



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)					
6. 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					
8b. 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; <input type="checkbox"/> Filing Status 2 enter \$6500 in Column B; <input type="checkbox"/> 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; <input type="checkbox"/> Filing Status 4 enter itemized deductions from Line 18 in Columns A and B					
19. \$	.00	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	



DELAWARE 2023

DIVISION OF REVENUE F O R M PIT-RES

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



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 <input style="width: 60%;" type="text"/>	STATE <input style="width: 15%;" type="text"/>
ZIP CODE <input style="width: 25%;" type="text"/>	
EIN, SSN or PTIN <input style="width: 60%;" type="text"/>	PHONE NUMBER <input style="width: 40%;" type="text"/>
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 F O R M 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

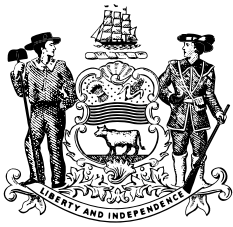
A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached. 📎

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 📎



DELAWARE 2023

DIVISION OF REVENUE FOR PIT-RSS

DELAWARE RESIDENT SCHEDULES



FIRST NAME

LAST NAME

TAXPAYER ID

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Columns: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See instructions for worksheet.) Taxpayers using filing statuses 1,2,3, or 5 are to complete Column B only.

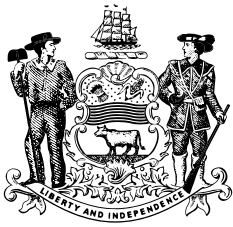
DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE Enter the credit in the highest to lowest amount order.			Filing Status 4 ONLY Spouse Information COLUMN A	All other filing statuses You or You plus Spouse COLUMN B
i See the instructions and complete the worksheet prior to completing DE Schedule I.				
1.	Tax imposed by State of <input style="width: 20px;" type="text"/> (Enter 2 character state name)		1. \$	.00
2.	Tax imposed by State of <input style="width: 20px;" type="text"/> (Enter 2 character state name)		2. \$	.00
3.	Tax imposed by State of <input style="width: 20px;" type="text"/> (Enter 2 character state name)		3. \$	.00
4.	Tax imposed by State of <input style="width: 20px;" type="text"/> (Enter 2 character state name)		4. \$	.00
5.	Tax imposed by State of <input style="width: 20px;" type="text"/> (Enter 2 character state name)		5. \$	.00
6.	Enter the total here and on Form PIT-RES Page 2, Line 27. You must attach a copy of the other state return(s) with your Delaware tax return		6. \$	.00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC) Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.			
QUALIFYING CHILD INFORMATION			
7a. CHILD'S FIRST NAME	7b. CHILD'S LAST NAME	8. CHILD'S SSN	9. CHILD'S DATE OF BIRTH

10.	Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse, if filing jointly)?	CHILD 1	CHILD 2	CHILD 3
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Was the child permanently and totally disabled during any part of 2023?	CHILD 1	CHILD 2	CHILD 3
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	DELAWARE STATE INCOME TAX LESS NON-REFUNDABLE CREDITS – Enter the higher tax amount from Column A or Column B of Form PIT-RES Line 32			12. \$.00
13.	FEDERAL EARNED INCOME TAX CREDIT (EITC) – Enter amount from IRS form 1040 or 1040-SR, Line 27			13. \$.00
14.	REFUNDABLE EITC CALCULATION – Multiply Line 13 x 0.045 and enter here			14. \$.00
15.	NON-REFUNDABLE EITC CALCULATION – Multiply Line 13 x 0.20 and enter here			15. \$.00
16.	REFUNDABLE EITC - If Line 14 is greater than or equal to Line 12, enter the amount from Line 14 here and on Line 33 of Form PIT-RES and check the refundable box on Line 33 of Form PIT-RES			16. \$.00
17.	NON-REFUNDABLE EITC - If Line 14 is less than Line 12, compare Line 12 to Line 15, enter the smaller amount here and on Line 33 of Form PIT-RES, and check the non-refundable box on Line 33 of Form PIT-RES			17. \$.00

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS			See the instructions for ALL required documentation to attach.
i See instructions for a description of each worthwhile fund listed below.			
18.	A. Non-Game Wildlife \$.00	H. DE National Guard \$.00	O. Senior Trust Fund \$.00
	B. Beau Biden Fund \$.00	I. Juvenile Diabetes Fund \$.00	P. Veterans Trust Fund \$.00
	C. Emergency Housing \$.00	J. Multiple Sclerosis Soc. \$.00	Q. Protect DE's Child Fund \$.00
	D. Breast Cancer Edu. \$.00	K. Ovarian Cancer Fndn \$.00	R. Food Bank of DE \$.00
	E. Organ Donations \$.00	L. 21st Fund for Children \$.00	S. DE Hab For Humanity \$.00
	F. Diabetes Education \$.00	M. White Clay Creek \$.00	T. B+ Childhood Cancer \$.00
	G. Veterans Home \$.00	N. Home of the Brave \$.00	U. Combined Campaign for Justice \$.00
19.	Enter the total Contribution amount here and on Form PIT-RES, Line 42		19. \$.00

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.



DELAWARE 2023

DIVISION OF REVENUE FORM
PIT-RSS

DELAWARE RESIDENT SCHEDULES



DE SCHEDULE IV - W-2 AND 1099-R INFORMATION

Complete this Schedule listing all of your, and if applicable, your spouse's, forms W-2 and 1099-R showing Delaware Income Tax withheld. Forms W-2 and 1099-R showing income tax withheld must still be attached to the front of your return if you elect to file by paper. Failure to do so may delay the processing of your return.

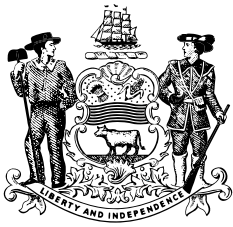
TYPE	EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TAXPAYER OR SPOUSE
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse

DE SCHEDULE V - DELAWARE S CORPORATION PAYMENTS

Complete this Schedule by listing all estimated Delaware tax payments made by an S Corporation on behalf of you or your spouse. Failure to do so may delay the processing of your return.

S CORPORATION FEIN	NAME OF S CORPORATION	PAYEE ID	AMOUNT OF ESTIMATED PAYMENT





DELAWARE 2023

DIVISION OF REVENUE FORM
PIT-RSS

DELAWARE RESIDENT SCHEDULES



DE SCHEDULE IV - W-2 AND 1099-R INFORMATION

Complete this Schedule listing all of your, and if applicable, your spouse's, forms W-2 and 1099-R showing Delaware Income Tax withheld. Forms W-2 and 1099-R showing income tax withheld must still be attached to the front of your return if you elect to file by paper. Failure to do so may delay the processing of your return.

TYPE	EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TAXPAYER OR SPOUSE
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse

DE SCHEDULE V - DELAWARE S CORPORATION PAYMENTS

Complete this Schedule by listing all estimated Delaware tax payments made by an S Corporation on behalf of you or your spouse. Failure to do so may delay the processing of your return.

S CORPORATION FEIN	NAME OF S CORPORATION	PAYEE ID	AMOUNT OF ESTIMATED PAYMENT





DELAWARE 2023

DIVISION OF REVENUE FOR PIT-RSA

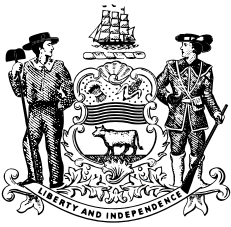
RESIDENT SCHEDULE A - ITEMIZED DEDUCTIONS



NAME(S)	TAXPAYER ID										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										

<p>MEDICAL AND DENTAL EXPENSES</p>	1. Medical and dental expenses	\$	.00
	2. Enter amount from Federal Form 1040 , Line 11	\$	.00
	3. Multiply Line 2 by 7.5% (0.075)	\$	.00
	4. Subtract Line 3 from Line 1. If Line 3 is more than Line 1, enter 0.	\$	.00
<p>TAXES YOU PAID</p>	5. STATE and LOCAL taxes		
	a. STATE and LOCAL income taxes not claimed as a credit on Form PIT-RES (see instructions)	\$	.00
	b. STATE and LOCAL general sales taxes (you may include either income taxes or sales taxes, but not both). If you elect to include general sales taxes instead of income taxes, check this box.	\$	.00
	c. STATE and LOCAL real estate taxes	\$	.00
	d. STATE and LOCAL personal property taxes	\$	.00
	e. Add Line 5a through Line 5d	\$	.00
	f. Enter the smaller of Line 5e or \$10,000 (\$5,000 if married filing separately)	\$	.00
6. Other taxes. List type and amount:	\$	.00	
7. Add Line 5f and Line 6	\$	.00	
<p>INTEREST YOU PAID</p> <p>Caution: Your mortgage interest deduction may be limited.</p>	8. Home mortgage interest and points. (If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, check this box.)		
	a. Home mortgage interest and points reported to you on Federal Form 1098	\$	.00
	b. Home mortgage interest not reported to you on Federal Form 1098 (If paid to the person from whom you bought the home, show that person's name, identifying no., and address.)	\$	.00
	c. Points not reported to you on Federal Form 1098	\$	.00
	d. Reserved for future use		
	e. Add Line 8a through Line 8c	\$	.00
9. Investment interest. Attach Federal Form 4952.	\$	.00	
10. Add Line 8e and Line 9	\$	.00	
<p>GIFTS TO CHARITY</p> <p>If you made a gift and got a benefit for it, see Federal Schedule A instructions.</p>	11. Gifts by cash or check. If you made any gift of \$250 or more, see instructions.	\$	.00
	12. Gifts other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Federal Form 8283 if over \$500.	\$	.00
	13. Carryover from prior year	\$	.00
14. Add Line 11 through Line 13	\$	.00	
<p>CASUALTY AND THEFT LOSSES</p>	15. Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). (Attach Federal Form 4684 and enter the amount from Line 18 of Federal Form 4684.)	\$	.00
<p>OTHER ITEMIZED DEDUCTIONS</p>	16. Other Deductions. See list in Federal Schedule A instructions. List type and amount:		
		\$	.00
<p>TOTAL ITEMIZED DEDUCTIONS</p>	17. a. Add Line 4, Line 7, Line 10, Line 14, Line 15, and Line 16. (If filing status 1, 2, 3, or 5, enter this amount on Form PIT-RES, Line 13, Column B.)	\$	.00
	b. If filing status 4, allocate itemized deductions here and enter in the appropriate columns on Form PIT-RES, Line 13 (see instructions).	\$	.00
	18. If you elect to itemize deductions even though they are less than your standard deduction, check here.		

📎 Attach this form to your Delaware State tax return.



DELAWARE 2023

DIVISION OF REVENUE FORM

CLAIM FOR REFUND DUE ON BEHALF OF DECEASED TAXPAYER



DECEDENT INFORMATION

TAXPAYER ID DATE OF DEATH

FIRST NAME M.I. LAST NAME

ADDRESS

CITY STATE ZIP CODE

ESTATE INFORMATION

TAXPAYER ID

ESTATE NAME

ADDRESS

CITY STATE ZIP CODE

PART 1

CHECK THE BOX THAT APPLIES TO YOU (CHECK ONLY ONE BOX). MAKE SURE TO SIGN AND DATE IN PART 3 BELOW

A. Personal representative appointed or certified by court. You MUST attach a court certificate showing your appointment.

B. Person, other than A, claiming refund for the decedent's estate. Complete Part 2 and attach a copy of the death certificate or proof of death.

PART 2

COMPLETE THIS PART ONLY IF YOU CHECKED BOX B ABOVE

	YES	NO
1. Did the decedent leave a will?	<input type="checkbox"/>	<input type="checkbox"/>
2a. Has a personal representative been appointed by a court for the estate of the decedent?	<input type="checkbox"/>	<input type="checkbox"/>
2b. If "NO", will one be appointed? If 2a or 2b is answered "YES", the personal representative must file for the refund.	<input type="checkbox"/>	<input type="checkbox"/>
3. As the person claiming the refund for the decedent's estate, will you pay out the refund according to the laws of the state where the decedent was a legal resident?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to question 3 is "No", a refund cannot be made until you submit a court certificate showing your appointment as personal representative.

PART 3

SIGNATURE AND VERIFICATION (All filers must complete this part)

I request a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct, and complete.

YOUR SIGNATURE
 DATE

☞ Form to be submitted with the tax return seeking the refund.



DELAWARE 2023

DIVISION OF REVENUE FORM
PIT-CRS

DELAWARE INCOME TAX CREDIT SCHEDULE



PART A - TAXPAYER INFORMATION

TAXPAYER ID

--	--	--	--	--	--	--	--	--	--

TAXPAYER NAME

PART B – DELAWARE INCOME TAX CREDIT COMPUTATION



Non-refundable Income Tax Credits

Please see instructions and worksheets on how to calculate each applicable tax credit. On each line below, please enter the amount of approved or calculated tax credit.

A. NEIGHBORHOOD ASSISTANCE CREDIT 30 DEL. C. § 2001-2008		
Applications for this credit must be submitted to the Delaware State Housing Authority for approval in advance.		
1.	Credit Carryover from Previous Years	\$.00
2.	Current Year Approved Credit (50% of investment, up to \$50,000/year)	\$.00
3.	Total Neighborhood Assistance Credits (Add Line 1 and Line 2)	\$.00
B. ECONOMIC DEVELOPMENT CREDITS §§ 2010-2015		
4.	Credit Carryover from Previous Years	\$.00
5.	Current Year Approved Credit (complete Form 1100CR to compute the credit)	\$.00
6.	Total Economic Development Credits (Add Line 4 and Line 5)	\$.00
C. GREEN INDUSTRIES/BROWNFIELD CREDITS §§ 2020-2024, 2040		
7.	Credit Carryover from Previous Years	\$.00
8.	Current Year Approved Credit	\$.00
9.	Total Green Industries/Brownfield Credits (Add Line 7 and Line 8)	\$.00
D. RESEARCH AND DEVELOPMENT CREDITS (TAX YEARS BEFORE 2018) §§ 2070-2075		
10.	Credit Carryover from the Previous Years	\$.00
E. LAND AND HISTORIC RESOURCES CONSERVATION CREDITS §§ 1801-1807		
11.	Credit Carryover from Previous Years	\$.00
12.	Current Year Approved Credit	\$.00
13.	Total Land and Historic Resources Conservation Credits (Add Line 11 and Line 12)	\$.00
F. HISTORIC PRESERVATION CREDITS §§ 1112, 1811-1817		
Applications for this credit must be submitted to the Historic Preservation Office for approval in advance.		
14.	Credit Carryover from Previous Years	\$.00
15.	Current Year Approved Credit	\$.00
16.	Total Historic Preservation Credits (Add Line 14 and Line 15)	\$.00
G. AUTOMATIC EXTERNAL DEFIBRILLATORS		
17.	Enter the number of automatic external defibrillators placed in service during the tax year	
18.	Total Automatic External Defibrillator Credit (Multiply Line 17 by \$100)	\$.00
H. TOTAL DELAWARE NON-REFUNDABLE INCOME TAX CREDITS		
19.	Total (Add Lines 3, 6, 9, 10, 13, 16 and 18)	\$.00



DELAWARE 2023

DIVISION OF REVENUE FORM
PIT-CRS

DELAWARE INCOME TAX CREDIT SCHEDULE



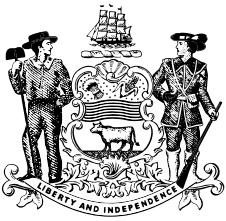
I. CREDIT LIMITATION - INDIVIDUAL FILERS		
20.	Enter the amount listed on Line 25 of Form PIT-RES or Line 42 of Form PIT-NON	\$.00
21.	Enter the total from Line 19, above	\$.00
22.	Enter current year credits from Line 23 from Delaware Form SCT-SSR (S Corporation) or Delaware Form PRT-PSI (Partnership), if any	\$.00
23.	Add Lines 21 and 22	\$.00
24.	Enter the lesser of Lines 20 & 23 (this is the total of the non-refundable tax credits to which the taxpayer is entitled) here and on Line 29 of Form PIT-RES or Line 45 of Form PIT-NON	\$.00

J. REFUNDABLE INCOME TAX CREDITS		
Please see instructions and worksheets on how to calculate your tax credit. Enter on the appropriate line the amount of each calculated tax credit.		
25.	Business Finder's Fee Credits	\$.00
26.	New Economy Jobs Program Credits	\$.00
27.	Organ and Bone Marrow Transplantation Tax Credit	\$.00
28.	Employer Tax Credit For Hiring Individuals with Disabilities	\$.00
29.	Research & Development Credits (see instructions)	\$.00
30.	Angel Investor Job Creation and Innovation Act credit	\$.00
31.	Total Refundable Income Tax Credits (Add Lines 25 through 30)	\$.00

INDIVIDUAL TAX FILERS	Enter the amount from Line 31 on Line 37 of Form PIT-RES (Resident) or Line 51 of Form PIT-NON (Non-Resident)
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Mail completed form to:
 Delaware Division of Revenue
 PO Box 2340
 Wilmington, DE 19899-2340





DELAWARE 2023

DIVISION OF REVENUE F O R M PIT-STC
DELAWARE SPECIAL TAX COMPUTATION FOR LUMP SUM DISTRIBUTION FROM QUALIFIED RETIREMENT PLAN



LUMP SUM DISTRIBUTIONS

This form applies, in the case of someone who is not self-employed, only when the distribution was made:

- Due to the participant's death;
- Due to the participant's separation from employment; or
- After the participant had attained age 59½

In the case of a self-employed person, this form applies only when the distribution was made:

- Due to the participant's death;
- After the participant had attained age 59½
- The participant was previously disabled



THIS FORM DOES NOT APPLY WHEN YOUR DISTRIBUTION WAS:

- Rolled over;
- An early distribution including an early distribution received for medical, education or housing exclusions; or
- Subject to the early withdrawal penalty of your Federal Form 1040, Schedule 2, Line 6.

YOUR FIRST NAME	M.I.	LAST NAME	SUFFIX	YOUR TAXPAYER ID
<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>	<input style="width: 100%;" type="text"/>
SPOUSE FIRST NAME	M.I.	LAST NAME	SUFFIX	SPOUSE TAXPAYER ID
<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>	<input style="width: 100%;" type="text"/>

1. ENTER CAPITAL GAIN PORTION OF DISTRIBUTION FROM BOX 3 OF FORM 1099R	\$	.00
2. ENTER ORDINARY INCOME PORTION OF DISTRIBUTION FROM BOX 2A OF FORM 1099R	\$	.00
3. Add Lines 1 and 2	\$	.00
4. DEATH BENEFIT EXCLUSION ALLOWED ON FEDERAL FORM 4972	\$	.00
5. Subtract Line 4 from Line 3	\$	.00
6. CURRENT ACTUARIAL VALUE OF ANNUITY (if applicable, see Federal instructions)	\$	.00
7. TOTAL TAXABLE AMOUNT OF DISTRIBUTION. Add Lines 5 and 6	\$	.00
8. ENTER 10% OF LINE 7 (Multiply Line 7 by .10)	\$	.00
9. COMPUTE THE TAX ON LINE 8 (use Income Tax Table for Form PIT-RES)	\$	.00
10. Multiply the amount on Line 9 by ten	\$	.00
11. ENTER 10% OF LINE 6 (Multiply Line 6 by .10)	\$	.00
12. COMPUTE THE TAX ON LINE 11 (use Income Tax Table for Form PIT-RES)	\$	.00
13. Multiply the amount on Line 12 by ten	\$	.00
14. Subtract Line 13 from Line 10	\$	.00
15. Divide Line 2 by Line 3 and enter result as a decimal (rounded to at least two places)	\$	.00
16. TAX ON ORDINARY INCOME PORTION OF DISTRIBUTION (Multiply Line 14 by decimal on Line 15 and enter on Form PIT-RES, Line 24, or Form FID-TAX, Line 9)	\$	.00

File online at
<https://tax.delaware.gov>

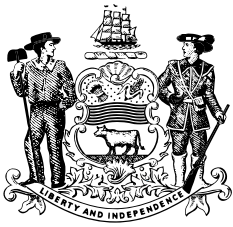
ATTACH FORM PIT-STC TO FORM PIT-RES OR FORM FID-TAX
 I DECLARE UNDER PENALTIES OF PERJURY, THAT THIS IS A TRUE, CORRECT AND COMPLETE RETURN.

 TAXPAYER SIGNATURE

 DATE

 SPOUSE SIGNATURE

 DATE



DELAWARE 2023

DIVISION OF REVENUE PIT-UND
DELAWARE UNDERPAYMENT OF ESTIMATED TAXES



FIRST NAME LAST NAME TAXPAYER ID

TAXPAYER IS A FARMER OR FISHERMAN TAXPAYER IS USING THE ANNUALIZATION OF INCOME METHOD

PART 1 REQUIRED ANNUAL PAYMENT

A	Enter 90% of 2023 Delaware tax liability (Line 32 Form PIT-RES minus Line 33 Form PIT-RES, or Line 47 Form PIT-NON)		A
B	Enter 100% or 110% of 2022 Delaware tax liability (Line 32 PIT-RES minus Line 33 PIT-RES, or Line 47 PIT-NON). (See instructions)		B
C	Enter the smaller of Line "A" or Line "B". This is your Required Annual Amount.		C
D	Delaware Withholding		D
E	Subtract Line "D" from Line "C". If \$800 or less, stop here. You do not owe the penalty.		E

PART 2 SHORT METHOD (See instructions)

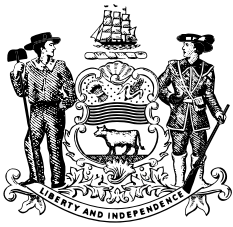
F	Enter the amount of Estimated Tax Payments, S Corp Payments or Refundable Business Credit		F
G	Delaware Withholding		G
H	Add Line "F" and Line "G" and enter here		H
I	TOTAL UNDERPAYMENT - Subtract Line "H" from Line "C". If zero or less, stop here.		I
J	Multiply Line "I" by 12% (times 0.12)		J
K	If the amount on Line "I" was paid on or after April 30, 2024, enter zero (0). If it was paid before April 30, 2024, Multiply the number of days from the date Line "I" was paid before April 30, 2024, times .05% (.0005) times the amount on Line "I".		K
L	ESTIMATED PENALTY - Subtract Line "K" from Line "J" and enter here		L

PART 4 COMPUTING THE OVER/UNDER PAYMENT

		TIME PERIOD			
		1/1/23 - 4/30/23	5/1/23 - 6/15/23	6/16/23 - 9/15/23	9/16/23 - 1/15/24
28	Enter amount from Part 3, Line 27	28			
29	Enter the amount of Estimated, S Corp, Capital Gain Tax payments, or Refundable Business Credits	29			
30	Delaware Withholding	30			
31	Add Line 29 and Line 30	31			
32	Enter amount, if any, from Line 38 of the previous column of this schedule (i.e., Column 2 equals Line 38 Column 1, Column 3 equals Line 38 Column 2, etc.)	32			
33	Add Line 31 and Line 32	33			
34	Sum amounts from Line 36 and Line 37 of the previous column of this schedule (i.e., Column 2 equals Line 36 Column 1 plus Line 37 Column 1, etc.)	34			
35	Subtract Line 34 from Line 33. If zero or less, enter zero (0). For Column 1 only, enter the amount from Line 31.	35			
36	If Line 35 equals zero, then Subtract Line 33 from Line 34. Otherwise, enter zero (0).	36			
37	UNDERPAYMENT. If Line 28 is equal to or larger than Line 35, Subtract Line 35 from Line 28. Then go to Line 32 of the next column. Otherwise, go to Line 38.	37			
38	OVERPAYMENT. If Line 35 is larger than Line 28, Subtract Line 28 from Line 35. Then go to Line 32 of the next column.	38			

PART 5 COMPUTING THE PENALTY (See instructions)

		PAYMENT DUE			
		5/1/23	6/15/23	9/15/23	1/16/24
39		39			
40	Enter number of days from date on Line 39 to when payment was made	40			
41	Multiply Line 40 by .05% (times .0005)	41			
42	PENALTY FOR PERIOD - Multiply Line 37 by Line 41	42			
43	Add penalties from each Column on Line 42 to determine the Total Penalty (i.e., Line 42 Column 1 plus Line 42 Column 2, etc.)	43			



DELAWARE 2023

DIVISION OF REVENUE PIT-UND
DELAWARE UNDERPAYMENT OF ESTIMATED TAXES



CHECK HERE IF YOU USED A NON-RESIDENT RETURN

PART 3	ANNUALIZED INSTALLMENT METHOD	TIME PERIOD				
		1	1/1/23 - 3/31/23	1/1/23 - 5/31/23	1/1/23 - 8/31/23	1/1/23 - 12/31/23
2	Enter Delaware AGI from your 2023 Delaware Return (Line 12 - Form PIT-RES, or Line 37 - Form PIT-NON) for period	2				
3	MULTIPLIER	3	4	2.4	1.5	1
4	ANNUALIZED AGI - Multiply Line 2 by Line 3.	4				
5	Enter Delaware Itemized Deductions (Line 18 - Form PIT-RES, Line 38 - Form PIT-NON) for period. Enter zero (0) if you didn't itemize.	5				
6	MULTIPLIER	6	4	2.4	1.5	1
7	ANNUALIZED ITEMIZED DEDUCTIONS - Multiply Line 5 by Line 6	7				
8	Enter the Total Delaware Standard Deduction Amount. (See Instructions) Enter zero (0) if you itemized.	8				
9	DELAWARE DEDUCTIONS - Enter amount from Line 7 if you itemized, or from Line 8 if you used the standard deduction	9				
10	DELAWARE TAXABLE INCOME - Subtract Line 9 from Line 4	10				
11	TAX LIABILITY - Using the tax table or tax schedule, figure the amount of tax due on the amounts from Line 10	11				
12	TAX ON LUMP SUM (See Instructions)	12				
13	TOTAL TAX - Add Line 11 to Line 12	13				
14	NON-RESIDENT FILERS ONLY - Multiply Line 13 by the proration percentage on Line 42 of Form PIT-NON	14				
15	TOTAL PERSONAL CREDIT AMOUNT (See Instructions)	15				
16	NON-RESIDENT FILERS ONLY - Multiply Line 15 by the proration percentage on Line 42 of Form PIT-NON	16				
17	OTHER NON-REFUNDABLE CREDITS - Add Lines 27, 28, 29, 30, & 33 of Form PIT-RES or Lines 44 & 45 of Form PIT-NON and enter here	17				
18	RESIDENTS - Subtract Line 15 and Line 17 from Line 13. NON-RESIDENTS - Subtract Line 16 and Line 17 from Line 14.	18				
19	MULTIPLIER	19	.225	.450	.675	.900
20	Multiply Line 18 by Line 19	20				
21	Sum all previous columns from Line 27 (i.e., Column 2 equals Line 27 Column 1, Column 3 equals Line 27 Column 1 plus Line 27 Column 2, etc.)	21				
22	Subtract Line 21 from Line 20. If zero or less, enter zero (0).	22				
23	Enter 1/4 of the total from Part 1, Line "C", in each column	23				
24	Enter the amount from Line 26 of the previous column of this schedule (i.e., Column 2 equals Line 26, Column 1, Column 3 equals Line 26, Column 2, etc.)	24				
25	Add Line 23 to Line 24	25				
26	Subtract Line 22 from Line 25. If zero or less, enter zero (0)	26				
27	Enter the smaller of Line 22 or Line 25 here and on Line 28	27				

22222		a Employee's social security number		OMB No. 1545-0008				
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld			
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld			
			5 Medicare wages and tips		6 Medicare tax withheld			
			7 Social security tips		8 Allocated tips			
d Control number			9		10 Dependent care benefits			
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a C o d e
						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C o d e
						14 Other		12c C o d e
								12d C o d e
f Employee's address and ZIP code								
15 State	Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
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Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department

2023

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number		OMB No. 1545-0008				
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld			
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld			
			5 Medicare wages and tips		6 Medicare tax withheld			
			7 Social security tips		8 Allocated tips			
d Control number			9		10 Dependent care benefits			
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a
						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b
						14 Other		12c
								12d
f Employee's address and ZIP code								
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department

2023

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number		OMB No. 1545-0008					
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld				
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld				
			5 Medicare wages and tips		6 Medicare tax withheld				
			7 Social security tips		8 Allocated tips				
d Control number			9		10 Dependent care benefits				
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans	12a C o d e		
						13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b C o d e
						14 Other	12c C o d e	12d C o d e	
f Employee's address and ZIP code									
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
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Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2023

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number		OMB No. 1545-0008				
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld			
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld			
			5 Medicare wages and tips		6 Medicare tax withheld			
			7 Social security tips		8 Allocated tips			
d Control number			9		10 Dependent care benefits			
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a
						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b
						14 Other		12c
								12d
f Employee's address and ZIP code								
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department

2023

Department of the Treasury—Internal Revenue Service

VOID CORRECTED

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross distribution \$	OMB No. 1545-0119 2023 Form 1099-R		Copy 1 For State, City, or Local Tax Department	
		2a Taxable amount \$				
		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>			
		PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$
RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$			
		7 Distribution code(s)	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$		%
		9a Your percentage of total distribution %		9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$	15 State/Payer's state no.		16 State distribution \$
Account number (see instructions)		13 Date of payment	17 Local tax withheld \$	18 Name of locality		19 Local distribution \$

VOID CORRECTED

**Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing Plans,
IRAs, Insurance
Contracts, etc.**

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross distribution		OMB No. 1545-0119	
		\$		<div style="font-size: 2em; font-weight: bold; text-align: center;">2023</div> Form 1099-R	
		2a Taxable amount			
		\$			
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a)		4 Federal income tax withheld	
		\$		\$	
RECIPIENT'S name		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		\$		\$	
Street address (including apt. no.)		7 Distribution code(s)		8 Other	
		IRA/SEP/SIMPLE <input type="checkbox"/>		\$ %	
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution %		9b Total employee contributions \$	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld	15 State/Payer's state no.	16 State distribution
\$			\$		\$
Account number (see instructions)		13 Date of payment		17 Local tax withheld	
				\$	
		18 Name of locality		19 Local distribution	
				\$	

**Copy 1
For
State, City,
or Local
Tax Department**

VOID CORRECTED

**Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing Plans,
IRAs, Insurance
Contracts, etc.**

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross distribution \$	OMB No. 1545-0119 2023 Form 1099-R		Copy 1 For State, City, or Local Tax Department	
		2a Taxable amount \$				
2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>				
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$			
RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$		%
9a Your percentage of total distribution %		9b Total employee contributions \$				
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$	15 State/Payer's state no.		16 State distribution \$
Account number (see instructions)		13 Date of payment	17 Local tax withheld \$	18 Name of locality		19 Local distribution \$

VOID CORRECTED

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross distribution \$	OMB No. 1545-0119 2023 Form 1099-R		Copy 1 For State, City, or Local Tax Department		
		2a Taxable amount \$					
2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>					
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$				
RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$				
		7 Distribution code(s)	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$			%
		9a Your percentage of total distribution %		9b Total employee contributions \$			
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$		
Account number (see instructions)		13 Date of payment	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$		