

For Fiscal year beginning and ending Your Social Security No. Spouse's Social Security No.

ATTACH LABEL HERE

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 2020, give the dates you resided in Delaware:
2020 2020 2. Joint 4. Married & Filing Combined Separate on this form

Attached

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. > 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. 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 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 & 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 Column A Column B 6

See Instructions..... 00 00 7

7. Tax on Lump Sum Distribution (Form 329)..... 00 00 7

8. TOTAL TAX - Add Lines 6 and 7 and enter here..... > 8 00 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 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 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 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/1099s)..... 00 00 17

18. Estimated Tax Paid & Payments with Extensions... 00 00 18

19. S Corp Payments and Refundable Business Credits. 00 00 19

20. Capital Gains Tax Payments (Attach Form 5403).. 00 00 20

21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here..... > 21 00 00

22. BALANCE DUE. If Line 16 is greater than Line 21, subtract 21 from 16 and enter here..... > 22 00 00

23. OVERPAYMENT. If Line 21 is greater than Line 16, subtract 16 from 21 and enter here..... > 23 00 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 > 25 00

26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$800, see estimated tax instructions..... ENTER > 26 00

27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)..... PAY IN FULL > 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 > 28 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.

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

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

SECTION A - ADDITIONS (+)

Table with 4 columns: Line number, Description, Line number, Amount (00)

SECTION B - SUBTRACTIONS (-)

Table with 4 columns: Line number, Description, Line number, Amount (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.

Table with 4 columns: Line number, Description, Line number, Amount (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.

Form with fields: 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.

Form with fields: 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

