

TAX YEAR:

DO NOT WRITE OR STAPLE IN THIS AREA

RESIDENT AMENDED DELAWARE PERSONAL INCOME TAX RETURN FOR TAX YEARS BEGINNING 2000

or Fiscal year beginning and ending

ATTACH LABEL

Personal information section including Social Security Numbers, Filing Status (Single, Married, etc.), and Home Address.

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

Main tax calculation table with 28 rows (1-28) and columns for description, original amount, and corrected amounts.

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

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.

Signature and verification section for the taxpayer and paid preparer, including fields for signatures, dates, and business phone numbers.

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
- 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.

CHILD CARE CREDIT WORKSHEET

1. ENTER TOTAL AMOUNT FROM LINE 9, FEDERAL FORM 2441 OR LINE 9, SCHEDULE 2 (FEDERAL FORM AND/OR SCHEDULE MUST BE ATTACHED)..... _____

2. MULTIPLY THE AMOUNT ON LINE 1 BY 50%. ENTER AMOUNT HERE AND ON PAGE 1, LINE 12 OF RETURN _____

NOTE: IF YOU AND YOUR SPOUSE FILE A JOINT FEDERAL RETURN BUT ELECT TO FILE SEPARATE OR COMBINED SEPARATE RETURNS FOR DELAWARE, THE CREDIT IS ALLOWED TO THE SPOUSE WITH THE LOWER TAXABLE INCOME.

ADDITIONAL STANDARD DEDUCTION WORKSHEET

	65 OR OVER	BLIND	TOTAL NO.	TOTAL AMOUNT
1. SELF.....	<input type="checkbox"/>	<input type="checkbox"/>	_____ X 2500 =	_____
2. SPOUSE.....	<input type="checkbox"/>	<input type="checkbox"/>	_____ X 2500 =	_____

NOTE: IF YOU ARE FILING A COMBINED SEPARATE RETURN, ENTER THE TOTAL FOR EACH APPROPRIATE COLUMN. IF YOU ARE FILING A JOINT RETURN, ADD THE TOTAL OF LINES 1 AND 2 AND ENTER ON PAGE 1, LINE 3.

TAX RATE SCHEDULE

IF INCOME ON LINE 5 IS:		YOUR TAX IS:
AT LEAST	BUT NOT OVER	
\$ 0.	\$ 2,000.	\$ 0.
2,000.	5,000.	2.20% OF AMOUNT OVER \$2,000.
5,000.	10,000.	\$66.00 + 3.90% OF AMOUNT OVER \$5,000.
10,000.	20,000.	\$261.00 + 4.80% OF AMOUNT OVER \$10,000.
20,000.	25,000.	\$741.00 + 5.20% OF AMOUNT OVER \$20,000.
25,000.	60,000.	\$1,001.00 + 5.55% OF AMOUNT OVER \$25,000.
60,000 AND OVER		\$2,943.50 + 5.95% OF AMOUNT OVER \$60,000.

DELAWARE DIVISION OF REVENUE TELEPHONE AND ADDRESS INFORMATION

NEW CASTLE COUNTY
 Carvel State Office Building
 820 North French Street
 Wilmington, DE 19801
 (302) 577-8200

KENT COUNTY
 Thomas Collins Building
 540 South DuPont Highway
 Dover, DE 19901
 (302) 744-1085

SUSSEX COUNTY
 422 North DuPont Highway
 Suite 2
 Georgetown, DE 19947
 (302) 856-5358

Toll-free telephone number (Delaware only) 1-800-292-7826

(REVISED 11/20/00)