

2016 R DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

For Fiscal year beginning MM DD YY and ending MM DD YY

Your Social Security No.

Spouse's Social Security No.

Your Last Name Jailbreak First Name and Middle Initial Plotting 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 _____

Form DE2210 If you were a part-year resident in 2016, give the dates you resided in Delaware:

Attached MM DD 2016 MM DD 2016

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

		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	37000 00
2a. If you elect the DELAWARE STANDARD DEDUCTION check here..... <input checked="" type="checkbox"/>			
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..... <input type="checkbox"/>			
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	6500 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 <input type="checkbox"/> Blind <input type="checkbox"/> Column B - if YOU were: 65 or over <input type="checkbox"/> Blind <input type="checkbox"/>	3	00	00
4. TOTAL DEDUCTIONS - Add line 2 & 3 and enter here.....	4	00	6500 00
5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this amount.....	5	00	30500 00
6. Tax Liability from Tax Rate Table/Schedule See Instructions.....	6	Column A	Column B
7. Tax on Lump Sum Distribution (Form 329).....	7		1308
8. TOTAL TAX - Add Lines 6 and 7 and enter here.....>	8	00	1308 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 <u>3</u> x \$110.....	9a	00	330 00
On Line 9a, enter the number of exemptions for: Column A <input type="checkbox"/> Column B <input type="checkbox"/>			
9b. CHECK BOX(ES) 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 9b <u>0</u> x \$110.....	9b	00	0 00
10. Tax imposed by State of _____ (Must attach copy of DE Schedule I and other state return.).....	10	00	00
11. Volunteer Firefighter 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	330 00
16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero).....	16	00	978 00
17. Delaware Tax Withheld (Attach W2s/1099s).....	17	00	00
18. 2016 Estimated Tax Paid & Payments with Extensions....	18	00	00
19. S Corp Payments and Refundable Business Credits.....	19	00	00
20. 2016 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	00
25. AMOUNT OF LINE 23 TO BE APPLIED TO 2017 ESTIMATED TAX ACCOUNT.....ENTER >	25	00	00
26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$400, see estimated tax instructions.....ENTER >	26	00	00
27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9).....PAY IN FULL >	27	00	00
For all other filing statuses, enter Line 22 plus Lines 24 and 26			
28. NET REFUND (For Filing Status 4, see instructions, page 9).....ZERO DUE/TO BE REFUNDED >	28	00	00
For all other filing statuses, subtract Lines 24, 25, and 26 from Line 23			

ATTACH LABEL HERE

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 (+)

- 29. Enter Federal AGI amount from Federal 1040, 1040A or 1040EZ
30. Interest on State & Local obligations other than Delaware
31. Fiduciary adjustment, oil depletion
32. TOTAL - Add Lines 30 and 31
33. Subtotal. Add Lines 29 and 32

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing statuses You or You plus Spouse COLUMN B

Table with 3 columns for line items 29-33, showing values in columns A and B.

SECTION B - SUBTRACTIONS (-)

- 34. Interest received on U.S. Obligations
35. Pension/Retirement Exclusions
36. Delaware State tax refund, fiduciary adjustment, work opportunity tax credit, Delaware NOL carry forward
37. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist.
38. SUBTOTAL. Add Lines 34, 35, 36 and 37, and enter here
39. Subtotal. Subtract Line 38 from Line 33
40. Exclusion for certain persons 60 and over or disabled
41. TOTAL - Add Lines 38 and 40
42. DELAWARE ADJUSTED GROSS INCOME. Subtract line 41 from Line 33.

Table with 3 columns for line items 34-42, showing values in columns A and B.

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 Deduction from Schedule A, Federal Form, Line 29
44. Enter Foreign Taxes Paid
45. Enter Charitable Mileage Deduction
46. SUBTOTAL - Add Lines 43, 44, and 45 and enter here
47a. Enter State Income Tax included in Line 43 above
47b. Enter Form 700 Tax Credit Adjustment
48. TOTAL - Subtract Line 47a and 47b from Line 46.

Table with 3 columns for line items 43-48, showing values in columns A and B.

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 [input field]

b. Type: Checking [input] Savings [input]

c. Account Number [input field]

d. Is this refund going to or through an account that is located outside of the United States? Yes [input] No [input]

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.

Signature and information fields for taxpayer, spouse, and preparer.

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

ALL OTHER RETURNS: 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



Names: []

Social Security Number: []

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.

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing statuses You or You plus Spouse COLUMN B

DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

See the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I.

Enter the credit in HIGHEST to LOWEST amount order.

Table with 6 rows for tax imposed by state and a total row, with columns for state name, amount, and credit.

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

Table with 4 columns: 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 2016, a student, and younger than you (or your spouse, if filing jointly)?

11. Was the child permanently and totally disabled during any part of 2016?

Table with 6 rows for tax amounts and percentages, including Delaware State Income Tax, Federal earned income credit, and Delaware EITC Percentage.

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

Table with 3 columns of contribution options: A-F, G-L, M-Q, each with a description and amount field.

Enter the total Contribution amount here and on Resident Return, Line 24

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

