Prepare For Print | Reset | TY25-PIT-RES-FF-MNY_01

DELAWARE 2025 FORM
DIVISION OF REVENUE PIT-RES

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

For Fiscal Year beginning 09-01-2024 and ending 08-31-2025

☐ Amended Return
Must include page 4

Your Taxpayer ID

Spouse Taxpayer ID

Filing Status (Must ✔ check one)

1. [X] Single, Divorced, Widow(er) 2. [ ] Joint 3. [ ] Married & Filing Separate Forms
4. [ ] Married & Filing Combined Separate on this form 5. [ ] Head of Household

Your First Name	M.I.	Last Name	Suffix
SOPHIA		MITCHELL	

Spouse First Name	M.I.	Last Name	Suffix

Present Home Address (Number and Street) | Apartment #
2500 W 4TH ST

City	State	Zip Code
WILMINGTON	DE	19805

[X] Form PIT-UND Attached

[X] Claimed as Dependant on someone else's return

If you were a part-year resident in 2025, give the dates you resided in Delaware:
01-01-2025 (mm-dd-yyyy) to 08-15-2025 (mm-dd-yyyy)

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

	SECTION A - ADDITIONS		COLUMN A		COLUMN B
1.	FEDERAL AGI AMOUNT FROM FEDERAL FORM 1040	1.	$ .00	1.	$ 78415 .00
2.	INTEREST ON STATE & LOCAL OBLIGATIONS OTHER THAN DELAWARE	2.	$ .00	2.	$ 402 .00
3.	FIDUCIARY ADJUSTMENT, OIL DEPLETION	3.	$ .00	3.	$ 403 .00
4.	**TOTAL** - Add Lines 1 through 3	4.	$ .00	4.	$ 79220 .00
	SECTION B - SUBTRACTIONS				
5.	INTEREST RECEIVED ON U.S. OBLIGATIONS	5.	$ .00	5.	$ 405 .00
6.	**PENSION/RETIREMENT EXCLUSIONS** (For a definition of eligible income, see instructions) **Column A** if Spouse had a Military Pension [ ] **Column B** if You had a Military Pension [X]	6.	$ .00	6.	$ 6106 .00
7.	**DELAWARE STATE TAX REFUND, FIDUCIARY ADJUSTMENT, WORK OPPORTUNITY TAX CREDIT, DELAWARE NOL CARRYFORWARD, ETC.** (See instructions)	7.	$ .00	7.	$ 407 .00
8a.	**TAXABLE SOCIAL SECURITY/RR RETIREMENT BENEFITS/HIGHER EDUCATION EXCLUSION/CERTAIN LUMP SUM DISTRIBUTIONS** (See instructions)	8a.	$ .00	8a.	$ 408 .00
8b.	**529 CONTRIBUTION TO DELAWARE-SPONSORED TUITION PROGRAM OR ABLE PROGRAM** **Column A** if Spouse 529 [ ] ABLE [ ] **Column B** if You 529 [X] ABLE [X]	8b.	$ .00	8b.	$ 3108 .00
9.	Add Lines 5 through 8b	9.	$ .00	9.	$ 10434 .00
10.	Subtract Line 9 from Line 4	10.	$ .00	10.	$ 68786 .00
11.	**EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED** (See instructions)	11.	$ .00	11.	$ 2000 .00
12.	**DELAWARE ADJUSTED GROSS INCOME. Subtract** Line 11 from Line 10. Enter here.	12.	$ .00	12.	$ 66786 .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.	$ 25529 .00
14.	**FOREIGN TAXES PAID** (See instructions)	14.	$ .00	14.	$ 1400 .00
15.	**CHARITABLE MILEAGE DEDUCTION** (See instructions)	15.	$ .00	15.	$ 1500 .00
16.	**ACTIVE LABOR ORGANIZATION DUES** (See instructions)	16.	$ .00	16.	$ 1600 .00
17.	**SUBTOTAL** - Add Line 13 through Line 16	17.	$ .00	17.	$ 30029 .00
18.	**FORM PIT-CRS TAX CREDIT ADJUSTMENT** (See instructions)	18.	$ .00	18.	$ 1800 .00
19.	**NET ITEMIZED DEDUCTIONS - Subtract** Line 18 from Line 17. Enter here and on Line 20 (See instructions)	19.	$ .00	19.	$ 28229 .00

DELAWARE 2025 FORM PIT-RES

DIVISION OF REVENUE

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

TY25-PIT-RES-FF-MNY_

NAME SOPHIA MITCHELL | 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. ☐ 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. **If you elect DELAWARE ITEMIZED DEDUCTIONS check here** b. ☒ Filing Statuses 1, 2, 3, and 5, enter itemized deductions from Line 19 in Column B; Filing Status 4 enter itemized deductions from Line 19 in Columns A and B	20. $ .00	20. $ 28229 .00
21.	**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 ☐	21. $ .00	21. $ .00
22.	**TOTAL DEDUCTIONS** - Add Line 20 and Line 21 and enter here.	22. $ .00	22. $ 28229 .00
	SECTION D - CALCULATIONS		
23.	**TAXABLE INCOME** - Subtract Line 22 from Line 12, and compute tax on this amount	23. $ .00	23. $ 38557 .00
24.	**TAX LIABILITY FROM TAX RATE TABLE/SCHEDULE** (See instructions)	24. $ .00	24. $ 8424 .00
25.	**TAX ON LUMP SUM DISTRIBUTION** (Form PIT-STC)	25. $ .00	25. $ 125 .00
26.	**TOTAL TAX** - Add Line 24 and Line 25	26. $ .00	26. $ 8549 .00
27a.	**PERSONAL CREDITS** Enter number of exemptions 1 x $110. 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 ☐ Column B 1	27a. $ .00	27a. $ 110 .00
27b.	**CHECK BOXES** Spouse 60 or over (Column A) ☐ Self 60 or over (Column B) ☒ Enter number of boxes checked on Line 27b 1 x $110	27b. $ .00	27b. $ 110 .00
28.	**TAX IMPOSED BY OTHER STATES** (Must attach copy of PIT-RSS and other state return.)	28. $ .00	28. $ 565 .00
29.	**VOLUNTEER FIREFIGHTER CO. #** Spouse (Column A) ☐ Self (Column B) 123 Enter credit amount	29. $ .00	29. $ 129 .00
30.	**OTHER NON-REFUNDABLE CREDITS** (See instructions)	30. $ .00	30. $ 301 .00
31.	**CHILD CARE CREDIT**. Must attach Form 2441. (Enter **50%** of Federal credit)	31. $ .00	31. $ 311 .00
32.	**TOTAL NON-REFUNDABLE CREDITS** - Add Line 27a through Line 31 (See instructions)	32. $ .00	32. $ 1476 .00
33.	**BALANCE** - Subtract Line 32 from Line 26. If Line 32 is **greater** than Line 26, enter 0.	33. $ .00	33. $ 7073 .00
34.	**EARNED INCOME TAX CREDIT**. ☒ **REFUNDABLE** ☐ **NON-REFUNDABLE** (See instructions)	34. $ .00	34. $ 340 .00
35.	**DELAWARE TAX WITHHELD** (Attach W2s/1099s)	35. $ .00	35. $ 350 .00
36.	**ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS**	36. $ .00	36. $ 360 .00
37.	**S CORP PAYMENTS**	37. $ .00	37. $ 370 .00
38.	**REFUNDABLE BUSINESS CREDITS**	38. $ .00	38. $ 380 .00
39.	**CAPITAL GAINS TAX PAYMENTS** (Attach Form REW-EST)	39. $ .00	39. $ 390 .00
40.	**TOTAL REFUNDABLE CREDITS** For amended return, enter Line 40 then proceed to Line 48 on page 4 (All else, see instructions)	40. $ .00	40. $ 2190 .00

DELAWARE 2025 FORM
DIVISION OF REVENUE PIT-RES

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

TY25-PIT-RES-FF-MNY_

NAME SOPHIA MITCHELL

TAXPAYER ID

	Column A is for Spouse information, Filing status 4 only. All other filing status use Column B.		COLUMN A		COLUMN B
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.	$ 4543 .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.	$ 0 .00
43.	**CONTRIBUTIONS TO SPECIAL FUNDS.** If electing a contribution, complete and attach Form PIT-RSS.			43.	$ 1155 .00
44.	**AMOUNT OF LINE 42 TO BE APPLIED TO 2026 ESTIMATED TAX ACCOUNT**			44.	$ 200 .00
45.	**PENALTIES AND INTEREST DUE.** If Line 41 is **greater** than $800, see estimated tax instructions			45.	$ 50 .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.	$ 5948 .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
- [ ] CHECKING
- [ ] SAVINGS

ROUTING NUMBER

ACCOUNT NUMBER

Is this refund going to or through an account that is located outside of the United States?
- [ ] YES
- [X] NO

DMV STATE ID # 74185296374125896333214569 87

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 01-31-2026

SPOUSE SIGNATURE — DATE

HOME PHONE NUMBER 3025451252

BUSINESS PHONE NUMBER 3024748574

EMAIL ADDRESS TEST@BOX.COM

PAID PREPARER INFORMATION

PAID PREPARER SIGNATURE — DATE 01-31-2026

ADDRESS 820 N FRENCH ST

CITY WILMINGTON STATE PA ZIP CODE 19801

EIN, SSN or PTIN 741852963

PHONE NUMBER 3027711234

EMAIL ADDRESS PPT@TEST.COM

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 2025 FORM
DIVISION OF REVENUE PIT-RES

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

NAME	SOPHIA MITCHELL	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** Line 53 from Line 33.	54. $ .00	54. $ .00
55.	**OVERPAYMENT.** If Line 53 is **greater** than Line 33, **Subtract** Line 33 from Line 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

DELAWARE 2025 FORM PIT-RSS

DIVISION OF REVENUE

DELAWARE RESIDENT SCHEDULES

Prepare For Print | Reset

NAME | TAXPAYER ID

Columns: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See instructions for worksheet.) Taxpayers using filing statuses 1,2,3, or 5 are to complete Column B only.

DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

Enter the credit in the highest to lowest amount order.

See the instructions and complete the worksheet prior to completing DE Schedule I.

				Filing Status 4 ONLY Spouse Information COLUMN A	All other filing statuses You or You plus Spouse COLUMN B
1.	Tax imposed by State of	PA	(Enter 2 character state name)	1. $ .00	1. $ 111 .00
2.	Tax imposed by State of	MD	(Enter 2 character state name)	2. $ .00	2. $ 112 .00
3.	Tax imposed by State of	VA	(Enter 2 character state name)	3. $ .00	3. $ 113 .00
4.	Tax imposed by State of	NJ	(Enter 2 character state name)	4. $ .00	4. $ 114 .00
5.	Tax imposed by State of	CA	(Enter 2 character state name)	5. $ .00	5. $ 115 .00
6.	Enter the total here and on Form PIT-RES Page 2, Line 28. **You must attach a copy of the other state return(s) with your Delaware tax return**			6. $ .00	6. $ 565 .00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

QUALIFYING CHILD INFORMATION

7a. CHILD'S FIRST NAME	7b. CHILD'S LAST NAME	8. CHILD'S SSN	9. CHILD'S DATE OF BIRTH
WENDY	MITCHELL	321-32-1231	01-31-2001
KATHY	MITCHELL	321-32-1232	08-02-2003
KATIE	MORRELL	321-32-1233	10-31-2010

		CHILD 1	CHILD 2	CHILD 3
10.	Was the child under age 24 at the end of 2025, a student, and younger than you (or your spouse, if filing jointly)?	Yes [X] No [ ]	Yes [X] No [ ]	Yes [X] No [ ]
11.	Was the child permanently and totally disabled during any part of 2025?	Yes [ ] No [X]	Yes [ ] No [X]	Yes [ ] No [X]

12.	**DELAWARE STATE INCOME TAX LESS NON-REFUNDABLE CREDITS –** Enter the higher tax amount from Column A or Column B of Form PIT-RES Line 33	12. $ 1073 .00
13.	**FEDERAL EARNED INCOME TAX CREDIT (EITC) –** Enter amount from IRS form 1040 or 1040-SR, Line 27	13. $ 131 .00
14.	**REFUNDABLE EITC CALCULATION – Multiply** Line 13 x 0.045 and enter here	14. $ 141 .00
15.	**NON-REFUNDABLE EITC CALCULATION – Multiply** Line 13 x 0.20 and enter here	15. $ 151 .00
16.	**REFUNDABLE EITC -** If Line 14 is greater than or equal to Line 12, enter the amount from Line 14 here and on Line 34 of Form PIT-RES and check the refundable box on Line 34 of Form PIT-RES	16. $ 161 .00
17.	**NON-REFUNDABLE EITC –** If Line 14 is less than Line 12, compare Line 12 to Line 15, enter the smaller amount here and on Line 34 of Form PIT-RES, and check the non-refundable box on Line 34 of Form PIT-RES	17. $ 171 .00

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.

DELAWARE 2025 FORM PIT-RSS

DIVISION OF REVENUE

DELAWARE RESIDENT SCHEDULES

NAME | TAXPAYER ID

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS		See instructions for a description of each worthwhile fund listed below.	
18A.	NON-GAME WILDLIFE	18A.	$ 5 .00
18B.	BEAU BIDEN FUND	18B.	$ 10 .00
18C.	EMERGENCY HOUSING	18C.	$ 15 .00
18D.	BREAST CANCER EDUCATION	18D.	$ 20 .00
18E.	ORGAN DONATIONS	18E.	$ 25 .00
18F.	DIABETES EDUCATION	18F.	$ 30 .00
18G.	VETERANS HOME	18G.	$ 35 .00
18H.	DELAWARE NATIONAL GUARD	18H.	$ 40 .00
18I.	JUVENILE DIABETES FUND	18I.	$ 45 .00
18J.	MULTIPLE SCLEROSIS SOCIETY	18J.	$ 50 .00
18K.	OVARIAN CANCER FOUNDATION	18K.	$ 55 .00
18L.	SL24: UNLOCKE THE LIGHT FOUNDATION FUND	18L.	$ 60 .00
18M.	WHITE CLAY CREEK	18M.	$ 65 .00
18N.	HOME OF THE BRAVE	18N.	$ 70 .00
18O.	SENIOR TRUST FUND	18O.	$ 75 .00
18P.	VETERANS TRUST FUND	18P.	$ 80 .00
18Q.	PROTECT DELAWARE'S CHILD FUND	18Q.	$ 85 .00
18R.	FOOD BANK OF DELAWARE	18R.	$ 90 .00
18S.	DELAWARE HABITAT FOR HUMANITY	18S.	$ 95 .00
18T.	B+ CHILDHOOD CANCER	18T.	$ 100 .00
18U.	COMBINED CAMPAIGN FOR JUSTICE	18U.	$ 105 .00
19.	**TOTAL** - Enter the total contribution amount here and on Form PIT-RES, Line 43 - **Add** Lines 18A through 18U	19.	$ 1155 .00

See the instructions for ALL required documentation to attach.

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.

DELAWARE 2025 FORM PIT-RSS

DIVISION OF REVENUE

DELAWARE RESIDENT SCHEDULES

NAME | TAXPAYER ID

DE SCHEDULE IV - W-2 AND 1099-R INFORMATION

Complete this Schedule listing all of your, and if applicable, your spouse's, forms W-2 and 1099-R showing Delaware Income Tax withheld. Forms W-2 and 1099-R showing income tax withheld must still be attached to the front of your return if you elect to file by paper. Failure to do so may delay the processing of your return.

TYPE	EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TAXPAYER OR SPOUSE
[X] W-2 [ ] 1099-R	TEST 1	312312001	DE	10580	200	[X] Taxpayer [ ] Spouse
[ ] W-2 [X] 1099-R	TEST 2	312312002	DE	10650	1020	[X] Taxpayer [ ] Spouse
[X] W-2 [ ] 1099-R	TEST 3	312312003	DE	10687	102	[X] Taxpayer [ ] Spouse
[ ] W-2 [X] 1099-R	TEST 4	312312004	DE	6542	987	[X] Taxpayer [ ] Spouse
[X] W-2 [ ] 1099-R	TEST 5	312312005	DE	10022	1025	[X] Taxpayer [ ] Spouse
[ ] W-2 [X] 1099-R	TEST 6	312312006	DE	7522	750	[X] Taxpayer [ ] Spouse
[X] W-2 [ ] 1099-R	TEST 7	312312007	DE	7120	712	[X] Taxpayer [ ] Spouse
[ ] W-2 [X] 1099-R	TEST 8	312312008	DE	6550	650	[X] Taxpayer [ ] Spouse
[X] W-2 [ ] 1099-R	TEST 9	312312009	DE	13052	1305	[X] Taxpayer [ ] Spouse
[ ] W-2 [X] 1099-R	TEST 10	312312010	DE	18252	1835	[X] Taxpayer [ ] Spouse
[X] W-2 [ ] 1099-R	TEST 11	312312011	DE	1942	940	[X] Taxpayer [ ] Spouse

DE SCHEDULE V - DELAWARE S CORPORATION PAYMENTS

Complete this Schedule by listing all estimated Delaware tax payments made by an S Corporation on behalf of you or your spouse. Failure to do so may delay the processing of your return.

S CORPORATION FEIN	NAME OF S CORPORATION	PAYEE ID	AMOUNT OF ESTIMATED PAYMENT
312312012	TEST 101		100
312312013	TEST 102		200
312312014	TEST 103		300
312312015	TEST 104		400
312312016	TEST 105		500
312312017	TEST 106		600
312312018	TEST 107		700
312312019	TEST 108		800

DELAWARE 2025 FORM
DIVISION OF REVENUE PIT-RSS

DELAWARE RESIDENT SCHEDULES

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DE SCHEDULE IV - W-2 AND 1099-R INFORMATION

Complete this Schedule listing all of your, and if applicable, your spouse's, forms W-2 and 1099-R showing Delaware Income Tax withheld. Forms W-2 and 1099-R showing income tax withheld must still be attached to the front of your return if you elect to file by paper. Failure to do so may delay the processing of your return.

TYPE	EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TAXPAYER OR SPOUSE
☐ W-2 ☒ 1099-R	TEST 12	312312012	DE	14785	147	☒ Taxpayer ☐ Spouse
☐ W-2 ☒ 1099-R	TEST 13	312312013	DE	4714	471	☒ Taxpayer ☐ Spouse
☒ W-2 ☐ 1099-R	TEST 14	312312014	DE	4896	896	☒ Taxpayer ☐ Spouse
☐ W-2 ☒ 1099-R	TEST 15	312312015	DE	3698	257	☒ Taxpayer ☐ Spouse
☐ W-2 ☒ 1099-R	TEST 16	312312016	DE	1478	147	☒ Taxpayer ☐ Spouse
☐ W-2 ☒ 1099-R	TEST 17	312312017	DE	36925	3574	☒ Taxpayer ☐ Spouse
☐ W-2 ☒ 1099-R	TEST 18	312312018	DE	12045	145	☒ Taxpayer ☐ Spouse
☐ W-2 ☒ 1099-R	TEST 19	312312019	DE	7894	741	☒ Taxpayer ☐ Spouse
☐ W-2 ☒ 1099-R	TEST 20	312312020	DE	147785	1478	☒ Taxpayer ☐ Spouse
☐ W-2 ☒ 1099-R	TEST 21	312312021	DE	36541	2541	☒ Taxpayer ☐ Spouse
☐ W-2 ☒ 1099-R	TEST 22	312312022	DE	74125	1478	☒ Taxpayer ☐ Spouse

DE SCHEDULE V - DELAWARE S CORPORATION PAYMENTS

Complete this Schedule by listing all estimated Delaware tax payments made by an S Corporation on behalf of you or your spouse. Failure to do so may delay the processing of your return.

S CORPORATION FEIN	NAME OF S CORPORATION	PAYEE ID	AMOUNT OF ESTIMATED PAYMENT
312312020	TEST 109		900
312312021	TEST 110		1000
312312022	TEST 111		1100
312312023	TEST 112		1200
312312024	TEST 113		1300
312312025	TEST 114		1400
312312026	TEST 115		1500
312312027	TEST 116		1600

DELAWARE 2025 FORM
DIVISION OF REVENUE PIT-RSA

RESIDENT SCHEDULE A - ITEMIZED DEDUCTIONS

TY25-PIT-RES-FF-MNY_01

Reset

Prepare For Print

NAME | **TAXPAYER ID**

MEDICAL AND DENTAL EXPENSES	1.	Medical and dental expenses	5781 .00
	2.	Enter amount from **Federal Form 1040**, Line 11	1002 .00
	3.	**Multiply** Line 2 by 7.5% (0.075)	75 .00
	4.	**Subtract** Line 3 from Line 1. If Line 3 is more than Line 1, enter 0.	5706 .00
TAXES YOU PAID	5.	STATE and LOCAL taxes	
		a. STATE and LOCAL income taxes not claimed as a credit on Form PIT-RES (see instructions)	501 .00
		b. STATE and LOCAL general sales taxes (you may include either income taxes or sales taxes, but not both). If you elect to include general sales taxes instead of income taxes, check this box. X	502 .00
		c. STATE and LOCAL real estate taxes	503 .00
		d. STATE and LOCAL personal property taxes	504 .00
		e. Add Line 5a through Line 5d	2010 .00
		f. Enter the smaller of Line 5e or $10,000 ($5,000 if married filing separately)	2010 .00
	6.	Other taxes. List type and amount: TEST	601 .00
	7.	**Add** Line 5f and Line 6	2611 .00
INTEREST YOU PAID **Caution:** Your mortgage interest deduction may be limited.	8.	Home mortgage interest and points. (If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, check this box.) X	
		a. Home mortgage interest and points reported to you on **Federal Form 1098**	8001 .00
		b. Home mortgage interest not reported to you on **Federal Form 1098** (If paid to the person from whom you bought the home, show that person's name, identifying no., and address.)	802 .00
		c. Points not reported to you on **Federal Form 1098**	803 .00
		d. Reserved for future use	
		e. Add Line 8a through Line 8c	9606 .00
	9.	Investment interest. Attach **Federal Form 4952**.	901 .00
	10.	**Add** Line 8e and Line 9	10507 .00
GIFTS TO CHARITY If you made a gift and got a benefit for it, see **Federal Schedule A** instructions.	11.	Gifts by cash or check. If you made any gift of $250 or more, see instructions.	1101 .00
	12.	Gifts other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach **Federal Form 8283** if over $500.	1201 .00
	13.	Carryover from prior year	1301 .00
	14.	**Add** Line 11 through Line 13	3603 .00
CASUALTY AND THEFT LOSSES	15.	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). (Attach **Federal Form 4684** and enter the amount from Line 18 of **Federal Form 4684**.)	1501 .00
OTHER ITEMIZED DEDUCTIONS	16.	Other Deductions. See list in Federal Schedule A instructions. List type and amount:	1601 .00
TOTAL ITEMIZED DEDUCTIONS	17.	**a. Add** Line 4, Line 7, Line 10, Line 14, Line 15, and Line 16. (If filing status 1, 2, 3, or 5, enter this amount on Form PIT-RES, Line 13, Column B.)	25529 .00
		b. If filing status 4, allocate itemized deductions here and enter in the appropriate columns on Form PIT-RES, Line 13 (see instructions).	(A) .00 (B) .00
	18.	If you elect to itemize deductions even though they are less than your standard deduction, check here. ☐	

DELAWARE 2025 FORM
DIVISION OF REVENUE PIT-CFR

CLAIM FOR REFUND DUE ON BEHALF OF DECEASED TAXPAYER

TY25-PIT-RES-FF-MNY_01

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DECEDENT INFORMATION

TAXPAYER ID

DATE OF DEATH: 04-25-2025

FIRST NAME: TOM | M.I.: R | LAST NAME: CAT

ADDRESS: 1500 N FRENCH ST

CITY: WILMINGTON | STATE: DE | ZIP CODE: 19801

ESTATE INFORMATION

TAXPAYER ID

ESTATE NAME: CAT TRUST

ADDRESS: 1500 N FRENCH ST

CITY: WILMINGTON | STATE: DE | ZIP CODE: 19801

PART 1

CHECK THE BOX THAT APPLIES TO YOU (CHECK ONLY ONE BOX). MAKE SURE TO SIGN AND DATE IN PART 3 BELOW

A. [X] Personal representative appointed or certified by court. You MUST attach a court certificate showing your appointment.

B. [ ] Person, other than A, claiming refund for the decedent's estate. Complete Part 2 and attach a copy of the death certificate or proof of death.

PART 2

COMPLETE THIS PART ONLY IF YOU CHECKED BOX B ABOVE	YES	NO
1. Did the decedent leave a will?	[ ]	[X]
2a. Has a personal representative been appointed by a court for the estate of the decedent?	[ ]	[X]
2b. If "NO", will one be appointed? **If 2a or 2b is answered "YES", the personal representative must file for the refund.**	[X]	[ ]
3. As the person claiming the refund for the decedent's estate, will you pay out the refund according to the laws of the state where the decedent was a legal resident?	[X]	[ ]

If the answer to question 3 is "No", a refund cannot be made until you submit a court certificate showing your appointment as personal representative.

PART 3

SIGNATURE AND VERIFICATION (All filers must complete this part)

I request a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct, and complete.

YOUR SIGNATURE

DATE: 01-31-2026

Form to be submitted with the tax return seeking the refund.

DELAWARE 2025 FORM
DIVISION OF REVENUE PIT-CRS

DELAWARE INCOME TAX CREDIT SCHEDULE

TY25-PIT-RES-FF-MNY_01

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PART A - TAXPAYER INFORMATION

TAXPAYER ID

TAXPAYER NAME

PART B – DELAWARE INCOME TAX CREDIT COMPUTATION

Non-refundable Income Tax Credits
Please see instructions and worksheets on how to calculate each applicable tax credit. On each line below, please enter the amount of approved or calculated tax credit.

A.	**NEIGHBORHOOD ASSISTANCE CREDIT 30 DEL. C. § 2001-2008** Applications for this credit must be submitted to the Delaware State Housing Authority for approval in advance.		
1.	Credit Carryover from Previous Years	1001	.00
2.	Current Year Approved Credit (50% of investment, up to $50,000/year)	202	.00
3.	Total Neighborhood Assistance Credits (**Add** Line 1 and Line 2)	1203	.00
B.	**ECONOMIC DEVELOPMENT CREDITS §§ 2010-2015**		
4.	Credit Carryover from Previous Years	1004	.00
5.	Current Year Approved Credit (complete Form BUS-DED to compute the credit)	105	.00
6.	Total Economic Development Credits (**Add** Line 4 and Line 5)	1109	.00
C.	**GREEN INDUSTRIES/BROWNFIELD CREDITS §§ 2020-2024, 2040**		
7.	Credit Carryover from Previous Years	1007	.00
8.	Current Year Approved Credit	108	.00
9.	Total Green Industries/Brownfield Credits (**Add** Line 7 and Line 8)	1115	.00
D.	**RESEARCH AND DEVELOPMENT CREDITS (TAX YEARS BEFORE 2018) §§ 2070-2075**		
10.	Credit Carryover from the Previous Years	1010	.00
E.	**LAND AND HISTORIC RESOURCES CONSERVATION CREDITS §§ 1801-1807**		
11.	Credit Carryover from Previous Years	110	.00
12.	Current Year Approved Credit	111	.00
13.	Total Land and Historic Resources Conservation Credits (**Add** Line 11 and Line 12)	221	.00
F.	**HISTORIC PRESERVATION CREDITS §§ 1112, 1811-1817** Applications for this credit must be submitted to the Historic Preservation Office for approval in advance.		
14.	Credit Carryover from Previous Years	140	.00
15.	Current Year Approved Credit	150	.00
16.	Total Historic Preservation Credits (**Add** Line 14 and Line 15)	290	.00

DELAWARE 2025 FORM
DIVISION OF REVENUE PIT-CRS

DELAWARE INCOME TAX CREDIT SCHEDULE

TY25-PIT-RES-FF-MNY_01

NAME		TAXPAYER ID	

G. AUTOMATIC EXTERNAL DEFIBRILLATORS		
17.	Enter the number of automatic external defibrillators placed in service during the tax year	170
18.	Total Automatic External Defibrillator Credit (**Multiply** Line 17 by $100)	$ 17000 .00

H. TOTAL DELAWARE NON-REFUNDABLE INCOME TAX CREDITS		
19.	Total (**Add** Lines 3, 6, 9, 10, 13, 16 and 18)	$ 21948 .00

I. CREDIT LIMITATION - INDIVIDUAL FILERS		
20.	Enter the amount listed on Line 26 of Form PIT-RES or Line 43 of Form PIT-NON	$ 2549 .00
21.	Enter the total from Line 19, above	$ 21948 .00
22.	Enter current year credits from Line 23 from Delaware Form SCT-SSR (S Corporation) or Delaware Form PRT-PSI (Partnership), if any	$ 222 .00
23.	**Add** Lines 21 and 22	$ 22170 .00
24.	Enter the lesser of Lines 20 & 23 (this is the total of the non-refundable tax credits to which the taxpayer is entitled) here and on Line 30 of Form PIT-RES or Line 46 of Form PIT-NON	$ 2549 .00

J. REFUNDABLE INCOME TAX CREDITS Please see instructions and worksheets on how to calculate your tax credit. Enter on the appropriate line the amount of each calculated tax credit.		
25.	Business Finder's Fee Credits	$ 250 .00
26.	New Economy Jobs Program Credits	$ 260 .00
27.	Organ and Bone Marrow Transplantation Tax Credit	$ 270 .00
28.	Employer Tax Credit For Hiring Individuals with Disabilities	$ 280 .00
29.	Research & Development Credits (see instructions)	$ 290 .00
30.	Total Refundable Income Tax Credits (**Add** Lines 25 through 29)	$ 1350 .00

INDIVIDUAL TAX FILERS	Enter the amount from Line 30 on Line 38 of Form PIT-RES (Resident) or Line 52 of Form PIT-NON (Non-Resident)

Mail completed form to:
Delaware Division of Revenue
PO Box 2340
Wilmington, DE 19899-2340

DELAWARE 2025 FORM
DIVISION OF REVENUE PIT-STC

DELAWARE SPECIAL TAX COMPUTATION FOR LUMP SUM DISTRIBUTION FROM QUALIFIED RETIREMENT PLAN

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LUMP SUM DISTRIBUTIONS

This form applies, in the case of someone who is not self-employed, only when the distribution was made:
- Due to the participant's death;
- Due to the participant's separation from employment; or
- After the participant had attained age 59½

In the case of a self-employed person, this form applies only when the distribution was made:
- Due to the participant's death;
- After the participant had attained age 59½
- The participant was previously disabled

THIS FORM DOES NOT APPLY WHEN YOUR DISTRIBUTION WAS:
- Rolled over;
- An early distribution including an early distribution received for medical, education or housing exclusions; or
- Subject to the early withdrawal penalty of your Federal Form 1040, Schedule 2, Line 6.

YOUR FIRST NAME	M.I.	LAST NAME	SUFFIX	YOUR TAXPAYER ID
SOPHIA		MITCHELL		

SPOUSE FIRST NAME	M.I.	LAST NAME	SUFFIX	SPOUSE TAXPAYER ID

1.	**ENTER CAPITAL GAIN PORTION OF DISTRIBUTION FROM BOX 3 OF FORM 1099R**	$ 478542 .00
2.	**ENTER ORDINARY INCOME PORTION OF DISTRIBUTION FROM BOX 2A OF FORM 1099R**	$ 4574 .00
3.	**Add** Lines 1 and 2	$ 483116 .00
4.	**DEATH BENEFIT EXCLUSION ALLOWED ON FEDERAL FORM 4972**	$ 5000 .00
5.	**Subtract** Line 4 from Line 3	$ 478116 .00
6.	**CURRENT ACTUARIAL VALUE OF ANNUITY** (if applicable, see Federal instructions)	$ 600 .00
7.	**TOTAL TAXABLE AMOUNT OF DISTRIBUTION. Add** Lines 5 and 6	$ 478716 .00
8.	**ENTER 10% OF LINE 7** (**Multiply** Line 7 by .10)	$ 47872 .00
9.	**COMPUTE THE TAX ON LINE 8** (use Income Tax Table for Form PIT-RES)	$ 901 .00
10.	**Multiply** the amount on Line 9 by ten	$ 9010 .00
11.	**ENTER 10% OF LINE 6** (**Multiply** Line 6 by .10)	$ 60 .00
12.	**COMPUTE THE TAX ON LINE 11** (use Income Tax Table for Form PIT-RES)	$ 120 .00
13.	**Multiply** the amount on Line 12 by ten	$ 1200 .00
14.	**Subtract** Line 13 from Line 10	$ 7810 .00
15.	**Divide** Line 2 by Line 3 and enter result as a decimal (rounded to at least two places)	0.009468
16.	**TAX ON ORDINARY INCOME PORTION OF DISTRIBUTION** (**Multiply** Line 14 by decimal on Line 15 and enter on Form PIT-RES, Line 25, or Form FID-TAX, Line 9)	$ 74 .00

File online at
https://tax.delaware.gov

ATTACH FORM PIT-STC TO FORM PIT-RES OR FORM FID-TAX

I DECLARE UNDER PENALTIES OF PERJURY, THAT THIS IS A TRUE, CORRECT AND COMPLETE RETURN.

TAXPAYER SIGNATURE | DATE | SPOUSE SIGNATURE | DATE

DELAWARE 2025 FORM
DIVISION OF REVENUE PIT-UND

DELAWARE UNDERPAYMENT OF ESTIMATED TAXES

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NAME SOPHIA MITCHELL | TAXPAYER ID

☐ TAXPAYER IS A FARMER OR FISHERMAN ☐ TAXPAYER IS USING THE ANNUALIZATION OF INCOME METHOD

PART 1 REQUIRED ANNUAL PAYMENT

A.	**Enter** 90% of 2025 Delaware tax liability (Line 33 Form PIT-RES **minus** Line 34 Form PIT-RES, or Line 48 Form PIT-NON)	A.	10010
B.	**Enter** 100% or 110% of 2024 Delaware tax liability (Line 32 PIT-RES **minus** Line 33 PIT-RES, or Line 47 PIT-NON). (See instructions)	B.	5458
C.	**Enter** the smaller of Line "A" or Line "B". This is your Required Annual Amount.	C.	5458
D.	**Delaware Withholding**	D.	330
E.	**Subtract** Line "D" from Line "C". If $800 or less, stop here. You do not owe the penalty.	E.	5128

PART 2 SHORT METHOD (See instructions)

F.	**Enter** the amount of Estimated Tax Payments, S Corp Payments or Refundable Business Credit	F.	1100
G.	**Delaware Withholding**	G.	458
H.	**Add** Line "F" and Line "G" and enter here	H.	1558
I.	**TOTAL UNDERPAYMENT - Subtract** Line "H" from Line "C". If zero or less, stop here.	I.	3900
J.	**Multiply** Line "I" by 12% (times 0.12)	J.	468
K.	If the amount on Line "I" was paid on or after April 30, 2026, enter zero (0). If it was paid before April 30, 2026, **Multiply** the number of days from the date Line "I" was paid before April 30, 2026, times .05% (.0005) times the amount on Line "I".	K.	
L.	**ESTIMATED PENALTY - Subtract** Line "K" from Line "J" and enter here	L.	468

PART 4 COMPUTING THE OVER/UNDER PAYMENT

			TIME PERIOD			
			1/1/25 - 4/30/25	5/1/25 - 6/15/25	6/16/25 - 9/15/25	9/16/25 - 1/15/26
28.	**Enter** amount from Part 3, Line 27	28.	281	282	283	284
29.	**Enter** the amount of Estimated, S Corp, Capital Gain Tax payments, or Refundable Business Credits	29.	291	292	293	294
30.	**Delaware Withholding**	30.	301	302	303	304
31.	**Add** Line 29 and Line 30	31.	592	594	596	598
32.	**Enter** amount, if any, from Line 38 of the previous column of this schedule (i.e., Column 2 equals Line 38 Column 1, Column 3 equals Line 38 Column 2, etc.)	32.		322	323	324
33.	**Add** Line 31 and Line 32	33.		332	333	334
34.	**Sum** amounts from Line 36 and Line 37 of the previous column of this schedule (i.e., Column 2 equals Line 36 Column 1 plus Line 37 Column 1, etc.)	34.		342	343	344
35.	**Subtract** Line 34 from Line 33. If zero or less, enter zero (0). For Column 1 only, enter the amount from Line 31.	35.	351	352	353	354
36.	If Line 35 equals zero, then **Subtract** Line 33 from Line 34. Otherwise, enter zero (0).	36.		362	363	
37.	**UNDERPAYMENT.** If Line 28 is equal to or larger than Line 35, **Subtract** Line 35 from Line 28. Then go to Line 32 of the next column. Otherwise, go to Line 38.	37.	371	372	373	374
38.	**OVERPAYMENT**. If Line 35 is larger than Line 28, **Subtract** Line 28 from Line 35. Then go to Line 32 of the next column.	38.	381	382	383	384

DELAWARE 2025 FORM
DIVISION OF REVENUE PIT-UND

DELAWARE UNDERPAYMENT OF ESTIMATED TAXES

NAME SOPHIA MITCHELL | **TAXPAYER ID**

PART 5 COMPUTING THE PENALTY (See instructions)

		39.	PAYMENT DUE 5/1/25	6/16/25	9/15/25	1/15/26
40.	**Enter** number of days from date on Line 39 to when payment was made	40.	401	402	403	404
41.	**Multiply** Line 40 by .05% (times .0005)	41.	0.2005	0.201	0.2015	0.202
42.	**PENALTY FOR PERIOD - Multiply** Line 37 by Line 41	42.	74	75	75	76
43.	**Add** penalties from each Column on Line 42 to determine the Total Penalty (i.e., Line 42 Column 1 plus Line 42 Column 2, etc.)	43.	300			

CHECK HERE IF YOU USED A NON-RESIDENT RETURN ☐

PART 3 ANNUALIZED INSTALLMENT METHOD

		1.	TIME PERIOD 1/1/25 - 3/31/25	1/1/25 - 5/31/25	1/1/25 - 8/31/25	1/1/25 - 12/31/25
2.	**Enter** Delaware AGI from your 2025 Delaware Return (Line 12 - Form PIT-RES, or Line 38 - Form PIT-NON) for period	2.	201	202	203	204
3.	**MULTIPLIER**	3.	4	2.4	1.5	1
4.	**ANNUALIZED AGI - Multiply** Line 2 by Line 3.	4.	804	485	305	204
5.	**Enter Delaware Itemized Deductions** (Line 20 - Form PIT-RES, Line 40 - Form PIT-NON) for period. Enter zero (0) if you didn't itemize.	5.	501	502	503	504
6.	**MULTIPLIER**	6.	4	2.4	1.5	1
7.	**ANNUALIZED ITEMIZED DEDUCTIONS - Multiply** Line 5 by Line 6	7.	2004	1204.8	754.5	504
8.	**Enter** the Total Delaware Standard Deduction Amount. (See Instructions) Enter zero (0) if you itemized.	8.	801	802	803	804
9.	**DELAWARE DEDUCTIONS -** Enter amount from Line 7 if you itemized, or from Line 8 if you used the standard deduction	9.	901	902	903	904
10.	**DELAWARE TAXABLE INCOME - Subtract** Line 9 from Line 4	10.	-97	-417	-599	-700
11.	**TAX LIABILITY -** Using the tax table or tax schedule, figure the amount of tax due on the amounts from Line 10	11.	111	112	113	114
12.	**TAX ON LUMP SUM** (See Instructions)	12.	121	122	123	124
13.	**TOTAL TAX - Add** Line 11 to Line 12	13.	232	234	236	238
14.	**NON-RESIDENT FILERS ONLY - Multiply** Line 13 by the proration percentage on Line 43 of Form PIT-NON	14.	141	142	143	144

DELAWARE 2025 FORM
DIVISION OF REVENUE PIT-UND
DELAWARE UNDERPAYMENT OF ESTIMATED TAXES

NAME SOPHIA MITCHELL | TAXPAYER ID

PART 3 ANNUALIZED INSTALLMENT METHOD (continued)

			TIME PERIOD			
		1.	1/1/25 - 3/31/25	1/1/25 - 5/31/25	1/1/25 - 8/31/25	1/1/25 - 12/31/25
15.	**TOTAL PERSONAL CREDIT AMOUNT** (See Instructions)	15.	151	152	153	154
16.	**NON-RESIDENT FILERS ONLY - Multiply** Line 15 by the proration percentage on Line 44 of Form PIT-NON	16.	161	162	163	164
17.	**OTHER NON-REFUNDABLE CREDITS - Add** Lines 28, 29, 30, 31, & 34 (if non-refundable) of Form PIT-RES or Lines 45 & 46 of Form PIT-NON and enter here	17.	171	172	173	174
18.	**RESIDENTS - Subtract** Line 15 and Line 17 from Line 13. **NON-RESIDENTS - Subtract** Line 16 and Line 17 from Line 14.	18.	181	182	183	184
19.	**MULTIPLIER**	19.	.225	.450	.675	.900
20.	**Multiply** Line 18 by Line 19	20.	40.725	81.9	123.525	165.6
21.	**Sum** all previous columns from Line 27 (i.e., Column 2 equals Line 27 Column 1, Column 3 equals Line 27 Column 1 plus Line 27 Column 2, etc.)	21.		212	213	214
22.	**Subtract** Line 21 from Line 20. If zero or less, enter zero (0).	22.	221	222	223	224
23.	**Enter** 1/4 of the total from Part 1, Line "C", in each column	23.	231	232	233	234
24.	**Enter** the amount from Line 26 of the previous column of this schedule (i.e., Column 2 equals Line 26, Column 1, Column 3 equals Line 26, Column 2, etc.)	24.		242	243	244
25.	**Add** Line 23 to Line 24	25.	251	252	253	254
26.	**Subtract** Line 22 from Line 25. If zero or less, enter zero (0)	26.	261	262	263	
27.	**Enter** the smaller of Line 22 or Line 25 here and on Line 28	27.	221	222	223	224

22222

a Employee's social security number

OMB No. 1545-0029

TY25-PIT-RES-FF-MNY_01

b Employer identification number (EIN)

c Employer's name, address, and ZIP code

TEST 105 820 N FRENCH ST WILMINGTON DE 19801

d Control number

147852369

e Employee's first name and initial | Last name | Suff.

SOPHIA | MITCHELL |

2500 W 4TH ST WILMINGTON DE 19801

f Employee's address and ZIP code

1 Wages, tips, other compensation	478545.00
2 Federal income tax withheld	4785.00
3 Social security wages	478454.00
4 Social security tax withheld	457.00
5 Medicare wages and tips	478454.00
6 Medicare tax withheld	4572.00
7 Social security tips	474.00
8 Allocated tips	147.00
9	
10 Dependent care benefits	25
11 Nonqualified plans	TEST
12a Code	
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	
12b Code	
14 Other	
12c Code	
12d Code	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
DE	15631311211	45678.00	8547.00	9876.00		
PA	145412145	47856.00	3574.00	4712.00		

Form **W-2** **Wage and Tax Statement** 2025

Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

☐ VOID ☐ CORRECTED TY25-PIT-RES-FF-MNY_

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PRUDENTIAL INSURANCE CO OF AMERICA PO BOX 7390 PHILADELPHIA PA 19176	$ 23119.00	2025	
	2a Taxable amount $ 23119.00	Form 1099-R	
	2b Taxable amount not determined ☑ Total distribution ☑		Copy 1 For State, City, or Local Tax Department

PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a)	4 Federal income tax withheld
		$ 47851.25	$ 451.25

RECIPIENT'S name	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities
SOPHIA MITCHELL	$ 14753.00	$ 1574.00
Street address (including apt. no.) 2500 W 4TH ST	7 Distribution code(s) / IRA/ SEP/ SIMPLE ☐	8 Other $ / %
City or town, state or province, country, and ZIP or foreign postal code WILMINGTON DE 19801	9a Your percentage of total distribution 6 %	9b Total employee contributions $ 16454.00

10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement	14 State tax withheld	15 State/Payer's state no.	16 State distribution
$		☐	$ 4715.00	DE 1221211670001	$
			$ 9321.00	PA 1251241160301	$

Account number (see instructions)	13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution
		$		$
		$		$

Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service