

DELAWARE 2023
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 1 9 7

Spouse Taxpayer ID

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 M.I. Last Name Suffix
DEPX.LS A
Spouse First Name M.I. Last Name Suffix

Present Home Address (Number and Street) Apartment #

City State Zip Code

Form
PIT-UND
Attached

If you were a part-year resident in 2023,
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
SECTION A - ADDITIONS		
1. FEDERAL AGI AMOUNT FROM FEDERAL FORM 1040	1.	1. 20000
2. INTEREST ON STATE & LOCAL OBLIGATIONS OTHER THAN DELAWARE	2.	2.
3. FIDUCIARY ADJUSTMENT, OIL DEPLETION	3.	3.
4. TOTAL - Add Lines 1 through 3	4.	4. 20000
SECTION B - SUBTRACTIONS		
5. INTEREST RECEIVED ON U.S. OBLIGATIONS	5.	5.
6. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)	6.	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.	7.
8a. TAXABLE SOCIAL SECURITY/RR RETIREMENT BENEFITS/HIGHER EDUCATION EXCLUSION/CERTAIN LUMP SUM DISTRIBUTIONS (See instructions)	8a.	8a.
8b. 529 CONTRIBUTION TO DELAWARE-SPONSORED TUITION PROGRAM OR ABLE PROGRAM	8b.	8b.
Column A if Spouse 529 ABLE Column B if You 529 ABLE		
9. Add Lines 5 through 8b	9.	9.
10. Subtract Line 9 from Line 4	10.	10. 20000
11. EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)	11.	11.
12. DELAWARE ADJUSTED GROSS INCOME. Subtract Line 11 from Line 10. Enter here.	12.	12. 20000
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.	13.
14. FOREIGN TAXES PAID (See instructions)	14.	14.
15. CHARITABLE MILEAGE DEDUCTION (See instructions)	15.	15.
16. SUBTOTAL - Add Line 13 through Line 15	16.	16.
17. FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	17.	17.
18. NET ITEMIZED DEDUCTIONS - Subtract Line 17 from Line 16. Enter here and on Line 19 (See instructions)	18.	18.
19. If you elect the DELAWARE STANDARD DEDUCTION check here		
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		
	19.	19. 3250
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.	20.
21. TOTAL DEDUCTIONS - Add Line 19 and Line 20 and enter here.	21.	21. 3250
SECTION D - CALCULATIONS		
22. TAXABLE INCOME - Subtract Line 21 from Line 12, and compute tax on this amount	22.	22. 16750
23. TAX LIABILITY FROM TAX RATE TABLE/SCHEDULE (See instructions)	23.	23. 586
24. TAX ON LUMP SUM DISTRIBUTION (Form PIT-STC)	24.	24.

DELAWARE

F O R M
DIVISION OF REVENUE PIT-RES
DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



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.	25.	586
26a. PERSONAL CREDITS			
Enter number of exemptions 2 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>			
On Line 26a, enter the number of exemptions for: Column A 0 Column B 2	26a.	26a.	220
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.	26b.	
27. TAX IMPOSED BY OTHER STATES <small>(Must attach copy of PIT-RSS and other state return.)</small>	27.	27.	
28. VOLUNTEER FIREFIGHTER CO. # Spouse (Column A) Self (Column B) Enter credit amount	28.	28.	
29. OTHER NON-REFUNDABLE CREDITS <small>(See instructions)</small>	29.	29.	
30. CHILD CARE CREDIT. Must attach Form 2441. Enter 50% of Federal credit)	30.	30.	
31. TOTAL NON-REFUNDABLE CREDITS <small>(See instructions)</small>	31.	31.	220
32. BALANCE - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0.	32.	32.	366
33. EARNED INCOME TAX CREDIT. REFUNDABLE <input type="checkbox"/> NON-REFUNDABLE <input checked="" type="checkbox"/> <small>(See instructions)</small>	33.	33.	366
34. DELAWARE TAX WITHHELD <small>(Attach W2s/1099s)</small>	34.	34.	
35. ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	35.	35.	
36. S CORP PAYMENTS	36.	36.	
37. REFUNDABLE BUSINESS CREDITS	37.	37.	
38. CAPITAL GAINS TAX PAYMENTS <small>(Attach form REW-EST)</small>	38.	38.	
39. TOTAL REFUNDABLE CREDITS <small>For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see instructions)</small>	39.	39.	
40. BALANCE DUE <small>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.</small>	40.	40.	
41. OVERPAYMENT <small>If Line 33 plus Line 39 is greater than Line 32 Subtract Line 32 from the sum of Line 33 and Line 39.</small>	41.	41.	
42. CONTRIBUTIONS TO SPECIAL FUNDS. <small>If electing a contribution, complete and attach PIT-RSS.</small>	42.	42.	
43. AMOUNT OF LINE 41 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT	43.	43.	
44. PENALTIES AND INTEREST DUE. <small>If Line 40 is greater than \$800, see estimated tax instructions</small>	44.	44.	
45. NET BALANCE DUE. <small>For Filing Status 4, see instructions. For all other filing statuses Add Line 40, Line 42, and Line 44.</small>	45.	45.	
46. NET REFUND. <small>For Filing Status 4, see instructions. For all other filing statuses Subtract Line 42, Line 43, and Line 44 from Line 41.</small>	46.	46.	

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			
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
		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