DE-8453

DELAWARE INDIVIDUAL INCOME TAX **DECLARATION FOR ELECTRONIC FILING**

DO NOT MAIL!

FOR THE YEAR JANUARY 1 - DECEMBER 31, 2019

| YOUR SOCIAL SECURITY NUMBER | | | SPOUSE'S SOCIAL SECURITY NUMBER | |
|--|---|---|--|--|
| FIRST NAME(S) AND INITIAL(S) | | | LAST NAME | |
| HOME ADDRES | S (NUMBER AND STREET INCLUDING RURAL ROUTE) | | | |
| CITY, TOWN OF | R POST OFFICE, STATE & ZIP CODE | | | |
| DAYTIME TELE | PHONE NUMBER | | | |
| PART 1 | TAX RETURN INF | ORMATION (WI | OLE DOLLARS ONLY) | |
| 1. TOTAL | L DELAWARE ADJUSTED GROSS INCOME (FORM | 200-01, LINE 1 or FOR | M 200-02, LINE 37 | ···· 1. |
| 2. TOTAI | L DELAWARE TAX (FORM 200-01, LINE 8 or FORM | 200-02, LINE 42) | | |
| B. DELA | WARE INCOME TAX WITHHELD (FORM 200-01, LIN | NE 17 or FORM 200-02 | , LINE 48) | 3. |
| I. NET R | REFUND (FORM 200-01, LINE 28 or FORM 200-02, LINE 59) | | | 4. |
| 5. NET B | BALANCE DUE (FORM 200-01, LINE 27 or FORM 20 | 00-02, LINE 58) | | 5. |
| PART 2 | Direct Deposit of | of Refund (Option | al - See instructions.) | |
| . Type of | Account Checking Savings | 7. Rout | ing number | |
| . Account | number | | | |
| . Is this re | efund going to or through an account that is located | I outside of the United S | States? Yes No | |
| PART 3 | DECI | LARATION OF T | AXPAYER | |
| accour I have filed a lar Ir the tax liabili elaware return nder penalties e electronic pu ending my retu nd to the trans ansmitter an a | prize the Division of Revenue and its designated finant indicated in the tax preparation software for payment balance due return, I understand that if the Delaware Ditty and all applicable interest and penalties. If I have file in will be rejected. Is of perjury, I declare that the information I have given nortion of my 2019 Delaware income tax return. To the burn, this declaration, and accompanying schedules and smission of my tax return electronically to the Delaware inchrowledgment of receipt of transmission and an indicing return or refund is delayed, I authorize the IRS to dis | nt of my state taxes owe Division of Revenue does ed a joint Federal and Sta my ERO and the amounts best of my knowledge and statements and the disc. Division of Revenue. I all action of whether or not me acclose to my ERO and/or DATE | d on this return. not receive full and timely payment of my ta te tax return and there is an error on my sta is in Part 1 above agree with the amounts on d belief, my return is true, correct, and comp losure of all information pertaining to my use sto consent to the Delaware Division of Reve try return is accepted, and, if rejected, the rea transmitter the reason(s) for the delay, or wh SPOUSE'S SIGNATURE | x liability, I will remain liable the return, I understand my the corresponding lines of lete. I consent to my ERO e of the system and software, enue sending my ERO and/or ason(s) for the rejection. If the then the refund was sent. DATE |
| ART 4 | DECLARATION OF ELECTRONIC | RETURN ORIG | INATOR (ERO) AND PAID PF | REPARER |
| HAVE OBTAINEL F REVENUE (DI THER REQUIRI ELAWARE INDI ENALTIES OF I | I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THE TAXPAYER'S SIGNATURE ON FORM DE-8453 BEFOIDOR). I HAVE PROVIDED THE TAXPAYER WITH A COPY EMENTS DESCRIBED IN THE "2019 DELAWARE INDIVIVIDUAL INCOME TAX RETURNS" AND ANY REQUIREMEN PERJURY, I DECLARE THAT I HAVE EXAMINED THE ABCE AND BELIEF, THEY ARE TRUE, CORRECT AND COMP | RE SUBMITTING THIS RET 'OF ALL FORMS AND INFO DUAL MEF E-FILE HANDE NTS SPECIFIED BY THE D OVE TAXPAYER'S RETURN | URN TO THE INTERNAL REVENUE SERVICE (IF DRMATION TO BE FILED WITH THE IRS AND I BOOK FOR SOFTWARE DEVELOPERS, TRAN BLAWARE DIVISION OF REVENUE. IF I AM AL II AND ACCOMPANYING SCHEDULES AND ST. | RS) AND THE DELAWARE DIVISION DDOR, AND HAVE FOLLOWED AL ISMITTERS, AND EROS WHO FIL LSO THE PAID PREPARER, UNDE ATEMENTS, AND TO THE BEST O |
| IGN - | ERO'S SIGNATURE | DATE | EIN, SSN, OR PTI | IN. |
| | FIRM'S NAME (OR YOURS IF SELF-EMPLOYED) | | CHECK IF ALSO PREPARER | CHECK IF SELF-EMPLOYED |
| RO | ADDRESS (STREET, CITY, STATE & ZIP CODE) | | | Business phone # |
| | TIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED NOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT, AN | | | S AND STATEMENTS, AND TO THE |
| IGN | | | | |
| IERE | PREPARER'S SIGNATURE | DATE | EIN, SSN, OR PT | TIN . |
| AID RE- | FIRM'S NAME (OR YOURS IF SELF-EMPLOYED) | | | CHECK IF SELF-EMPLOYED |
| ARER | ADDRESS (STREET CITY STATE & ZIP CODE) | | | |