

DELAWARE FORM 200-01-X

2020 RESIDENT AMENDED PERSONAL INCOME TAX RETURN

DO NOT WRITE OR STAPLE IN THIS AREA

ATTACH LABEL

or Fiscal year beginning and ending
Your Social Security No. Spouse's Social Security No.
FILING STATUS (MUST CHECK ONE)
1. Single, Divorced, Widow(er) 3. Married & Filing Separate Forms 5. Head of Household
2. Joint 4. Married & Filing Combined Separate on this form
Present Home Address (Number and Street) Apt. #
City State Zip Code
Form DE2210 Attached Filing Status 4 ONLY Spouse Information COLUMNA All other filing statuses You OR You plus Spouse COLUMNB

COMPLETE ALL SECTIONS OF THIS RETURN. NAMES AND SSN'S MUST MATCH ORIGINAL

Table with columns: Line Number, Description, and Amount. Includes sections for Delaware Adjusted Gross Income, Deductions, Taxable Income, and Total Tax. Total Tax is 00.00. Net Balance Due is 00.00. Net Refund is 00.00.



STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

REMIT FORM TO: NET BALANCE DUE (LINE 30): P.O. BOX 508, WILMINGTON, DE 19899-0508
NET REFUND (LINE 31): P.O. BOX 8710, WILMINGTON, DE 19899-8710
ZERO DUE (LINE 31): P.O. BOX 8711, WILMINGTON, DE 19899-8711



NOTE: IF YOUR ORIGINAL RETURN WAS FILED USING TWO SEPARATE FORMS, YOU MUST FILE TWO SEPARATE AMENDED FORMS

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.

HAS THE DELAWARE DIVISION OF REVENUE ADVISED YOU YOUR ORIGINAL RETURN IS BEING AUDITED?..... YES NO

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

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

Table with columns: MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME, Filing Status 4 ONLY Spouse Information COLUMN A, All other filings statuses You or You plus Spouse COLUMN B. Includes sections A, B, and C with line items 32-51.

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 TELEPHONE NUMBER SPOUSE SIGNATURE (If Filing Joint)

SIGNATURE OF PREPARER PREPARER'S EIN OR SSN PREPARER'S PHONE DATE

STREET ADDRESS OF PREPARER CITY STATE ZIP