



DELAWARE 2023

DIVISION OF REVENUE PIT-RES

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



For Fiscal Year beginning and ending

Your Taxpayer ID

Spouse Taxpayer ID

Your First Name M.I. Last Name Suffix

Spouse First Name M.I. Last Name Suffix

Present Home Address (Number and Street) Apartment #

City State Zip Code

Amended Return
Must include page 3

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 PIT-UND Attached

Claimed as Dependant on someone else's return

If you were a part-year resident in 2023, give the dates you resided in Delaware:

mm-dd-yyyy mm-dd-yyyy

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

		COLUMN A		COLUMN B	
+	SECTION A - ADDITIONS				
1.	FEDERAL AGI AMOUNT FROM FEDERAL FORM 1040	1.	\$.00	1.	\$.00
2.	INTEREST ON STATE & LOCAL OBLIGATIONS OTHER THAN DELAWARE	2.	\$.00	2.	\$.00
3.	FIDUCIARY ADJUSTMENT, OIL DEPLETION	3.	\$.00	3.	\$.00
4.	TOTAL - Add Lines 1 through 3	4.	\$.00	4.	\$.00
-	SECTION B - SUBTRACTIONS				
5.	INTEREST RECEIVED ON U.S. OBLIGATIONS	5.	\$.00	5.	\$.00
6.	PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)				
	Column A if Spouse had a Military Pension <input type="checkbox"/> Column B if You had a Military Pension <input type="checkbox"/>	6.	\$.00	6.	\$.00
7.	DELAWARE STATE TAX REFUND, FIDUCIARY ADJUSTMENT, WORK OPPORTUNITY TAX CREDIT, DELAWARE NOL CARRYFORWARD, ETC. (See instructions)	7.	\$.00	7.	\$.00
8a.	TAXABLE SOCIAL SECURITY/RR RETIREMENT BENEFITS/HIGHER EDUCATION EXCLUSION/CERTAIN LUMP SUM DISTRIBUTIONS (See instructions)	8a.	\$.00	8a.	\$.00
8b.	529 CONTRIBUTION TO DELAWARE-SPONSORED TUITION PROGRAM OR ABLE PROGRAM				
	Column A if Spouse 529 <input type="checkbox"/> ABLE <input type="checkbox"/> Column B if You 529 <input type="checkbox"/> ABLE <input type="checkbox"/>	8b.	\$.00	8b.	\$.00
9.	Add Lines 5 through 8b	9.	\$.00	9.	\$.00
10.	Subtract Line 9 from Line 4	10.	\$.00	10.	\$.00
11.	EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)	11.	\$.00	11.	\$.00
12.	DELAWARE ADJUSTED GROSS INCOME. Subtract Line 11 from Line 10. Enter here.	12.	\$.00	12.	\$.00
≡	SECTION C - DEDUCTIONS If columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.				
13.	TOTAL ITEMIZED DEDUCTIONS FROM DELAWARE SCHEDULE A (Must attach PIT-RSA)	13.	\$.00	13.	\$.00
14.	FOREIGN TAXES PAID (See instructions)	14.	\$.00	14.	\$.00
15.	CHARITABLE MILEAGE DEDUCTION (See instructions)	15.	\$.00	15.	\$.00
16.	SUBTOTAL - Add Line 13 through Line 15	16.	\$.00	16.	\$.00
17.	FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	17.	\$.00	17.	\$.00
18.	NET ITEMIZED DEDUCTIONS - Subtract Line 17 from Line 16. Enter here and on Line 19 (See instructions)	18.	\$.00	18.	\$.00
19.	If you elect the DELAWARE STANDARD DEDUCTION check here a. <input type="checkbox"/> 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	If you elect DELAWARE ITEMIZED DEDUCTIONS check here b. <input type="checkbox"/> Filing Statuses 1, 2, 3, and 5, enter itemized deductions from Line 18 in Column B; Filing Status 4 enter itemized deductions from Line 18 in Columns A and B		19.	\$.00
20.	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 <input type="checkbox"/> blind <input type="checkbox"/> Column B - if You were: 65 or over <input type="checkbox"/> blind <input type="checkbox"/>	20.	\$.00	20.	\$.00
21.	TOTAL DEDUCTIONS - Add Line 19 and Line 20 and enter here.	21.	\$.00	21.	\$.00
□□	SECTION D - CALCULATIONS				
22.	TAXABLE INCOME - Subtract Line 21 from Line 12, and compute tax on this amount	22.	\$.00	22.	\$.00
23.	TAX LIABILITY FROM TAX RATE TABLE/SCHEDULE (See instructions)	23.	\$.00	23.	\$.00
24.	TAX ON LUMP SUM DISTRIBUTION (Form PIT-STC)	24.	\$.00	24.	\$.00



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Column A is for Spouse information, Filing status 4 only. All other filing status use Column B.		COLUMN A	COLUMN B
25. TOTAL TAX - Add Line 23 and Line 24		25. \$.00	25. \$.00
26a. PERSONAL CREDITS	If you are Filing Status 3, see instructions. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.		
Enter number of exemptions <input type="text"/> x \$110			
On Line 26a, enter the number of exemptions for: Column A <input type="text"/> Column B <input type="text"/>		26a. \$.00	26a. \$.00
26b. CHECK BOXES Spouse 60 or over (Column A) <input type="checkbox"/> Self 60 or over (Column B) <input type="checkbox"/>			
Enter number of boxes checked on Line 26b <input type="text"/> x \$110		26b. \$.00	26b. \$.00
27. TAX IMPOSED BY OTHER STATES (Must attach copy of PIT-RSS and other state return.)		27. \$.00	27. \$.00
28. VOLUNTEER FIREFIGHTER CO. # Spouse (Column A) <input type="text"/> Self (Column B) <input type="text"/> Enter credit amount		28. \$.00	28. \$.00
29. OTHER NON-REFUNDABLE CREDITS (See instructions)		29. \$.00	29. \$.00
30. CHILD CARE CREDIT. Must attach Form 2441. (Enter 50% of Federal credit)		30. \$.00	30. \$.00
31. TOTAL NON-REFUNDABLE CREDITS (See instructions)		31. \$.00	31. \$.00
32. BALANCE - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0.		32. \$.00	32. \$.00
33. EARNED INCOME TAX CREDIT. REFUNDABLE NON-REFUNDABLE (See instructions)		33. \$.00	33. \$.00
34. DELAWARE TAX WITHHELD (Attach W2s/1099s)		34. \$.00	34. \$.00
35. ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS		35. \$.00	35. \$.00
36. S CORP PAYMENTS		36. \$.00	36. \$.00
37. REFUNDABLE BUSINESS CREDITS		37. \$.00	37. \$.00
38. CAPITAL GAINS TAX PAYMENTS (Attach Form REW-EST)		38. \$.00	38. \$.00
39. TOTAL REFUNDABLE CREDITS For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see instructions)		39. \$.00	39. \$.00
40. BALANCE DUE If Line 33 plus Line 39 is less than or equal to Line 32, Subtract the sum of Line 33 and Line 39 from Line 32.		40. \$.00	40. \$.00
41. OVERPAYMENT If Line 33 plus Line 39 is greater than Line 32, Subtract Line 32 from the sum of Line 33 and Line 39.		41. \$.00	41. \$.00
42. CONTRIBUTIONS TO SPECIAL FUNDS. If electing a contribution, complete and attach PIT-RSS.		42. \$.00	42. \$.00
43. AMOUNT OF LINE 41 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT		43. \$.00	43. \$.00
44. PENALTIES AND INTEREST DUE. If Line 40 is greater than \$800, see estimated tax instructions		44. \$.00	44. \$.00
45. NET BALANCE DUE. For Filing Status 4, see instructions. For all other filing statuses Add Line 40, Line 42, and Line 44.		45. \$.00	45. \$.00
46. NET REFUND. For Filing Status 4, see instructions. For all other filing statuses, Subtract Line 42, Line 43, and Line 44 from Line 41.		46. \$.00	46. \$.00

SECTION E - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete Section E below. See instructions for details.

ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ROUTING NUMBER <input style="width: 100%;" type="text"/>	ACCOUNT NUMBER <input style="width: 100%;" type="text"/>	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO
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DMV STATE ID #

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.

YOUR SIGNATURE _____	DATE _____
SPOUSE SIGNATURE _____	DATE _____
HOME PHONE NUMBER <input style="width: 100%;" type="text"/>	BUSINESS PHONE NUMBER <input style="width: 100%;" type="text"/>
@ EMAIL ADDRESS <input style="width: 100%;" type="text"/>	

PAID PREPARER INFORMATION

PAID PREPARER SIGNATURE _____	DATE _____	
ADDRESS <input style="width: 100%;" type="text"/>		
CITY _____	STATE _____	ZIP CODE _____
EIN, SSN or PTIN _____	PHONE NUMBER _____	
@ EMAIL ADDRESS <input style="width: 100%;" type="text"/>		

BALANCE DUE WITH PAYMENT ENCLOSED (LINE 45) MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 508, Wilmington, DE 19899-0508
 Make check payable to: Delaware Division of Revenue

REFUND (LINE 46) MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 8710
 Wilmington, DE 19899-8710

ALL OTHER RETURNS MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 8711
 Wilmington, DE 19899-8711

PLEASE REMEMBER TO ATTACH W-2, 1099-R AND APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN



DELAWARE 2023

DIVISION OF REVENUE FORM
PIT-RES

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



FOR AMENDED RETURNS ONLY		COLUMN A		COLUMN B
47. TOTAL REFUNDABLE CREDITS - Add Line 39 and any EITC on Line 33.	47.	\$.00	47.	\$.00
48. AMOUNT PAID ON ORIGINAL RETURN	48.	\$.00	48.	\$.00
49. SUBTOTAL. Add Lines 47 and 48.	49.	\$.00	49.	\$.00
50. REFUND RECEIVED (If any, see instructions)	50.	\$.00	50.	\$.00
51. Estimated tax carryover and/or Special Funds contributions as shown on original return	51.	\$.00	51.	\$.00
52. Subtract Line 50 and Line 51 from Line 49.	52.	\$.00	52.	\$.00
53. BALANCE DUE. If Line 32 is greater than Line 52, Subtract 52 from 32.	53.	\$.00	53.	\$.00
54. OVERPAYMENT. If Line 52 is greater than Line 32, Subtract 32 from 52.	54.	\$.00	54.	\$.00
55. AMOUNT OF LINE 54 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See instructions)	55.	\$.00	55.	\$.00
56. PENALTIES AND INTEREST DUE	56.	\$.00	56.	\$.00
57. NET BALANCE DUE For Filing Status 4, see instructions. For all other filing statuses Add Line 53, Line 55, and Line 56.	57.	\$.00	57.	\$.00
58. NET REFUND For Filing Status 4, see instructions. For all other filing statuses, Subtract Line 55 and Line 56 from Line 54.	58.	\$.00	58.	\$.00

59. **Is an amended Federal return being filed?** Yes No

If no, please explain. If the changes pertain to the DE return only, list the line numbers being amended.

60. **Has the Delaware Division of Revenue advised you your original return is being audited?** Yes No

61. **Is this amended return being filed as a protective claim?** Yes No

A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached.

NET BALANCE DUE WITH PAYMENT ENCLOSED (LINE 57)
MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 508, Wilmington, DE 19899-0508
 Make check payable to: Delaware Division of Revenue

NET REFUND (LINE 58)
MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 8710
 Wilmington, DE 19899-8710

ALL OTHER RETURNS
MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 8711
 Wilmington, DE 19899-8711

PLEASE REMEMBER TO ATTACH W-2, 1099-R AND APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN