R	<b>DELAWARE</b> DIVISION OF REVENUE DELAWARE INDIVIDUAL RESIDENT INCOM	2 ЛЕ Т.	<b>(</b> P AX	<b>) 2 3</b> <b>R</b> <b>M</b> <b>I</b> T-RES <b>C</b> <b>RETURN</b>			
9	For Fiscal Year beginning and endir	ng					
Υοι	ur Taxpayer ID Spouse Taxpayer ID						Amended Return Must include page 3 @
				Filing Status (Must ✔ che	ck ou	ne)	Must melude page 5 @
		ngle, Divor	ced, V	Vidow(er) 2. Joint 3.		iic)	Married & Filing Separate Forms
You	r First Name M.I. Last Name Suffix	0.,	,	, , , , , , , , , , , , , , , , , , ,			0.1
	<b>4.</b> Ma	larried & F	iling (	Combined Separate on this form 5.			Head of Household
Spo	use First Name M.I. Last Name Suffix						
		orm					
Pres		-UND ached		If you were a part- give the dates you			
Citra		ned as		give the dates you	resi	ueu	in Delaware.
City	State Lip code	endant		mm-dd-yyyy			mm-dd-yyyy
		meone return		nini-dd-yyyy			mm-dd-yyyy
	Column A is for Spouse information, Filing status 4 only. All other filing status use Column						
8	SECTION A - ADDITIONS			COLUMN A			COLUMN B
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.	<b>PENSION/RETIREMENT EXCLUSIONS</b> (For a definition of eligible income, see instructions)						
	Column A if Spouse had a Miltary Pension Column B if You had a Miltary Pension	•	6.	Ş0	6.	\$	.00
7.	DELAWARE STATE TAX REFUND, FIDUCIARY ADJUSTMENT, WORK OPPORTUNITY TAX		_	ć	1 -		
	CREDIT, DELAWARE NOL CARRYFORWARD, ETC. (See instructions)	•	7.	Ş0	7.	Ş	.00
8a.	TAXABLE SOCIAL SECURITY/RR RETIREMENT BENEFITS/HIGHER EDUCATION EXCLUSION/CERTAIN LUMP SUM DISTRIBUTIONS (See instructions)	ß	8a.	Ċ 00	8a.	Ŀ	.00
	529 CONTRIBUTION TO DELAWARE-SPONSORED TUITION PROGRAM OR ABLE PROGRAM	-	0d.	Ş	oa.	7	.00
8b.	Column A if Spouse 529 ABLE Column B if You 529 ABLE		8b.	Ś00	8b.	Ś	.00
9.	Add Lines 5 through 8b	Ħ	9.	\$ .00		Ś	.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 spou	uses, you	ı mus	t prorate in accordance with incom	e.		
13.	TOTAL ITEMIZED DEDUCTIONS FROM DELAWARE SCHEDULE A (Must attach PIT-RSA)	_	13.		13.	1÷-	.00
14.	FOREIGN TAXES PAID (See instructions)		14.		14.	÷	.00
15.	CHARITABLE MILEAGE DEDUCTION (See instructions)		15.		15.	1÷-	.00
16.	SUBTOTAL - Add Line 13 through Line 15	_	16. 17		16.	1	.00
17. 18.	FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions) NET ITEMIZED DEDUCTIONS - Subtract Line 17 from Line 16. Enter here and on Line 19 (See instructions)	_	17. 18.		17. 18.	÷	.00
10. 19.		_		EMIZED DEDUCTIONS C			
15.	a. Filing Statuses 1, 3, & 5 enter \$3250 in Column B; b. Filing Statuses 1, 3, & 5 enter \$3250 in Column B;	atuses atus 4 e	1, 2,	3, and 5, enter itemized deduct itemized deductions from Line	tions	fron n Co	m Line 18 in Column B;
20.	ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructio					7	
	Multiply the number of boxes checked below by \$2500. If you are filing a combined separate return (Filing status 4), enter			for each appropriate column. A	ll oth	ers e	enter total in Column B.
	Column A - if Spouse was: 65 or over blind Column B - if You were: 65 or over blind		20.		20.		.00
21.	TOTAL DEDUCTIONS - Add Line 19 and Line 20 and enter here.		21.		21.		.00
	SECTION D - CALCULATIONS						
22.	TAXABLE INCOME - Subtract Line 21 from Line 12, and compute tax on this amount		22.		22.	\$	.00
23.	TAX LIABILITY FROM TAX RATE TABLE/SCHEDULE (See instructions)		23.		23.	· · ·	.00
24.	TAX ON LUMP SUM DISTRIBUTION (Form PIT-STC)	0	24.	.00	24.	I\$	.00







**DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN** 

Col	umn A is for Spouse information, Filing status 4 only. All oth	er filing status use Column B.			COLUMN A			COLUMN B
•	TOTAL TAX - Add Line 23 and Line 24			25.	\$	.00	25.	\$.
a.		tatus 3, see instructions. If you use Filing Status 4, (						
	Enter number of exemptions x \$110 total for each app	propriate column. All others enter total in Column E	3.					
	On Line 26a, enter the number of exemptions for: Column	n A Column B		26a.	\$	.00	26a.	\$.
b.	CHECK BOXES Spouse 60 or over (Column A)	Self 60 or over (Column B)						
	Enter number of boxes checked on Line 26b x \$110	)		26b.	\$	.00	26b.	\$
•	TAX IMPOSED BY OTHER STATES (Must attach copy of PIT-RSS and	other state return.)	Ø	27.	\$	.00	27.	\$
•	VOLUNTEER FIREFIGHTER CO. # Spouse (Column A)	Self (Column B) Enter cre	dit amount	28.	\$	.00	28.	\$
•	OTHER NON-REFUNDABLE CREDITS (See instructions)		•	29.	\$	.00	29.	\$
•	CHILD CARE CREDIT. Must attach Form 2441. (Enter 50%	of Federal credit)		30.	\$	.00	30.	\$
•	TOTAL NON-REFUNDABLE CREDITS (See instructions)		•	31.	\$		31.	\$
•	BALANCE - Subtract Line 31 from Line 25. If Line 31 is grea	ater than Line 25, enter 0.		32.	\$	.00	32.	\$
•	EARNED INCOME TAX CREDIT. REFUNDABLE	NON-REFUNDABLE (See instruct	tions) 💼	33.	\$	.00	33.	\$
•	DELAWARE TAX WITHHELD (Attach W2s/1099s)			34.	\$	.00	34.	\$
•	ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS			35.	\$	.00	35.	\$
•	S CORP PAYMENTS			36.	\$		36.	\$
•	REFUNDABLE BUSINESS CREDITS		37.	\$	.00	37.	\$	
•	CAPITAL GAINS TAX PAYMENTS (Attach Form REW-EST)		C	38.	\$	.00		\$ \$
•	TOTAL REFUNDABLE CREDITS For amended return, enter Line 39 ther	1 10	ctions) 🚺	39.	\$	.00	39.	\$
•	BALANCE DUE If Line 33 plus Line 39 is less than or equal to Line 32, Subtra			40.	\$	.00	40.	\$
•	OVERPAYMENT If Line 33 plus Line 39 is greater than Line 32, Subtract Line			41.	Ş		41.	T
•	<b>CONTRIBUTIONS TO SPECIAL FUNDS.</b> If electing a contrib		5.				42.	Ş
•	AMOUNT OF LINE 41 TO BE APPLIED TO 2024 ESTIMATED						43.	\$
•	PENALTIES AND INTEREST DUE. If Line 40 is greater than		IS			•	44.	Ş
•	NET BALANCE DUE. For Filing Status 4, see instructions. For all other filing s							
•	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.	\$
_							_	
	SECTION E - DIRECT DEPOSIT INFORMATION	If you would like your refund deposited directly	to your checki	ing or s	avings account, complete Sectio	ו E bel	low. Se	
AC	COUNT TYPE ROUTING NUMBER	ACCOUNT NUMBER						Is this refund going to through an account that
L	CHECKING					Γ	Т	located outside of the Un
1	SAVINGS							States?

DMV STATE ID # 8=

YOUR SIGNATURE

SPOUSE SIGNATURE

@ EMAIL ADDRESS

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.

🛱 DATE

曲 DATE

**J** BUSINESS PHONE NUMBER

PAID PREPARER INFORMATION	
PAID PREPARER SIGNATURE	
ADDRESS	_
CITY	STATE ZIP CODE
EIN, SSN or PTIN	A PHONE NUMBER
@ EMAIL ADDRESS	

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 @

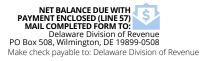


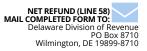




**DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN** 

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 instruction		55.	\$	.00			
56.	PENALTIES AND INTEREST DUE			56.	\$	.00		
57.	<b>NET BALANCE DUE</b> For Filing Status 4, see instructions. For all other filing statuses <b>Add</b> Line 53, Line 55, and Line 56.			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			
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	nded.						
	Has the Delaware Division of Revenue advised you your original return is being audited		Yes	No				
60.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
61.	Is this amended return being filed as a protective claim?			Yes				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes				
	Is this amended return being filed as a protective claim?			Yes				
	Is this amended return being filed as a protective claim?			Yes				
	Is this amended return being filed as a protective claim?			Yes				







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