

2011

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DELAWARE INDIVIDUAL RESIDENT  
INCOME TAX RETURN  
FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

ATTACH LABEL HERE

or Fiscal year beginning _____ and ending _____		
Your Social Security No.	Spouse's Social Security No.	
<b>(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS</b>		
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

<b>FILING STATUS (MUST CHECK ONE)</b>		Form DE2210 Attached		If you were a part-year resident in 2011, give the dates you resided in Delaware.			
1. <input type="checkbox"/> Single, Divorced, Widower(er)	3. <input type="checkbox"/> Married & Filing Separate Forms	5. <input type="checkbox"/> Head of Household	<input type="checkbox"/>	From	Month	Day	2011
2. <input type="checkbox"/> Joint	4. <input type="checkbox"/> Married & Filing Combined Separate on this form			To	Month	Day	2011
<b>Column A is for Spouse information, Filing Status 4 only. All other filing statuses use Column B.</b>				<b>Column A</b>		<b>Column B</b>	
<b>1. DELAWARE ADJUSTED GROSS INCOME.</b> Enter amount from reverse side, Line 42 ..... 1				00		00	
2a. If you elect the DELAWARE STANDARD DEDUCTION check here..... <input type="checkbox"/> 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..... <input type="checkbox"/>				00		00	
b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 48 in Column B Filing status 4 enter Itemized Deductions from reverse side, Line 48 in Columns A and B				2	00	00	
3. ADDITIONAL STANDARD DEDUCTIONS <i>(Not Allowed with Itemized Deductions - see instructions)</i> CHECK BOX(ES) Column A - if SPOUSE was 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> Column B - if YOU were 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> 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	
<b>4. TOTAL DEDUCTIONS</b> - Add Lines 2 & 3 and enter here..... 4				00		00	
<b>5. TAXABLE INCOME</b> - Subtract Line 4 from Line 1, and Compute Tax on this Amount..... 5				00		00	
				<b>Column A</b>	<b>Column B</b>		
6. Tax Liability from Tax Rate Table/Schedule	00	00		6			
7. Tax on Lump Sum Distribution <b>(Form 329)</b>	00	00		7			
<b>8. TOTAL TAX</b> - Add Lines 6 and 7 and enter here..... > 8		00			00		
<b>PERSONAL CREDITS</b> If you are Filing Status 3, see instructions on Page 6. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in 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 <input type="checkbox"/> Column B <input type="checkbox"/>							
9b. <b>CHECK BOX(ES)</b> Spouse 60 or over (Column A) <input type="checkbox"/> Self 60 or over (Column B) <input type="checkbox"/> Enter number of boxes checked on Line 9b. _____ X \$110..... 9b				00		00	
10. Tax imposed by State of _____ <b>(Must attach copy of DE Schedule I and other state return)</b> .... 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. <b>Must attach Form 2441. (Enter 50% of Federal credit)</b> ..... 13				00		00	
14. <b>Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation</b> ..... 14				00		00	
15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here..... 15				00		00	
16. <b>BALANCE</b> . Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero)..... 16				00		00	
17. Delaware Tax Withheld <b>(Attach W2s/1099s)</b> .....				00		00	
18. 2011 Estimated Tax Paid & Payments with Extensions....				00		00	
19. S Corp Payments and Refundable Business Credits.....				00		00	
20. 2011 Real Estate Estimated Payments.....				00		00	
21. <b>TOTAL Refundable Credits</b> . Add Lines 17, 18, 19, and 20 and enter here..... > 21				00		00	
22. <b>BALANCE DUE</b> . If Line 16 is greater than Line 21, subtract 21 from 16 and enter here..... > 22				00		00	
23. <b>OVERPAYMENT</b> . If Line 21 is greater than Line 16, subtract 16 from 21 and enter here..... > 23				00		00	
24. <b>CONTRIBUTIONS TO SPECIAL FUNDS</b> <i>If electing a contribution, complete and attach DE Schedule III</i> .....				24		00	
25. AMOUNT OF LINE 23 TO BE APPLIED TO 2012 ESTIMATED TAX ACCOUNT..... <b>ENTER &gt;</b> 25				00		00	
26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$400, see estimated tax instructions..... <b>ENTER &gt;</b> 26				00		00	
27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)..... <b>PAY IN FULL &gt;</b> 27				00		00	
For all other filing statuses, enter Line 22 plus Lines 24 and 26							
28. NET REFUND (For Filing Status 4, see instructions, page 9)..... <b>ZERO DUE/TO BE REFUNDED &gt;</b> 28				00		00	
For all other filing statuses, subtract Lines 24, 25 and 26 from Line 23							

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

**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
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**SECTION A - ADDITIONS (+)**

29. Enter Federal AGI amount from Federal 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4.....	29	00	00
30. Interest on State & Local obligations other than Delaware.....	30	00	00
31. Fiduciary adjustment, oil depletion.....	31	00	00
32. TOTAL - Add Lines 30 and 31.....	32	00	00
33. Subtotal. Add Lines 29 and 32.....		00	33

**SECTION B - SUBTRACTIONS (-)**

34. Interest received on U.S. Obligations.....	34	00	00
35. Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 10) .....	35	00	00
36. Delaware State tax refund, fiduciary adjustment, work opportunity tax credit, Travelink Program, Delaware NOL Carry forward.- please see instructions on Page 10.....	36	00	00
37. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr. on Pg 11)...	37	00	00
38. SUBTOTAL. Add Lines 34, 35, 36 and 37 and enter here.....	38	00	00
39. Subtotal. Subtract Line 38 from Line 33.....		00	39
40. Exclusion for certain persons 60 and over or disabled (See instructions on Page 11).....	40	00	00
41. TOTAL - Add Lines 38 and 40.....	41	00	00
42. DELAWARE ADJUSTED GROSS INCOME. Subtract line 41 from Line 33. Enter here and on Front, Line 1....	42	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.**

43. Enter total Itemized Deductions from Schedule A, Federal Form 1040, Line 29.....	43	00	00
44. Enter Foreign Taxes Paid (See instructions on Page 11).....	44	00	00
45. Enter Charitable Mileage Deduction (See instructions on Page 11).....	45	00	00
46. SUBTOTAL. - Add Lines 43, 44, and 45 and enter here.....	46	00	00
47a. Enter State Income Tax included in Line 43 above (See instructions on Page 11).....	47a	00	00
47b. Enter Form 700 Tax Credit Adjustment (See instructions on Page 11).....	47b	00	00
48. TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Front, Line 2 (See instructions).....	48	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)		Address-Zip Code	
Home Phone	Business Phone	Business Phone	EIN, SSN OR PTIN
E-Mail Address		E-Mail Address	

**NET BALANCE DUE (LINE 27):**

DELAWARE DIVISION OF REVENUE  
P.O. BOX 508  
WILMINGTON, DE 19899-0508

**NET REFUND (LINE 28):**

DELAWARE DIVISION OF REVENUE  
P.O. BOX 8765  
WILMINGTON, DE 19899-8765

**ZERO (LINE 28):**

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**



# 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.

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

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

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	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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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	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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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	.20
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.**

