

If you were a part-year resident in 2021, give the dates you resided in Delaware:

City

State

Zip Code

Attached

mm-dd-yyyy

mm-dd-yyyy

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

SECTION A - ADDITIONS

COLUMN A

COLUMN B

1. FEDERAL AGI AMOUNT FROM FEDERAL FORM 1040	1. 40610 .00	1. 76754 .00
2. INTEREST ON STATE & LOCAL OBLIGATIONS OTHER THAN DELAWARE	2. .00	2. .00
3. FIDUCIARY ADJUSTMENT, OIL DEPLETION	3. .00	3. .00
4. TOTAL - Add Lines 1 through 3	4. 40610 .00	4. 76754 .00

SECTION B - SUBTRACTIONS

5. INTEREST RECEIVED ON U.S. OBLIGATIONS	5. .00	5. .00
6. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)	6. .00	6. .00
7. DELAWARE STATE TAX REFUND, FIDUCIARY ADJUSTMENT, WORK OPPORTUNITY TAX CREDIT, DELAWARE NOL CARRYFORWARD, ETC. (See instructions)	7. .00	7. .00
8. TAXABLE SOCIAL SECURITY/RR RETIREMENT BENEFITS/HIGHER EDUCATION EXCLUSION/CERTAIN LUMP SUM DISTRIBUTIONS (See instructions)	8. .00	8. .00
9. Add Lines 5 through 8	9. .00	9. .00
10. Subtract Line 9 from Line 4	10. 40610 .00	10. 76754 .00
11. EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)	11. .00	11. .00
12. DELAWARE ADJUSTED GROSS INCOME. Subtract Line 11 from Line 10. Enter here.	12. 40610 .00	12. 76754 .00

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. .00	13. .00
14. FOREIGN TAXES PAID (See instructions)	14. .00	14. .00
15. CHARITABLE MILEAGE DEDUCTION (See instructions)	15. .00	15. .00
16. SUBTOTAL - Add Line 13 through Line 15	16. .00	16. .00
17. FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	17. .00	17. .00
18. NET ITEMIZED DEDUCTIONS - Subtract Line 17 from Line 16. Enter here and on Line 19 (See instructions)	18. .00	18. .00

19. If you elect the DELAWARE STANDARD DEDUCTION check here

If you elect DELAWARE ITEMIZED DEDUCTIONS check here

- a. ☒ 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

- b. Filing Statuses 1, 2, 3, and 5, enter itemized deductions from Line 18 in Column B;
Filing Status 4 enter itemized deductions from Line 18 in Columns A and B

19. **3250**.00 19. **3250**.00

20. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions)

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.

Column A - if Spouse was: 65 or over blind Column B - if You were: 65 or over blind 20. .00 20. .00

21. TOTAL DEDUCTIONS - Add Line 19 and Line 20 and enter here. 21. **3250**.00 21. **3250**.00

SECTION D - CALCULATIONS

22. TAXABLE INCOME - Subtract Line 21 from Line 12, and compute tax on this amount	22. 37360 .00	22. 73504 .00
23. TAX LIABILITY FROM TAX RATE TABLE/SCHEDULE (See instructions)	23. 1688 .00	23. 3835 .00
24. TAX ON LUMP SUM DISTRIBUTION (Form PIT-STC)	24. .00	24. .00

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

	COLUMN A	COLUMN B
25. TOTAL TAX - Add Line 23 and Line 24	25. 1688 .00	25. 3835 .00
26a. PERSONAL CREDITS		
Enter number of exemptions 3 x \$110		
On Line 26a, enter the number of exemptions for: Column A 1 Column B 2	26a. 110 .00	26a. 220 .00
26b. CHECK BOXES Spouse 60 or over (Column A) Self 60 or over (Column B)		
Enter number of boxes checked on Line 26b 0 x \$110	26b. .00	26b. .00
27. TAX IMPOSED BY OTHER STATES (Must attach copy of PIT-RSS and other state return.)	27. .00	27. .00
28. VOLUNTEER FIREFIGHTER CO. # Spouse (Column A) Self (Column B) Enter credit amount	28. .00	28. .00
29. OTHER NON-REFUNDABLE CREDITS (See instructions)	29. .00	29. .00
30. CHILD CARE CREDIT. Must attach Form 2441. (Enter 50% of Federal credit)	30. 2000 .00	30. .00
31. TOTAL NON-REFUNDABLE CREDITS (See instructions)	31. 1688 .00	31. 220 .00
32. BALANCE - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0.	32. .00	32. 3615 .00
33. EARNED INCOME TAX CREDIT. REFUNDABLE NON-REFUNDABLE (See instructions)	33. .00	33. .00
34. DELAWARE TAX WITHHELD (Attach W2s/1099s)	34. .00	34. .00
35. ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	35. .00	35. .00
36. S CORP PAYMENTS	36. .00	36. .00
37. REFUNDABLE BUSINESS CREDITS	37. .00	37. .00
38. CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST)	38. .00	38. .00
39. TOTAL REFUNDABLE CREDITS If this is an amended return, enter Line 39 then proceed to Line 47 on page 3 (See instructions)	39. .00	39. .00
40. BALANCE DUE If Line 33 plus Line 39 is less than or equal to Line 32, Subtract the sum of Line 33 and Line 39 from Line 32.	40. .00	40. 3615 .00
41. OVERPAYMENT If Line 33 plus Line 39 is greater than Line 32, Subtract Line 32 from the sum of Line 33 and Line 39.	41. .00	41. .00
42. CONTRIBUTIONS TO SPECIAL FUNDS. If electing a contribution, complete and attach PIT-RSS.	42. .00	42. .00
43. AMOUNT OF LINE 41 TO BE APPLIED TO 2022 ESTIMATED TAX ACCOUNT	43. .00	43. .00
44. PENALTIES AND INTEREST DUE. If Line 40 is greater than \$800, see estimated tax instructions	44. .00	44. .00
45. NET BALANCE DUE. For Filing Status 4, see instructions. For all other filing statuses Add Line 40, Line 42, and Line 44.	45. .00	45. 3615 .00
46. NET REFUND. For Filing Status 4, see instructions. For all other filing statuses Subtract Line 42, Line 43, and Line 44 from Line 41.	46. .00	46. .00

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	Is this refund going to or through an account that is located outside of the United States?
CHECKING			YES NO
SAVINGS			

DMV STATE ID #

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

PAID PREPARER INFORMATION

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

BALANCE DUE WITH
PAYMENT ENCLOSED (LINE 45)
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 46)
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