

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

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.

BURTON RICHARD

Spouse's Last Name Spouse's First Name, Jr., Sr., III, etc.

Grid for Spouse's Name

Present Home Address (Number and Street) Apt. #

980 NIGHT LANE

City State Zip Code

BALTIMORE MD 21201

Form DE2210 If you were a part-year resident in 2019, give the dates you resided in Delaware. From MM | DD 2019 to MM | DD 2019

Check if FULL-YEAR Non-resident in 2019 [X]

FILING STATUS (MUST CHECK ONE) 1. [X] Single, Divorced, Widow(er) 2. [] Joint 3. [] Married & Filing Separate Forms 4. [] Head of Household

Table with 3 columns: Line number, Description, Amount. Includes lines 37-59 for income, deductions, credits, and tax liability.

Declaration section: 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. Includes signature and date fields for taxpayer and preparer.

Business Phone, Email Address, EIN, SSN, or PTIN





DF20319029999

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

- 1. Wages, salaries, tips, etc.
2. Interest
3. Dividends
4. State refunds, credits or offsets of state & local income taxes
5. Alimony received
6. Business income or (loss) (See instructions on page 6)
7a. Capital gain or (loss)
7b. Other gains or (losses)
8. IRA distributions
9. Taxable pensions and annuities
10. Rents, royalties, partnerships, S corps, estates, trusts, etc.
11. Farm income or (loss)
12. Unemployment compensation (insurance)
13. Taxable Social Security benefits
14. Other income (state nature and source)
15. Total income. Add Lines 1 through 14
16. Total Federal Adjustments (see instructions on Page 6)
17. Federal Adjusted Gross Income for Delaware purposes. Subtract Line 16 from 15

Table with 2 columns: Federal COLUMN 1, Delaware Source Income/Loss COLUMN 2. Rows 1-17 showing income and adjustments.

SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+)

- 18. Interest received on obligations of any state other than Delaware
19. Fiduciary adjustment, oil depletion
20. TOTAL - Add Lines 18 & 19
21. Add Lines 17 & 20

Table with 2 columns: COLUMN 1, COLUMN 2. Rows 18-21 showing Delaware modifications and adjustments.

SECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-)

- 22. Interest received on U.S. obligations
23. Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 7)
24. Delaware State tax refund
25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward
26. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion
27. TOTAL - Add lines 22 through 26
28. Subtract Line 27 from Line 21 and enter here
29. Exclusion for certain persons 60 and over or disabled (see instructions on Page 8)
30A. Column 2. Subtract Line 29 from Line 28. This is your modified Delaware Source Income. Enter on front side Line 42, Box A
30B. Column 1. Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income. Enter on front side Line 37 and Line 42, Box B

Table with 2 columns: COLUMN 1, COLUMN 2. Rows 22-30B showing Delaware modifications and adjustments.

SECTION D - ITEMIZED DEDUCTIONS (ATTACH DELAWARE SCHEDULE A)

- 31. Enter total Itemized Deductions (If Filing Status 3, See instructions on Page 8)
32. Enter Foreign Taxes Paid (See instructions on Page 8)
33. Enter Charitable Mileage Deduction (See instructions on Page 8)
34. TOTAL - Add Lines 31, 32, and 33
35. Enter Form 700 Tax Credit Adjustment (See instructions on Page 9)
36. Subtract Line 35 from Line 34. Enter here and on front, Line 38

Table with 2 columns: COLUMN 1, COLUMN 2. Rows 31-36 showing itemized deductions.

SECTION E - 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 [input field]

b. Type: Checking [input] Savings [input]

c. Account Number [input field]

d. Is this refund going to or through an account that is located outside of the United states? Yes [input] No [input]

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.

BALANCE DUE W/PAYMENT ENCLOSED (LINE 58): DELAWARE DIVISION OF REVENUE P.O. BOX 508, WILMINGTON, DE 19899-0508

REFUND (LINE 59): 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. REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN, AND KEEP A COPY OF THE RETURN FOR YOUR RECORDS