

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 Check if FULL-YEAR Non-resident in 2020 FILING STATUS (MUST CHECK ONE) 1. Single, Divorced, Widow(er) 3. Married & Filing Separate Forms 2. Joint 5. Head of Household

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

Table with columns for line number, description, and amount. Includes lines 37-59 for income, deductions, credits, and tax liability.

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

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 Spouse's Signature (if filing joint) Date

X Home Phone: Business Phone: Email Address: Signature of Paid Preparer Date Address of Paid Preparer

X Business Phone Email Address EIN, SSN, or PTIN





DF20320029999

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

Table with 17 rows for Section A, listing various income and adjustment items with corresponding line numbers.

Federal COLUMN 1

Delaware Source Income/Loss COLUMN 2

Table with 17 rows for Section A, showing Federal and Delaware Source Income/Loss values for each line item.

SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+)

Table with 4 rows for Section B, listing Delaware modifications and adjustments.

COLUMN 1

COLUMN 2

Table with 4 rows for Section B, showing Column 1 and Column 2 values for each item.

SECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-)

Table with 10 rows for Section C, listing Delaware modifications and adjustments, including total and modified income calculations.

COLUMN 1

COLUMN 2

Table with 10 rows for Section C, showing Column 1 and Column 2 values for each item.

SECTION D - ITEMIZED DEDUCTIONS (ATTACH DELAWARE SCHEDULE A)

Table with 6 rows for Section D, listing itemized deductions and their adjustments.

COLUMN 1

Table with 6 rows for Section D, showing Column 1 values for each item.

SECTION E - 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.

BALANCE DUE W/PAYMENT ENCLOSED (LINE 58): DELAWARE DIVISION OF REVENUE P.O. BOX 508, WILMINGTON, DE 19899-0508

REFUND (LINE 59): 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. REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN, AND KEEP A COPY OF THE RETURN FOR YOUR RECORDS