



DELAWARE 2024

DIVISION OF REVENUE PIT-RES

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



For Fiscal Year beginning and ending

Amended Return
Must include page 4

Your Taxpayer ID

Spouse Taxpayer ID

Your First Name M.I. Last Name Suffix

Spouse First Name M.I. Last Name Suffix

Present Home Address (Number and Street) Apartment #

City State Zip Code

Filing Status (Must check one)

1. Single, Divorced, Widow(er) 2. Joint 3. Married & Filing Separate Forms

4. Married & Filing Combined Separate on this form 5. Head of Household

Form PIT-UND Attached

Claimed as Dependant on someone else's return

If you were a part-year resident in 2024, give the dates you resided in Delaware:

mm-dd-yyyy mm-dd-yyyy

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

	COLUMN A	COLUMN B
SECTION A - ADDITIONS		
1. FEDERAL AGI AMOUNT FROM FEDERAL FORM 1040	1. \$.00	1. \$.00
2. INTEREST ON STATE & LOCAL OBLIGATIONS OTHER THAN DELAWARE	2. \$.00	2. \$.00
3. FIDUCIARY ADJUSTMENT, OIL DEPLETION	3. \$.00	3. \$.00
4. TOTAL - Add Lines 1 through 3	4. \$.00	4. \$.00
SECTION B - SUBTRACTIONS		
5. INTEREST RECEIVED ON U.S. OBLIGATIONS	5. \$.00	5. \$.00
6. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)		
Column A if Spouse had a Military Pension <input type="checkbox"/> Column B if You had a Military Pension <input type="checkbox"/>	6. \$.00	6. \$.00
7. DELAWARE STATE TAX REFUND, FIDUCIARY ADJUSTMENT, WORK OPPORTUNITY TAX CREDIT, DELAWARE NOL CARRYFORWARD, ETC. (See instructions)	7. \$.00	7. \$.00
8a. TAXABLE SOCIAL SECURITY/RR RETIREMENT BENEFITS/HIGHER EDUCATION EXCLUSION/CERTAIN LUMP SUM DISTRIBUTIONS (See instructions)	8a. \$.00	8a. \$.00
8b. 529 CONTRIBUTION TO DELAWARE-SPONSORED TUITION PROGRAM OR ABLE PROGRAM		
Column A if Spouse 529 <input type="checkbox"/> ABLE <input type="checkbox"/> Column B if You 529 <input type="checkbox"/> ABLE <input type="checkbox"/>	8b. \$.00	8b. \$.00
9. Add Lines 5 through 8b	9. \$.00	9. \$.00
10. Subtract Line 9 from Line 4	10. \$.00	10. \$.00
11. EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)	11. \$.00	11. \$.00
12. DELAWARE ADJUSTED GROSS INCOME. Subtract Line 11 from Line 10. Enter here.	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.)		
13. TOTAL ITEMIZED DEDUCTIONS FROM DELAWARE SCHEDULE A (Must attach PIT-RSA)	13. \$.00	13. \$.00
14. FOREIGN TAXES PAID (See instructions)	14. \$.00	14. \$.00
15. CHARITABLE MILEAGE DEDUCTION (See instructions)	15. \$.00	15. \$.00
16. ACTIVE LABOR ORGANIZATION DUES (See instructions)	16. \$.00	16. \$.00
17. SUBTOTAL - Add Line 13 through Line 16	17. \$.00	17. \$.00
18. FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	18. \$.00	18. \$.00
19. NET ITEMIZED DEDUCTIONS - Subtract Line 18 from Line 17. Enter here and on Line 20 (See instructions)	19. \$.00	19. \$.00



DELAWARE 2024

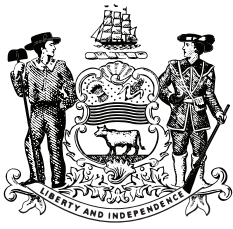
DIVISION OF REVENUE F O R M PIT-RES

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



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NAME TAXPAYER ID

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

ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

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

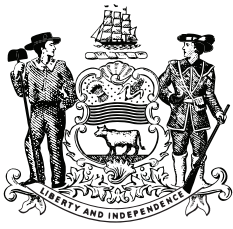
PAID PREPARER SIGNATURE _____ DATE _____
 ADDRESS
 CITY _____ STATE _____ ZIP CODE _____
 EIN, SSN or PTIN _____ PHONE NUMBER _____
 EMAIL ADDRESS

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



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NAME **TAXPAYER ID**

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

A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached. 📎

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 📎