





# DELAWARE 2024

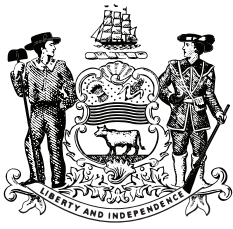
DIVISION OF REVENUE F O R M PIT-RES

## DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



NAME \_\_\_\_\_ TAXPAYER ID \_\_\_\_\_

	COLUMN A		COLUMN B	
<p><b>Column A is for Spouse information, Filing status 4 only. All other filing status use Column B.</b></p>				
<p><b>20. If you elect the DELAWARE STANDARD DEDUCTION check here</b></p> <p>a. <input type="checkbox"/> Filing Statuses 1, 3, &amp; 5 enter \$3250 in Column B;  <input type="checkbox"/> Filing Status 2 enter \$6500 in Column B;  <input type="checkbox"/> Filing Status 4 enter \$3250 in Column A and in Column B</p>				
<p style="text-align: center;"><b>If you elect DELAWARE ITEMIZED DEDUCTIONS check here</b></p>				
<p>b. <input type="checkbox"/> Filing Statuses 1, 2, 3, and 5, enter itemized deductions from Line 19 in Column B;  <input type="checkbox"/> Filing Status 4 enter itemized deductions from Line 19 in Columns A and B</p>				
	20.	.00	20.	.00
<p><b>21. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions)</b> (See instructions)</p> <p><b>Multiply</b> 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.</p> <p><b>Column A</b> - if Spouse was: 65 or over <input type="checkbox"/> blind <input type="checkbox"/> <b>Column B</b> - if You were: 65 or over <input type="checkbox"/> blind <input type="checkbox"/></p>				
	21.	.00	21.	.00
<p><b>22. TOTAL DEDUCTIONS</b> - Add Line 20 and Line 21 and enter here.</p>				
	22.	.00	22.	.00
<p><b>SECTION D - CALCULATIONS</b></p>				
<p><b>23. TAXABLE INCOME</b> - Subtract Line 22 from Line 12, and compute tax on this amount</p>				
	23.	.00	23.	.00
<p><b>24. TAX LIABILITY FROM TAX RATE TABLE/SCHEDULE</b> (See instructions)</p>				
	24.	.00	24.	.00
<p><b>25. TAX ON LUMP SUM DISTRIBUTION</b> (Form PIT-STC)</p>				
	25.	.00	25.	.00
<p><b>26. TOTAL TAX</b> - Add Line 24 and Line 25</p>				
	26.	.00	26.	.00
<p><b>27a. PERSONAL CREDITS</b></p> <p>Enter number of exemptions <input type="checkbox"/> x \$110 <span style="float: right;">If you are Filing Status 3, see instructions. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.</span></p> <p>On Line 27a, enter the number of exemptions for: Column A <input type="checkbox"/> Column B <input type="checkbox"/></p>				
	27a.	.00	27a.	.00
<p><b>27b. CHECK BOXES</b> Spouse 60 or over (Column A) <input type="checkbox"/> Self 60 or over (Column B) <input type="checkbox"/></p> <p>Enter number of boxes checked on Line 27b <input type="checkbox"/> x \$110</p>				
	27b.	.00	27b.	.00
<p><b>28. TAX IMPOSED BY OTHER STATES</b> (Must attach copy of PIT-RSS and other state return.)</p>				
	28.	.00	28.	.00
<p><b>29. VOLUNTEER FIREFIGHTER CO. #</b> Spouse (Column A) <input type="checkbox"/> Self (Column B) <input type="checkbox"/> Enter credit amount</p>				
	29.	.00	29.	.00
<p><b>30. OTHER NON-REFUNDABLE CREDITS</b> (See instructions)</p>				
	30.	.00	30.	.00
<p><b>31. CHILD CARE CREDIT.</b> Must attach Form 2441. (Enter 50% of Federal credit)</p>				
	31.	.00	31.	.00
<p><b>32. TOTAL NON-REFUNDABLE CREDITS</b> - Add Line 27a through Line 31</p>				
	32.	.00	32.	.00
<p><b>33. BALANCE</b> - Subtract Line 32 from Line 26. If Line 32 is <b>greater</b> than Line 26, enter 0.</p>				
	33.	.00	33.	.00
<p><b>34. EARNED INCOME TAX CREDIT.</b> <input type="checkbox"/> REFUNDABLE <input type="checkbox"/> NON-REFUNDABLE (See instructions)</p>				
	34.	.00	34.	.00
<p><b>35. DELAWARE TAX WITHHELD</b> (Attach W2s/1099s)</p>				
	35.	.00	35.	.00
<p><b>36. ESTIMATED TAX PAID &amp; PAYMENTS WITH EXTENSIONS</b></p>				
	36.	.00	36.	.00
<p><b>37. S CORP PAYMENTS</b></p>				
	37.	.00	37.	.00
<p><b>38. REFUNDABLE BUSINESS CREDITS</b></p>				
	38.	.00	38.	.00
<p><b>39. CAPITAL GAINS TAX PAYMENTS</b> (Attach Form REW-EST)</p>				
	39.	.00	39.	.00
<p><b>40. TOTAL REFUNDABLE CREDITS</b> For amended return, enter Line 40 then proceed to Line 48 on page 3 (All else, see instructions)</p>				
	40.	.00	40.	.00



# DELAWARE 2024

DIVISION OF REVENUE F O R M PIT-RES

## DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



NAME \_\_\_\_\_ TAXPAYER ID \_\_\_\_\_

**Column A is for Spouse information, Filing status 4 only. All other filing status use Column B.**

	COLUMN A	COLUMN B
41. <b>BALANCE DUE</b> If Line 34 plus Line 40 is less than or equal to Line 33, <b>Subtract</b> the sum of Line 34 and Line 40 from Line 33.	41. _____ .00	41. _____ .00
42. <b>OVERPAYMENT</b> If Line 34 plus Line 40 is greater than Line 33, <b>Subtract</b> Line 33 from the sum of Line 34 and Line 40.	42. _____ .00	42. _____ .00
43. <b>CONTRIBUTIONS TO SPECIAL FUNDS.</b> If electing a contribution, complete and attach PIT-RSS.		43. _____ .00
44. <b>AMOUNT OF LINE 42 TO BE APPLIED TO 2025 ESTIMATED TAX ACCOUNT</b>		44. _____ .00
45. <b>PENALTIES AND INTEREST DUE.</b> If Line 41 is greater than \$800, see estimated tax instructions		45. _____ .00
46. <b>NET BALANCE DUE.</b> For Filing Status 4, see instructions. For all other filing statuses <b>Add</b> Line 41, Line 43, and Line 45.		46. _____ .00
47. <b>NET REFUND.</b> For Filing Status 4, see instructions. For all other filing statuses, <b>Subtract</b> Line 43, Line 44, and Line 45 from Line 42.		47. _____ .00

**SECTION E - DIRECT DEPOSIT INFORMATION**

If you would like your refund deposited directly to your checking or savings account, complete Section E below. See instructions for details.

<p><b>ACCOUNT TYPE</b></p> <p><input type="checkbox"/> CHECKING</p> <p><input type="checkbox"/> SAVINGS</p>	<p><b>ROUTING NUMBER</b></p> <p>_____</p>	<p><b>ACCOUNT NUMBER</b></p> <p>_____</p>	<p>Is this refund going to or through an account that is located outside of the United States?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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DMV 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.

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ BUSINESS PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**PAID PREPARER INFORMATION**

PAID PREPARER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EIN, SSN or PTIN \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

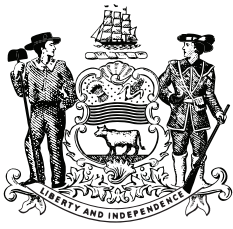
EMAIL ADDRESS \_\_\_\_\_

**BALANCE DUE WITH PAYMENT ENCLOSED (LINE 46)**  
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 47)**  
MAIL COMPLETED FORM TO:  
Delaware Division of Revenue  
PO Box 8710  
Wilmington, DE 19899-8710

**ALL OTHER RETURNS**  
MAIL COMPLETED FORM TO:  
Delaware Division of Revenue  
PO Box 8711  
Wilmington, DE 19899-8711

**PLEASE REMEMBER TO ATTACH W-2, 1099-R AND APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN**



# DELAWARE 2024

DIVISION OF REVENUE F O R M  
PIT-RES

## DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



NAME \_\_\_\_\_ TAXPAYER ID \_\_\_\_\_

	COLUMN A		COLUMN B	
<b>FOR AMENDED RETURNS ONLY</b>				
48. <b>TOTAL REFUNDABLE CREDITS</b> - Add Line 40 and any EITC on Line 34.	48.	.00	48.	.00
49. <b>AMOUNT PAID ON ORIGINAL RETURN</b>	49.	.00	49.	.00
50. <b>SUBTOTAL.</b> Add Lines 48 and 49.	50.	.00	50.	.00
51. <b>REFUND RECEIVED</b> (If any, see instructions)	51.	.00	51.	.00
52. Estimated tax carryover and/or Special Funds contributions as shown on original return	52.	.00	52.	.00
53. <b>Subtract</b> Line 51 and Line 52 from Line 50.	53.	.00	53.	.00
54. <b>BALANCE DUE.</b> If Line 33 is greater than Line 53, Subtract 53 from 33.	54.	.00	54.	.00
55. <b>OVERPAYMENT.</b> If Line 53 is greater than Line 33, Subtract 33 from 53.	55.	.00	55.	.00
56. <b>AMOUNT OF LINE 55 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT</b> (See instructions)			56.	.00
57. <b>PENALTIES AND INTEREST DUE</b>			57.	.00
58. <b>NET BALANCE DUE</b> For Filing Status 4, see instructions. For all other filing statuses <b>Add</b> Line 54, Line 56, and Line 57.			58.	.00
59. <b>NET REFUND</b> For Filing Status 4, see instructions. For all other filing statuses, <b>Subtract</b> Line 56 and Line 57 from Line 55.			59.	.00

60. **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.

61. **Has the Delaware Division of Revenue advised you your original return is being audited?**  Yes  No  
 62. **Is this amended return being filed as a protective claim?**  Yes  No

**NET BALANCE DUE WITH PAYMENT ENCLOSED (LINE 58)**  
**MAIL COMPLETED FORM TO:**  
 Delaware Division of Revenue  
 PO Box 508, Wilmington, DE 19899-0508  
 Make check payable to: Delaware Division of Revenue

**NET REFUND (LINE 59)**  
**MAIL COMPLETED FORM TO:**  
 Delaware Division of Revenue  
 PO Box 8710  
 Wilmington, DE 19899-8710

**ALL OTHER RETURNS**  
**MAIL COMPLETED FORM TO:**  
 Delaware Division of Revenue  
 PO Box 8711  
 Wilmington, DE 19899-8711

**PLEASE REMEMBER TO ATTACH W-2, 1099-R AND APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN** @