2009 R — DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning _____ and ending _____

Your Social Security No. | Spouse's Social Security No.

(Attach Label Here) **DO NOT COVER SOCIAL SECURITY NUMBERS**

Your Last Name	First Name and Middle Initial	Jr., Sr., III., etc.
Spouse's Last Name	Spouse's First Name	Jr., Sr., III., etc.

Present Home Address (Number and Street) | Apt. #

City | State | Zip Code

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

Form DE2210 Attached ☐

If you were a part-year resident in 2009, give the dates you resided in Delaware.

From _____ | _____ 2009   To _____ | _____ 2009
Month Day   Month Day

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

	Column A	Column B
1. DELAWARE ADJUSTED GROSS INCOME. Enter amount from reverse side, Line 41 1	00	00
2a. If you elect the DELAWARE STANDARD DEDUCTION check here...................... ☐ Filing Statuses 1, 3 & 5 Enter $3250 in Column B Filing Status 4 Enter $3250 in Column A and in Column B Filing Status 2 Enter $6500 in Column B If you elect the DELAWARE ITEMIZED DEDUCTIONS check here...................... ☐ b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 47 in Column B Filing status 4 enter Itemized Deductions from reverse side, Line 47 in Columns A and B 2	00	00
3. ADDITIONAL STANDARD DEDUCTIONS *(Not Allowed with Itemized Deductions - see instructions)* CHECK BOX(ES) Column A - if SPOUSE was 65 or over ☐ Blind ☐ Column B - if YOU were 65 or over ☐ Blind ☐ Multiply the number of boxes checked above 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 3	00	00
4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here.. 4	00	00
5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount...................... 5	00	00

	Column A	Column B	
6. Tax Liability from Tax Rate Table/Schedule	00	00	6
7. Tax on Lump Sum Distribution **(Form 329)**	00	00	7

	Column A	Column B
8. TOTAL TAX - Add Lines 6 and 7 and enter here...> 8	00	00

PERSONAL CREDITS If you are Filing Status 3, see instructions on Page 7.
If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.

	Column A	Column B
9a. Enter number of exemptions claimed on Federal return _____ X $110................................ 9a	00	00
On Line 9a, enter the number of exemptions for: Column A ☐ Column B ☐		
9b. **CHECK BOX(ES)** Spouse 60 or over (Column A) ☐ Self 60 or over (Column B) ☐ Enter number of boxes checked on Line 9b._____ X $110...................... 9b	00	00
10. Tax imposed by State of _____. **(Must attach copy of DE Schedule I and other state return)**.... 10	00	00
11. Volunteer Firefighter Co. # - Spouse (Column A) _____ Self (Column B) _____. Enter credit amount... 11	00	00
12. Other Non-Refundable Credits (see instructions on Page 7)... 12	00	00
13. Child Care Credit. **Must attach Form 2441. (Enter 50% of Federal credit)**.................................. 13	00	00
14. **Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation**.......... 14	00	00
15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here...................... 15	00	00
16. **BALANCE.** Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero)........... 16	00	00

	Column A	Column B	
17. Delaware Tax Withheld **(Attach W2s/1099s)**.........	00	00	17
18. 2009 Estimated Tax Paid & Payments with Extensions....	00	00	18
19. S Corporation Payments **Form 1100S/A-1 Required**....	00	00	19

	Column A	Column B
20. TOTAL Refundable Credits. Add Lines 17, 18 and 19 and enter here.......................................> 20	00	00
21. **BALANCE DUE.** If Line 16 is greater than Line 20, subtract 20 from 16 and enter here.............> 21	00	00
22. **OVERPAYMENT.** If Line 20 is greater than Line 16, subtract 16 from 20 and enter here............> 22	00	00

23. **CONTRIBUTIONS TO SPECIAL FUNDS** **If electing a contribution, complete and attach DE Schedule III**................	23	00
24. AMOUNT OF LINE 22 TO BE APPLIED TO **2010 ESTIMATED TAX ACCOUNT**...................................**ENTER >**	24	00
25. PENALTIES AND INTEREST DUE. If Line 21 is greater than $400, see estimated tax instructions.......**ENTER >**	25	00
26. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)...**PAY IN FULL >** For all other filing statuses, enter Line 21 plus Lines 23 and 25	26	00
27. NET REFUND (For Filing Status 4, see instructions, page 9)..........................**ZERO DUE/TO BE REFUNDED >** For all other filing statuses, subtract Lines 23, 24 and 25 from Line 22	27	00

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

	Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B

SECTION A - ADDITIONS (+)

		COLUMN A	COLUMN B
28. Enter Federal AGI amount from Federal 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4	28	00	00
29. Interest on State & Local obligations other than Delaware	29	00	00
30. Fiduciary adjustment, oil depletion	30	00	00
31. TOTAL - Add Lines 29 and 30	31	00	00
32. Subtotal. Add Lines 28 and 31 .... 00 00	32		

SECTION B - SUBTRACTIONS (-)

		COLUMN A	COLUMN B
33. Interest received on U.S. Obligations	33	00	00
34. Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 10)	34	00	00
35. Delaware State tax refund, Delaware Lottery, fiduciary adjustment, work opportunity tax credit, Travelink Program, Delaware NOL Carry forward.- please see instructions on Page 10	35	00	00
36. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr. on Pg 11)	36	00	00
37. SUBTOTAL. Add Lines 33, 34, 35 and 36 and enter here	37	00	00
38. Subtotal. Subtract Line 37 from Line 32 .... 00 00	38		
39. Exclusion for certain persons 60 and over or disabled (See instructions on Page 11)	39	00	00
40. TOTAL - Add Lines 37 and 39	40	00	00
41. DELAWARE ADJUSTED GROSS INCOME. Subtract line 40 from Line 32. Enter here and on Front, Line 1	41	00	00

SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A) If Columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.

		COLUMN A	COLUMN B
42. Enter total Itemized Deductions from Schedule A, Federal Form 1040, Line 29	42	00	00
43. Enter Foreign Taxes Paid (See instructions on Page 11)	43	00	00
44. Enter Charitable Mileage Deduction (See instructions on Page 11)	44	00	00
45. SUBTOTAL. - Add Lines 42, 43, and 44 and enter here	45	00	00
46a. Enter State Income Tax included in Line 42 above (See instructions on Page 11)	46a	00	00
46b. Enter Form 700 Tax Credit Adjustment (See instructions on Page 11)	46b	00	00
47. TOTAL - Subtract Line 46a and 46b from Line 45. Enter here and on Front, Line 2 (See instructions)	47	00	00

SECTION D - DIRECT DEPOSIT INFORMATION
If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c and d below. See instructions for details.

a. Routing Number [ ][ ][ ][ ][ ][ ][ ][ ][ ]   b. Type: ☐ Checking ☐ Savings

c. Account Number [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

d. Is this refund going to or through an account that is located outside of the United States? ☐ Yes ☐ No

DATE OF DEATH	
Column A	Column B
SPOUSE	TAXPAYER
Month / Day / Year	Month / Day / Year

NOTE: If your refund is adjusted by $100.00 or more, a paper check will be issued and mailed to the address on your return.

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.

Your Signature	Date	Signature of Paid Preparer	Date
Spouse's Signature (if filing joint or combined return) Date		Address-Zip Code	
Home Phone	Business Phone	Business Phone	EIN, SSN OR PTIN
E-Mail Address		E-Mail Address	

NET BALANCE DUE (LINE 26):	NET REFUND (LINE 27):	ZERO (LINE 27):
DELAWARE DIVISION OF REVENUE P.O. BOX 508 WILMINGTON, DE 19899-0508	DELAWARE DIVISION OF REVENUE P.O. BOX 8765 WILMINGTON, DE 19899-8765	DELAWARE DIVISION OF REVENUE P.O. BOX 8711 WILMINGTON, DE 19899-8711

MAKE CHECK PAYABLE TO : DELAWARE DIVISION OF REVENUE
PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

(Rev 10/21/09)

2009 DELAWARE RESIDENT SCHEDULES

Name(s): _____ Social Security Number: _____

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

	Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B

DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

See the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I.

Enter the credit in **HIGHEST** to **LOWEST** amount order.

		COLUMN A	COLUMN B
1. Tax imposed by State of ——— (enter 2 character state name)	1	00	00
2. Tax imposed by State of ——— (enter 2 character state name)	2	00	00
3. Tax imposed by State of ——— (enter 2 character state name)	3	00	00
4. Tax imposed by State of ——— (enter 2 character state name)	4	00	00
5. Tax imposed by State of ——— (enter 2 character state name)	5	00	00
6. Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10. **You must attach a copy of the other state return(s) with your Delaware tax return**	6	00	00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

Qualifying Child Information

		CHILD 1	CHILD 2	CHILD 3
7. Child's Name (First and Last Name)	7			
8. Child's SSN	8			
9. Child's Year of Birth	9			

10. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B)	10	00
11. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 41a; Form 1040 EZ, Line 9a	11	00
12. Delaware EITC Percentage (20%)	12	.20
13. Multiply Line 11 by Line 12	13	00
14. Enter the Smaller of Line 10 or Line 13 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14	14	00

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

15.

A. Non-Game Wildlife	00	F. Organ Donations	00	K. Mult. Sclerosis Soc.	00
B. U.S. Olympics	00	G. Diabetes Educ.	00	L. Ovarian Cancer Fund	00
C. Emergency Housing	00	H. Veteran's Home	00	M. 21st Fund for Children	00
D. Children's Trust	00	I. DE National Guard	00		
E. Breast Cancer Educ.	00	J. Juv. Diabetes Fund	00		

Enter the total Contribution amount here and on EZ Return, Line 19 or Resident Return, Line 23 .... 15 [00]

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.