25

26

27

28

2019 R

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

and ending

For Fiscal year beginning

Your Social Security No. Spouse's Social Security No.

Your Last Name First Name and Middle Initial Jr., Sr., III, etc.

Spouse's Last Name, Jr., Sr., III, etc.

Present Home Address (Number and Street) Apt. #

FILING STATUS (MUST CHECK ONE) City State Zip Code Married & Filing Separate 1 Sinale, Divorced, 5 Head of Household Widow(er) Forms Form DE2210 If you were a part-year resident in 2019, give the dates you resided in Delaware: 2. Joint 4 Married & Filing Combined Separate on this form Attached Column A is for Spouse information, Filing Status 4 only. All other filing statuses use Column B. Column A Column B 1. **DELAWARE ADJUSTED GROSS INCOME.** Begin Return on Page 2, Line 29, then enter amount from Line 42 here. > If you elect the DELAWARE STANDARD DEDUCTION check here..... 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 the DELAWARE ITEMIZED DEDUCTIONS check here..... Filing Statuses 1, 2, 3 and 5, enter itemized deductions from reverse side, Line 48 in Column B Filing Status 4 enter itemized deductions from reverse side. Line 48 in Columns A and B 2 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 B - if YOU were: 65 or over Column A - if SPOUSE was: 65 or over Blind 3 TOTAL DEDUCTIONS - Add line 2 & 3 and enter here... 4 TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this amount.... 5 5 6. Tax Liability from Tax Rate Table/Schedule Column A Column B 6 See Instructions..... Tax on Lump Sum Distribution (Form 329)..... 7 8 TOTAL TAX - Add Lines 6 and 7 and enter here..... PERSONAL CREDITS If you are Filing Status 3, see instructions on Page 6. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B. Enter number of exemptions x \$110...... x \$110..... On Line 9a, enter the number of exemptions for: Column A Column B **CHECK BOX(ES)** Spouse 60 or over (Column A) Self 60 or over (Column B) Enter number of boxes checked on Line 9b x \$110..... 9h . (Must attach copy of DE Schedule I and other state return.) 10. Tax imposed by State of 10 . Enter credit amount..... Volunteer Firefighter Co.# - Spouse (Column A) Self (Column B) 11. 11 12. Other Non-Refundable Credits (see instructions on Page 7) 13. Child Care Credit. Must attach Form 2441. (Enter 50% of Federal credit) 13 Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation..... 14. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here 15 15. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero)...... 16. 16 Delaware Tax Withheld (Attach W2s/1099s)..... 17 17 18. Estimated Tax Paid & Payments with Extensions..... 18 19. S Corp Payments and Refundable Business Credits.... 19 Capital Gains Tax Payments (Attach Form 5403)... 20 TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here...... 21 BALANCE DUE. If Line 16 is greater than Line 21, subtract 21 from 16 and enter here......> 23. 24. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III...... 24

PAY IN FULL >

..ZERO DUE/TO BE REFUNDED >

NET BALANCE DUE (For Filing Status 4, see instructions, page 9)_____

For all other filing statuses, enter Line 22 plus Lines 24 and 26

NET REFUND (For Filing Status 4, see instructions, page 9)For all other filing statuses, subtract Lines 24, 25, and 26 from Line 23

ATTACH LABEL HERE

25.



2019 R

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

	DIFICATIONS TO FEDERAL ADJU	STED GROSS INCO	OME			ng Status 4 ONLY ouse Information COLUMN A	All other filing sta You or You plus S COLUMN E	Spouse
	TION A - ADDITIONS (+)			,	0			
29.	Enter Federal AGI amount from Federal 1040				9			
30.	Interest on State & Local obligations other than	Delaware		3	0			
31.	Fiduciary adjustment, oil depletion			3	1			
32.	TOTAL - Add Lines 30 and 31				2			
33. SEC	Subtotal. Add Lines 29 and 32			00 3	3			
34.	Interest received on U.S. Obligations			3	4			
35.	Pension/Retirement Exclusions (For a definit				5			
36.	Delaware State tax refund, fiduciary adjustmen							
	please see instructions on Page 10				6			
37.	Taxable Soc Sec/RR Retirement Benefits/High				7			
38.	SUBTOTAL. Add Lines 34, 35, 36 and 37, and			3	8			
39.	Subtotal. Subtract Line 38 from Line 33		00		9			
40.	Exclusion for certain persons 60 and over or di	•	• ,		.0			
41.	TOTAL - Add Lines 38 and 40				.1			
42.	DELAWARE ADJUSTED GROSS INCOME. So		,		2			
	TION C - ITEMIZED DEDUCTIONS (MU cate deductions between spouses, yo				B are u	sed and you are	unable to spec	ifically
43.	Enter total Itemized Deduction from Federal Sc	hedule A (PIT-RSA)		4	3			
44.	Enter Foreign Taxes Paid (See instructions on				4			
45.	Enter Charitable Mileage Deduction (See instru				5			
46.	SUBTOTAL - Add Lines 43, 44, and 45 and ent	er here		4	6			
					_			
47.	Enter Form 700 Tax Credit Adjustment (See ins	- ,			7			
48.	TOTAL - Subtract Line 47 from Line 46. Enter h	nere and on Front, Line 2 (S	ee instructions)	4	8			
	TION D - DIRECT DEPOSIT INFORMA king or savings account, complete boxes a, b, c a			y to your				
a. F	Routing Number			b	. Type:	Checking	Savings	
	•				•	· ·	•	
c. Account Number						fund going to or thro outside of the United		t
						Yes	No	
	NOTE: If your refund is adjusted	-					your return.	
Linder	penalties of perjury, I declare that I have ex	IN YOUR RETURN I					ie correct and co	mnlata
	Signature	Date	Signature of Paid Prepare		omonto,	Date		лирістс.
Spous	se's Signature (if filing joint or combined return)	Date	Address					
Home	Phone	Business Phone	City			State	Zip	
E-Mail Address		EIN, SSN or PTIN Business Phot		ne	e E-Mail Address			
D.A	LANCE DUE WIDAVMENT ENCLO	SED (LINE 27)	DEELIND /LL	NE 20\.		ALL OTH	D DETUDNO	_

BALANCE DUE W/PAYMENT ENCLOSED (LINE 27)

DELAWARE DIVISION OF REVENUE P.O. BOX 508 WILMINGTON, DE 19899-0508 REFUND (LINE 28):
DELAWARE DIVISION OF REVENUE
P.O. BOX 8710
WILMINGTON, DE 19899-8710

DELAWARE DIVISION OF REVENUE

P.O. BOX 8711 WILMINGTON, DE 19899-8711

MAKE CHECK PAYABLE TO: DELAWARE DIVISION OF REVENUE PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

