

**DELAWARE
FORM 200-01-X**

**2020
RESIDENT AMENDED
PERSONAL INCOME TAX RETURN**

DO NOT WRITE OR STAPLE IN THIS AREA

ATTACH LABEL

or Fiscal year beginning _____ and ending _____

Your Social Security No. _____ Spouse's Social Security No. _____

FILING STATUS (MUST CHECK ONE)

1. Single, Divorced, Wid(er) _____ 3. Married & Filing Separate Forms _____ 5. Head of Household _____

2. Joint _____ 4. Married & Filing Combined Separate on this form _____

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

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

From _____ 2020 To _____ 2020

Month _____ Day _____ Month _____ Day _____

Present Home Address (Number and Street) _____ Apt. # _____

City _____ State _____ Zip Code _____

Form DE2210 Attached _____ **Filing Status 4 ONLY** _____ **All other filing statuses** _____

Spouse Information _____ **You OR You plus Spouse** _____

COLUMN A _____ **COLUMN B** _____

COMPLETE ALL SECTIONS OF THIS RETURN. NAMES AND SSN'S MUST MATCH ORIGINAL

		CORRECTED AMOUNTS	
		00	00
1. DELAWARE ADJUSTED GROSS INCOME	1	00	00
2a. If you elect the DELAWARE STANDARD DEDUCTION check here.....			
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			
b. If you elect the DELAWARE ITEMIZED DEDUCTIONS check here.....			
Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 51, in Column B.			
Filing status 4 enter itemized deductions from reverse side, Line 51, in Columns A and B.	2	00	00
3. ADDITIONAL STANDARD DEDUCTIONS			
CHECK BOX(ES) (Not allowed with Itemized Deductions - See Instructions)			
If SPOUSE was 65 or over and/or Blind If YOU were 65 or over and/or Blind	3	00	00
4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here	4	00	00
5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount.....	5	00	00
6. Tax Liability from Tax Rate Table/Schedule	00 6		
7. Tax on Lump Sum Distribution (Form 329)	00 7		
8. TOTAL TAX - Add Lines 6 and 7 and enter here	▶ 8	00	00
9a. Enter number of exemptions claimed on Federal return X \$110.....	9a	00	00
On Line 9a, enter the number of exemptions for: Column A Column B			
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 other state return)	10	00	00
11. Vol. Firefighter Co.# - Spouse (Column A) Self (Column B) . Enter credit amount.....	11	00	00
12. Other Non-Refundable Credits (See Instructions).....	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).....	14	00	00
15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here	15	00	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/1099)	00 17		
18. Estimated Tax Paid & Payments with Extensions	00 18		
19. S Corp Payments & Refundable Business Credits	00 19		
20. Capital Gains Tax Payments	00 20		
21. Amount paid (If any, see instructions)	00 21		
22. TOTAL Refundable Credits. Add Lines 17, 18, 19, 20, and 21 and enter here	▶ 22	00	00
23. Refund Received (if any, see instructions).....	23	00	00
24. Estimated tax carryover and/or Special Funds contributions as shown on original return.....	24	00	00
25. Subtract Lines 23 and 24 from Line 22.....	25	00	00
26. BALANCE DUE. If Line 16 is greater than Line 25, subtract 25 from 16 and enter here	▶ 26	00	00
27. OVERPAYMENT. If Line 25 is greater than Line 16, subtract 16 from 25 and enter here	▶ 27	00	00
28. AMOUNT OF LINE 27 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions).....	ENTER > 28		00
29. PENALTIES AND INTEREST DUE.....	ENTER > 29		00
30. NET BALANCE DUE (Line 26 plus Lines 28 and 29	PAY IN FULL > 30		00
31. NET REFUND (subtract Lines 28 and 29 from Line 27)	ZERO DUE/TO BE REFUNDED > 31		00



STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

REMIT FORM TO: **NET BALANCE DUE (LINE 30):** P.O. BOX 508, WILMINGTON, DE 19899-0508
NET REFUND (LINE 31): P.O. BOX 8710, WILMINGTON, DE 19899-8710
ZERO DUE (LINE 31): P.O. BOX 8711, WILMINGTON, DE 19899-8711



NOTE: IF YOUR ORIGINAL RETURN WAS FILED USING TWO SEPARATE FORMS, YOU MUST FILE TWO SEPARATE AMENDED FORMS

IS AN AMENDED FEDERAL RETURN BEING FILED?..... YES NO

IF NO, PLEASE EXPLAIN. IF THE CHANGES PERTAIN TO THE DE RETURN ONLY, LIST THE LINE NUMBERS BEING AMENDED.

HAS THE DELAWARE DIVISION OF REVENUE ADVISED YOU YOUR ORIGINAL RETURN IS BEING AUDITED?..... YES NO

IS THIS AMENDED RETURN BEING FILED AS A PROTECTIVE CLAIM?..... YES NO

A DETAILED EXPLANATION OF ALL CHANGES MUST BE PROVIDED IN THIS SPACE. ALL SUPPORTING SCHEDULES AND/OR DOCUMENTATION MUST BE ATTACHED

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

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

SECTION A - ADDITIONS(+)

Table with 4 columns: Line number, Description, Column A, Column B. Includes lines 32-36.

SECTION B - SUBTRACTIONS (-)

Table with 4 columns: Line number, Description, Column A, Column B. Includes lines 37-45.

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 46-51.

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 TELEPHONE NUMBER SPOUSE SIGNATURE (If Filing Joint)

SIGNATURE OF PREPARER PREPARER'S EIN OR SSN PREPARER'S PHONE DATE

STREET ADDRESS OF PREPARER CITY STATE ZIP