

<u>Tax Item (Identifier)</u>	<u>Source</u>	<u>Location</u>	<u>Description</u>	<u>Format</u>
1	Official Header		Magic Code and Header Version	T1
2	Official Header		Developer Code	Assigned number from NACTP
3	State Specific		Jurisdiction	DE
4	State Specific DE 200-01 p. 1	H	Form Type	DE200-01
5	State Specific		Specification Version	
6	State Specific		Software/Form Version	
7	DE 200-01 p. 1	H	Tax Year	2019
8	DE 200-01 p. 1	H	Taxpayer Social Security Number	##### (9)
9	DE 200-01 p. 1	H	Spouse Social Security Number	##### (9)
10	DE 200-01 p. 1	H	Taxpayer Last Name	Text
11	DE 200-01 p. 1	H	Taxpayer First Name and Middle Initial	Text
12	DE 200-01 p. 1	H	Taxpayer Suffix	Text
13	DE 200-01 p. 1	H	Spouse Last Name	Text
14	DE 200-01 p. 1	H	Spouse First Name and Middle Initial	Text
15	DE 200-01 p. 1	H	Spouse Suffix	Text
16	DE 200-01 p. 1	H	Present Home Address Line 1	Number/text
17	DE 200-01 p. 1	H	Present Home Address Line 2	Number/text
18	DE 200-01 p. 1	H	City	Text
19	DE 200-01 p. 1	H	State	Text
20	DE 200-01 p. 1	H	Zip	##### (5) or ##### (9)
21	DE 200-01 p. 1	H	Filing Status 1 - Only 1 of the filing status blocks should be checked.	X or blank
22	DE 200-01 p. 1	H	Filing Status 2	X or blank
23	DE 200-01 p. 1	H	Filing Status 3	X or blank
24	DE 200-01 p. 1	H	Filing Status 4	X or blank
25	DE 200-01 p. 1	H	Filing Status 5	X or blank
26	DE 200-01 p. 1	H	Form DE2210 Indicator	X or blank
27	DE 200-01 p. 1	H	Part Year Residency Begin Date	MMDDYYYY
28	DE 200-01 p. 1	H	Part Year Residency End Date	MMDDYYYY
29	DE 200-01 p. 1	1A	Delaware AGI	Number
30	DE 200-01 p. 1	1B		Number
31	DE 200-01 p. 1	2a	Delaware Standard Deduction	X or blank
32	DE 200-01 p. 1	2b	Delaware Itemized Deduction	X or blank
33	DE 200-01 p. 1	2A	Deduction Amount	Number
34	DE 200-01 p. 1	2B		Number
35	DE 200-01 p. 1	3a	Spouse 65 or Over	X or blank
36	DE 200-01 p. 1	3b	Spouse Blind	X or blank
37	DE 200-01 p. 1	3c	Taxpayer 65 or Over	X or blank
38	DE 200-01 p. 1	3d	Taxpayer Blind	X or blank
39	DE 200-01 p. 1	3A	Additional Standard Deduction Amount	Number
40	DE 200-01 p. 1	3B		Number
41	DE 200-01 p. 1	5A	Taxable Income	Number
42	DE 200-01 p. 1	5B		Number
43	DE 200-01 p. 1	6A	Tax Liability	Number
44	DE 200-01 p. 1	6B		Number
45	DE 200-01 p. 1	7A	Tax on Lump Sum Distribution	Number
46	DE 200-01 p. 1	7B		Number

Tax Item (Identifier)	Source	Location	Description	Format
47	DE 200-01 p. 1	8A	Total Tax	Number
48	DE 200-01 p. 1	8B		Number
49	DE 200-01 p. 1	9a.a	Number of Exemptions	Number
50	DE 200-01 p. 1	9a.b		Number
51	DE 200-01 p. 1	9a.A	Exemption Amount	Number
52	DE 200-01 p. 1	9a.B		Number
53	DE 200-01 p. 1	9b.a	Spouse 60 or Over	X or blank
54	DE 200-01 p. 1	9b.b	Taxpayer 60 or Over	X or blank
55	DE 200-01 p. 1	9b.A	60 or Over Exemption Amount	Number
56	DE 200-01 p. 1	9b.B		Number
57	DE 200-01 p. 1	10A	Tax Imposed by Other State	Number
58	DE 200-01 p. 1	10B		Number
59	DE 200-01 p. 1	11	Volunteer Firefighter Company # - Spouse	## (2)
60	DE 200-01 p. 1	11	Volunteer Firefighter Company # - Primary	## (2)
61	DE 200-01 p. 1	11A	Volunteer Firefighter Credit	Number
62	DE 200-01 p. 1	11B		Number
63	DE 200-01 p. 1	12A	Other Non-Refundable Credits	Number
64	DE 200-01 p. 1	12B		Number
65	DE 200-01 p. 1	13A	Child-Care Credit	Number
66	DE 200-01 p. 1	13B		Number
67	DE 200-01 p. 1	14A	Earned Income Tax Credit	Number
68	DE 200-01 p. 1	14B		Number
69	DE 200-01 p. 1	17A	Delaware Withholding	Number
70	DE 200-01 p. 1	17B		Number
71	DE 200-01 p. 1	18A	Estimated Tax Paid	Number
72	DE 200-01 p. 1	18B		Number
73	DE 200-01 p. 1	19A	S Corporation Payments and Refundable Business Credits	Number
74	DE 200-01 p. 1	19B		Number
75	DE 200-01 p. 1	20A	Capital Gains Tax Payments	Number
76	DE 200-01 p. 1	20B		Number
77	DE 200-01 p. 1	24	Contributions to Special Funds	Number
78	DE 200-01 p. 1	25	Amount of Refund to be Applied to Next Year	Number
79	DE 200-01 p. 1	26	Penalty and Interest	Number
80	DE 200-01 p. 1	27	Net Balance Due	Number
81	DE 200-01 p. 1	28	Net Refund	Number
82	DE 200-01 p. 2	29A	Federal AGI Amount from Federal 1040	Number
83	DE 200-01 p. 2	29B		Number
84	DE 200-01 p. 2	30A	Interest on State & Local obligations other than Delaware	Number
85	DE 200-01 p. 2	30B		Number
86	DE 200-01 p. 2	31A	Fiduciary adjustment, oil depletion	Number
87	DE 200-01 p. 2	31B		Number
88	DE 200-01 p. 2	34A	Interest received on U.S. Obligations	Number

Tax Item (Identifier)	Source	Location	Description	Format
89	DE 200-01 p. 2	34B		Number
90	DE 200-01 p. 2	35A	Pension/Retirement Exclusions	Number
91	DE 200-01 p. 2	35B		Number
92	DE 200-01 p. 2	36A	Delaware State Tax Refund, fiduciary adjustment, work opportunity tax credit, Delaware NOL carry forward	Number
93	DE 200-01 p. 2	36B		Number
94	DE 200-01 p. 2	37A	Taxable SocSec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist.	Number
95	DE 200-01 p. 2	37B		Number
96	DE 200-01 p. 2	40A	Exclusion for certain persons 60 and over or disabled	Number
97	DE 200-01 p. 2	40B		Number
98	DE 200-01 p. 2	43A	Enter total Itemized Deduction from Federal Schedule A	Number
99	DE 200-01 p. 2	43B		Number
100	DE 200-01 p. 2	44A	Enter Foreign Taxes Paid	Number
101	DE 200-01 p. 2	44B		Number
102	DE 200-01 p. 2	45A	Enter Charitable Mileage Deduction	Number
103	DE 200-01 p. 2	45B		Number
104			Reserved. Please leave blank.	Number
105				Number
106	DE 200-01 p. 2	47A	Enter Form 700 Tax Credit Adjustment	Number
107	DE 200-01 p. 2	47B		Number
108	DD Info		State - Routing Transit	Number/text
109	DD Info		State - Deposit Acct. Number	Number/text
110	DD Info		State - Checking Acct.	X or blank
111	DD Info		State - Savings Acct.	X or blank
112	DD Info		IAT Indicator	X or blank
113	DE 200-01 p. 2	F	Preparer Name	Text
114	DE 200-01 p. 2	F	Date Prepared	MMDDYYYY
115	DE 200-01 p. 2	F	Preparer Address	Number/text (separate each line with commas)
116	DE 200-01 p. 2	F	Preparer City	Text
117	DE 200-01 p. 2	F	Preparer State	Text
118	DE 200-01 p. 2	F	Preparer Zip Code	##### (5) or ##### (9)
119	DE 200-01 p. 2	F	Taxpayer Home Phone Number	##### (10)
120	DE 200-01 p. 2	F	Preparer Phone Number	##### (10)
121	DE 200-01 p. 2	F	Preparer ID Number	##### (9)
122	DE 200-01 p. 2	F	Taxpayer E-Mail Address	Text
123	DE 200-01 p. 2	F	Preparer E-Mail Address	Text
124	DE Sched I	1	Other State name	Two letter state code
125	DE Sched I	1 Col A	Other State Tax credit Spouse	Number
126	DE Sched I	1 Col B	Other State Tax credit Primary	Number

Tax Item (Identifier)	Source	Location	Description	Format
127	DE Sched I	2	Other State name	Two letter state code
128	DE Sched I	2 Col A	Other State Tax credit Spouse	Number
129	DE Sched I	2 Col B	Other State Tax credit Primary	Number
130	DE Sched I	3	Other State name	Two letter state code
131	DE Sched I	3 Col A	Other State Tax credit Spouse	Number
132	DE Sched I	3 Col B	Other State Tax credit Primary	Number
133	DE Sched I	4	Other State name	Two letter state code
134	DE Sched I	4 Col A	Other State Tax credit Spouse	Number
135	DE Sched I	4 Col B	Other State Tax credit Primary	Number
136	DE Sched I	5	Other State name	Two letter state code
137	DE Sched I	5 Col A	Other State Tax credit Spouse	Number
138	DE Sched I	5 Col B	Other State Tax credit Primary	Number
139	DE Sched II	7.a.1	Child's First Name #1	Text
140	DE Sched II	7.b.1	Child's Last Name #1	Text
141	DE Sched II	8.1	Child's SSN #1	##### (9)
142	DE Sched II	9.1	Child's Date of Birth #1	MMDDYYYY
143	DE Sched II	10.1	YES - Child Under 24, a student and younger than taxpayer or spouse #1	X or blank. Leave blank if child is not used.
144	DE Sched II	10.1	NO - Child Under 24, a student and younger than taxpayer or spouse #1	X or blank. Leave blank if child is not used.
145	DE Sched II	11.1	YES - Child permanently and totally disabled during tax year #1	X or blank. Leave blank if child is not used.
146	DE Sched II	11.1	NO - Child permanently and totally disabled during tax year #1	X or blank. Leave blank if child is not used.
147	DE Sched II	7.a.2	Child's First Name #2	Text
148	DE Sched II	7.b.2	Child's Last Name #2	Text
149	DE Sched II	8.2	Child's SSN #2	##### (9)
150	DE Sched II	9.2	Child's Date of Birth #2	MMDDYYYY
151	DE Sched II	10.2	YES - Child Under 24, a student and younger than taxpayer or spouse #2	X or blank. Leave blank if child is not used.
152	DE Sched II	10.2	NO - Child Under 24, a student and younger than taxpayer or spouse #2	X or blank. Leave blank if child is not used.
153	DE Sched II	11.2	YES - Child permanently and totally disabled during tax year #2	X or blank. Leave blank if child is not used.
154	DE Sched II	11.2	NO - Child permanently and totally disabled during tax year #2	X or blank. Leave blank if child is not used.
155	DE Sched II	7.a.3	Child's First Name #3	Text
156	DE Sched II	7.b.3	Child's Last Name #3	Text
157	DE Sched II	8.3	Child's SSN #3	##### (9)
158	DE Sched II	9.3	Child's Date of Birth #3	MMDDYYYY
159	DE Sched II	10.3	YES - Child Under 24, a student and younger than taxpayer or spouse #3	X or blank. Leave blank if child is not used.
160	DE Sched II	10.3	NO - Child Under 24, a student and younger than taxpayer or spouse #3	X or blank. Leave blank if child is not used.
161	DE Sched II	11.3	YES - Child permanently and totally disabled during tax year #3	X or blank. Leave blank if child is not used.
162	DE Sched II	11.3	NO - Child permanently and totally disabled during tax year #3	X or blank. Leave blank if child is not used.
163	DE Sched II	12	Delaware State Income Tax	Number

Tax Item (Identifier)	Source	Location	Description	Format
164	DE Sched II	13	Earned Income Credit from Federal Form	Number
165	DE Sched III	17a	Contributions to Non-Game Wildlife	Number
166	DE Sched III	17b	Contributions to Beau Biden Fund	Number
167	DE Sched III	17c	Contributions to Emergency Housing	Number
168	DE Sched III	17d	Contributions to Breast Cancer Education	Number
169	DE Sched III	17e	Contributions to Organ Donor Awareness	Number
170	DE Sched III	17f	Contributions to Diabetes Education	Number
171	DE Sched III	17g	Contributions to Veteran's Home	Number
172	DE Sched III	17h	Contributions to National Guard	Number
173	DE Sched III	17i	Contributions to Juvenile Diabetes Fund	Number
174	DE Sched III	17j	Contributions to Multiple Sclerosis	Number
175	DE Sched III	17k	Contributions to Ovarian Cancer	Number
176	DE Sched III	17l	Contributions to 21st Fund for Children	Number
177	DE Sched III	17m	Contributions to White Clay Creek	Number
178	DE Sched III	17n	Contributions to Home of the Brave Foundation Fund	Number
179	DE Sched III	17o	Contributions to Senior Trust Fund	Number
180	DE Sched III	17p	Contributions to Home of the Delaware Veterans Trust Fund	Number
181	DE Sched III	17q	Contributions to Protecting DE's Children Fund	Number
182	DE Sched III	17r	Contributions to the Food Bank of Delaware	Number
183	DE Sched III	17s	Contributions to the Delaware Habitat for Humanity	Number
184	DE Sched III	17t	Contributions to the B+ Childhood Cancer Fund	Number
185	DE 2210 p. 1 Part 2	L	Short Method - Estimated Penalty	Number
186	DE 2210 p. 1 Part 4	29 col 1	Estimated and Capital Gain Tax payments	Number
187	DE 2210 p. 1 Part 4	29 col 2		Number
188	DE 2210 p. 1 Part 4	29 col 3		Number
189	DE 2210 p. 1 Part 4	29 col 4		Number
190	DE 2210 p. 1 Part 4	30 col 1	Delaware Withholding, S Corp Payments, or Refundable Business Credits	Number
191	DE 2210 p. 1 Part 4	30 col 2		Number
192	DE 2210 p. 1 Part 4	30 col 3		Number
193	DE 2210 p. 1 Part 4	30 col 4		Number
194	DE 2210 p. 2 Part 3	2 col 1	Delaware AGI from your 2019 Delaware Return	Number

Tax Item (Identifier)	Source	Location	Description	Format
195	DE 2210 p. 2 Part 3	2 col 2		Number
196	DE 2210 p. 2 Part 3	2 col 3		Number
197	DE 2210 p. 2 Part 3	2 col 4		Number
198	DE 2210 p. 2 Part 3	5 col 1	Delaware Itemized Deductions	Number
199	DE 2210 p. 2 Part 3	5 col 2		Number
200	DE 2210 p. 2 Part 3	5 col 3		Number
201	DE 2210 p. 2 Part 3	5 col 4		Number
202	DE 2210 p. 2 Part 3	8 col 1	Total Delaware Standard Deduction Amount	Number
203	DE 2210 p. 2 Part 3	8 col 2		Number
204	DE 2210 p. 2 Part 3	8 col 3		Number
205	DE 2210 p. 2 Part 3	8 col 4		Number
206	1 st W-2/1099-R		Form Type	W2 or 1099R
207	1 st W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
208	1 st W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
209	1 st W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
210	1 st W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
211	1 st W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
212	1 st W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
213	1 st W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
214	1 st W-2/1099-R		W2 State Name 2 Or 1099-R State Name 1	Two letter state code
215	1 st W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
216	1 st W-2/1099-R		W2 State Withholding 2 Or 1099-R State Withholding 2	Number
217	2 nd W-2/1099-R		Form Type	W2 or 1099R
218	2 nd W-2/1099-R		W2 Employer ID Or	##### (9)

Tax Item (Identifier)	Source	Location	Description	Format
			1099-R Payer ID	
219	2 nd W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
220	2 nd W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
221	2 nd W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
222	2 nd W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
223	2 nd W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
224	2 nd W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
225	2 nd W-2/1099-R		W2 State Name 2 Or 1099-R State Name 1	Two letter state code
226	2 nd W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
227	2 nd W-2/1099-R		W2 State Withholding 2 Or 1099-R State Withholding 2	Number
228	3 rd W-2/1099-R		Form Type	W2 or 1099R
229	3 rd W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
230	3 rd W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
231	3 rd W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
232	3 rd W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
233	3 rd W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
234	3 rd W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
235	3 rd W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number

Tax Item (Identifier)	Source	Location	Description	Format
236	3 rd W-2/1099-R		W2 State Name 2 Or 1099-R State Name 1	Two letter state code
237	3 rd W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
238	3 rd W-2/1099-R		W2 State Withholding 2 Or 1099-R State Withholding 2	Number
239	4 th W-2/1099-R		Form Type	W2 or 1099R
240	4 th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
241	4 th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
242	4 th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
243	4 th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
244	4 th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
245	4 th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
246	4 th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
247	4 th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 1	Two letter state code
248	4 th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
249	4 th W-2/1099-R		W2 State Withholding 2 Or 1099-R State Withholding 2	Number
250	5 th W-2/1099-R		Form Type	W2 or 1099R
251	5 th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
252	5 th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
253	5 th W-2/1099-R		W2 Employee SSN Or	##### (9)

Tax Item (Identifier)	Source	Location	Description	Format
			1099-R Payee SSN	
254	5 th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
255	5 th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
256	5 th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
257	5 th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
258	5 th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 1	Two letter state code
259	5 th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
260	5 th W-2/1099-R		W2 State Withholding 2 Or 1099-R State Withholding 2	Number
261	6 th W-2/1099-R		Form Type	W2 or 1099R
262	6 th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
263	6 th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
264	6 th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
265	6 th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
266	6 th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
267	6 th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
268	6 th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
269	6 th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 1	Two letter state code
270	6 th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number

Tax Item (Identifier)	Source	Location	Description	Format
271	6 th W-2/1099-R		W2 State Withholding 2 Or 1099-R State Withholding 2	Number
272	Official Trailer		Trailer Static String	EOD*