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2013 R	DELAWARE INDIVIDUAL RESIDEN INCOME TAX RETURN	DO NOT WE	RITE OR STAPLE IN T	HIS AREA
	FORM 200-01			
or Fiscal year beginning MM D	D Y Y and ending M M D D	YY		
Your Social Security No.	Spouse's Social Sec. No.			
Your Last Name	First Name and Middle Initial, Jr.,	Sr.,III,etc.		
Spouse's Last Name	Spouse's First Name, Jr.,	Sr.,III,etc.		
D (11 A11 (A) 1				
Present Home Address (Number and	d Street) Apt. #			
City	State Zip Code	FILING	STATUS (MUST CHECK ONE	<u>:</u>)
		1. Single, Divorced, Widow(er)	Married or Entered into Union & Filing Separate	
Form DE2210 If you were a part-	year resident in 2013, give the dates you resided in			
From M	M D D 2013 To M M D D	2. Joint or Entered into a Civil Union	4. Married or Entered into & Filing Combined Sepa	
Attached Mo r	nth Day Month Day			
	nation, Filing Status 4 only. All other fili		Column A	Column B
	ROSS INCOME. Begin Return on Page 2, Line 29), then enter amount from Line 42 here>	1 00	0
•	E STANDARD DEDUCTION check here			
Filing Statuses 1, 3 & 5 Enter Filing Status 4 Enter \$3250 in	* \$3250 in Column B; Filing Status 2 Enter \$65 n Column A and in Column B	500 in Column B;		
If you elect the DELAWAR	E ITEMIZED DEDUCTIONS check here			
b. Filing Statuses 1, 2, 3 and 5,	enter Itemized Deductions from reverse side, L Deductions from reverse side, Line 48 in Colum	Line 48 in Column B	0	1 10
-	EDUCTIONS (Not Allowed with Itemized		2 00	0
Multiply the number of boxes chec	cked below by \$2500. If you are filing a combined sep-		or	
each appropriate column. All othe		Uana. CE an array Diind		
Column A - if SPOUSE was: 65		U were: 65 or over Blind	3 00	
	Add Lines 2 & 3 and enter here		4 00	
5. TAXABLE INCOME - Su	ibtract Line 4 from Line 1, and Compute Tax		5 00	0
6. Tax Liability from Tax Rate T				
See Instructions		00 00	6	
7. Tax on Lump Sum Distribution	s 6 and 7 and enter here		7	
	f you are Filing Status 3, see instructions on Pa		8 00	C
If you use Filing Status 4, en	ter the total for each appropriate column. All of	thers enter total in Column B.	ga 00	
		Column B	9a [
On Line 9a, enter the number	Spouse 60 or over (Column A)			
		· · · · · · · · · · · · · · · · · · ·		
	cked on Line 9bX \$110			0
	pouse (Column A) Self (Column B)			
	dits (see instructions on Page 7)			0
	attach Form 2441. (Enter 50% of Federal		-	
	dit. See instructions on Page 8 for ALL			0
	ts. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 an			
	15 from Line 8. If Line 15 is greater than Line			
17. Delaware Tax Withheld (Att		00 00		. 10
18. 2013 Estimated Tax Paid &		00 00		
19. S Corp Payments and Refu		00 00		
20. 2013 Capital Gains Tax Payme		00 00		
21. TOTAL Refundable Credits.	Add Lines 17, 18, 19, and 20 and enter h			
22. BALANCE DUE. If Line 10	6 is greater than Line 21, subtract 21 from 16	and enter here>	22 00	C
23. OVERPAYMENT . If Line 2	21 is greater than Line 16, subtract 16 from 2	11 and enter here	23 00	C
	PECIAL FUNDS If electing a contribution,			00
	BE APPLIED TO 2014 ESTIMATED TAX		=0	00
	DUE. If Line 22 is greater than \$400, see			00
27. NET BALANCE DUE (For F	Filing Status 4, see instructions, page 9) enter Line 22 plus Lines 24 and 26	PAY IN	N FULL> 27	00
28. NET REFUND (For Filing S	tatus 4, see instructions, page 9)	ZERO DUE/TO BE REFU	UNDED > 28	00
	ubtract Lines 24, 25 and 26 from Line 23			

E 2

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.

МО	DIFICATIONS TO FEDERAL	ADJU	STED GR	OSS IN	ICOME				Filing Status 4 Spouse Inforr COLUMI	mation	All other filing You or You plu COLUM	us Spouse
SEC	TION A - ADDITIONS (+)							_				-
29.	Enter Federal AGI amount from Federal 1	1040, Line	37; 1040A, Li	ne 21; or 1	040EZ, Line	4		29		00		00
30.	Interest on State & Local obligations of	other than	Delaware					. 30		00		00
31.	Fiduciary adjustment, oil depletion							- 00		00		00
32.	TOTAL - Add Lines 30 and 31							-		00		00
33.	Subtotal. Add Lines 29 and 32						00	33		100		100
SEC	TION B - SUBTRACTIONS (-)				100		100					
34.	Interest received on U.S. Obligations.							. 34		00		00
35.	Pension/Retirement Exclusions (For a	definitio	n of eligible	income	, see instr	uctions or	n Page 10)	. 35		00		00
36.	Delaware State tax refund, fiduciary adjudelaware NOL Carry forward please							. 36		00		00
37.	Taxable Soc Sec/RR Retirement Benefi	ts/Higher	Educ. Excl/C	ertain Lum	np Sum Dis	t. (See instr	. on Pg 11)	. 37		00		00
38.	SUBTOTAL. Add Lines 34, 35, 36 and	1 37 and	enter here					38		00		00
39.	Subtotal. Subtract Line 38 from Line 33	3			00		00	39				
40.	Exclusion for certain persons 60 and ov	er or disa	abled (See in:	structions	on Page 11)		. 40		00		00
41.	TOTAL - Add Lines 38 and 40							. 41 [00		00
42.	DELAWARE ADJUSTED GROSS INCO	ME. Subtr	act line 41 fro	om Line 33	3. Enter her	e and on Fro	ont, Line 1	42		00		00
43. 44. 45. 46. 47b. 48. SEC to yo	Eate deductions between spouses, Enter total Itemized Deductions from S Enter Foreign Taxes Paid (See instruct Enter Charitable Mileage Deduction (S SUBTOTAL Add Lines 43, 44, and Enter State Income Tax included in Lin Enter Form 700 Tax Credit Adjustment TOTAL - Subtract Line 47a and 47b from the company of the court checking or savings account, con Routing Number Account Number	chedule A tions on ee instruct 45 and e e 43 about (See instruction of the control of the contro	A, Federal For Page 11) Stions on Page Inter here ve (See instructions on 6. Enter here	m, Line 29ge 11) uctions on Page 11) and on Fi	Page 11)	(See instru	ctions)d directly	. 44 . 45 . 46 . 47a . 47b . 48 b. Tyj	pe: Checki his refund goin ated outside of	g to or the		00 00 00 00 00 00
NOT	E: If your refund is adjusted by \$	100.00.0	r moro a n	apor cho	ok will be	issued a	 nd mailed to	the add				
.401	BE SURE TO											
Unde	er penalties of perjury, I declare that I h											complete.
	Signature	-	Date			ure of Paid				Dat		
Spou	se's Signature (if filing joint or combined	return) [Date		Addres	SS						
Hom	e Phone Bus	iness Pho	one		City					State	Zip	
F 14	ii A dalaa a				FINE	CN OD DT	IN D	- DI-				
E-IVI	il Address				EIN, S	SSN OR PTI	in Busines	s Phone		E-Mail	Address	

NET BALANCE DUE (LINE 27):

NET REFUND (LINE 28):

ZERO (LINE 28):

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





2013

2013 R	2013 R 2013 DELAWARE RESIDENT SCHEDULES		ES	Schedule							
Name(s)				Social Security	/ Number						
COLUMNS: Column A is reserved for th individual. See Page 9 wor	e spouse of those co ksheet.) Taxpayers u	uples choosing sing filing status	filing status 4. ses 1, 2, 3, or 5	(Reconcile your are to complete	Federal total Column B	als to the only.	e appro	priate			
DE SCHEDULE I - CREDIT FOR IN	COME TA ES PA	AID TO ANOT	THER STATE	[Filing Stat Spouse Ir COLU			You or	er filings You plus COLUM	Spou	
See the instructions and complete t Enter the credit in HIGHEST to LOWE 1. Tax imposed by State of	ST amount order.			_	le I.		00)			00
 Tax imposed by State of Tax imposed by State of 	(enter 2 chara (enter 2 chara	acter state nar acter state nar	ne) ne)	2 3			00)			00
4. Tax imposed by State of5. Tax imposed by State of6. Enter the total here and on Reside	(enter 2 chara	acter state nar	ne)	5			00				00
other state return(s) with your DE SCHEDULE II - EARNED INCO	Delaware ta reti	urn					00)			00
Complete the Earned Income Ta Credi ualifying Child Information	t for each child YO	U CLAIMED th			on your fe						
	b. Child's Last Nar	ne	8. (Child's SSN		1 1			e of Birt	h	
CHILD 1 CHILD 2 CHILD 3						IV IV	1 M	DDDD	YYY	Y Y Y	Y Y
10. Was the child under age 24 at the e	and of 2013	CHILI	0 1	СН	ILD 2			СНІІ	LD 3		
a student, and younger than you (o spouse, if filing jointly)	r vour	YES	NO	YE	S	NO		YES		NO)
11. Was the child permanently and total during any part of 2013	lly disabled 11	YES	NO	YE	s	NO		YES		NO)
12. Delaware State Income Tax from Lir13. Federal earned income credit from FForm 1040A, Line 38a; or Form 104	ederal Form 1040, L	ine 64a;		,						00	1
14. Delaware EITC Percentage (20))				14				.20		
1 . Multiply Line 13 by Line 14					·· 15					00	
Enter the Smaller of Line 12 or Line on Resident Return, Line 14					16					00	
See the instructions on Page 8 for A			attach.								
DE SCHEDULE III - CONTRIBUTIO	NS TO SPECIAL	FUNDS									

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

- A NI O NATI III				1	
17. A. Non-Game Wildlife	00	G. eteran's Home	00	M. White Clay Creek	00
B. U.S. Olympics	00	H. DE National Guard	00	N. Home of the Brave	00
C. Emergency Housing	00	I. Juv. Diabetes Fund	00	O. Senior Trust Fund	00
D. Breast Cancer Educ.	00	J. Mult. Sclerosis Soc.	00	P. eteran s Trust Fund	00
E. Organ Donations	00	. Ovarian Cancer Fund	00		
F. Diabetes Educ.	00	L. 21st Fund for Children	00		
				_	
Enter the total Contribution amo	ount here and	on Resident Return, Line 24		17	00

This page $\underline{\text{MUST}}$ be sent in with your Delaware return if any of the schedules (above) are completed.



