

For Fiscal year beginning and ending Your Social Security No. Spouse's Social Security No.

ATTACH LABEL HERE

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 Check if FULL-YEAR Non-resident in 2019 FILING STATUS (MUST CHECK ONE) 1. Single, Divorced, Widow(er) 3. Married & Filing Separate Forms 2. Joint 5. Head of Household

Form DE2210 If you were a part-year resident in 2019, give the dates you resided in Delaware. From 2019 to 2019 Attached Month Day Month Day

37. DELAWARE ADJUSTED GROSS INCOME (Begin return on Page 2, Line 1, then enter the amount from Line 30B, Column 1 here > 37 00

38. (a) If you elect the STANDARD DEDUCTION check here a. Filing Statuses 1, 3, & 5 - \$3250 Filing Status 2 - \$6500

(b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36..... b. 38 00

39. ADDITIONAL STANDARD DEDUCTIONS (Not allowed with Itemized Deductions - see instructions) CHECK BOX(ES) If SPOUSE was 65 or over and/or blind If YOU were 65 or over and/or blind 39 00

40. TOTAL DEDUCTIONS - Add Lines 38 & 39 and enter here ..... 40 00

41. TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount ..... 41 00

42. Tax Liability Computation Proration Decimal Tax Liability from Tax Rate Table/Schedule Amount

A Line 30 A 00 (See instructions, Page 10) x 00

B Line 30 B 00 = . x 00 42 00

43. PERSONAL CREDITS (If Filing Status 3, see instructions on page 10) Enter number of exemptions listed on Federal return X \$110 =

Multiply this amount by the proration decimal on Line 42 (X ) and enter total here ..... 43a 00

43b CHECK BOX(ES) Spouse 60 or over (if filing status 2) Self 60 or over Enter number of boxes checked on Line 43b X \$110 =

Multiply this amount by the proration decimal on Line 42 (X ) and enter total here ..... 43b 00

44. Tax imposed by state of (Must attach copy of DE Sch I and other state return) (Part-Year Residents Only. See instructions, page 11) ..... 44 00 44

45. Other Non-Refundable Credits (see instructions, page 11) ..... 45 00 45

46. Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45 ..... 46 00

47. BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero) ..... 47 00

48. Delaware Tax Withheld (Attach W-2s/1099s) ..... 48 00 48

49. Estimated Tax Paid & Payments with Extensions ..... 49 00 49

50. S Corp Payments and Refundable Business Credits (See Instructions, Page 12) ..... 50 00 50

51. Capital Gains Tax Payments (Attach Form 5403) ..... 51 00 51

52. TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, 50 and 51 ..... 52 00

53. If Line 47 is greater than Line 52, subtract 52 from 47 and enter here ..... AMOUNT YOU OWE > 53 00

54. If Line 52 is greater than Line 47, subtract 47 from 52 and enter here ..... OVERPAYMENT > 54 00

55. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III ..... TOTAL > 55 00

56. AMOUNT OF LINE 54 TO BE APPLIED TO 2020 ESTIMATED TAX ACCOUNT ..... ENTER > 56 00

57. PENALTIES AND INTEREST DUE. If Line 53 is greater than \$400, see estimated tax instructions ' ..... ENTER > 57 00

58. NET BALANCE DUE. Enter the amount due (Line 53 plus Lines 55 and 57) and pay in full ..... PAY IN FULL > 58 00

59. NET REFUND. Subtract Lines 55, 56, and 57 from Line 54 ..... ZERO DUE/TO BE REFUNDED > 59 00

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

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. Your Signature Date Spouse's Signature (if filing joint) Date

X Home Phone: Business Phone: Email Address: Signature of Paid Preparer Date Address of Paid Preparer

X Business Phone Email Address EIN, SSN, or PTIN





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SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

Table with 4 columns: Line number, Description, Federal COLUMN 1, Delaware Source Income/Loss COLUMN 2. Rows 1-17.

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

Table with 4 columns: Line number, Description, Federal COLUMN 1, Delaware Source Income/Loss COLUMN 2. Rows 18-21.

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

Table with 4 columns: Line number, Description, Federal COLUMN 1, Delaware Source Income/Loss COLUMN 2. Rows 22-30B.

SECTION D - ITEMIZED DEDUCTIONS (ATTACH DELAWARE SCHEDULE A)

Table with 4 columns: Line number, Description, Federal COLUMN 1, Delaware Source Income/Loss COLUMN 2. Rows 31-36.

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

b. Type: Checking Savings

c. Account Number

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.

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