

DELAWARE 2 0 2 2 DIVISION OF REVENUE PIT-RES



DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

and ending For Fiscal Year beginning Amended Return Your Taxpayer ID Spouse Taxpayer ID Must include page 3 @ Filing Status (Must ✓ check one) Single, Divorced, Widow(er) 2. loint Married & Filing Separate Forms Suffix Your First Name M.I. Last Name Married & Filing Combined Separate on this form Head of Household Suffix Spouse First Name M.I. Last Name Form PIT-UND Present Home Address (Number and Street) Apartment # If you were a part-year resident in 2022, give the dates you resided in Delaware: City State Zip Code Attached mm-dd-vvvv mm-dd-vvvv Column A is for Spouse information, Filing status 4 only. All other filing status use Column B. 8 **SECTION A - ADDITIONS** COLUMN A **COLUMN B** FEDERAL AGI AMOUNT FROM FEDERAL FORM 1040 .00 .00 1. 1. 1. 2. INTEREST ON STATE & LOCAL OBLIGATIONS OTHER THAN DELAWARE 2. .00 2. .00 3. FIDUCIARY ADJUSTMENT, OIL DEPLETION 00 3 .00 3 4. TOTAL - Add Lines 1 through 3 .00 .00 **SECTION B - SUBTRACTIONS** 5. INTEREST RECEIVED ON U.S. OBLIGATIONS .00 5. .00 5. 6. **PENSION/RETIREMENT EXCLUSIONS** (For a definition of eligible income, see instructions) .00 6. .00 7. DELAWARE STATE TAX REFUND, FIDUCIARY ADJUSTMENT, WORK OPPORTUNITY TAX CREDIT, DELAWARE NOL CARRYFORWARD, ETC. (See instructions) 7. OΩ 7. .00 TAXABLE SOCIAL SECURITY/RR RETIREMENT BENEFITS/HIGHER EDUCATION 8a. **EXCLUSION/CERTAIN LUMP SUM DISTRIBUTIONS** (See instructions) 8a. .00 8a. .00 529 CONTRIBUTION TO DELAWARE-SPONSORED TUITION PROGRAM OR ABLE PROGRAM 8b. 8b. .00 8b. .00 9. Add Lines 5 through 8b 9. .00 9. .00 Subtract Line 9 from Line 4 10 00 10. 00 10 **EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED** (See instructions) 11. 11. .00 11. .00 **DELAWARE ADJUSTED GROSS INCOME. Subtract** Line 11 from Line 10. Enter here. 12. 12. 00 12. .00 **SECTION C - DEDUCTIONS** If columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income. TOTAL ITEMIZED DEDUCTIONS FROM DELAWARE SCHEDULE A (Must attach PIT-RSA) 13. 13. .00 .00 13. FOREIGN TAXES PAID (See instructions) 14. .00 14. .00 14. **CHARITABLE MILEAGE DEDUCTION** (See instructions) 15. .00 .00 15. 15. 16. SUBTOTAL - Add Line 13 through Line 15 16. .00 16. .00 FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions) 17. .00 17. .00 17. 18. NET ITEMIZED DEDUCTIONS - Subtract Line 17 from Line 16. Enter here and on Line 19 (See instructions) .00 .00 If you elect the DELAWARE STANDARD DEDUCTION check here If you elect DELAWARE ITEMIZED DEDUCTIONS check here 19. Filing Statuses 1, 3, & 5 enter \$3250 in Column B; Filing Statuses 1, 2, 3, and 5, enter itemized deductions from Line 18 in Column B; Filing Status 2 enter \$6500 in Column B; Filing Status 4 enter itemized deductions from Line 18 in Columns A and B Filing Status 4 enter \$3250 in Column A and in Column B 19. .00 19. 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 20. .00 20. .00 TOTAL DEDUCTIONS - Add Line 19 and Line 20 and enter here. 21. .00 21. .00 21. **SECTION D - CALCULATIONS** TAXABLE INCOME - Subtract Line 21 from Line 12, and compute tax on this amount 22. .00 22. .00 22. 23. TAX LIABILITY FROM TAX RATE TABLE/SCHEDULE (See instructions) 23. .00 23. .00 TAX ON LUMP SUM DISTRIBUTION (Form PIT-STC) 24. OΩ







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Colu	ımn A is for Spouse information, Filing status 4 only. All other filing status use Column B.		COLUMN A	COLUMN B				
25.	TOTAL TAX - Add Line 23 and Line 24	25.	.00 25.	.00				
26a.	PERSONAL CREDITS If you are Filing Status 3, see instructions. If you use Filing Status 4	. enter the						
	Enter number of exemptions x \$110 total for each appropriate column. All others enter total in Column							
	On Line 26a, enter the number of exemptions for: Column A Column B	26a.	.00 26a.	.00				
26b.	CHECK BOXES Spouse 60 or over (Column A) Self 60 or over (Column B)							
	Enter number of boxes checked on Line 26b x \$110	26b.	.00 26b.	.00				
27.	TAX IMPOSED BY OTHER STATES (Must attach copy of PIT-RSS and other state return.)	27.	.00 27.	.00				
28.	VOLUNTEER FIREFIGHTER CO. # Spouse (Column A) Self (Column B) Enter Co.	redit amount 28.	.00 28.	.00				
29.	OTHER NON-REFUNDABLE CREDITS (See instructions)	29.	.00 29.	.00				
30.	CHILD CARE CREDIT. Must attach Form 2441. (Enter 50% of Federal credit)	30.	.00 30.	.00				
31.	TOTAL NON-REFUNDABLE CREDITS (See instructions)	31.	.00 31.	.00				
32.	BALANCE - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0.	32.	.00 32.	.00				
33.	EARNED INCOME TAX CREDIT. REFUNDABLE NON-REFUNDABLE (See instr	ructions) 33.	.00 33.	.00				
34.	DELAWARE TAX WITHHELD (Attach W2s/1099s)	34.	.00 34.	.00				
35.	ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	35.	.00 35.	.00				
36.	S CORP PAYMENTS	36.	.00 36.	.00				
37.	REFUNDABLE BUSINESS CREDITS	37.	.00 37.	.00				
38.	CAPITAL GAINS TAX PAYMENTS (Attach Form REW-EST)	38.	.00 38.	.00				
39.	TOTAL REFUNDABLE CREDITS For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see inst	ructions) 39.	.00 39.	.00				
40.	BALANCE DUE If Line 33 plus Line 39 is less than or equal to Line 32, Subtract the sum of Line 33 and Line 39 from Line 32.	40.	.00 40.	.00				
41.	OVERPAYMENT If Line 33 plus Line 39 is greater than Line 32, Subtract Line 32 from the sum of Line 33 and Line 39.	41.	.00 41.	.00				
42.	CONTRIBUTIONS TO SPECIAL FUNDS. If electing a contribution, complete and attach PIT-RS	SS.	42.	.00				
43.	3. AMOUNT OF LINE 41 TO BE APPLIED TO 2023 ESTIMATED TAX ACCOUNT 43.							
44.	PENALTIES AND INTEREST DUE. If Line 40 is greater than \$800, see estimated tax instruction	ons	44.	.00				
45.	NET BALANCE DUE. For Filing Status 4, see instructions. For all other filing statuses Add Line 40, Line 42, and Line 44.		45.	.00				
46.	NET REFUND. For Filing Status 4, see instructions. For all other filing statuses, Subtract Line 42, Line 43, and Line 44 from Line	e 41.	46.	.00				
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\$==	SECTION E - DIRECT DEPOSIT INFORMATION If you would like your refund deposited direct	y to your checking or savings acco	unt, complete Section E below. See					
AC	COUNT TYPE ROUTING NUMBER ACCOUNT NUMBER			Is this refund going to or through an account that is				
-	CHECKING		located outside of the United					
SAVINGS States? YES NO								
				YES NO				
	DMV STATE ID #							
	DINIV STATE ID #							
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.								
- V	DUR SIGNATURE	ARER SIGNATURE		—————————————————————————————————————				
<u></u> 1	ADDRESS	ARER SIGNATURE		⊞ DATE				
	ADDICESS							
	POUSE SIGNATURE		STATE ZIP	CODE				
<u>₩</u> 3	COSE SIGNATIONE EDATE CITY		JIAIL ZIF	CODE				
∟ Ω	OME PHONE NUMBER & BUSINESS PHONE NUMBER EIN, SSN or	PTIN	∂ PHONE NUMBER					
Ø HOME PHONE NUMBER Ø BUSINESS PHONE NUMBER EIN, SSN or PTIN			₩ FITONE NOWBER					
@ [MAIL ADDRESS @ EMAIL ADD	DECC						
ω E1	WEMAIL ADD	NL33						

BALANCE DUE WITH
PAYMENT ENCLOSED (LINE 45)
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 508, Wilmington, DE 19899-0508
Make check payable to: Delaware Division of Revenue

REFUND (LINE 46)
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 8710
Wilmington, DE 19899-8710









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FOR AMENDED RETURNS ONLY			COLUMN A			COLUMN B	
47.	TOTAL REFUNDABLE CREDITS - Add Line 39 and any EITC on Line 33.	47.		00	47.		.00
48.	AMOUNT PAID ON ORIGINAL RETURN	48.		00	48.		.00
49.	SUBTOTAL. Add Lines 47 and 48.	49.		00	49.		.00
50.	REFUND RECEIVED (If any, see instructions)	50.		00	50.		.00
51.	Estimated tax carryover and/or Special Funds contributions as shown on original return	51.		00	51.		.00
52.	Subtract Line 50 and Line 51 from Line 49.	52.		00	52.		.00
53.	BALANCE DUE. If Line 32 is greater than Line 52, Subtract 52 from 32.	53.		00	53.		.00
54.	OVERPAYMENT. If Line 52 is greater than Line 32, Subtract 32 from 52.	54.		00	54.		.00
55.	AMOUNT OF LINE 54 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See instruction	ns)			55.		.00
56.	PENALTIES AND INTEREST DUE				56.		.00
57.	NET BALANCE DUE For Filing Status 4, see instructions. For all other filing statuses Add Line 53, Line 55, and Line 56.				57.		.00
58.	NET REFUND For Filing Status 4, see instructions. For all other filing statuses, Subtract Line 55 and Line 56 from Line 54.				58.		.00
59.	Is an amended Federal return being filed? If no, please explain. If the changes pertain to the DE return only, list the line numbers being	g ameno	ded.	Y	es	No	
60.	Has the Delaware Division of Revenue advised you your original return is being audit	042	_		es	No	
61.	Is this amended return being filed as a protective claim?	cu:		_	es	No	
01.	A detailed explanation of all changes must be provided in this space. All supporting schedul	es and/	or documentation must			_	
	A detailed explaination of all changes mast be provided in this space. All supporting seriedal	cs arran	or documentation mast	DC U	ctacric	.u. 🗸	







