

2011

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 2011, give the dates you resided in Delaware.

From 2011 To 2011 Month Day Month Day

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

Table with columns for Line numbers, descriptions, Column A, and Column B. Includes sections for Delaware Adjusted Gross Income, Deductions, Taxable Income, Total Tax, Credits, and Balance Due.

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE





**2011 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.

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. <b>You must attach a copy of the other state return(s) with your Delaware tax return</b> .....	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. Was the child under age 24 at the end of 2011, a student, and younger than you (or your spouse, if filing jointly)?.....	10	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Was the child permanently and totally disabled during any part of 2011?.....	11	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B).....	12		00
13. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 38a; Form 1040 EZ, Line 8a.....	13		00
14. Delaware EITC Percentage (20%).....	14	<b>.20</b>	
15. <b>Multiply Line 13 by Line 14</b> .....	15		00
16. Enter the Smaller of Line 12 or Line 15 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14.....	16		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.

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

Enter the total Contribution amount here and on EZ Return, Line 19 or Resident Return, Line 24..... 17 

	00
--	----

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

