2014	R	DELAWARE INDIVIDUAL RESIDEN INCOME TAX RETURN
		FORM 200-01

,		na chang								
Your Soc	ial Security No. Spor	use's Social Security N	0.							
Your Last	Nome	Name and Middle Initial	Ir Cr III oto							
Tour Last	Name	Name and Middle Initial	Jr., Sr., III, etc.							
Spouse's	Last Name Spou	ise's First Name,	Jr.,Sr.,III,etc.							
орошоо		is or instrument,	011,011,111,0101							
Present H	Home Address (Number and Street)	Apt. #								
City	S	tate Zip Code					MUST CHECK	,		
				1. Single Widow	, Divorced, (er)	3.	Married or Entere Jnion & Filing Se	d into a Civil parate Forn	5. H	lead of lousehold
Form D	E2210 If you were a part-year resident in 20 Delaware.			loint o	r Entered	. —	Anniad or Entara	dinto o Civil	Union	
		014 To			Civil Union		Married or Entere & Filing Combined			
Attac	· ·	Month	Day				Caluma A		Calumn	n
	n A is for Spouse information, Filing S ELAWARE ADJUSTED GROSS INCOME.						Column A	00	Column	00
	you elect the DELAWARE STANDARD D	•		ter amount nom Lii	1E 42 HEIE;	>1		001		100
	ing Statuses 1, 3 & 5 Enter \$3250 in Colum			olumn B						Ш
Fil	ling Status 4 Enter \$3250 in Column A and i	in Column B		oldilii B,						
	you elect the DELAWARE ITEMIZED DE ling Statuses 1, 2, 3 and 5, enter Itemized D			Column P			DF2011401	9999		
Fil	ling statuses 1, 2, 3 and 3, enter itemized being status 4 enter Itemized Deductions from	reverse side, Line 48	in Columns A an	id B		2				
	DDITIONAL STANDARD DEDUCTIONS (I					,				
	ultiply the number of boxes checked below by \$250 ch appropriate column. All others enter total in Column		oined separate retui	rn (Filing status 4), e	enter the total	for				
Co	olumn A - if SPOUSE was: 65 or over	Blind Column I	3 - if YOU were:	65 or over	Blind	3				
4. T (OTAL DEDUCTIONS - Add Line 2 &	3 and enter here				4				
5. T /	AXABLE INCOME - Subtract Line 4 fro	m Line 1, and Comp	ute Tax on this	Amount		5				
	x Liability from Tax Rate Table/Schedule		olumn A	Colum						
Se	ee Instructions			-		6				
	x on Lump Sum Distribution (Form 329				00	7				
	OTAL TAX - Add Lines 6 and 7 and ERSONAL CREDITS If you are Filing S				·····>	8				
9a. F	you use Filing Status 4, enter the total for enter number of exemptions claimed on Federa	ach appropriate colum	n. All others ente	er total in Column	B.					
	•					9a				
	n Line 9a, enter the number of exemptions HECK BOX(ES) Spouse 60 or ov			Column B Over (Column B)						
	` , '	,		` '		01		00		00
	nter number of boxes checked on Line 9b. ax imposed by State of (Mus	X \$١١٥ t attach copy of DE		Lother state retu						00
	blunteer Firefighter Co.# - Spouse (Column A			. Enter credit ar	-					00
	ther Non-Refundable Credits (see instruct	,	,							00
	nild Care Credit. Must attach Form 24									
14. Ea	arned Income Tax Credit. See instru	ctions on Page 8 fe	or ALL required	d documentation	n	14				
15. To	otal Non-Refundable Credits. Add Lines 9a	a, 9b, 10, 11, 12, 13	& 14 and enter	here		15				
16. B .	ALANCE. Subtract Line 15 from Line 8.	If Line 15 is greater t	han Line 8, ente	er "0" (Zero)		16				
17. De	elaware Tax Withheld (Attach W2s/1099s	s)				17				
	114 Estimated Tax Paid & Payments with					18				
	Corp Payments and Refundable Business					19				
	114 Capital Gains Tax Payments (Attach For		00			20				
	OTAL Refundable Credits. Add Lines 17,									00
	ALANCE DUE. If Line 16 is greater than							00		00
	VERPAYMENT. If Line 21 is greater tha						24		00	
	ONTRIBUTIONS TO SPECIAL FUND: MOUNT OF LINE 23 TO BE APPLIED TO									
	ENALTIES AND INTEREST DUE. If Line 2									
27. NI	ET BALANCE DUE (For Filing Status 4, s	see instructions, page	9)		····· PAY II	N FULL>	27			
F(or all other filing statuses, enter Line 22 plu ET REFUND (For Filing Status 4, see inst	is Lines 24 and 26								
	or all other filing statuses, subtract Lines 24,				·· - ·					

2014 R

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	JSTED GROSS INC	ОМЕ		Filing Status Spouse Infor COLUM	rmation	All other filings statuses You or You plus Spouse COLUMN B
SEC	TION A - ADDITIONS (+)						2
29.	Enter Federal AGI amount from Federal 1040, Lin	e 37; 1040A, Line 21; or 1040	EZ, Line 4	2	9		
30.	Interest on State & Local obligations other tha	n Dolowara					
31.	Fiduciary adjustment, oil depletion						
32.	TOTAL - Add Lines 30 and 31						
33.	Subtotal. Add Lines 29 and 32			00 3	3		
	TION B - SUBTRACTIONS (-)						
34.	Interest received on U.S. Obligations				34		
35. 36.	Pension/Retirement Exclusions (For a definiti Delaware State tax refund, fiduciary adjustment, Delaware NOL Carry forward please see instr	work opportunity tax credit,			35	00	
37.	Taxable Soc Sec/RR Retirement Benefits/Higher	r Educ. Excl/Certain Lump S	Sum Dist. (See instr. o	n Pg 11) 3	37		00
38.	SUBTOTAL. Add Lines 34, 35, 36 and 37 and	d enter here	`	3	38		
39.	Subtotal. Subtract Line 38 from Line 33				39		
40.	Exclusion for certain persons 60 and over or dis		Page 11)		10		
41.	TOTAL - Add Lines 38 and 40	•	• ,		11		
42.	DELAWARE ADJUSTED GROSS INCOME. Sub				12		
43. 44. 45. 46. 47a. 47b.	Eate deductions between spouses, you must enter total Itemized Deductions from Schedule Enter Foreign Taxes Paid (See instructions on Enter Charitable Mileage Deduction (See instructions SUBTOTAL Add Lines 43, 44, and 45 and Enter State Income Tax included in Line 43 about Enter Form 700 Tax Credit Adjustment (See in TOTAL - Subtract Line 47a and 47b from Line 43.	A, Federal Form, Line 29 Page 11) uctions on Page 11) enter here ove (See instructions on Page 11) nstructions on Page 11)	ge 11)		14 15 16 7a 7b	00 00 00 00 00 00	00 00 00 00 00 00
to yo	TION D - DIRECT DEPOSIT INFORMATION CONTROL OF SAVINGS ACCOUNT, COMPLETE	ON If you would like you boxes a, b, c and d below	r refund deposited d v. See instructions fo	or details.	Towns Observe		Octions .
	Account Number				located outside of	ng to or the	rough an account that is d States?
NOT	E: If your refund is adjusted by \$100.00	or more, a paper check	will be issued and	mailed to the	address on you	ır return.	
Unde	BE SURE TO SIGN or penalties of perjury, I declare that I have exa Signature se's Signature (if filing joint or combined return)	YOUR RETURN BEI amined this return, includin Date	LOW AND KEEP	P A COPY FO	OR YOUR RE	CORDS re it is true	}
Hom	e Phone	Business Phone	City			State	Zip
			,				
E-Ma	il Address		EIN, SSN OR PTIN	Business Ph	one	E-Mail	Address

BALANCE DUE W/PAYMENT ENCLOSED (LINE 27)

REFUND (LINE 28):

ALL OTHER RETURNS:

DELAWARE DIVISION OF REVENUE P.O. BOX 508 WILMINGTON, DE 19899-0508 DELAWARE DIVISION OF REVENUE P.O. BOX 8710 WILMINGTON, DE 19899-8710 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







2014	R

2014 DELAWARE RESIDENT SCHEDULES

Schedule

Nar	mes:			So	ocial Security	Number:				
COL	LUMNS: Column A is reservindividual. See Pa	ved for the spouse of those couge 9 worksheet.) Taxpayers us	uples choosing filing s sing filing statuses 1, 2	tatus 4. (Ro 2, 3, or 5 ar	econcile your e to complete	Federal totals t Column B only	o the appro	priat e		
						Filing Status 4	ONLY	All other fil	inas sta	tuses
DE :	SCHEDULE I - CREDIT	FOR INCOME TAXES PA	ID TO ANOTHER	STATE		Spouse Inforr	nation	You or You		oouse
		nplete the worksheet on I			DE Schadu			00	LOWIND	'
	er the credit in HIGHEST to	=	age / prior to cor	iipietiiig	DE Schedu	ici.				
1.	Tax imposed by State of		acter state name)		1					
2.	Tax imposed by State of	,	acter state name)				0.0			
3.	Tax imposed by State of	`	acter state name)							
	Tax imposed by State of		cter state name)				0.0			
	Tax imposed by State of	,	acter state name)							
		n Resident Return, Line 10.	,							
		th your Delaware tax retu								
DE S	SCHEDULE II - EARNED	INCOME TAX CREDIT	(EITC)							
Com		ax Credit for each child YO	. ,	ned Incom	e Credit for	on your feder	al return.			
7a.	Child's First Name	7b. Child's Last Nam	ne	8. Chil	d's SSN		9. Child	l's Date of	f Birth	
			CHILD 4		CH	II D 2		CHILD	2	
	Was the child under age 24 a student, and younger than spouse, if filing jointly)?	n you (or your	CHILD 1	NO	YE	ILD 2		YES		NO
	7 07 77									
	Was the child permanently during any part of 2014?		YES	NO	YE	S NO		YES	N	NO
12.	Delaware State Income Tax	from Line 8 (enter higher tax	amount from Colum	nn A or B)		12				
13.	Federal earned income cred	lit from Federal Form 1040, Li Form 1040EZ, Line 8a	ne 66a;	,						
14.	Delaware EITC Percentage	e (20%)				·· 14			20	
15.	Multiply Line 13 by Lin	e 14				·· 15			0	
16.	Enter the Smaller of Line 12	2 or Line 15 above. Enter her	e and							
	on Resident Return, Line	14				16				
See	the instructions on Page	e 8 for ALL required docu	mentation to attac	h.						
DE :	SCHEDULE III - CONTR	IBUTIONS TO SPECIAL	FUNDS							
		n of each worthwhile fun								
17. /	A. Non-Game Wildlife	00 G. Ve	eteran's Home			M. White Cl	av Creek			
-	B. U.S. Olympics	00 H. DI	E National Guard			N. Home of	•			
(C. Emergency Housing	00 I. Ju	v. Diabetes Fund			O. Senior T	rust Fund			
	D. Breast Cancer Educ.	00 J. Mu	ılt. Sclerosis Soc.			P. Veteran's		1		
	E. Organ Donations		arian Cancer Fund			Q. Protectir				
I	F. Diabetes Educ.	00 L. 21	st Fund for Children			Children	rund			
	Enter the total Contributio	n amount here and on Res	ident Return, Line 2	24			17			00

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



