

FORM ADDRESSES

FORM ADDRESSES FOR RESIDENT RETURN

DELAWARE DIVISION OF REVENUE
PO BOX 8753 WILMINGTON, DE 19899-8753
PO BOX 8710 WILMINGTON, DE 19899-8710
PO BOX 8711 WILMINGTON, DE 19899-8711
PO BOX 8752 WILMINGTON, DE 19899-8752
PO BOX 8772 WILMINGTON, DE 19899-8772
PO BOX 8711 WILMINGTON, DE 19899-8711

If a 2D barcode (black and white box) appears in the upper right corner of page 1 of this form, send the return to one of the following addresses:

MAKE CHECKS PAYABLE AND MAIL TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8753, WILMINGTON, DELAWARE 19899-8753
MAIL REFUND DUE RETURNS TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8710, WILMINGTON, DELAWARE 19899-8710
MAIL ZERO DUE RETURNS TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8711, WILMINGTON, DELAWARE 19899-8711

If a 2D barcode (black and white box) DOES NOT appear in the upper right corner of page 1 of this form, send the return to one of the following addresses:

MAKE CHECKS PAYABLE AND MAIL TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8752, WILMINGTON, DELAWARE 19899-8752
MAIL REFUND DUE RETURNS TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8772, WILMINGTON, DELAWARE 19899-8772
MAIL ZERO DUE RETURNS TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8711, WILMINGTON, DELAWARE 19899-8711

MAKE CHECKS PAYABLE TO: DELAWARE DIVISION OF REVENUE

REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

FORM ADDRESSES FOR NON-RESIDENT RETURN

DELAWARE DIVISION OF REVENUE
PO BOX 8753 WILMINGTON, DE 19899-8753
PO BOX 8710 WILMINGTON, DE 19899-8710
PO BOX 8711 WILMINGTON, DE 19899-8711
PO BOX 508 WILMINGTON, DE 19899-0508
PO BOX 8765 WILMINGTON, DE 19899-8765
PO BOX 8711 WILMINGTON, DE 19899-8711

If a 2D barcode (black and white shaded box) appears in the upper right corner of page 1 of this form, send the return to one of the following addresses:

NET BALANCE DUE (LINE 24): DELAWARE DIVISION OF REVENUE, P.O. BOX 8753, WILMINGTON, DE 19899-8753
NET REFUND (LINE 25): DELAWARE DIVISION OF REVENUE, P.O. BOX 8710, WILMINGTON, DE 19899-8710
ZERO (LINE 25): DELAWARE DIVISION OF REVENUE, P.O. BOX 8711, WILMINGTON, DE 19899-8711

If a 2D barcode (black and white shaded box) DOES NOT appear in the upper right corner of page 1 of this form, send the return to one of the following addresses:

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

2002

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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. 400-00-5812 Spouse's Social Security No. 400-00-5813

(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS

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

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

Present Home Address (Number and Street) 116 BRAVE MAN AVE Apt. #

City CLAYMONT State DE Zip Code 19703

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

Form DE2210 Attached

If you were a part-year resident in 2002, give the dates you resided in Delaware.

From 2002 To 2002 Month Day Month Day

Column A is for Spouse information, filing status 4 only. All other filing statuses use Column B. Column A 90,506 00 Column B 15,911 00

1. DELAWARE ADJUSTED GROSS INCOME. Enter amount from reverse side, Line 39 1 90,506 00 15,911 00

2a. If you elect the DELAWARE STANDARD DEDUCTION check here... 2b. If you elect the DELAWARE ITEMIZED DEDUCTIONS check here... 2 25,496 00 0 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 3 0 00 0 00

4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here 4 25,496 00 0 00

5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount 5 65,010 00 15,911 00

6. Tax Liability from Tax Rate Table/Schedule 6 3,242 00 545 00 7. Tax on Lump Sum Distribution (Form 329) 7 0 00 0 00 8. TOTAL TAX - Add Lines 6 and 7 and enter here 8 3,242 00 545 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 3 X \$110. 9a 110 00 220 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 0 00 0 00

10. Tax imposed by State of (Must attach a signed copy of return) 10 0 00 0 00

11. Volunteer Firefighter/Other Non-Refundable Credits (See Instructions) 11 0 00 0 00

12. Child Care Credit. Must attach Form 2441; Sch. 2, 1040A (Enter 50% of Federal credit) 12 0 00 0 00

13. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11 & 12 and enter here 13 110 00 220 00

14. BALANCE. Subtract Line 13 from Line 8. If Line 13 is greater than Line 8, enter "0" (Zero) 14 3,132 00 325 00

15. Delaware Tax withheld (W2's/1099 Required) 15 7,346 00 220 00

16. 2002 Estimated Tax Paid & Payments with Extensions 16 0 00 0 00

17. S Corporation Payments Form 1100S/A-1 Required 17 0 00 0 00

18. TOTAL Refundable Credits. Add Lines 15, 16 and 17 and enter here 18 7,346 00 220 00

19. BALANCE DUE. If Line 14 is greater than Line 18, subtract 18 from 14 and enter here 19 0 00 1,050 00

20. OVERPAYMENT. If Line 18 is greater than Line 14, subtract 14 from 18 and enter here 20 4,214 00 0 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. H. Veteran's Home Add Lines A thru H and enter here ENTER > 21 0 00 0 00 0 00 0 00 0 00

22. AMOUNT OF LINE 20 TO BE APPLIED TO 2003 ESTIMATED TAX ACCOUNT ENTER > 22 0 00

23. PENALTIES AND INTEREST DUE. If Line 19 is greater than \$400, see estimated tax instructions ENTER > 23 0 00

24. NET BALANCE DUE (For Filing Status 4, see instructions, page 8) PAY IN FULL > 24 0 00

For all other filing statuses, enter Line 19 plus Lines 21 and 23

25. NET REFUND (For Filing Status 4, see instructions, page 8) ZERO DUE/TO BE REFUNDED > 25 4,109 00

For all other filing statuses, subtract Lines 21, 22 and 23 from Line 20

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. See page 8 worksheet.) 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 35; 1040A, Line 21; 1040EZ, Line 4, or telefile, Line I	26	90,506	00	15,911	00
27. Interest on State & Local obligations other than Delaware.....	27	0	00	0	00
28. Fiduciary adjustment, oil depletion.....	28	0	00	0	00
29. TOTAL - Add Lines 27 and 28.....	29	0	00	0	00
30. Subtotal. Add Lines 26 and 29.....	30	90,506	00	15,911	00

SECTION B - SUBTRACTIONS (-)

31. Interest received on U.S. Obligations.....	31	0	00	0	00
32. Pension/Retirement Exclusions (See instructions).....	32	0	00	0	00
33. Delaware State tax refund, Delaware lottery, fiduciary adjustment, work opportunity tax credit Travelink Program, Delaware NOL Carry forward.....	33	0	00	0	00
34. Taxable Soc. Sec./RR Retirement Benefits/Higher Educ. Excl./Certain Lump Sum Dist. (See instr.).....	34	0	00	0	00
35. SUBTOTAL. Add Lines 31, 32, 33, and 34 and enter here.....	35	0	00	0	00
36. Subtotal. Subtract Line 35 from Line 30.....	36	0	00	0	00
37. Exclusion for certain persons 60 and over or disabled (See instructions).....	37	0	00	0	00
38. Total - Add Lines 35 and 37.....	38	0	00	0	00
39. DELAWARE ADJUSTED GROSS INCOME. Subtract Line 38 from Line 30. Enter here and on Front, Line 1.....	39	90,506	00	15,911	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	33,062	00	0	00
41. Enter Foreign Taxes Paid (See instructions).....	41	0	00	0	00
42. Enter Charitable Mileage Deduction (See instructions).....	42	0	00	0	00
43. Self-Employed Health Insurance Deduction (See instructions).....	43	0	00	0	00
44. SUBTOTAL. Add Lines 40, 41, 42, and 43 and enter here.....	44	33,062	00	0	00
45a. Enter State Income Tax included in Line 40 above (See instructions).....	45a	7,566	00	0	00
45b. Enter line 11 from Form 700 Tax Credits (See instructions).....	45b	0	00	0	00
46. TOTAL. Subtract Line 45a and 45b from Line 44. Enter here and on Front, Line 2 (See instructions).....	46	25,496	00	0	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 AND KEEP A COPY FOR YOUR RECORDS

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**

a Control number		22222		OMB No. 1545-0008		
b Employer identification number 51-1234577			1 Wages, tips, other compensation 15,911	2 Federal income tax withheld 749.00		
c Employer's name, address, and ZIP code HEALTH CARE UNLIMITED 987 EAST MEDICAL AVE WILMINGTON, DE 19802			3 Social security wages 15,911	4 Social security tax withheld		
			5 Medicare wages and tips	6 Medicare tax withheld		
			7 Social security tips	8 Allocated tips		
d Employee's social security number 400-00-5812			9 Advance EIC payment	10 Dependent care benefits		
e Employee's first name and initial Last name JOHNNY BRAVO 116 BRAVE MAN AVE CLAYMONT, DE 19703			11 Nonqualified plans	12a		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12b		
			14 Other	12c		
				12d		
f Employee's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
DE	51-1234577	15,911	220.00			

Form **W-2** Wage and Tax Statement
Copy 1 For State, City, or Local Tax Department

2002
(Rev. February 2002)

Department of the Treasury- Internal Revenue Service

a Control number		22222		OMB No. 1545-0008	
b Employer identification number			1 Wages, tips, other compensation		2 Federal income tax withheld
51-1020309			90,506		15679
c Employer's name, address, and ZIP code JACK'S CAR DETAILING 123 WASHINGTON STREET BETHANY BEACH, DE 19930			3 Social security wages		4 Social security tax withheld
			90,506		
			5 Medicare wages and tips		6 Medicare tax withheld
d Employee's social security number			7 Social security tips		8 Allocated tips
			400-00-5813		9 Advance EIC payment
e Employee's first name and initial Last name JANICE BRAVO 116 BRAVE MAN AVE CLAYMONT, DE 19703			10 Dependent care benefits		
			11 Nonqualified plans		12a
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b
			14 Other		12c
f Employee's address and ZIP code					12d
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
DE 51-1020309		90,506	7,346		
					20 Locality name

Form **W-2** Wage and Tax Statement
 Copy 1 For State, City, or Local Tax Department

2002
 (Rev. February 2002)

Department of the Treasury- Internal Revenue Service

2002

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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. 400-00-5801 Spouse's Social Security No. 400-00-5802

(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS

Your Last Name: JETSON, First Name and Middle Initial: GEORGE, Jr., Sr., III., etc.: Spouse's Last Name: JETSON, Spouse's First Name: JANE, Jr., Sr., III., etc.: Present Home Address (Number and Street): 111 SPACESHIP BLVD., Apt. #: City: WILMINGTON, State: DE, Zip Code: 19804

ATTACH LABEL

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

Form DE2210 Attached If you were a part-year resident in 2002, give the dates you resided in Delaware. From 2002 To 2002

Column A is for Spouse information, filing status 4 only. All other filing statuses use Column B.

1. DELAWARE ADJUSTED GROSS INCOME. Enter amount from reverse side, Line 39 1 89,493 00 98,639 00

2a. If you elect the DELAWARE STANDARD DEDUCTION check here... 2b. If you elect the DELAWARE ITEMIZED DEDUCTIONS check here... 2 8,428 00 12,058 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 3 0 00 0 00

4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here 4 8,428 00 12,947 00

5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount 5 81,065 00 86,581 00

6. Tax Liability from Tax Rate Table/Schedule 6 4,197 00 4,526 00 7. Tax on Lump Sum Distribution (Form 329) 7 0 00 0 00 8. TOTAL TAX - Add Lines 6 and 7 and enter here > 8 4,197 00 4,526 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 4 X \$110. 9a 220 00 220 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 0 00 0 00

10. Tax imposed by State of (Must attach a signed copy of return) 10 0 00 0 00

11. Volunteer Firefighter/Other Non-Refundable Credits (See Instructions) 11 0 00 0 00

12. Child Care Credit. Must attach Form 2441; Sch. 2, 1040A (Enter 50% of Federal credit) 12 0 00 0 00

13. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11 & 12 and enter here 13 220 00 220 00

14. BALANCE. Subtract Line 13 from Line 8. If Line 13 is greater than Line 8, enter "0" (Zero) 14 3,977 00 4,306 00

15. Delaware Tax withheld (W2's/1099 Required) 15 2,934 00 3,405 00

16. 2002 Estimated Tax Paid & Payments with Extensions 16 0 00 0 00

17. S Corporation Payments Form 1100S/A-1 Required 17 0 00 0 00

18. TOTAL Refundable Credits. Add Lines 15, 16 and 17 and enter here > 18 2,934 00 3,405 00

19. BALANCE DUE. If Line 14 is greater than Line 18, subtract 18 from 14 and enter here > 19 1,043 00 901 00

20. OVERPAYMENT. If Line 18 is greater than Line 14, subtract 14 from 18 and enter here > 20 0 00 0 00

21. CONTRIBUTIONS TO SPECIAL FUNDS A. Non-Game Wildlife 0 00 B. U.S. Olympics 0 00 C. Emergency Housing 0 00 D. Children's Trust 0 00 E. Breast Cancer Educ. 0 00 F. Organ Donations 0 00 G. Diabetes Educ. 0 00 H. Veteran's Home 0 00 Add Lines A thru H and enter here ENTER > 21 0 00

22. AMOUNT OF LINE 20 TO BE APPLIED TO 2003 ESTIMATED TAX ACCOUNT ENTER > 22 0 00

23. PENALTIES AND INTEREST DUE. If Line 19 is greater than \$400, see estimated tax instructions ENTER > 23 0 00

24. NET BALANCE DUE (For Filing Status 4, see instructions, page 8) PAY IN FULL > 24 1,944 00

For all other filing statuses, enter Line 19 plus Lines 21 and 23 25. NET REFUND (For Filing Status 4, see instructions, page 8) ZERO DUE/TO BE REFUNDED > 25 0 00

For all other filing statuses, subtract Lines 21, 22 and 23 from Line 20

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. See page 8 worksheet.) 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 35; 1040A, Line 21; 1040EZ, Line 4, or telefile, Line I	26	89,493	00	98,639	00
27. Interest on State & Local obligations other than Delaware.....	27	0	00	0	00
28. Fiduciary adjustment, oil depletion.....	28	0	00	0	00
29. TOTAL - Add Lines 27 and 28.....	29	0	00	0	00
30. Subtotal. Add Lines 26 and 29.....	30	0	00	0	00

SECTION B - SUBTRACTIONS (-)

31. Interest received on U.S. Obligations.....	31	0	00	0	00
32. Pension/Retirement Exclusions (See instructions).....	32	0	00	0	00
33. Delaware State tax refund, Delaware lottery, fiduciary adjustment, work opportunity tax credit Travelink Program, Delaware NOL Carry forward.....	33	0	00	0	00
34. Taxable Soc. Sec./RR Retirement Benefits/Higher Educ. Excl./Certain Lump Sum Dist. (See instr.).....	34	0	00	0	00
35. SUBTOTAL. Add Lines 31, 32, 33, and 34 and enter here.....	35	0	00	0	00
36. Subtotal. Subtract Line 35 from Line 30.....	36	0	00	0	00
37. Exclusion for certain persons 60 and over or disabled (See instructions).....	37	0	00	0	00
38. Total - Add Lines 35 and 37.....	38	0	00	0	00
39. DELAWARE ADJUSTED GROSS INCOME. Subtract Line 38 from Line 30. Enter here and on Front, Line 1.....	39	89,493	00	98,639	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	0	00	0	00
41. Enter Foreign Taxes Paid (See instructions).....	41	0	00	0	00
42. Enter Charitable Mileage Deduction (See instructions).....	42	0	00	0	00
43. Self-Employed Health Insurance Deduction (See instructions).....	43	0	00	0	00
44. SUBTOTAL. Add Lines 40, 41, 42, and 43 and enter here.....	44	10,596	00	15,463	00
45a. Enter State Income Tax included in Line 40 above (See instructions).....	45a	2,168	00	3,405	00
45b. Enter line 11 from Form 700 Tax Credits (See instructions).....	45b	0	00	0	00
46. TOTAL. Subtract Line 45a and 45b from Line 44. Enter here and on Front, Line 2 (See instructions).....	46	8,428	00	12,058	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 AND KEEP A COPY FOR YOUR RECORDS

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**

a Control number		22222		OMB No. 1545-0008		
b Employer identification number			1 Wages, tips, other compensation	2 Federal income tax withheld		
51-6345781			89,493	14,354		
c Employer's name, address, and ZIP code TWA COURIER SERVICE 978 EXPRESS DRIVE MILFORD, DE 19963			3 Social security wages	4 Social security tax withheld		
			89,493			
			5 Medicare wages and tips	6 Medicare tax withheld		
			7 Social security tips	8 Allocated tips		
d Employee's social security number			9 Advance EIC payment	10 Dependent care benefits		
400-00-5802						
e Employee's first name and initial Last name JANE JETSON 111 SPACESHIP BLVD. WILMINGTON, DE 19801			11 Nonqualified plans		12a	
			13 Statutory employee Retirement plan Third-party sick pay		12b	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
f Employee's address and ZIP code			14 Other		12c	
					12d	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
DE	51-6345781	89,493	2,934			

Form **W-2** Wage and Tax Statement
Copy 1 For State, City, or Local Tax Department

2002
(Rev. February 2002)

Department of the Treasury- Internal Revenue Service

a Control number					
b Employer identification number 51-1136789		1 Wages, tips, other compensation 98,639	2 Federal income tax withheld 15,396		
c Employer's name, address, and ZIP code MARTHA'S CATERING SERVICE 321 POTTS STREET BEAR, DE 19701		3 Social security wages 98,639	4 Social security tax withheld		
		5 Medicare wages and tips	6 Medicare tax withheld		
		7 Social security tips	8 Allocated tips		
d Employee's social security number 400-00-5801		9 Advance EIC payment	10 Dependent care benefits		
e Employee's first name and initial GEORGE JETSON 111 SPACESHIP BLVD. WILMINGTON, DE 19804		11 Nonqualified plans	12a		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other		
f Employee's address and ZIP code					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18	Locality name
DE	51-1136789	98,639	3,405		

Form **W-2** Wage and Tax Statement
 Copy 1 For State, City, or Local Tax Department

Department of the Treasury- Internal Revenue Service

2002

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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. 400-00-5806 Spouse's Social Security No. 400-00-5807

(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS

ATTACH LABEL

Personal information section including names (RUBBLE, BARNEY, RUBBLE, BETTY), address (113 BEDROCK STREET), and city/state/zip (SEAFORD, DE, 19973).

FILING STATUS (MUST CHECK ONE) section with checkboxes for Single, Married & Filing Separate Forms, Married & Filing Combined Separate on this form, Head of Household, and Joint.

Form DE2210 Attached checkbox and part-year resident information section with date fields for 2002.

Column A is for Spouse Information, filing status 4 only. All other filing statuses use Column B.

Main tax calculation table with columns for Line Number, Description, Column A, and Column B. Includes sections for Delaware Adjusted Gross Income, Deductions, Taxable Income, Tax Liability, Credits, and Balance Due.

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. See page 8 worksheet.) 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
--	---

SECTION A - ADDITIONS (+)

26. Enter Federal AGI amount from Federal 1040, Line 35; 1040A, Line 21; 1040EZ, Line 4, or telefile, Line I	26	25,496	00	26,434	00
27. Interest on State & Local obligations other than Delaware.....	27	0	00	0	00
28. Fiduciary adjustment, oil depletion.....	28	0	00	0	00
29. TOTAL - Add Lines 27 and 28.....	29	0	00	0	00
30. Subtotal. Add Lines 26 and 29.....	30	25,496	00	26,434	00

SECTION B - SUBTRACTIONS (-)

31. Interest received on U.S. Obligations.....	31	0	00	0	00
32. Pension/Retirement Exclusions (See instructions).....	32	12,500	00	0	00
33. Delaware State tax refund, Delaware lottery, fiduciary adjustment, work opportunity tax credit Travelink Program, Delaware NOL Carry forward.....	33	0	00	0	00
34. Taxable Soc. Sec./RR Retirement Benefits/Higher Educ. Excl./Certain Lump Sum Dist. (See instr.).....	34	0	00	0	00
35. SUBTOTAL. Add Lines 31, 32, 33, and 34 and enter here.....	35	12,500	00	0	00
36. Subtotal. Subtract Line 35 from Line 30.....	36	0	00	0	00
37. Exclusion for certain persons 60 and over or disabled (See instructions).....	37	0	00	0	00
38. Total - Add Lines 35 and 37.....	38	0	00	0	00
39. DELAWARE ADJUSTED GROSS INCOME. Subtract Line 38 from Line 30. Enter here and on Front, Line 1.....	39	12,996	00	26,434	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	0	00	0	00
41. Enter Foreign Taxes Paid (See instructions).....	41	0	00	0	00
42. Enter Charitable Mileage Deduction (See instructions).....	42	0	00	0	00
43. Self-Employed Health Insurance Deduction (See instructions).....	43	0	00	0	00
44. SUBTOTAL. Add Lines 40, 41, 42, and 43 and enter here.....	44	0	00	0	00
45a. Enter State Income Tax included in Line 40 above (See instructions).....	45a	0	00	0	00
45b. Enter line 11 from Form 700 Tax Credits (See instructions).....	45b	0	00	0	00
46. TOTAL. Subtract Line 45a and 45b from Line 44. Enter here and on Front, Line 2 (See instructions).....	46	0	00	0	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 AND KEEP A COPY FOR YOUR RECORDS

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)		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**

a Control number		22222		OMB No. 1545-0008	
b Employer identification number			1 Wages, tips, other compensation		2 Federal income tax withheld
51-0398467			26,434		498.00
c Employer's name, address, and ZIP code HENRY & ASSOCIATES TAX SERVICE 1040 RESIDENT DRIVE SEAFORD, DE 19973			3 Social security wages		4 Social security tax withheld
			26,434		150.00
			5 Medicare wages and tips		6 Medicare tax withheld
d Employee's social security number			7 Social security tips		8 Allocated tips
			400-00-5806		9 Advance EIC payment
e Employee's first name and initial Last name BARNEY RUBBLE 113 BEDROCK STREET SEAFORD, DE 19973			11 Nonqualified plans		12a
			13 Statutory employee Retirement plan Third-party sick pay		12b
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12c
			14 Other		12d
f Employee's address and ZIP code					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
DE	51-0398467	16,434	110.00		
					20 Locality name

Form **W-2** Wage and Tax Statement
 Copy 1 For State, City, or Local Tax Department

2002
 (Rev. February 2002)

Department of the Treasury- Internal Revenue Service

a Control number		22222		OMB No. 1545-0008	
b Employer identification number			1 Wages, tips, other compensation	2 Federal income tax withheld	
51-0054398			25,496	4,354	
c Employer's name, address, and ZIP code SPECIAL CUTZ BEAUTY SALON 222 WEST TRIM STREET HARRINGTON, DE 19952			3 Social security wages	4 Social security tax withheld	
			25,496		
			5 Medicare wages and tips	6 Medicare tax withheld	
d Employee's social security number			7 Social security tips	8 Allocated tips	
			400-00-5807		
e Employee's first name and initial Last name BETTY RUBBLE 113 BEDROCK STREET SEAFORD, DE 19973			9 Advance EIC payment	10 Dependent care benefits	
			11 Nonqualified plans	12a	
			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b	
			14 Other	12c	
f Employee's address and ZIP code			12d		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
DE	51-0054398	25,496	800.00		

Form ~~W-2~~ **Wage and Tax Statement** *1099*
 Copy 1 For State, City, or Local Tax Department

2002
 (Rev. February 2002)

Department of the Treasury- Internal Revenue Service

2002 NR

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN

FORM 200-02 and ending

or Fiscal year beginning

DO NOT WRITE OR STAPLE IN THIS AREA

Your Social Security No. **400-00-5804** Spouse's Social Security No. **400-00-5805**

(Attach Label Here) **DO NOT COVER SOCIAL SECURITY NUMBERS**

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

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

Present Home Address (Number and Street) **112 BEDROCK STREET** Apt. #

City, Town or Post Office **SEAFORD** State **DE** Zip Code **19973**

FILING STATUS (MUST CHECK ONE)

- 1. Single, Divorced Widow(er)
- 2. Joint
- 3. Married & Filing Separate Forms
- 4. Head of Household

Check if FULL-YEAR non-resident in 2002 If you were a PART-YEAR resident in 2002, give the dates you resided in Delaware.

From 03 31 2002 To 12 31 2002

Form DE2210 Attached Month Day Month Day

37. DELAWARE ADJUSTED GROSS INCOME (Enter from reverse side, Line 30B, Column 1) 37 124,432 00

38. (a) If you elect the STANDARD DEDUCTION check here..... a. Filing Statuses 1, 3 & 5 - \$3250 Filing Status 2 - \$6500

(b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36.. b. 38 16,365 00

39. ADDITIONAL STANDARD DEDUCTIONS (Not allowed with Itemized Deductions - see instructions) CHECK BOX(ES) If SPOUSE was 65 or over and/or Blind If YOU were 65 or over and/or Blind 39 0 00

40. TOTAL DEDUCTIONS - ADD LINES 38 & 39 and enter here..... 40 0 00

41. TAXABLE INCOME - Subtract Line 40 from Line 37, and Compute Tax on this Amount..... 41 108,067 00

42. Tax Liability Computation

A Line 30 A 75,349 00 Proration Decimal (See instructions, page 10) Tax Liability from Tax Rate Table/Schedule Amount

B Line 30 B 124,432 00 = 0.6055 x 5,804 00 42 3,514 00

43a. Personal Credits (See Instructions, page 10) Enter number of exemptions claimed on Federal return 2 X \$110. = 220 Multiply this amount by the proration decimal on Line 42 (X 0.6055) and enter total here..... 43a 133 00

43b. CHECK BOX(ES) Spouse 60 or Over (if filing status 2) Self 60 or Over Enter number of boxes checked on Line 43b 0 X \$110. = 0 Multiply this amount by the proration decimal on Line 42 (X 0.6055) and enter total here..... 43b 0 00

44. Tax imposed by State of MD (Must Attach Signed Copy of Return) (Part Year Residents Only. See instructions, page 10)..... 44 964 00

45. Other Non-Refundable Credits (See instructions, page 11)..... 45 0 00

46. Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45..... 46 1,097 00

47. BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero)..... 47 2,417 00

48. Delaware Tax Withheld (W-2's and/or 1099's Required)..... 48 4,964 00

49. 2002 Estimated Tax Paid & Payments with Extensions..... 49 0 00

50. S Corporation Payments (Form 1100S/A-1 Required)..... 50 0 00

51. TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, & 50..... 51 4,964 00

52. If Line 47 is greater than Line 51, subtract 51 from 47 and enter here.....AMOUNT YOU OWE 52 0 00

53. If Line 51 is greater than Line 47, subtract 47 from 51 and enter here.....OVERPAYMENT 53 2,547 00

54. CONTRIBUTIONS TO SPECIAL FUNDS

A. Non-Game Wildlife	0 00	E. Breast Cancer Educ.	0 00
B. U.S. Olympics	0 00	F. Organ Donations	0 00
C. Emergency Housing	0 00	G. Diabetes Educ.	0 00
D. Children's Trust	0 00	H. Veteran's Home	0 00

Add Lines A thru H and enter here..... > 54 0 00

55. AMOUNT OF LINE 53 TO BE APPLIED TO 2003 ESTIMATED TAX ACCOUNT.....ENTER > 55 0 00

56. PENALTIES AND INTEREST DUE. If Line 52 is greater than \$400, see estimated tax instructions.....ENTER > 56 0 00

57. NET BALANCE DUE. Enter the amount due (Line 52 plus Lines 54 and 56) and pay in full.....PAY IN FULL> 57 0 00

58. NET REFUND. Subtract Lines 54, 55 and 56 from Line 53.....ZERO DUE/TO BE REFUNDED> 58 2,547 00

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.

X Your Signature _____ Date _____

X Spouse's Signature (if filing joint) _____ Date _____

Home Phone _____ Business Phone _____

Signature of Paid Preparer _____ Date _____

Address-Zip Code _____

Business Phone _____ EIN, SSN, OR PTIN _____

ATTACH LABEL

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

2002 DELAWARE NON-RESIDENT FORM 200-02, PAGE 2

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

- 1. Wages, salaries, tips, etc..... 1
- 2. Interest..... 2
- 3. Dividends..... 3
- 4. State refunds, credits or offsets of state & local income taxes..... 4
- 5. Alimony received..... 5
- 6. Business income or (loss) (See instructions)..... 6
- 7a. Capital gain or (loss)..... 7a
- 7b. Other gains or (losses)..... 7b
- 8. IRA distributions..... 8
- 9. Taxable pensions and annuities..... 9
- 10. Rents, royalties, partnerships, S corps, estates, trusts, etc..... 10
- 11. Farm income or (loss)..... 11
- 12. Unemployment compensation (insurance)..... 12
- 13. Taxable Social Security Benefits..... 13
- 14. Other income (state nature and source)..... 14
- 15. Total income. Add Lines 1 through 14..... 15
- 16. Total Federal Adjustments (See instructions)..... 16
- 17. Federal Adjusted Gross Income for Delaware purposes. Subtract Line 16 from 15..... 17

	Federal COLUMN 1	Delaware Source Income/Loss COLUMN 2
1	120,432 00	75,349 00
2	4,000 00	0 00
3	0 00	0 00
4	0 00	0 00
5	0 00	0 00
6	0 00	0 00
7a	0 00	0 00
7b	0 00	0 00
8	0 00	0 00
9	0 00	0 00
10	0 00	0 00
11	0 00	0 00
12	0 00	0 00
13	0 00	0 00
14	0 00	0 00
15	124,432 00	75,349 00
16	0 00	0 00
17	124,432 00	75,349 00

SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+)

- 18. Interest received on obligations of any state other than Delaware..... 18
- 19. Fiduciary adjustment, oil depletion..... 19
- 20. TOTAL - Add Lines 18 & 19..... 20
- 21. Add Lines 17 & 20..... 21

	COLUMN 1	COLUMN 2
18	0 00	0 00
19	0 00	0 00
20	0 00	0 00
21	124,432 00	75,349 00

SECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-)

- 22. Interest received on U.S. Obligations..... 22
- 23. Pension Exclusion/Retirement Exclusion (See instructions)..... 23
- 24. Delaware State tax refund, Delaware Lottery..... 24
- 25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward..... 25
- 26. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion..... 26
- 27. TOTAL - Add Lines 22 through 26..... 27
- 28. Subtract Line 27 from Line 21 and enter here..... 28
- 29. Exclusion for certain persons 60 and over or disabled (See instructions)..... 29

	COLUMN 1	COLUMN 2
22	0 00	0 00
23	0 00	0 00
24	0 00	0 00
25	0 00	0 00
26	0 00	0 00
27	0 00	0 00
28	124,432 00	75,349 00
29	0 00	0 00

- 30A. **Column 2.** Subtract Line 29 from Line 28. This is your modified Delaware Source Income.
Enter on front side Line 42, Box A..... 30A
- 30B. **Column 1.** Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income.
Enter on front side Line 37 and Line 42, Box B..... 30B

	124,432 00	75,349 00
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SECTION D - ITEMIZED DEDUCTIONS (ATTACH FEDERAL SCHEDULE A, FORM 1040)

- 31. Enter total Itemized Deductions (See instructions)..... 31
- 32. Enter Foreign Taxes Paid (See instructions)..... 32
- 33. Enter Charitable Mileage Deduction (See instructions)..... 33
- 34. Self-Employed Health Insurance Deduction (See instructions)..... 34
- 34a. TOTAL - Add Lines 31, 32, 33 and 34..... 34a
- 35a. Enter State Income Tax included in Line 31 above (See Instructions)..... 35a
- 35b. Enter Line 11 from Form 700 Tax Credits (See instructions)..... 35b
- 36. Subtract Line 35a and 35b from Line 34a. Enter here and on front, Line 38..... 36

	COLUMN 1
31	21,329 00
32	0 00
33	0 00
34	0 00
34a	21,329 00
35a	4,964 00
35b	0 00
36	16,365 00

SECTION E - 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

<p>NET BALANCE DUE (LINE 57):</p> <p>DELAWARE DIVISION OF REVENUE P.O. BOX 8752 WILMINGTON, DE 19899-8752</p>	<p>NET REFUND (LINE 58):</p> <p>DELAWARE DIVISION OF REVENUE P.O. BOX 8772 WILMINGTON, DE 19899-8772</p>	<p>ZERO (LINE 58):</p> <p>DELAWARE DIVISION OF REVENUE P.O. BOX 8711 WILMINGTON, DE 19899-8711</p>
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MAKE CHECKS PAYABLE TO: DELAWARE DIVISION OF REVENUE
REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN
AND KEEP A COPY OF THE RETURN FOR YOUR RECORDS. (Rev. 09/24/02)

a Control number		22222		OMB No. 1545-0008	
b Employer identification number			1 Wages, tips, other compensation 120,432	2 Federal income tax withheld 16,349	
c Employer's name, address, and ZIP code DANNY'S PLUMBING SERVICE 654 PIPE LANE NEWARK, DE 19702			3 Social security wages 120,432	4 Social security tax withheld	
			5 Medicare wages and tips	6 Medicare tax withheld	
			7 Social security tips	8 Allocated tips	
d Employee's social security number 400-00-5804			9 Advance EIC payment	10 Dependent care benefits	
e Employee's first name and initial Last name FRED FLINTSTONE 112 BEDROCK STREET SEAFORD, DE 19973			11 Nonqualified plans		12a
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b
			14 Other		12c
					12d
f Employee's address and ZIP code					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
DE	51-3496789	75,349			
MD	41-3256789	45,082			
20 Locality name					

Form **W-2** Wage and Tax Statement
 Copy 1 For State, City, or Local Tax Department

2002
 (Rev. February 2002)

Department of the Treasury- Internal Revenue Service

2002 NR

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN FORM 200-02 and ending

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning

Your Social Security No. 400-00-5808 Spouse's Social Security No. 400-00-5809

(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS

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

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

Present Home Address (Number and Street) 114 SMURF VILLAGE Apt. #

City, Town or Post Office NEWARK State DE Zip Code 19713

FILING STATUS (MUST CHECK ONE)

- 1. Single, Divorced Widow(er) 3. Married & Filing Separate Forms 2. Joint 5. Head of Household

Check if FULL-YEAR non-resident in 2002 If you were a PART-YEAR resident in 2002, give the dates you resided in Delaware. From 07 01 2002 To 12 13 2002

37. DELAWARE ADJUSTED GROSS INCOME (Enter from reverse side, Line 30B, Column 1) 37 86,887 00

38. (a) If you elect the STANDARD DEDUCTION check here... Filing Statuses 1, 3 & 5 - \$3250 Filing Status 2 - \$6500 (b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36.. 38 11,394 00

39. ADDITIONAL STANDARD DEDUCTIONS (Not allowed with Itemized Deductions - see instructions) CHECK BOX(ES) 39 0 00

40. TOTAL DEDUCTIONS - ADD LINES 38 & 39 and enter here... 40 11,394 00

41. TAXABLE INCOME - Subtract Line 40 from Line 37, and Compute Tax on this Amount... 41 75,493 00

42. Tax Liability Computation A Line 30 A 69,432 00 Proration Decimal (See instructions, page 10) 0.7991 Tax Liability from Tax Rate Table/Schedule Amount 3,866 00 B Line 30 B 86,887 00 = 42 3,089 00

43a. Personal Credits (See instructions, page 10) Enter number of exemptions claimed on Federal return 1 X \$110. = 110 Multiply this amount by the proration decimal on Line 42 (X) and enter total here... 43a 88 00

43b. CHECK BOX(ES) Spouse 60 or Over (if filing status 2) Self 60 or Over Enter number of boxes checked on Line 43b X \$110. = Multiply this amount by the proration decimal on Line 42 (X) and enter total here... 43b 0 00

44. Tax imposed by State of (Must Attach Signed Copy of Return) (Part Year Residents Only. See instructions, page 10)... 44 0 00

45. Other Non-Refundable Credits (See instructions, page 11)... 45 0 00

46. Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45... 46 88 00

47. BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero)... 47 3,001 00

48. Delaware Tax Withheld (W-2's and/or 1099's Required)... 48 3,000 00

49. 2002 Estimated Tax Paid & Payments with Extensions... 49 0 00

50. S Corporation Payments (Form 1100S/A-1 Required)... 50 0 00

51. TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, & 50... 51 3,000 00

52. If Line 47 is greater than Line 51, subtract 51 from 47 and enter here... AMOUNT YOU OWE 52 0 00

53. If Line 51 is greater than Line 47, subtract 47 from 51 and enter here... OVERPAYMENT 53 1 00

54. CONTRIBUTIONS TO SPECIAL FUNDS A. Non-Game Wildlife 0 00 B. U.S. Olympics 0 00 C. Emergency Housing 0 00 D. Children's Trust 0 00 E. Breast Cancer Educ. 0 00 F. Organ Donations 0 00 G. Diabetes Educ. 0 00 H. Veteran's Home 0 00 Add Lines A thru H and enter here... > 54 0 00

55. AMOUNT OF LINE 53 TO BE APPLIED TO 2003 ESTIMATED TAX ACCOUNT... ENTER > 55 0 00

56. PENALTIES AND INTEREST DUE. If Line 52 is greater than \$400, see estimated tax instructions... ENTER > 56 0 00

57. NET BALANCE DUE. Enter the amount due (Line 52 plus Lines 54 and 56) and pay in full... PAY IN FULL > 57 0 00

58. NET REFUND. Subtract Lines 54, 55 and 56 from Line 53... ZERO DUE/TO BE REFUNDED > 58 1 00

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) Date

Address-Zip Code

Home Phone Business Phone

Business Phone EIN, SSN, OR PTIN

ATTACH LABEL

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

2002 DELAWARE NON-RESIDENT FORM 200-02, PAGE 2

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

	Federal COLUMN 1	Delaware Source Income/Loss COLUMN 2
1. Wages, salaries, tips, etc..... 1	80,987 00	69,432 00
2. Interest..... 2	962 00	0 00
3. Dividends..... 3	0 00	0 00
4. State refunds, credits or offsets of state & local income taxes..... 4	0 00	0 00
5. Alimony received..... 5	0 00	0 00
6. Business income or (loss) (See instructions)..... 6	4,938 00	0 00
7a. Capital gain or (loss)..... 7a	0 00	0 00
7b. Other gains or (losses)..... 7b	0 00	0 00
8. IRA distributions..... 8	0 00	0 00
9. Taxable pensions and annuities..... 9	0 00	0 00
10. Rents, royalties, partnerships, S corps, estates, trusts, etc..... 10	0 00	0 00
11. Farm income or (loss)..... 11	0 00	0 00
12. Unemployment compensation (insurance)..... 12	0 00	0 00
13. Taxable Social Security Benefits..... 13	0 00	0 00
14. Other income (state nature and source)..... 14	0 00	0 00
15. Total income. Add Lines 1 through 14..... 15	86,887 00	69,432 00
16. Total Federal Adjustments (See instructions)..... 16	0 00	0 00
17. Federal Adjusted Gross Income for Delaware purposes. Subtract Line 16 from 15..... 17	86,887 00	69,432 00

SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+)

	COLUMN 1	COLUMN 2
18. Interest received on obligations of any state other than Delaware..... 18	0 00	0 00
19. Fiduciary adjustment, oil depletion..... 19	0 00	0 00
20. TOTAL - Add Lines 18 & 19..... 20	0 00	0 00
21. Add Lines 17 & 20..... 21	86,887 00	69,432 00

SECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-)

	COLUMN 1	COLUMN 2
22. Interest received on U.S. Obligations..... 22	0 00	0 00
23. Pension Exclusion/Retirement Exclusion (See instructions)..... 23	0 00	0 00
24. Delaware State tax refund, Delaware Lottery..... 24	0 00	0 00
25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward..... 25	0 00	0 00
26. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion..... 26	0 00	0 00
27. TOTAL - Add Lines 22 through 26..... 27	0 00	0 00
28. Subtract Line 27 from Line 21 and enter here..... 28	86,887 00	69,432 00
29. Exclusion for certain persons 60 and over or disabled (See instructions)..... 29	0 00	0 00
30A. Column 2. Subtract Line 29 from Line 28. This is your modified Delaware Source Income. Enter on front side Line 42, Box A..... 30A		69,432 00
30B. Column 1. Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income. Enter on front side Line 37 and Line 42, Box B..... 30B	86,887 00	

SECTION D - ITEMIZED DEDUCTIONS (ATTACH FEDERAL SCHEDULE A, FORM 1040)

	COLUMN 1
31. Enter total Itemized Deductions (See instructions)..... 31	14,394 00
32. Enter Foreign Taxes Paid (See instructions)..... 32	0 00
33. Enter Charitable Mileage Deduction (See instructions)..... 33	0 00
34. Self-Employed Health Insurance Deduction (See instructions)..... 34	14,394 00
34a. TOTAL - Add Lines 31, 32, 33 and 34..... 34a	3,000 00
35a. Enter State Income Tax included in Line 31 above (See instructions)..... 35a	0 00
35b. Enter Line 11 from Form 700 Tax Credits (See instructions)..... 35b	0 00
36. Subtract Line 35a and 35b from Line 34a. Enter here and on front, Line 38..... 36	11,394 00

SECTION E - 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

NET BALANCE DUE (LINE 57):

NET REFUND (LINE 58):

ZERO (LINE 58):

DELAWARE DIVISION OF REVENUE
P.O. BOX 8752
WILMINGTON, DE 19899-8752

DELAWARE DIVISION OF REVENUE
P.O. BOX 8772
WILMINGTON, DE 19899-8772

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
AND KEEP A COPY OF THE RETURN FOR YOUR RECORDS.**

(Rev. 09/24/02)

a Control number		22222		OMB No. 1545-0008	
b Employer identification number			1 Wages, tips, other compensation	2 Federal income tax withheld	
31-3157340			80,987	10,564	
c Employer's name, address, and ZIP code WEBB & TURNER CONSTRUCTION 4455 CONCRETE PLACE GEORGETOWN, DE 19947			3 Social security wages	4 Social security tax withheld	
			80,987		
			5 Medicare wages and tips	6 Medicare tax withheld	
d Employee's social security number			7 Social security tips	8 Allocated tips	
400-00-5808			9 Advance EIC payment	10 Dependent care benefits	
e Employee's first name and initial Last name PAPA SMURF 114 SMURF VILLAGE NEWARK, DE 19713			11 Nonqualified plans		12a
			13 Statutory employee Retirement plan Third-party sick pay		12b
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12c
			14 Other		12d
f Employee's address and ZIP code					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
DE	31-3157340	69,432	3,596		
20 Locality name					

Form **W-2** Wage and Tax Statement
 Copy 1 For State, City, or Local Tax Department

2002
 (Rev. February 2002)

Department of the Treasury- Internal Revenue Service

2002 EZ

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-03 EZ

DO NOT WRITE OR STAPLE IN THIS AREA

Your Social Security No. 400-00-5814 Spouse's Social Security No.

(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS

Your Last Name MOUSE First Name and Middle Initial MINNIE Jr., Sr., Ill., etc. Spouse's Last Name Spouse's First Name Jr., Sr., Ill., etc.

Present Home Address (Number and Street) 120 DISNEY STREET Apt. #

City BRIDGEVILLE State DE Zip Code 19933

FILING STATUS (MUST CHECK ONE) 1. [X] Single, Divorced 2. [] Joint 5. [] Head of Household

If you were a part-year resident in 2002, give the dates you resided in Delaware. From 2002 To 2002

CHECK IF: YOU WERE 65 OR OVER [] BLIND [] CHECK IF: SPOUSE WAS 65 OR OVER [] BLIND []

Table with 3 columns: Line number, Description, Amount. Includes lines 1-22 for tax calculation, ending with a net refund of 0.

DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b and c below. a. Routing Number b. Type: [] Checking [] Savings c. Account Number

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

ATTACH LABEL

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

200-03 FORM EZ 2002 INSTRUCTIONS

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

1. Your filing status is **SINGLE, JOINT, HEAD OF HOUSEHOLD, DIVORCED OR WIDOWER** on December 31, 2002.
2. Your income is entirely from wages, salaries, tips, unemployment compensation, pension, and interest. Interest income must be \$1,500 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 21; Federal Form 1040, Line 35; or telefile form Line 1.
- 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.

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)

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. See the Pension Exclusion example on page 9 in the instruction booklet.

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 10, 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, 2002:
 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 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 2002 including any credit carryover from your 2001 return. To receive credit for fourth quarter estimated tax payments, they must have been made by January 15, 2003. Also, enter the amount paid with Form 1027 (Automatic Extension) on this line. See page 4 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 2003 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 refund 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. Keep a copy of your return for your records.

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 (Rev. 09/27/02)

a Control number		22222		OMB No. 1545-0008		
b Employer identification number			1 Wages, tips, other compensation		2 Federal income tax withheld	
23-0019493			9,434		849.00	
c Employer's name, address, and ZIP code PARTY ETC 867 BALLOON STREET WILMINGTON, DE 19801			3 Social security wages		4 Social security tax withheld	
			9,434			
			5 Medicare wages and tips		6 Medicare tax withheld	
d Employee's social security number			7 Social security tips		8 Allocated tips	
			9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name MINNIE MOUSE 120 DISNEY STREET BRIDGEVILLE, DE 19933			11 Nonqualified plans		12a	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
			14 Other		12c	
					12d	
f Employee's address and ZIP code						
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
PA 23-0019493		9,434	264.00			

Form **W-2** Wage and Tax Statement
Copy 1 For State, City, or Local Tax Department

2002
(Rev. February 2002)

Department of the Treasury- Internal Revenue Service