

2000

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DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning and ending

Your Social Security No. Spouse's Social Security No.

(Attach Label Here)

FILING STATUS (MUST CHECK ONE) 1. Single, Divorced, Widow(er) 2. Joint 3. Married & Filing Separate Forms 4. Married & Filing Combined Separate on this form 5. Head of Household

Your Last Name First Name and Middle Initial Jr., Sr., III., etc.

Spouse's Last Name Spouse's First Name Jr., Sr., III., etc.

Present Home Address (Number and Street) Apt. #

City State Zip Code

If you were a part-year resident in 2000, give the dates you resided in Delaware. From 2000 To 2000 Month Day Month Day

Form DE2210 Attached Filing Status 4 ONLY Spouse Information COLUMN A All other filing statuses You or You plus Spouse COLUMN B

1. DELAWARE ADJUSTED GROSS INCOME (Enter amount from Page 2, Line 39) 1 00 00

2a. If you elect the DELAWARE STANDARD DEDUCTION check here... Filing Statuses 1, 3 & 5 Enter \$3250 in Column B Filing Status 4 Enter \$3250 in Column A and in Column B Filing Status 2 Enter \$6500 in Column B If you elect to use Filing Status 3 or 4, both you and your spouse must compute your taxable income the same way. See instructions, page 5

b. If you elect the DELAWARE ITEMIZED DEDUCTIONS check here... Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from page 2, Line 46 in Column B Filing Status 4 enter Itemized Deductions from Page 2, Line 46 in Columns A and B 2 00 00

3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions) CHECK BOX(ES) Column A - if SPOUSE was 65 or over Blind Column B - if YOU were 65 or over Blind Multiply the number of boxes checked above 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 3 00 00

4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here 4 00 00

5. TAXABLE INCOME - Subtract Line 4 from Line 1, Compute Tax on this Amount 5 00 00

6. Tax Liability from Tax Rate Table/Schedule Column A Column B 6 00 00
7. Tax on Lump Sum Distribution (Form 329) 7 00 00
8. TOTAL TAX - Add Lines 6 and 7 and enter here 8 00 00

PERSONAL CREDITS (See instructions, page 6). If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.

9a. Enter number of exemptions claimed on Federal return X \$110. 9a 00 00
On Line 9a, enter the number of exemptions for: Column A Column B

9b. CHECK BOX(ES) Spouse 60 or over (Column A) Self 60 or over (Column B) Enter number of boxes checked on Line 9b. X \$110. 9b 00 00

10. Tax imposed by State of (Must attach a signed copy of return) 10 00 00

11. Volunteer Firefighter/Other Non-Refundable Credits (See Instructions, page 6) 11 00 00

12. Child Care Credit (Must attach Federal Form 2441; Sch. 2, 1040A) (Enter 50% of Federal credit) 12 00 00

13. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11 & 12 and enter here 13 00 00

14. BALANCE (Subtract Line 13 from Line 8.) Cannot be less than ZERO 14 00 00

15. Delaware Tax withheld (W2's/1099 Required) 15 00 00

16. 2000 Estimated Tax Paid & Payments with Extensions 16 00 00

17. S Corporation Payments (Form 1100S/A-1 Required) 17 00 00

18. TOTAL Refundable Credits. Add Lines 15, 16, and 17 and enter here 18 00 00

19. BALANCE DUE. If Line 14 is more than Line 18, subtract 18 from 14 and enter here 19 00 00

20. OVERPAYMENT. If Line 18 is more than Line 14, subtract 14 from 18 and enter here 20 00 00

21. CONTRIBUTIONS TO SPECIAL FUNDS A. Non-Game Wildlife B. U.S. Olympics C. Emergency Housing D. Children's Trust E. Breast Cancer Educ. F. Organ Donations G. Diabetes Educ. Add Lines A through G and enter here ENTER > 21 00

22. AMOUNT OF LINE 20 TO BE APPLIED TO 2001 ESTIMATED TAX ACCOUNT ENTER > 22 00

23. PENALTIES AND INTEREST DUE (If Line 19 is greater than \$400, see estimated tax instructions) ENTER > 23 00

24. NET BALANCE DUE (For Filing Status 4, see instructions, page 8) PAY IN FULL > 24 00
For all other filing statuses, enter the amount due (Line 19 plus Lines 21 and 23)

25. NET REFUND (For Filing Status 4, see instructions, page 8) TO BE REFUNDED/ZERO DUE > 25 00
For all other filing statuses, subtract Lines 21, 22 and 23 from Line 20

Yes, I'd like my refund deposited directly to my account! (Fill out Section D on Page 2)

ATTACH LABEL

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

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.

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

Filing Status 4 ONLY Spouse Information COLUMN A	All other filing statuses You or You plus Spouse COLUMN B
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SECTION A - ADDITIONS (+)

26. Enter Federal AGI amount from Federal 1040, Line 33; 1040A, Line 19; 1040EZ, Line 4, or telefile, Line I	26		00		00
27. Interest on State & Local obligations other than Delaware.....	27		00		00
28. Fiduciary adjustment, oil depletion.....	28		00		00
29. TOTAL - Add Lines 27 and 28.....	29		00		00
30. Subtotal (Add Lines 26 and 29).....	30		00		00

SECTION B - SUBTRACTIONS (-)

31. Interest received on U.S. Obligations.....	31		00		00
32. Pension/Retirement Exclusions (See instructions).....	32		00		00
33. Delaware State tax refund, Delaware lottery, fiduciary adjustment, work opportunity tax credit Travelink Program, Delaware NOL Carry forward.....	33		00		00
34. Taxable Soc. Sec./RR Retirement Benefits/Higher Educ. Excl./Certain Lump Sum Dist. (See instr.).....	34		00		00
35. SUBTOTAL (Add Lines 31, 32, 33, and 34 and enter here).....	35		00		00
36. Subtotal (Subtract Line 35 from Line 30).....	36		00		00
37. Exclusion for certain persons 60 and over or disabled (See instructions).....	37		00		00
38. Total - Add Lines 35 and 37.....	38		00		00
39. DELAWARE ADJUSTED GROSS INCOME. Subtract Line 38 from Line 30. Enter here and on Page1, Line 1.....	39		00		00

SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A) If Columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.

40. Enter total Itemized Deductions from Schedule A, Federal Form 1040, Line 28.....	40		00		00
41. Enter Foreign Taxes Paid (See instructions).....	41		00		00
42. Enter Charitable Mileage Deduction (See instructions).....	42		00		00
43. Self-Employed Health Insurance Deduction (See instructions).....	43		00		00
44. SUBTOTAL - Add Lines 40, 41, 42, and 43 and enter here.....	44		00		00
45a. Enter State Income Tax included in Line 40 above (See instructions).....	45a		00		00
45b. Enter Charitable Contributions - Form 700 Tax Credits (See instructions).....	45b		00		00
46. TOTAL - Subtract Line 45a and 45b from Line 44. Enter here and on Page 1, Line 2 (See instructions)..	46		00		00

SECTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b and c below. See instructions for details.

a. Routing Number

b. Type: Checking Savings

c. Account Number

BE SURE TO SIGN YOUR RETURN BELOW

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	Signature of paid preparer	Date
Spouse's signature (If filing joint or combined return)	Date	Address-Zip code	
Home phone	Business phone	Business phone	EIN, SSN, or PTIN

NET BALANCE DUE (LINE 24):	NET REFUND (LINE 25):	ZERO (LINE 25):
DELAWARE DIVISION OF REVENUE P.O. BOX 508 WILMINGTON, DE 19899-0508	DELAWARE DIVISION OF REVENUE P.O. BOX 8765 WILMINGTON, DE 19899-8765	DELAWARE DIVISION OF REVENUE P.O. BOX 8711 WILMINGTON, DE 19899-8711

**MAKE CHECKS PAYABLE TO: DELAWARE DIVISION OF REVENUE
REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN**