

2020 R

DELAWARE INDIVIDUAL RESIDENT  
INCOME TAX RETURN  
FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

ATTACH LABEL HERE

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

Your Social Security No.

Spouse's Social Security No.

Your Last Name

First Name and Middle Initial Jr., Sr., III, etc.

SMITH

JAMES

Spouse's Last Name

Spouse's First Name, Jr., Sr., III, etc.

SMITH

SUSAN

Present Home Address (Number and Street)

Apt. #

56035 MAIN STREET

City

State

Zip Code

MILLSBORO

DE

19966

Form DE2210 If you were a part-year resident in 2020, give the dates you resided in Delaware:

☐ Attached  
☐ MM DD 2020

MM DD

2020

MM DD

2020

## FILING STATUS (MUST CHECK ONE)

1. ☐ Single, Divorced,  
Widow(er)3. ☐ Married & Filing Separate  
Forms5. ☐ Head of  
Household2. ☒ Joint4. ☐ Married & Filing Combined Separate on this form

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. &gt; 1

00

28932 00

2a. If you elect the DELAWARE STANDARD DEDUCTION check here..... ☒

Filing Statuses 1, 3 &amp; 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

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 ☐ Blind ☐Column B - if YOU were: 65 or over ☐ Blind ☐

3

00

00

4. TOTAL DEDUCTIONS - Add line 2 &amp; 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

22432 00

6. Tax Liability from Tax Rate Table/Schedule

Column A

Column B

See Instructions.....

00

867 00

6

7. Tax on Lump Sum Distribution (Form 329).....

00

7

8. TOTAL TAX - Add Lines 6 and 7 and enter here.....&gt;

8

00

867 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 ..... 4 x \$110.....

On Line 9a, enter the number of exemptions for:

Column A ☐Column B ☐

4

9a

00

440 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 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

867 00

15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 &amp; 14 and enter here .....

15

00

1307 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).....

00

450 00

17

18. Estimated Tax Paid &amp; Payments with Extensions...

00

18

19. S Corp Payments and Refundable Business Credits.

00

19

20. Capital Gains Tax Payments (Attach Form 5403).....

00

20

21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here.....&gt;

21

00

450 00

22. BALANCE DUE. If Line 16 is greater than Line 21, subtract 21 from 16 and enter here.....&gt;

22

00

00

23. OVERPAYMENT. If Line 21 is greater than Line 16, subtract 16 from 21 and enter here.....&gt;

23

00

450 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 2021 ESTIMATED TAX ACCOUNT.....ENTER &gt;

25

00

26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$800, see estimated tax instructions.....ENTER &gt;

26

00

27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9).....PAY IN FULL &gt;

27

00

For all other filing statuses, enter Line 22 plus Lines 24 and 26

NET REFUND (For Filing Status 4, see instructions, page 9).....ZERO DUE/TO BE REFUNDED &gt;

28

450 00

For all other filing statuses, subtract Lines 24, 25, and 26 from Line 23

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.....	29		00	28932	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	0	00
33.	Subtotal. Add Lines 29 and 32 .....	33		00	28932	00

### SECTION B - SUBTRACTIONS (-)

34.	Interest received on U.S. Obligations .....	34		00		00
35.	Pension/Retirement Exclusions <b>(For a definition of eligible income, see instructions on Page 10)</b> .....	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 Page 11) .....	37		00		00
38.	SUBTOTAL. Add Lines 34, 35, 36 and 37, and enter here .....	38		00		0
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		0
42.	DELAWARE ADJUSTED GROSS INCOME. Subtract line 41 from Line 33. Enter here and on Front, Line 1 .....	42		00		28932

**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.

43.	Enter total Itemized Deduction from Delaware Schedule A (PIT-RSA).....	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
47.	Enter Form 700 Tax Credit Adjustment (See instructions on Page 11) .....	47		00		00
48.	TOTAL - Subtract Line 47 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

**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**

