

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 FILING STATUS (MUST CHECK ONE) 1. Single, Divorced, Widow(er) 3. Married & Filing Separate Forms 5. Head of Household Form DE2210 If you were a part-year resident in 2019, give the dates you resided in Delaware: 2019 2019 2. Joint 4. Married & Filing Combined Separate on this form

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

Column A is for Spouse information, Filing Status 4 only. All other filing statuses use Column B.

Column A Column B

Table with 3 columns: Line Number, Description, and Amount. Includes sections for Delaware Adjusted Gross Income, Deductions, Taxable Income, Credits, and Balance Due. Includes a barcode and ID number DF20119019999.

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

Filing Status 4 ONLY Spouse Information COLUMN A All other filing statuses You or You plus Spouse COLUMN B

SECTION A - ADDITIONS (+)

Table with 4 columns: Line number, Description, Column A, Column B. Includes lines 29-33 for additions.

SECTION B - SUBTRACTIONS (-)

Table with 4 columns: Line number, Description, Column A, Column B. Includes lines 34-42 for subtractions.

SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH DELAWARE 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.

Table with 4 columns: Line number, Description, Column A, Column B. Includes lines 43-48 for itemized deductions.

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.

Form fields for direct deposit information: 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.

Signature and contact information fields: Your Signature, Date, Signature of Paid Preparer, Date, Spouse's Signature, Date, Address, Home Phone, Business Phone, City, State, Zip, E-Mail Address, EIN, SSN or PTIN, Business Phone, E-Mail Address.

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

