

2001 EZ DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-03 EZ

DO NOT WRITE OR STAPLE IN THIS AREA

ATTACH LABEL

Your Social Security No.		Spouse's Social Security No.	
(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS			
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 2001, give the dates you resided in Delaware.

From _____ 2001 To _____ 2001

Month Day Month Day

FILING STATUS (MUST CHECK ONE)

1. Single, Divorced
Widow(er) 2. Joint 5. Head of Household

CHECK IF: **YOU WERE 65 OR OVER** **BLIND** CHECK IF: **SPOUSE WAS 65 OR OVER** **BLIND**

1. ENTER AMOUNT FROM FEDERAL RETURN (See instructions on back).....	1		00
2. Pension/Retirement Exclusion (See instructions on back).....	2		00
3. Delaware Adjusted Gross Income. Subtract Line 2 from Line 1.....	3		00
4. Standard Deduction: Filing Statuses 1 & 5 Enter \$3250 Filing Status 2 Enter \$6500.....	4		00
5. ADDITIONAL STANDARD DEDUCTION FROM WORKSHEET (See back).....	5		00
6. Add Lines 4 and 5.....	6		00
7. Subtract Line 6 from Line 3. This is your TAXABLE INCOME Compute Tax on this Amount or Use the Tax Table.....	7		00
8. Tax Liability from Tax Table/Schedule.....	8		00
9a. Enter number of exemptions claimed on Federal Return. _____ X \$110.....	9a		00
9b. CHECK BOX(ES): If you were 60 or over <input type="checkbox"/> Spouse was 60 or over (Filing Status 2) <input type="checkbox"/> Enter number of boxes checked _____ X \$110.....	9b		00
10. Tax imposed by State of _____ (Must attach a signed copy of return).....	10		00
11. TOTAL Non-Refundable Credits. Add Lines 9a, 9b & 10 and enter here.....	11		00
12. BALANCE. Subtract Line 11 from Line 8 and enter here. If Line 11 is greater than Line 8, enter "0" (ZERO)..	12		00
13. Delaware Tax Withheld (W-2's/1099's required).....	13		00
14. 2001 Estimated Tax and Extension Payments.....	14		00
15. TOTAL Refundable Credits. Add Lines 13 and 14 and enter here	15		00
16. BALANCE DUE. If Line 12 is more than Line 15, subtract Line 15 from Line 12 and enter here.....>	16		00
17. OVERPAYMENT. If Line 15 is more than Line 12, subtract Line 12 from Line 15 and enter here.....>	17		00

18. CONTRIBUTIONS TO SPECIAL FUNDS			
A. Non-Game Wildlife	<input type="text"/>	<input type="text"/>	00
B. U.S. Olympics	<input type="text"/>	<input type="text"/>	00
C. Emergency Housing	<input type="text"/>	<input type="text"/>	00
D. Children's Trust	<input type="text"/>	<input type="text"/>	00
E. Breast Cancer Educ.	<input type="text"/>	<input type="text"/>	00
F. Organ Donations	<input type="text"/>	<input type="text"/>	00
G. Diabetes Educ.	<input type="text"/>	<input type="text"/>	00
Add Lines A through G and enter here.....	ENTER >	18	00
19. AMOUNT OF LINE 17 TO BE APPLIED TO 2002 ESTIMATED TAX ACCOUNT.....	ENTER >	19	00
20. PENALTIES AND INTEREST DUE. If Line 16 is greater than \$400, see estimated tax instructions... ENTER >	ENTER >	20	00
21. NET BALANCE DUE. Add Lines 16, 18 and 20 and enter here.....	PAY IN FULL >	21	00
22. NET REFUND. Subtract Lines 18, 19 and 20 from Line 17.....	TO BE REFUNDED/ZERO DUE >	22	00

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 on back for details.

a. Routing Number

b. Type: Checking Savings

c. Account Number

STAPLE W-2 FORMS 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.

Your Signature	Date	Signature of Paid Preparer	Date
Spouse's Signature	Date	Address-Zip code	
Home Phone	Business Phone	Business Phone	EIN, SSN, or PTIN

200-03 FORM EZ 2001 INSTRUCTIONS

You **CAN** use this form **ONLY** if:

1. Your filing status is **SINGLE, JOINT, HEAD OF HOUSEHOLD, DIVORCED OR WIDOW(ER) on December 31, 2001.**
2. Your income is entirely from wages, salaries, tips, unemployment compensation, pension, and interest. Interest income must be \$400 or less.
3. You elect to take the Standard Deduction.
4. You are a full-year resident or part-year resident electing to file as a full-year resident.
5. Your tax credits are limited to personal credits, a credit for taxes paid to another state, Delaware withholding and estimated tax payments.

Please have your federal income tax return completed before completing your Delaware return. Your federal return will be used to prepare your Delaware return. You must also have your other state return(s) completed in order to enter the correct amount on Line 10 (if entitled). **DO NOT enter the amount paid to another state from your W-2s. YOU MUST use the amount from your other state return(s) and include a copy with this return in order to take a credit on Line 10.**

LINE-BY-LINE INSTRUCTIONS

Line 1 - Enter the amount from Federal Form 1040EZ, Line 4; Federal Form 1040A, Line 19; Federal Form 1040, Line 33; or telefile form Line I.

Line 2 - PENSION EXCLUSION - Amounts received as pensions from employers (including pensions of a deceased individual) may qualify for an exclusion from Delaware taxable income, subject to the limitations described below.

RETIREMENT - NON-PENSION INCOME - Delaware Tax Law authorizes an exclusion of up to \$12,500 from eligible retirement income for individuals age 60 or older. Eligible retirement income will include dividends, interest, capital gains, net rental income and many qualified retirement plans (IRC Sec. 4974), such as IRAs and Keogh plans, and government-deferred compensation plans. If you have eligible retirement income, other than interest, you must file Form 200-01.

NOTE: A taxpayer is entitled to **ONLY ONE** exclusion when receiving more than one pension. A husband and wife who both receive pensions are each entitled to an exclusion. A pension exclusion **CANNOT** exceed the total of pension and other qualified retirement income claimed as income on Line 1.

Age	Amount of Exclusion
Under 60	\$2,000 or amount of pension (whichever is less)
60 or over	\$12,500 or amount of pension and eligible retirement income (whichever is less)

NOTE: Individuals 60 years of age or over with income of less than \$10,000 on Line 3 should consider filing Form 200-01 if they qualify for the "60 or Over or Disabled" Exclusion (see Instruction booklet, Page 9, Line 37).

Line 4 - Enter your standard deduction as follows:
 \$3,250 - Single, Divorced, Widow(er), Head of Household
 \$6,500 - Married Filing Joint

Line 5 - Enter the total from the worksheet below on Line 5.

ADDITIONAL STANDARD DEDUCTION WORKSHEET				
Check if:	65 or over	Blind	No. Boxes Checked	Amount
You are	<input type="checkbox"/>	<input type="checkbox"/>	_____	X 2,500 = _____
Spouse is	<input type="checkbox"/>	<input type="checkbox"/>	_____	X 2,500 = _____
			Total	_____

Line 7 - Subtract amount on Line 6 from amount on Line 3 and enter.

Line 8 - Compute your tax using the taxable income (Line 7). You **MUST**

use the tax tables if Line 7 is under \$60,000 or, the tax rate schedule if Line 7 is \$60,000 or over.

Line 9a - PERSONAL CREDITS - Enter the number of exemptions claimed on your federal return. Multiply number by \$110 and enter on Line 9a.

NOTE: If you are claimed as a dependent on another person's return you **CANNOT** take a personal credit on your Delaware return. Enter "0" on Line 9a.

Line 9b - ADDITIONAL PERSONAL CREDITS - If you or your spouse were 60 years of age or older on December 31, 2001:

1. Check the appropriate box(es) on Line 9b.
2. Enter the total number of box(es) checked and multiply this number by \$110. Enter total on Line 9b.

Line 10 - Other State Tax Credit - If you are a resident of Delaware (or elect to be taxed as one) and pay income tax to another state which is also included in your Delaware taxable income, the law allows you a tax credit against your Delaware income tax. **Do not include city wage taxes or county taxes that may be payable with your other state return.** See page 6 of the Delaware Resident Instruction Booklet for additional information.

Line 12 - Subtract Line 11 from Line 8 to determine the balance of the tax liability. If Line 11 is more than Line 8, enter "0" (zero).

Line 13 - Enter total amount of Delaware State Income tax withheld from your W-2 and 1099R Form(s). **Do not include other state or local taxes withheld from your W-2 on this line.**

Line 14 - ESTIMATED TAX - Enter total quarterly estimated tax payments for 2001 including any credit carryover from your 2000 return. To receive credit for fourth quarter estimated tax payments, they must have been made by January 15, 2002. Also, enter the amount paid with Form 1027 (Automatic Extension) on this line. See page 3 of the Delaware Resident Instruction Booklet for more information regarding the requirement to file Estimated Taxes. Also on page 4 is information regarding penalties for the failure to file Estimated Taxes.

Line 18 - If you wish to contribute a donation to one or more of these worthwhile funds, enter the amount(s) in the appropriate box(es). **The minimum amount of contribution is \$1.00.** Enter the total of all contributions on Line 18.

Line 19 - If you wish to apply a portion of your overpayment to your 2002 Delaware Estimated Tax Account, enter the amount to be applied on Line 19.

Note: An amount entered on Line 19 will reduce the amount of your overpayment refunded to you.

Line 20 - If you owe penalties and interest you may choose to compute the amount of penalties and interest due, or you may leave Line 20 blank and the Division of Revenue will calculate the amount and send you a bill.

Line 21 - If you have a Balance Due on Line 16, add Lines 16, 18 and 20. Enter the total on Line 21 and pay in full.

Line 22 - If you do not have a balance due or a refund due, enter "0" (Zero) on Line 22. If you have an overpayment on Line 17, subtract Lines 18, 19 and 20 from Line 17. Enter the amount of overpayment to be refunded to you on Line 22.

Direct Deposit Information

Complete the Direct Deposit Information section if you want us to directly deposit the amount shown on Line 22 into your bank account. You can check with your financial institution to make sure your deposit will be accepted and to get the correct routing and account numbers. Detailed instructions are included in the Delaware Resident Instruction Booklet. **Note: If your return is adjusted by \$10.00 or more, a paper check will be issued and mailed to the address on your return.**

Sign and date the return.

NET BALANCE DUE (LINE 21):

DELAWARE DIVISION OF REVENUE
 P.O. BOX 508
 WILMINGTON, DE 19899-0508

NET REFUND (LINE 22):

DELAWARE DIVISION OF REVENUE
 P.O. BOX 8765
 WILMINGTON, DE 19899-8765

ZERO (LINE 22):

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**