2010

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

	1 1	FORM 200-0	1								
7/	or Fiscal year beginning	and ending	- 21 NI:								
Your	Social Security No.	Spouse's Social Se	curity No.								
	(Attach Label Here) <b>DO NO</b>		TY NUMBERS	_							
Your	Last Name	First Name and Middle I		tc.							
		1 5: 11									
Spou	se's Last Name	Spouse's First Name	Jr., Sr., III., e	etc.							
Pres	ent Home Address (Number and	Street)	Apt. #								
City		State	Zip Code								
		US (MUST CHECK ON			16			-t i- 2010	41-		al :
1.	_	Married & Filing Separate Forms	5. Head of Househol	Form DE221 Attached	Delawar		art-year reside	nt in 2010, (	give in	e dates you reside	ea in
2.	Joint 4.	Married & Filing Combined Separate on this form			From	     Ionth	•	010 To _		2010 h Day	<u>)                                    </u>
Coli	ımn A is for Spouse inform	•	nly All other filin	n statuses use				umn A	Т	Column B	
	·								00		T00
1.	DELAWARE ADJUSTED (			verse side, Lin	e 41	1			00		100
2a.	If you elect the DELAWARE S Filing Statuses 1, 3 & 5 Enter S Filing Status 2 Enter \$6500 in	\$3250 in Column B Fili		 250 in Column A a	and in Column	В					
	If you elect the DELAWARE I										
b.	Filing Statuses 1, 2, 3 and 5, 6 Filing status 4 enter Itemized I					2			00		00
3.	ADDITIONAL STANDARD CHECK BOX(ES)	DEDUCTIONS (Not Alle Column A - if SPOUSE)		Deductions - see umn B - if YOU v				l			
	` ′	65 or over Blind			ind						
	Multiply the number of boxes (Filing status 4) enter the total	•			turn	3			00		00
4.	TOTAL DEDUCTIONS - A					4			00		00
5.	TAXABLE INCOME - Subt	tract Line 4 from Line 1	, and Compute Tax	on this Amount		5			00		00
			Column A	Co	lumn B						1
6.	Tax Liability from Tax Rate	Table/Schedule		00	00	_					
7.	Tax on Lump Sum Distribu	tion (Form 329)		00	00						
8.	TOTAL TAX - Add Line					<b>8</b>			00		00
	PERSONAL CREDITS If you If you use Filing Status 4, enter	•	-		olumn B.						
9a.	Enter number of exemption					9a			00		00
	On Line 9a, enter the numb	•	Column A	Column B		ı					
9b.	CHECK BOX(ES) Spo			or over (Colum		٠. [			00		00
	Enter number of boxes che								00		00
10.	Tax imposed by State of								00		00
11.	Volunteer Firefighter Co. #	. , , ,	•	•					00		00
12.	Other Non-Refundable Cre Child Care Credit. Must a	•	- ,			l l			00		00
13. 14.	Earned Income Tax Credi					ſ			00		00
15.	Total Non-Refundable Cred		-	-					00		00
16.	BALANCE. Subtract Line								00		00
17.	Delaware Tax Withheld (At			00	00	1			JU		1 00
18.	2010 Estimated Tax Paid & Pa	•		00	00	-					
19.	S Corp Payments and Refund			00	00	- 1					
20.	TOTAL Refundable Credits	s. Add Lines 17, 18 an	d 19 and enter he	·e	>	20			00		00
21.	BALANCE DUE. If Line 16	6 is greater than Line 20	), subtract 20 from	16 and enter he	re>	21			00		00
22.	OVERPAYMENT. If Line 2	20 is greater than Line 1	6, subtract 16 from	20 and enter he	ere>	22			00		00
23.	CONTRIBUTIONS TO SPE If electing a contribution		DE Schedule III					23			00
24.								24			00
25.	PENALTIES AND INTERES						Г	25			00
26.	NET BALANCE DUE (For	•					<b>⊢</b>	26			00
07	For all other filing statuses	, enter Line 21 plus Line	es 23 and 25					27			$\equiv$
21.	NET REFUND (For Filing For all other filing statuses,			ZERO	DOE/10 BE	KEF	ַ < ט⊒טאטי	27			00
	3	,									

## 2010 DELAWARE RESIDENT FORM 200-01, PAGE 2

**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	formation You or You plus Spouse			
SECTION A - ADDITIONS (+)										
28. Enter Federal AGI amount from Federal 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4						00	)	00		
					Г	00	$\overline{}$	00		
29.	Interest on State & Local obligations other th				- 1	00		00		
30.	Fiduciary adjustment, oil depletion					00		00		
31.	TOTAL - Add Lines 29 and 30		00	   00   3	31 _	00	)	00		
32.	Subtotal. Add Lines 28 and 31									
	CTION B - SUBTRACTIONS (-)				<b>.</b> Г	00		00		
33.	•				33	00		00		
34. Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page					34	00		00		
<ol> <li>Delaware State tax refund, fiduciary adjustment, work opportunity tax credit, Travelink Program,</li> <li>Delaware NOL Carry forward please see instructions on Page 10</li> </ol>					35	00	)	00		
36.	Taxable Soc Sec/RR Retirement Benefits/Higher	Educ. Excl/Certain Lump S	Sum Dist. (See instr. on	Pa 11)	36	00	)	00		
37.	SUBTOTAL. Add Lines 33, 34, 35 and 36 an				37	00	)	00		
38.	Subtotal. Subtract Line 37 from Line 32		00		38					
39.	Exclusion for certain persons 60 and over or c				39	00	)	00		
40.	•	TOTAL - Add Lines 37 and 39					)	00		
41.		[-	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										
	cate deductions between spouses, you mu		,							
42.	Enter total Itemized Deductions from Schedul	e A, Federal Form 1040,	Line 29		42	00		00		
43.	Enter Foreign Taxes Paid (See instructions on Page 11)					00	)	00		
44.	nter Charitable Mileage Deduction (See instructions on Page 11)44					00	)	00		
45.	SUBTOTAL Add Lines 42, 43, and 44 and enter here					00	)	00		
46a. Enter State Income Tax included in Line 42 above (See instructions on Page 11)46						00	)	00		
46b. Enter Form 700 Tax Credit Adjustment (See instructions on Page 11)					- 1	00	)	00		
47. TOTAL - Subtract Line 46a and 46b from Line 45. Enter here and on Front, Line 2 (See instructions)								00		
SECTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly										
to yo	our checking or savings account, complete bo	See instructions for	details.		DATE O	F DEATH				
а	Routing Number	b. Type:	Checking Sav	/ings		Column A	Column B			
				9-		SPOUSE	TAXPAYER			
C.	Account Number					Month / Day / Year	Month Day Year			
d.	Is this refund going to or through an account that	t is located outside of the l	United States?	res	No					
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.										
NOI						•				
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.										
_		Date				Date	rue, correct and comp	ilete.		
Your Signature Date			Oignature of Fall	Signature of Paid Preparer Date						
Spor	use's Signature (if filing joint or combined return	Address-Zip Cod	Address-Zip Code							
Hom	ne Phone	Business Phone	Business Phone EIN, SSN OR PTIN							
E-Ma	ail 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



## 2010 DELAWARE RESIDENT SCHEDULES

Name(s): _			Social Sec	curity Number	:		
COLUMNS:	Column A is reserved for the spouse of individual. See Page 9 worksheet.) Tax						
DE SCHEDU	JLE I - CREDIT FOR INCOME TAXES	PAID TO ANOTHER STATE	AID TO ANOTHER STATE			All other filings statuses You or You plus Spouse COLUMN B	
See the inst	ructions and complete the worksheet o	on Page 7 prior to completing	DE Schedu	le I.	· ·		
Enter the cr	redit in HIGHEST to LOWEST amount or	der	_				
			1		00	00	
	1. Tax imposed by State of ———— (enter 2 character state name)					00	
	osed by State of ———— (enter 2 ch				00	00	
	osed by State of ———— (enter 2 ch		1		00	00	
	osed by State of ———— (enter 2 ch		1.		00	00	
	e total here and on EZ Return, Line 10 o						
	a copy of the other state return(s) with				00	00	
DE SCHEDU	JLE II - EARNED INCOME TAX CRED	T (EITC)					
Complete the	Earned Income Tax Credit for each child	YOU CLAIMED the Earned Incor	ne Credit for	on your federal	return.		
		CHILD 1	C	HILD 2		CHILD 3	
	nild Information	-			<u> </u>	020	
	Name (First and Last Name)						
	SSN						
9. Child's	Year of Birth	9					
a studer	child under age 24 at the end of 2010, at, and younger than you (or your if filing jointly)?10	YES NO	YE	s No		YES NO	
	child permanently and totally disabled any part of 2010?	YES NO	YE	s NO		YES NO	
<ul> <li>13. Federal Form 10</li> <li>14. Delawar</li> <li>15. Multiply</li> <li>16. Enter th or Resid</li> <li>See the inst</li> <li>DE SCHEDUSE Page 13</li> <li>17. A. No B. U.S. C. Em</li> </ul>	S. Olympics 00 F. ergency Housing 00 G.	n 1040, Line 64a;nter here and on EZ Return, Li	00 I. 00 J. 00 K.	· 13 14 15	Soc	00 00 .20 00 00 00 00	
Enter th	e total Contribution amount here and on E	Z Return, Line 19				00	

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

