

2019 R

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

For Fiscal year beginning MM DD YY and ending MM DD YY

Your Social Security No. Spouse's Social Security No.

Grid for 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 If you were a part-year resident in 2019, give the dates you resided in Delaware: Attached MM DD 2019 MM DD 2019

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

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

1. DELAWARE ADJUSTED GROSS INCOME. Begin Return on Page 2, Line 29, then enter amount from Line 42 here. > 1 00 00

2a. If you elect the DELAWARE STANDARD DEDUCTION check here... Filing Statuses 1, 3 & 5 enter \$3250 in Column B; Filing Status 2 enter \$6500 in Column B; Filing Status 4 enter \$3250 in Column A and in Column B. 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 (Not Allowed with Itemized Deductions - see instructions) Multiply the number of boxes checked below 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. Column A - if SPOUSE was: 65 or over Blind Column B - if YOU were: 65 or over Blind 3 00 00

4. TOTAL DEDUCTIONS - Add line 2 & 3 and enter here... 4 00 00

5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this amount... 5 00 00

6. Tax Liability from Tax Rate Table/Schedule Column A Column B 6 00 00

See Instructions... 7 00 00

7. Tax on Lump Sum Distribution (Form 329)... 7 00 00

8. TOTAL TAX - Add Lines 6 and 7 and enter here... > 8 00 00

9a. PERSONAL CREDITS 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. Enter number of exemptions x \$110... 9a 00 00

On Line 9a, enter the number of exemptions for: Column A Column B

9b. CHECK BOX(ES) Spouse 60 or over (Column A) Self 60 or over (Column B) 9b 00 00

Enter number of boxes checked on Line 9b x \$110... 9b 00 00

10. Tax imposed by State of (Must attach copy of DE Schedule I and other state return.) 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. Must attach Form 2441. (Enter 50% of Federal credit) 13 00 00

14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation... 14 00 00

15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here... 15 00 00

16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero)... 16 00 00

17. Delaware Tax Withheld (Attach W2s/1099s)... 17 00 00

18. Estimated Tax Paid & Payments with Extensions... 18 00 00

19. S Corp Payments and Refundable Business Credits... 19 00 00

20. Capital Gains Tax Payments (Attach Form 5403)... 20 00 00

21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here... > 21 00 00

22. BALANCE DUE. If Line 16 is greater than Line 21, subtract 21 from 16 and enter here... > 22 00 00

23. OVERPAYMENT. If Line 21 is greater than Line 16, subtract 16 from 21 and enter here... > 23 00 00

24. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III... 24 00 00

25. AMOUNT OF LINE 23 TO BE APPLIED TO 2020 ESTIMATED TAX ACCOUNT... ENTER > 25 00 00

26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$800, see estimated tax instructions... ENTER > 26 00 00

27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)... PAY IN FULL > 27 00 00

For all other filing statuses, enter Line 22 plus Lines 24 and 26

NET REFUND (For Filing Status 4, see instructions, page 9) ZERO DUE/TO BE REFUNDED > 28 00 00

For all other filing statuses, subtract Lines 24, 25, and 26 from Line 23

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

SECTION A - ADDITIONS (+)

- 29. Enter Federal AGI amount from Federal 1040
30. Interest on State & Local obligations other than Delaware
31. Fiduciary adjustment, oil depletion
32. TOTAL - Add Lines 30 and 31
33. Subtotal. Add Lines 29 and 32

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing statuses You or You plus Spouse COLUMN B. Rows 29-33.

SECTION B - SUBTRACTIONS (-)

- 34. Interest received on U.S. Obligations
35. Pension/Retirement Exclusions
36. Delaware State tax refund, fiduciary adjustment, work opportunity tax credit, Delaware NOL carry forward
37. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist.
38. SUBTOTAL. Add Lines 34, 35, 36 and 37
39. Subtotal. Subtract Line 38 from Line 33
40. Exclusion for certain persons 60 and over or disabled
41. TOTAL - Add Lines 38 and 40
42. DELAWARE ADJUSTED GROSS INCOME. Subtract line 41 from Line 33.

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing statuses You or You plus Spouse COLUMN B. Rows 34-42.

SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH DELAWARE 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 Deduction from Delaware Schedule A (PIT-RSA)
44. Enter Foreign Taxes Paid
45. Enter Charitable Mileage Deduction
46. SUBTOTAL - Add Lines 43, 44, and 45
47. Enter Form 700 Tax Credit Adjustment
48. TOTAL - Subtract Line 47 from Line 46.

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing statuses You or You plus Spouse COLUMN B. Rows 43-48.

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 [grid]

b. Type: Checking [] Savings []

c. Account Number [grid]

d. Is this refund going to or through an account that is located outside of the United States? Yes [] 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.

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.

Signature and contact information table with fields for Your Signature, Date, Spouse's Signature, Date, Signature of Paid Preparer, Date, Home Phone, Business Phone, City, State, Zip, E-Mail Address, EIN, SSN or PTIN, Business Phone, E-Mail Address.

BALANCE DUE W/PAYMENT ENCLOSED (LINE 27)

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

REFUND (LINE 28):

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

ALL OTHER RETURNS:

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

