

2013 R

DELAWARE INDIVIDUAL RESIDENT
INCOME TAX RETURN
FORM 200- 01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning _____ and ending _____

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

ATTACH LABEL HERE

Your Last Name		First Name		Middle Initial Jr., Sr., III, etc.
Spouse's Last Name		Spouse's First Name		Middle Initial Jr., Sr., III, etc.
Present Home Address (Number and Street)				Apt.#
City		State	Zip Code	

FILING STATUS (MUST CHECK ONE)

1. Single, Divorced, Widow(er) 3. Married or Entered into a Civil Union & Filing Separate Forms 5. Head of Household
2. Joint or Entered into a Civil Union 4. Married or Entered into a Civil Union & Filing Combined Separate on this form

Form DE2210 If you were a part-year resident in 2013, give the dates you resided in Delaware.

Attached

From _____ 2013 To _____ 2013
Month Day Month Day

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...>1	00	00
2a. 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..... b. 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	00 00
3. 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 Blind Column B - if YOU were: 65 or over Blind	3	00 00
4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here.....	4	00 00
5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount.....	5	00 00
6. Tax Liability from Tax Rate Table/Schedule See Instructions.....	6	00 00
7. Tax on Lump Sum Distribution (Form 329) Spouse Taxpayer	7	00 00
8. TOTAL TAX - Add Lines 6 and 7 and enter here..... >	8	00 00
9a. 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 claimed on Federal return _____ X \$110..... On Line 9a, enter the number of exemptions for: Column A Column B	9a	00 00
9b. 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.....	9b	00 00
10. Tax imposed by State of _____ (Must attach copy of DE Schedule I and other state return)	10	00 00
11. Volunteer Fire fighter Co.# - Spouse (Column A) _____ Self (Column B) _____ . Enter credit amount.....	11	00 00
12. Other Non-Refundable Credits (see instructions on Page 7)	12	00 00
13. Child Care Credit. Must attach Form 2441. (Enter 50% of Federal credit)	13	00 00
14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation.	14	00 00
15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here.....	15	00 00
16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero)....	16	00 00
17. Delaware Tax Withheld (Attach W2s/ 1099s)	17	00 00
18. 2013 Estimated Tax Paid & Payments with Extensions.	18	00 00
19. S Corp Payments and Refundable Business Credits....	19	00 00
20. 2013 Capital Gains Tax Payments (Attach Form 5403)	20	00 00
21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here..... >	21	00 00
22. BALANCE DUE. If Line 16 is greater than Line 21, subtract 21 from 16 and enter here..... >	22	00 00
23. OVERPAYMENT. If Line 21 is greater than Line 16, subtract 16 from 21 and enter here >	23	00 00
24. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III	24	00
25. AMOUNT OF LINE 23 TO BE APPLIED TO 2014 ESTIMATED TAX ACCOUNT..... ENTER >	25	00
26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$400, see estimated tax instructions..... ENTER >	26	00
27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)..... PAY IN FULL >	27	00
28. NET REFUND (For Filing Status 4, see instructions, Page 9)..... ZERO DUE/TO BE REFUNDED >	28	00

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

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.

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

SECTION A - ADDITIONS (+)

		Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B
29. Enter Federal AGI amount from Federal 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4.....	29	00	00
30. Interest on State & Local obligations other than Delaware	30	00	00
31. Fiduciary adjustment, oil depletion	31	00	00
32. TOTAL - Add Lines 30 and 31	32	00	00
33. Subtotal. Add Lines 29 and 32	33	00	00

SECTION B - SUBTRACTIONS (-)

34. Interest received on U.S. Obligations	34	00	00
35. Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 10)	35	00	00
36. Delaware State tax refund, fiduciary adjustment, work opportunity tax credit, Delaware NOL Carry forward. - please see instructions on Page 10.	36	00	00
37. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr. on Pg 11)	37	00	00
38. SUBTOTAL. Add Lines 34, 35, 36 and 37 and enter here	38	00	00
39. Subtotal. Subtract Line 38 from Line 33	39	00	00
40. Exclusion for certain persons 60 and over or disabled (See instructions on Page 11).	40	00	00
41. TOTAL - Add Lines 38 and 40	41	00	00
42. DELAWARE ADJUSTED GROSS INCOME. Subtract line 41 from Line 33. Enter here and on Front, Line 1	42	00	00

SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A) If Columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.

43. Enter total Itemized Deductions from Schedule A, Federal Form, Line 29.....	43	00	00
44. Enter Foreign Taxes Paid (See instructions on Page 11)	44	00	00
45. Enter Charitable Mileage Deduction (See instructions on Page 11)	45	00	00
46. SUBTOTAL. - Add Lines 43, 44, and 45 and enter here	46	00	00
47a. Enter State Income Tax included in Line 43 above (See instructions on Page 11)	47a	00	00
47b. Enter Form 700 Tax Credit Adjustment (See instructions on Page 11)	47b	00	00
48. TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Front, Line 2 (See instructions)	48	00	00

SECTION D - 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.

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		Signature of Paid Preparer		Date	
Spouse'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 Phone		E-Mail Address	

NET BALANCE DUE (LINE 27):
DELAWARE DIVISION OF REVENUE
P.O. BOX 508
WILMINGTON, DE 19899-0508

NET REFUND (LINE 28):
DELAWARE DIVISION OF REVENUE
P.O. BOX 8765
WILMINGTON, DE 19899-8765

ZERO (LINE 28):
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