

2020 R

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK 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 Millsboro State DE Zip Code 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

FILING STATUS (MUST CHECK ONE)
1. Single, Divorced, Widow(er)
2. Joint
3. Married & Filing Separate Forms
4. Married & Filing Combined Separate on this form
5. Head of Household

Table with columns: Line Number, Description, Column A, Column B. Includes rows for Delaware Adjusted Gross Income, Deductions, Taxable Income, Total Tax, Personal Credits, Balance Due, and Refund.



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.....
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

29 00 28932 00
30 00 00
31 00 00
32 00 0 00

SECTION B - SUBTRACTIONS (-)

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

34 00 00
35 00 00
36 00 00
37 00 00
38 00 0 00
39 00 00
40 00 00
41 00 0 00
42 00 28932 00

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).....
44. Enter Foreign Taxes Paid (See instructions on Page 11)
45. Enter Charitable Mileage Deduction (See instructions on Page 11)
46. SUBTOTAL - Add Lines 43, 44, and 45 and enter here
47. Enter Form 700 Tax Credit Adjustment (See instructions on Page 11)
48. TOTAL - Subtract Line 47 from Line 46. Enter here and on Front, Line 2 (See instructions)

43 00 00
44 00 00
45 00 00
46 00 00
47 00 00
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 [grid]

b. Type: Checking [] Savings []

c. Account Number [grid]

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 information table with 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

