

ATTACH LABEL HERE

For Fiscal year beginning _____ and ending _____
 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 _____ Spouse's First Name, _____ Jr., Sr., III, etc.

Present Home Address (Number and Street) _____ Apt. # _____

City _____	State _____	Zip Code _____	Check if FULL-YEAR Non-resident in 2019	1. Single, Divorced, Widow(er)	3. Married & Filing Separate Forms	FILING STATUS (MUST CHECK ONE)
Form DE2210 If you were a part-year resident in 2019, give the dates you resided in Delaware. From _____ 2019 to _____ 2019				2. Joint	5. Head of Household	

Attached	Month	Day	Month	Day			
37. DELAWARE ADJUSTED GROSS INCOME (Begin return on Page 2, Line 1, then enter the amount from Line 30B, Column 1 here >					37		00
38. (a) If you elect the STANDARD DEDUCTION check here a.							
Filing Statuses 1, 3, & 5 - \$3250 Filing Status 2 - \$6500							
(b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36..... b.					38		00
39. ADDITIONAL STANDARD DEDUCTIONS <i>(Not allowed with Itemized Deductions - see instructions)</i>							
CHECK BOX(ES) If SPOUSE was 65 or over and/or blind					If YOU were 65 or over and/or blind		39 00
40. TOTAL DEDUCTIONS - Add Lines 38 & 39 and enter here						40	00
41. TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount						41	00
42. Tax Liability Computation			Proration Decimal (See instructions, Page 10)		Tax Liability from Tax Rate Table/Schedule Amount		
A Line 30 A	00						
B Line 30 B	00	= .		x	00	42	00
43. PERSONAL CREDITS <i>(If Filing Status 3, see instructions on page 10)</i>							
Enter number of exemptions listed on Federal return			X \$110 =				
Multiply this amount by the proration decimal on Line 42 (X) and enter total here					43a		00
43b CHECK BOX(ES) Spouse 60 or over (if filing status 2) Self 60 or over							
Enter number of boxes checked on Line 43b X \$110 =							
Multiply this amount by the proration decimal on Line 42 (X) and enter total here					43b		00
44. Tax imposed by state of (Must attach copy of DE Sch I and other state return) (Part-Year Residents Only. See instructions, page 11)					44	00	44
45. Other Non-Refundable Credits (see instructions, page 11)					45	00	45
46. Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45						46	00
47. BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero)						47	00
48. Delaware Tax Withheld (Attach W-2s/1099s)					48	00	48
49. Estimated Tax Paid & Payments with Extensions					49	00	49
50. S Corp Payments and Refundable Business Credits (See Instructions, Page 12)					50	00	50
51. Capital Gains Tax Payments (Attach Form 5403)					51	00	51
52. TOTAL REFUNDABLE CREDITS . Add Lines 48, 49, 50 and 51						52	00
53. If Line 47 is greater than Line 52, subtract 52 from 47 and enter here					AMOUNT YOU OWE >	53	00
54. If Line 52 is greater than Line 47, subtract 47 from 52 and enter here					OVERPAYMENT >	54	00
55. CONTRIBUTIONS TO SPECIAL FUNDS							
If electing a contribution, complete and attach DE Schedule III					TOTAL >	55	00
56. AMOUNT OF LINE 54 TO BE APPLIED TO 2020 ESTIMATED TAX ACCOUNT					ENTER >	56	00
57. PENALTIES AND INTEREST DUE. If Line 53 is greater than \$400, see estimated tax instructions '					ENTER >	57	00
58. NET BALANCE DUE. Enter the amount due (Line 53 plus Lines 55 and 57) and pay in full					PAY IN FULL >	58	00
59. NET REFUND. Subtract Lines 55, 56, and 57 from Line 54					ZERO DUE/TO BE REFUNDED >	59	00

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

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's Signature (if filing joint) _____ Date _____

X _____

Home Phone: _____ Business Phone: _____ Email Address: _____
 Signature of Paid Preparer _____ Date _____ Address of Paid Preparer _____

X _____

Business Phone _____ Email Address _____
 EIN, SSN, or PTIN _____



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SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

	Federal COLUMN 1	Delaware Source Income/Loss COLUMN 2
1. Wages, salaries, tips, etc.	1	00
2. Interest	2	00
3. Dividends	3	00
4. State refunds, credits or offsets of state & local income taxes	4	00
5. Alimony received	5	00
6. Business income or (loss) (See instructions on page 6)	6	00
7a. Capital gain or (loss)	7a	00
7b. Other gains or (losses)	7b	00
8. IRA distributions	8	00
9. Taxable pensions and annuities	9	00
10. Rents, royalties, partnerships, S corps, estates, trusts, etc.	10	00
11. Farm income or (loss)	11	00
12. Unemployment compensation (insurance)	12	00
13. Taxable Social Security benefits	13	00
14. Other income (state nature and source)	14	00
15. Total income. Add Lines 1 through 14	15	00
16. Total Federal Adjustments (see instructions on Page 6)	16	00
17. Federal Adjusted Gross Income for Delaware purposes. Subtract Line 16 from 15	17	00

SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+)

	COLUMN 1	COLUMN 2
18. Interest received on obligations of any state other than Delaware	18	00
19. Fiduciary adjustment, oil depletion	19	00
20. TOTAL - Add Lines 18 & 19	20	00
21. Add Lines 17 & 20	21	00

SECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-)

	COLUMN 1	COLUMN 2
22. Interest received on U.S. obligations	22	00
23. Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 7)	23	00
24. Delaware State tax refund	24	00
25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward	25	00
26. Taxable Social Security Benefits/Railroad Retirement Benefits/HIGHER EDUCATION EXCLUSION	26	00
27. TOTAL - Add lines 22 through 26	27	00
28. Subtract Line 27 from Line 21 and enter here	28	00
29. Exclusion for certain persons 60 and over or disabled (see instructions on Page 8)	29	00
30A Column 2. Subtract Line 29 from Line 28. This is your modified Delaware Source Income Enter on front side Line 42, Box A	30A	00
30B Column 1. Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income Enter on front side Line 37 and Line 42, Box B	30B	00

SECTION D - ITEMIZED DEDUCTIONS (ATTACH DELAWARE SCHEDULE A)

	COLUMN 1
31. Enter total Itemized Deductions (If Filing Status 3, See instructions on Page 8)	31
32. Enter Foreign Taxes Paid (See instructions on Page 8)	32
33. Enter Charitable Mileage Deduction (See instructions on Page 8)	33
34. TOTAL - Add Lines 31, 32, and 33	34
35. Enter Form 700 Tax Credit Adjustment (See instructions on Page 9)	35
36. Subtract Line 35 from Line 34. Enter here and on front, Line 38	36

SECTION E - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c, and d below. See instructions for details.

a. Routing Number

b. Type: Checking Savings

c. Account Number

d. Is this refund going to or through an account that is located outside of the United States?

Yes No

NOTE: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to the address on your return.**BALANCE DUE W/PAYMENT ENCLOSED (LINE 58):**DELAWARE DIVISION OF REVENUE
P.O. BOX 508, WILMINGTON, DE 19899-0508**REFUND (LINE 59):**DELAWARE DIVISION OF REVENUE
P.O. BOX 8710, WILMINGTON, DE 19899-8710**ALL OTHER RETURNS:**DELAWARE DIVISION OF REVENUE
P.O. BOX 8711, WILMINGTON, DE 19899-8711

MAKE CHECK PAYABLE TO: DELAWARE DIVISION OF REVENUE. REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN, AND KEEP A COPY OF THE RETURN FOR YOUR RECORDS

(Rev 20191125)