

<u>Tax Item (Identifier)</u>	<u>Source</u>	<u>Location</u>	<u>Description</u>	<u>Format</u>
1	Official Header		Magic Code and Header Version	T1
2	Official Header		Developer Code	Assigned number from NACTP
3	State Specific		Jurisdiction	DE
4	State Specific DE 200-02 p. 1	H	Form Type	DE200-02
5	State Specific		Specification Version	
6	State Specific		Software/Form Version	
7	DE 200-02 p. 1	H	Tax Year	2019
8	DE 200-02 p. 1	H	Taxpayer Social Security Number	##### (9)
9	DE 200-02 p. 1	H	Spouse Social Security Number	##### (9)
10	DE 200-02 p. 1	H	Taxpayer Last Name	Text
11	DE 200-02 p. 1	H	Taxpayer First Name and Middle Initial	Text
12	DE 200-02 p. 1	H	Taxpayer Suffix	Text
13	DE 200-02 p. 1	H	Spouse Last Name	Text
14	DE 200-02 p. 1	H	Spouse First Name and Middle Initial	Text
15	DE 200-02 p. 1	H	Spouse Suffix	Text
16	DE 200-02 p. 1	H	Present Home Address Line 1	Number/text
17	DE 200-02 p. 1	H	Present Home Address Line 2	Number/text
18	DE 200-02 p. 1	H	City	Text
19	DE 200-02 p. 1	H	State	Text
20	DE 200-02 p. 1	H	Zip	##### (5) or ##### (9)
21	DE 200-02 p. 1	H	Filing Status 1 - Only 1 of the filing status blocks should be checked.	X or blank
22	DE 200-02 p. 1	H	Filing Status 2	X or blank
23	DE 200-02 p. 1	H	Filing Status 3	X or blank
24	DE 200-02 p. 1	H	Filing Status 5	X or blank
25	DE 200-02 p. 1	H	Full Year Non-Residency	X or blank
26	DE 200-02 p. 1	H	Form DE2210 Indicator	X or blank
27	DE 200-02 p. 1	H	Part Year Residency Begin Date	MMDDYYYY
28	DE 200-02 p. 1	H	Part Year Residency End Date	MMDDYYYY
29	DE 200-02 p. 1	37	Delaware AGI	Number
30	DE 200-02 p. 1	38a	Delaware Standard Deduction	X or blank
31	DE 200-02 p. 1	38b	Delaware Itemized Deduction	X or blank
32	DE 200-02 p. 1	38	Deduction Amount	Number
33	DE 200-02 p. 1	39a	Spouse 65 or Over	X or blank
34	DE 200-02 p. 1	39b	Spouse Blind	X or blank
35	DE 200-02 p. 1	39c	Taxpayer 65 or Over	X or blank
36	DE 200-02 p. 1	39d	Taxpayer Blind	X or blank
37	DE 200-02 p. 1	39	Additional Standard Deduction Amount	Number
38	DE 200-02 p. 1	41	Taxable Income	Number
39	DE 200-02 p. 1	42A	Line 30 A	Number
40	DE 200-02 p. 1	42B	Line 30 B	Number
41	DE 200-02 p. 1	42	Net Tax Liability	Number
42	DE 200-02 p. 1	43a.a	Number of Exemptions	Number
43	DE 200-02 p. 1	43a	Exemption Amount	Number
44	DE 200-02 p. 1	43b.a	Spouse 60 or Over	X or blank
45	DE 200-02 p. 1	43b.b	Taxpayer 60 or Over	X or blank
46	DE 200-02 p. 1	43b	60 or Over Exemption Amount	Number

Tax Item (Identifier)	Source	Location	Description	Format
47	DE 200-02 p. 1	44	Tax Imposed by Other State	Number
48	DE 200-02 p. 1	45	Other Non-refundable Credits	Number
49	DE 200-02 p. 1	48	Delaware Withholding	Number
50	DE 200-02 p. 1	49	Estimated Tax Paid	Number
51	DE 200-02 p. 1	50	S Corporation Payments and Refundable Business Credits	Number
52	DE 200-02 p. 1	51	Capital Gains Tax Payments	Number
53	DE 200-02 p. 1	55	Contributions to Special Funds	Number
54	DE 200-02 p. 1	56	Amount of Refund to be Applied to Next Year	Number
55	DE 200-02 p. 1	57	Penalty and Interest	Number
56	DE 200-02 p. 1	58	Net Balance Due	Number
57	DE 200-02 p. 1	59	Net Refund	Number
58	DE 200-02 p. 1	F	Preparer Name	Text
59	DE 200-02 p. 1	F	Date Prepared	MMDDYYYY
60	DE 200-02 p. 1	F	Preparer Address	Number/text (separate each line with commas)
61	DE 200-02 p. 1	F	Preparer City	Text
62	DE 200-02 p. 1	F	Preparer State	Text
63	DE 200-02 p. 1	F	Preparer Zip Code	##### (5) or ##### (9)
64	DE 200-02 p. 1	F	Taxpayer Home Phone Number	##### (10)
65	DE 200-02 p. 1	F	Preparer Phone Number	##### (10)
66	DE 200-02 p. 1	F	Preparer ID Number	##### (9)
67	DE 200-02 p. 1	F	Taxpayer E-Mail Address	Text
68	DE 200-02 p. 1	F	Preparer E-Mail Address	Text
69	DE 200-02 p. 2	1 col 1	Wages, salaries, tips, etc.	Number
70	DE 200-02 p. 2	1 col 2		Number
71	DE 200-02 p. 2	2 col 1	Interest	Number
72	DE 200-02 p. 2	2 col 2		Number
73	DE 200-02 p. 2	3 col 1	Dividends	Number
74	DE 200-02 p. 2	3 col 2		Number
75	DE 200-02 p. 2	4 col 1	State refunds, credits or offsets of state & local income taxes	Number
76	DE 200-02 p. 2	4 col 2		Number
77	DE 200-02 p. 2	5 col 1	Alimony received	Number
78	DE 200-02 p. 2	5 col 2		Number
79	DE 200-02 p. 2	6 col 1	Business income or (loss)	Number
80	DE 200-02 p. 2	6 col 2		Number
81	DE 200-02 p. 2	7a col 1	Capital gain or (loss)	Number
82	DE 200-02 p. 2	7a col 2		Number
83	DE 200-02 p. 2	7b col 1	Other gains or (losses)	Number
84	DE 200-02 p. 2	7b col 2		Number
85	DE 200-02 p. 2	8 col 1	IRA distributions	Number
86	DE 200-02 p. 2	8 col 2		Number
87	DE 200-02 p. 2	9 col 1	Taxable pensions and annuities	Number
88	DE 200-02 p. 2	9 col 2		Number
89	DE 200-02 p. 2	10 col 1	Rents, royalties, partnerships, S corps, estates, trusts, etc.	Number
90	DE 200-02 p. 2	10 col 2		Number

<u>Tax Item (Identifier)</u>	<u>Source</u>	<u>Location</u>	<u>Description</u>	<u>Format</u>
91	DE 200-02 p. 2	11 col 1	Farm income or (loss)	Number
92	DE 200-02 p. 2	11 col 2		Number
93	DE 200-02 p. 2	12 col 1	Unemployment compensation (insurance)	Number
94	DE 200-02 p. 2	12 col 2		Number
95	DE 200-02 p. 2	13 col 1	Taxable Social Security Benefits	Number
96	DE 200-02 p. 2	13 col 2		Number
97	DE 200-02 p. 2	14 col 1	Other income	Number
98	DE 200-02 p. 2	14 col 2		Number
99	DE 200-02 p. 2	15 col 1	Total Income	Number
100	DE 200-02 p. 2	15 col 2		Number
101	DE 200-02 p. 2	16 col 1	Total Federal Adjustments	Number
102	DE 200-02 p. 2	16 col 2		Number
103	DE 200-02 p. 2	17 col 1	Federal AGI	Number
104	DE 200-02 p. 2	17 col 2		Number
105	DE 200-02 p. 2	18 col 1	Interest received on obligations of any state other than Delaware	Number
106	DE 200-02 p. 2	18 col 2		Number
107	DE 200-02 p. 2	19 col 1	Fiduciary adjustment, oil depletion	Number
108	DE 200-02 p. 2	19 col 2		Number
109	DE 200-02 p. 2	22 col 1	Interest received on U.S. obligations	Number
110	DE 200-02 p. 2	22 col 2		Number
111	DE 200-02 p. 2	23 col 1	Pension/Retirement Exclusions	Number
112	DE 200-02 p. 2	23 col 2		Number
113	DE 200-02 p. 2	24 col 1	Delaware State tax refund	Number
114	DE 200-02 p. 2	24 col 2		Number
115	DE 200-02 p. 2	25 col 1	Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward	Number
116	DE 200-02 p. 2	25 col 2		Number
117	DE 200-02 p. 2	26 col 1	Taxable SocSec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist.	Number
118	DE 200-02 p. 2	26 col 2		Number
119	DE 200-02 p. 2	29 col 1	Exclusion for certain persons 60 and over or disabled	Number
120	DE 200-02 p. 2	29 col 2		Number
121	DE 200-02 p. 2	31	Enter total Itemized Deduction from Federal Schedule A	Number
122	DE 200-02 p. 2	32	Enter Foreign Taxes Paid	Number
123	DE 200-02 p. 2	33	Enter Charitable Mileage Deduction	Number
124			Reserved. Please leave blank.	Number
125	DE 200-02 p. 2	35	Form 700 Tax Credit Adjustment	Number
126	DD Info		State - Routing Transit	Number/text
127	DD Info		State - Deposit Acct. Number	Number/text

Tax Item (Identifier)	Source	Location	Description	Format
128	DD Info		State - Checking Acct.	X or blank
129	DD Info		State - Savings Acct.	X or blank
130	DD Info		IAT Indicator	X or blank
131	DE Sched I	1	Other State name	Two letter state code
132	DE Sched I	1 Col 1	Other State Tax credit	Number
133	DE Sched I	2	Other State name	Two letter state code
134	DE Sched I	2 Col 1	Other State Tax credit	Number
135	DE Sched I	3	Other State name	Two letter state code
136	DE Sched I	3 Col 1	Other State Tax credit	Number
137	DE Sched I	4	Other State name	Two letter state code
138	DE Sched I	4 Col 1	Other State Tax credit	Number
139	DE Sched I	5	Other State name	Two letter state code
140	DE Sched I	5 Col 1	Other State Tax credit	Number
141	DE Sched III	7a	Contributions to Non-Game Wildlife	Number
142	DE Sched III	7b	Contributions to Beau Biden Fund	Number
143	DE Sched III	7c	Contributions to Emergency Housing	Number
144	DE Sched III	7d	Contributions to Breast Cancer Education	Number
145	DE Sched III	7e	Contributions to Organ Donor Awareness	Number
146	DE Sched III	7f	Contributions to Diabetes Education	Number
147	DE Sched III	7g	Contributions to Veteran's Home	Number
148	DE Sched III	7h	Contributions to National Guard	Number
149	DE Sched III	7i	Contributions to Juvenile Diabetes Fund	Number
150	DE Sched III	7j	Contributions to Multiple Sclerosis	Number
151	DE Sched III	7k	Contributions to Ovarian Cancer	Number
152	DE Sched III	7l	Contributions to 21st Fund for Children	Number
153	DE Sched III	7m	Contributions to White Clay Creek	Number
154	DE Sched III	7n	Contributions to Home of the Brave Foundation Fund	Number
155	DE Sched III	7o	Contributions to Senior Trust Fund	Number
156	DE Sched III	7p	Contributions to Delaware Veterans Trust Fund	Number
157	DE Sched III	7q	Contributions to Protecting DE's Children Fund	Number
158	DE Sched III	7r	Contributions to the Food Bank of Delaware	Number
159	DE Sched III	7s	Contributions to the Delaware Habitat for Humanity	Number
160	DE Sched III	7t	Contributions to the B+ Childhood Cancer Fund	Number
161	DE 2210 p. 1 Part 2	L	Short Method - Estimated Penalty	Number
162	DE 2210 p. 1 Part 4	29 col 1	Estimated and Capital Gain Tax payments	Number
163	DE 2210 p. 1 Part 4	29 col 2		Number

Tax Item (Identifier)	Source	Location	Description	Format
164	DE 2210 p. 1 Part 4	29 col 3		Number
165	DE 2210 p. 1 Part 4	29 col 4		Number
166	DE 2210 p. 1 Part 4	30 col 1	Delaware Withholding, S Corp Payments, or Refundable Business Credits	Number
167	DE 2210 p. 1 Part 4	30 col 2		Number
168	DE 2210 p. 1 Part 4	30 col 3		Number
169	DE 2210 p. 1 Part 4	30 col 4		Number
170	DE 2210 p. 2 Part 3	2 col 1	Delaware AGI from your 2019 Delaware Return	Number
171	DE 2210 p. 2 Part 3	2 col 2		Number
172	DE 2210 p. 2 Part 3	2 col 3		Number
173	DE 2210 p. 2 Part 3	2 col 4		Number
174	DE 2210 p. 2 Part 3	5 col 1	Delaware Itemized Deductions	Number
175	DE 2210 p. 2 Part 3	5 col 2		Number
176	DE 2210 p. 2 Part 3	5 col 3		Number
177	DE 2210 p. 2 Part 3	5 col 4		Number
178	DE 2210 p. 2 Part 3	8 col 1	Total Delaware Standard Deduction Amount	Number
179	DE 2210 p. 2 Part 3	8 col 2		Number
180	DE 2210 p. 2 Part 3	8 col 3		Number
181	DE 2210 p. 2 Part 3	8 col 4		Number
182	1 st W-2/1099-R		Form Type	W2 or 1099R
183	1 st W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
184	1 st W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
185	1 st W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
186	1 st W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
187	1 st W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
188	1 st W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
189	1 st W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
190	1 st W-2/1099-R		W2 State Name 2	Two letter state code

Tax Item (Identifier)	Source	Location	Description	Format
			Or 1099-R State Name 1	
191	1 st W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
192	1 st W-2/1099-R		W2 State Withholding 2 Or 1099-R State Withholding 2	Number
193	2 nd W-2/1099-R		Form Type	W2 or 1099R
194	2 nd W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
195	2 nd W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
196	2 nd W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
197	2 nd W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
198	2 nd W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
199	2 nd W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
200	2 nd W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
201	2 nd W-2/1099-R		W2 State Name 2 Or 1099-R State Name 1	Two letter state code
202	2 nd W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
203	2 nd W-2/1099-R		W2 State Withholding 2 Or 1099-R State Withholding 2	Number
204	3 rd W-2/1099-R		Form Type	W2 or 1099R
205	3 rd W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
206	3 rd W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
207	3 rd W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)

Tax Item (Identifier)	Source	Location	Description	Format
208	3 rd W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
209	3 rd W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
210	3 rd W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
211	3 rd W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
212	3 rd W-2/1099-R		W2 State Name 2 Or 1099-R State Name 1	Two letter state code
213	3 rd W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
214	3 rd W-2/1099-R		W2 State Withholding 2 Or 1099-R State Withholding 2	Number
215	4 th W-2/1099-R		Form Type	W2 or 1099R
216	4 th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
217	4 th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
218	4 th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
219	4 th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
220	4 th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
221	4 th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
222	4 th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
223	4 th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 1	Two letter state code
224	4 th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
225	4 th W-2/1099-R		W2 State Withholding 2	Number

Tax Item (Identifier)	Source	Location	Description	Format
			Or 1099-R State Withholding 2	
226	5 th W-2/1099-R		Form Type	W2 or 1099R
227	5 th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
228	5 th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
229	5 th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
230	5 th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
231	5 th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
232	5 th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
233	5 th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
234	5 th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 1	Two letter state code
235	5 th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
236	5 th W-2/1099-R		W2 State Withholding 2 Or 1099-R State Withholding 2	Number
237	6 th W-2/1099-R		Form Type	W2 or 1099R
238	6 th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
239	6 th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
240	6 th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
241	6 th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
242	6 th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code

Tax Item (Identifier)	Source	Location	Description	Format
243	6 th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
244	6 th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
245	6 th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 1	Two letter state code
246	6 th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
247	6 th W-2/1099-R		W2 State Withholding 2 Or 1099-R State Withholding 2	Number
248	Official Trailer		Trailer Static String	EOD*