



2020

DE-8453

DELAWARE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING FOR THE YEAR JANUARY 1 - DECEMBER 31, 2020

DO NOT MAIL!

STATE OF DELAWARE

YOUR SOCIAL SECURITY NUMBER, SPOUSE'S SOCIAL SECURITY NUMBER, FIRST NAME(S) AND INITIAL(S), LAST NAME, HOME ADDRESS, CITY, TOWN OR POST OFFICE, STATE & ZIP CODE, DAYTIME TELEPHONE NUMBER

PART 1 TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

Table with 5 rows: 1. TOTAL DELAWARE ADJUSTED GROSS INCOME, 2. TOTAL DELAWARE TAX, 3. DELAWARE INCOME TAX WITHHELD, 4. NET REFUND, 5. NET BALANCE DUE

PART 2 Direct Deposit of Refund (Optional - See instructions.)

6. Type of Account (Checking, Savings), 7. Routing number, 8. Account number, 9. Is this refund going to or through an account that is located outside of the United States?

PART 3 DECLARATION OF TAXPAYER

10. I consent that my refund be directly deposited as designated in Part 2, and declare that the information shown on lines 6 through 9 is correct. I do not want direct deposit of my refund or am not receiving a refund. I authorize the Division of Revenue and its designated financial agent to initiate an electronic funds withdrawal (direct Debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return.

SIGN HERE, SIGNATURE, DATE, SPOUSE'S SIGNATURE, DATE

PART 4 DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THIS FORM ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE OBTAINED THE TAXPAYER'S SIGNATURE ON FORM DE-8453 BEFORE SUBMITTING THIS RETURN TO THE INTERNAL REVENUE SERVICE (IRS) AND THE DELAWARE DIVISION OF REVENUE (DDOR).

SIGN HERE, ERO'S SIGNATURE, DATE, EIN, SSN, OR PTIN, FIRM'S NAME (OR YOURS IF SELF-EMPLOYED), CHECK IF ALSO PREPARER, CHECK IF SELF-EMPLOYED, ADDRESS (STREET, CITY, STATE & ZIP CODE), Business phone #

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THE ABOVE TAXPAYER'S RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT, AND COMPLETE. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

SIGN HERE, PREPARER'S SIGNATURE, DATE, EIN, SSN, OR PTIN, FIRM'S NAME (OR YOURS IF SELF-EMPLOYED), CHECK IF SELF-EMPLOYED, ADDRESS (STREET, CITY, STATE & ZIP CODE)