

Tax Item (Identifier)	Source	Location	Description	Format
1	Official Header		Magic Code and Header Version	T1 As described in guidelines
2	Official Header		Developer Code	Assigned number from
3	State Specific		Jurisdiction	DE
4	State Specific DE 200-01 p. 1	H	Form Type	DE200-01
5	State Specific		Specification Version	
6	State Specific		Software/Form Version	
7	DE 200-01 p. 1	H	Tax Year	2018
8	DE 200-01 p. 1	H	Taxpayer Social Security Number	##### (9)
9	DE 200-01 p. 1	H	Spouse Social Security Number	##### (9)
10	DE 200-01 p. 1	H	Taxpayer Last Name	Text
11	DE 200-01 p. 1	H	Taxpayer First Name and Middle Initial	Text
12	DE 200-01 p. 1	H	Taxpayer Suffix	Text
13	DE 200-01 p. 1	H	Spouse Last Name	Text
14	DE 200-01 p. 1	H	Spouse First Name and Middle Initial	Text
15	DE 200-01 p. 1	H	Spouse Suffix	Text
16	DE 200-01 p. 1	H	Present Home Address Line 1	Number/text
17	DE 200-01 p. 1	H	Present Home Address Line 2	Number/text
18	DE 200-01 p. 1	H	City	Text
19	DE 200-01 p. 1	H	State	Text
20	DE 200-01 p. 1	H	Zip	##### (5) or ##### (9)
21	DE 200-01 p. 1	H	Filing Status 1	X or blank Only 1 filing status block
22	DE 200-01 p. 1	H	Filing Status 2	X or blank
23	DE 200-01 p. 1	H	Filing Status 3	X or blank
24	DE 200-01 p. 1	H	Filing Status 4	X or blank
25	DE 200-01 p. 1	H	Filing Status 5	X or blank
26	DE 200-01 p. 1	H	Form DE2210 Indicator	X or blank
27	DE 200-01 p. 1	H	Part Year Residency Begin Date	MMDDYYYY
28	DE 200-01 p. 1	H	Part Year Residency End Date	MMDDYYYY
29	DE 200-01 p. 1	1A	Delaware AGI	Number
30	DE 200-01 p. 1	1B		Number
31	DE 200-01 p. 1	2a	Delaware Standard Deduction	X or blank
32	DE 200-01 p. 1	2b	Delaware Itemized Deduction	X or blank
33	DE 200-01 p. 1	2A	Deduction Amount	Number
34	DE 200-01 p. 1	2B		Number
35	DE 200-01 p. 1	3a	Spouse 65 or Over	X or blank
36	DE 200-01 p. 1	3b	Spouse Blind	X or blank
37	DE 200-01 p. 1	3c	Taxpayer 65 or Over	X or blank
38	DE 200-01 p. 1	3d	Taxpayer Blind	X or blank
39	DE 200-01 p. 1	3A	Additional Standard Deduction Amount	Number
40	DE 200-01 p. 1	3B		Number
41	DE 200-01 p. 1	5A	Taxable Income	Number
42	DE 200-01 p. 1	5B		Number
43	DE 200-01 p. 1	6A	Tax Liability	Number
44	DE 200-01 p. 1	6B		Number

Tax Item (Identifier)	Source	Location	Description	Format
45	DE 200-01 p. 1	7A	Tax on Lump Sum Distribution	Number
46	DE 200-01 p. 1	7B		Number
47	DE 200-01 p. 1	8A	Total Tax	Number
48	DE 200-01 p. 1	8B		Number
49	DE 200-01 p. 1	9a.a	Number of Exemptions	Number
50	DE 200-01 p. 1	9a.b		Number
51	DE 200-01 p. 1	9a.A	Exemption Amount	Number
52	DE 200-01 p. 1	9a.B		Number
53	DE 200-01 p. 1	9b.a	Spouse 60 or Over	X or blank
54	DE 200-01 p. 1	9b.b	Taxpayer 60 or Over	X or blank
55	DE 200-01 p. 1	9b.A	60 or Over Exemption Amount	Number
56	DE 200-01 p. 1	9b.B		Number
57	DE 200-01 p. 1	10A	Tax Imposed by Other State	Number
58	DE 200-01 p. 1	10B		Number
59	DE 200-01 p. 1	11	Volunteer Firefighter Company # - Spouse	## (2)
60	DE 200-01 p. 1	11	Volunteer Firefighter Company # - Primary	## (2)
61	DE 200-01 p. 1	11A	Volunteer Firefighter Credit	Number
62	DE 200-01 p. 1	11B		Number
63	DE 200-01 p. 1	12A	Other Non-Refundable Credits	Number
64	DE 200-01 p. 1	12B		Number
65	DE 200-01 p. 1	13A	Child-Care Credit	Number
66	DE 200-01 p. 1	13B		Number
67	DE 200-01 p. 1	14A	Earned Income Tax Credit	Number
68	DE 200-01 p. 1	14B		Number
69	DE 200-01 p. 1	17A	Delaware Withholding	Number
70	DE 200-01 p. 1	17B		Number
71	DE 200-01 p. 1	18A	Estimated Tax Paid	Number
72	DE 200-01 p. 1	18B		Number
73	DE 200-01 p. 1	19A	S Corporation Payments and Refundable Business Credits	Number
74	DE 200-01 p. 1	19B		Number
75	DE 200-01 p. 1	20A	Capital Gains Tax Payments	Number
76	DE 200-01 p. 1	20B		Number
77	DE 200-01 p. 1	24	Contributions to Special Funds	Number
78	DE 200-01 p. 1	25	Amount of Refund to be Applied to	Number
79	DE 200-01 p. 1	26	Penalty and Interest	Number
80	DE 200-01 p. 1	27	Net Balance Due	Number
81	DE 200-01 p. 1	28	Net Refund	Number
82	DE 200-01 p. 2	47aA	State Income Tax Included in Line 40	Number
83	DE 200-01 p. 2	47aB		Number
84	DD Info		State - Routing Transit	Number/text
85	DD Info		State - Deposit Acct. Number	Number/text
86	DD Info		State - Checking Acct.	X or blank
87	DD Info		State - Savings Acct.	X or blank
88	DD Info		IAT Indicator	X or blank
89	DE 200-01 p. 2	F	Preparer Name	Text

Tax Item (Identifier)	Source	Location	Description	Format
90	DE 200-01 p. 2	F	Date Prepared	MMDDYYYY
91	DE 200-01 p. 2	F	Preparer Address	Number/text (separate each line with commas)
92	DE 200-01 p. 2	F	Preparer City	Text
93	DE 200-01 p. 2	F	Preparer State	Text
94	DE 200-01 p. 2	F	Preparer Zip Code	##### (5) or ##### (9)
95	DE 200-01 p. 2	F	Taxpayer Home Phone Number	##### (10)
96	DE 200-01 p. 2	F	Preparer Phone Number	##### (10)
97	DE 200-01 p. 2	F	Preparer ID Number	##### (9)
98	DE 200-01 p. 2	F	Taxpayer E-Mail Address	Text
99	DE 200-01 p. 2	F	Preparer E-Mail Address	Text
100	DE Sched I	1	Other State name	Two letter state code
101	DE Sched I	1 Col A	Other State Tax credit Spouse	Number
102	DE Sched I	1 Col B	Other State Tax credit Primary	Number
103	DE Sched I	2	Other State name	Two letter state code
104	DE Sched I	2 Col A	Other State Tax credit Spouse	Number
105	DE Sched I	2 Col B	Other State Tax credit Primary	Number
106	DE Sched I	3	Other State name	Two letter state code
107	DE Sched I	3 Col A	Other State Tax credit Spouse	Number
108	DE Sched I	3 Col B	Other State Tax credit Primary	Number
109	DE Sched I	4	Other State name	Two letter state code
110	DE Sched I	4 Col A	Other State Tax credit Spouse	Number
111	DE Sched I	4 Col B	Other State Tax credit Primary	Number
112	DE Sched I	5	Other State name	Two letter state code
113	DE Sched I	5 Col A	Other State Tax credit Spouse	Number
114	DE Sched I	5 Col B	Other State Tax credit Primary	Number
115	DE Sched II	7.a.1	Child's First Name #1	Text
116	DE Sched II	7.b.1	Child's Last Name #1	Text
117	DE Sched II	8.1	Child's SSN #1	##### (9)
118	DE Sched II	9.1	Child's Date of Birth #1	MMDDYYYY
119	DE Sched II	10.1	YES - Child Under 24, a student and younger than taxpayer or spouse #1	X or blank. Leave blank if child is not used.
120	DE Sched II	10.1	NO - Child Under 24, a student and younger than taxpayer or spouse #1	X or blank. Leave blank if child is not used.
121	DE Sched II	11.1	YES - Child permanently and totally disabled during tax year #1	X or blank. Leave blank if child is not used.
122	DE Sched II	11.1	NO - Child permanently and totally disabled during tax year #1	X or blank. Leave blank if child is not used.
123	DE Sched II	7.a.2	Child's First Name #2	Text
124	DE Sched II	7.b.2	Child's Last Name #2	Text
125	DE Sched II	8.2	Child's SSN #2	##### (9)
126	DE Sched II	9.2	Child's Date of Birth #2	MMDDYYYY
127	DE Sched II	10.2	YES - Child Under 24, a student and younger than taxpayer or spouse #2	X or blank. Leave blank if child is not used.
128	DE Sched II	10.2	NO - Child Under 24, a student and younger than taxpayer or spouse #2	X or blank. Leave blank if child is not used.

Tax Item (Identifier)	Source	Location	Description	Format
129	DE Sched II	11.2	YES - Child permanently and totally disabled during tax year #2	X or blank. Leave blank if child is not used.
130	DE Sched II	11.2	NO - Child permanently and totally disabled during tax year #2	X or blank. Leave blank if child is not used.
131	DE Sched II	7.a.3	Child's First Name #3	Text
132	DE Sched II	7.b.3	Child's Last Name #3	Text
133	DE Sched II	8.3	Child's SSN #3	##### (9)
134	DE Sched II	9.3	Child's Date of Birth #3	MMDDYYYY
135	DE Sched II	10.3	YES - Child Under 24, a student and younger than taxpayer or spouse #3	X or blank. Leave blank if child is not used.
136	DE Sched II	10.3	NO - Child Under 24, a student and younger than taxpayer or spouse #3	X or blank. Leave blank if child is not used.
137	DE Sched II	11.3	YES - Child permanently and totally disabled during tax year #3	X or blank. Leave blank if child is not used.
138	DE Sched II	11.3	NO - Child permanently and totally disabled during tax year #3	X or blank. Leave blank if child is not used.
139	DE Sched II	12	Delaware State Income Tax	Number
140	DE Sched II	13	Earned Income Credit from Federal	Number
141	DE Sched III	17a	Contributions to Non-Game Wildlife	Number
142	DE Sched III	17b	Contributions to Beau Biden Fund	Number
143	DE Sched III	17c	Contributions to Emergency Housing	Number
144	DE Sched III	17d	Contributions to Breast Cancer Education	Number
145	DE Sched III	17e	Contributions to Organ Donor Awareness	Number
146	DE Sched III	17f	Contributions to Diabetes Education	Number
147	DE Sched III	17g	Contributions to Veteran's Home	Number
148	DE Sched III	17h	Contributions to National Guard	Number
149	DE Sched III	17i	Contributions to Juvenile Diabetes	Number
150	DE Sched III	17j	Contributions to Multiple Sclerosis	Number
151	DE Sched III	17k	Contributions to Ovarian Cancer	Number
152	DE Sched III	17l	Contributions to 21st Fund for Children	Number
153	DE Sched III	17m	Contributions to White Clay Creek	Number
154	DE Sched III	17n	Contributions to Home of the Brave Foundation Fund	Number
155	DE Sched III	17o	Contributions to Senior Trust Fund	Number
156	DE Sched III	17p	Contributions to Home of the Delaware Veterans Trust Fund	Number
157	DE Sched III	17q	Contributions to Protecting DE's Children Fund	Number
158	<i>DE Sched III</i>	<i>17r</i>	<i>Contributions to the Food Bank of Delaware</i>	<i>Number</i>
159	<i>DE Sched III</i>	<i>17s</i>	<i>Contributions to the Sussex County Habitat for Humanity</i>	<i>Number</i>
160	<i>DE Sched III</i>	<i>17t</i>	<i>Contributions to the Central Delaware Habitat for Humanity</i>	<i>Number</i>

Tax Item (Identifier)	Source	Location	Description	Format
161	DE Sched III	17u	Contributions to the New Castle County Habitat for Humanity	Number
162	1 st W-2/1099-R		Form Type	W2 or 1099R
163	1 st W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
164	1 st W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
165	1 st W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
166	1 st W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
167	1 st W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
168	1 st W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
169	1 st W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
170	1 st W-2/1099-R		W2 State Name 2 Or 1099-R State Name 1	Two letter state code
171	1 st W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
172	1 st W-2/1099-R		W2 State Withholding 2 Or 1099-R State Withholding 2	Number
173	2 nd W-2/1099-R		Form Type	W2 or 1099R
174	2 nd W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
175	2 nd W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
176	2 nd W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
177	2 nd W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
178	2 nd W-2/1099-R		W2 State Name 1 Or	Two letter state code

Tax Item (Identifier)	Source	Location	Description	Format
			1099-R State Name 1	
179	2 nd W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
180	2 nd W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
181	2 nd W-2/1099-R		W2 State Name 2 Or 1099-R State Name 1	Two letter state code
182	2 nd W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
183	2 nd W-2/1099-R		W2 State Withholding 2 Or 1099-R State Withholding 2	Number
184	3 rd W-2/1099-R		Form Type	W2 or 1099R
185	3 rd W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
186	3 rd W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
187	3 rd W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
188	3 rd W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
189	3 rd W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
190	3 rd W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
191	3 rd W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
192	3 rd W-2/1099-R		W2 State Name 2 Or 1099-R State Name 1	Two letter state code
193	3 rd W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
194	3 rd W-2/1099-R		W2 State Withholding 2 Or 1099-R State Withholding 2	Number
195	4 th W-2/1099-R		Form Type	W2 or 1099R

Tax Item (Identifier)	Source	Location	Description	Format
196	4 th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
197	4 th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
198	4 th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
199	4 th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
200	4 th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
201	4 th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
202	4 th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
203	4 th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 1	Two letter state code
204	4 th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
205	4 th W-2/1099-R		W2 State Withholding 2 Or 1099-R State Withholding 2	Number
206	5 th W-2/1099-R		Form Type	W2 or 1099R
207	5 th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
208	5 th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
209	5 th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
210	5 th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
211	5 th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
212	5 th W-2/1099-R		W2 State Wages 1 Or	Number

Tax Item (Identifier)	Source	Location	Description	Format
			Blank for 1099-R	
213	5 th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
214	5 th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 1	Two letter state code
215	5 th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
216	5 th W-2/1099-R		W2 State Withholding 2 Or 1099-R State Withholding 2	Number
217	6 th W-2/1099-R		Form Type	W2 or 1099R
218	6 th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
219	6 th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
220	6 th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
221	6 th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
222	6 th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
223	6 th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
224	6 th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
225	6 th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 1	Two letter state code
226	6 th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
227	6 th W-2/1099-R		W2 State Withholding 2 Or 1099-R State Withholding 2	Number
228	7 th W-2/1099-R		Form Type	W2 or 1099R
229	7 th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)

Tax Item (Identifier)	Source	Location	Description	Format
230	7 th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
231	7 th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
232	7 th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
233	7 th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
234	7 th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
235	7 th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
236	7 th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 1	Two letter state code
237	7 th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
238	7 th W-2/1099-R		W2 State Withholding 2 Or 1099-R State Withholding 2	Number
239	8 th W-2/1099-R		Form Type	W2 or 1099R
240	8 th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
241	8 th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
242	8 th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
243	8 th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
244	8 th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
245	8 th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
246	8 th W-2/1099-R		W2 State Withholding 1 Or	Number

Tax Item (Identifier)	Source	Location	Description	Format
			1099-R Withholding 1	
247	8 th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 1	Two letter state code
248	8 th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
249	8 th W-2/1099-R		W2 State Withholding 2 Or 1099-R State Withholding 2	Number
250	9 th W-2/1099-R		Form Type	W2 or 1099R
251	9 th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
252	9 th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
253	9 th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
254	9 th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
255	9 th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
256	9 th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
257	9 th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
258	9 th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 1	Two letter state code
259	9 th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
260	9 th W-2/1099-R		W2 State Withholding 2 Or 1099-R State Withholding 2	Number
261	10 th W-2/1099-R		Form Type	W2 or 1099R
262	10 th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
263	10 th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number

Tax Item (Identifier)	Source	Location	Description	Format
264	10 th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
265	10 th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
266	10 th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
267	10 th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
268	10 th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
269	10 th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 1	Two letter state code
270	10 th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
271	10 th W-2/1099-R		W2 State Withholding 2 Or 1099-R State Withholding 2	Number
272	Official Trailer		Trailer Static String	EOD*