

DELAWARE

TEST

PACKAGE

2004

NR

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

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) DO NOT COVER SOCIAL SECURITY NUMBERS

Your Last Name FLINTSTONE 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) Apt. # 112 BEDROCK STREET

City SEAFORD State DE Zip Code 19973

FILING STATUS (MUST CHECK ONE)

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

Check if FULL-YEAR non-resident in 2004 Form DE2210 Attached

If you were a part-year resident in 2004, give the dates you resided in Delaware. From 03/31/2004 To 12/31/2004

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

38. (a) If you elect the STANDARD DEDUCTION check here... (b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36... 38 16,365 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 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 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 43a 133 00

43b. CHECK BOX(ES) Spouse 60 or Over (if filing status 2) Self 60 or Over 0 43b 0 00

44. Tax imposed by State of MD (Must Attach Signed Copy of Return) (Part Year Residents Only. See instructions, page 11)... 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-2s and/or 1099s Required)... 48 4,964 00

49. 2004 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 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 I. DE National Guard TOTAL > 54 100 00

55. AMOUNT OF LINE 53 TO BE APPLIED TO 2005 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 2,447 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

Spouse's Signature (If filing joint) Date

Home Phone Business Phone

E-Mail Address

Signature of Paid Preparer Date

Address-Zip Code

Business Phone EIN, SSN, OR PTIN

E-Mail Address

ATTACH LABEL

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

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
- 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

	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			75,349	00
30B	124,432	00		

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. TOTAL - Add Lines 31, 32, and 33..... 34
- 35a. Enter State Income Tax included in Line 31 above (See Instructions)..... 35a
- 35b. Enter Form 700 Tax Credit Adjustment (See instructions)..... 35b
- 36. Subtract Line 35a and 35b from Line 34. Enter here and on front, Line 38..... 36

	COLUMN 1	
31	21,329	00
32	0	00
33	0	00
34	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

DATE OF DEATH	
SPOUSE	TAXPAYER
Month * Day * Year	Month * Day * Year

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 CHECK 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**

a Control number		22222		OMB No. 1545-0008			
b Employer identification number			1 Wages, tips, other compensation		2 Federal income tax withheld		
513496789			120432		16349		
c Employer's name, address, and ZIP code DANNY'S PLUMBING SERVICE 654 PIPE LANE NEWARK, DE 19702			3 Social security wages		4 Social security tax withheld		
			120432				
			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		
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		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	20 Locality name	
DE	51-3496789	75,349	4,964				
MD	41-3256789	45,082	964				

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

2004

Department of the Treasury—Internal Revenue Service

2004

NR

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

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) DO NOT COVER SOCIAL SECURITY NUMBERS

Your Last Name: HOUND, First Name and Middle Initial: HUCKLEBERRY, Jr., Sr., III., etc.:
Spouse's Last Name: HOUND, Spouse's First Name: BLONDIE, Jr., Sr., III., etc.:

Present Home Address (Number and Street) Apt. #

115 DOGWOOD STREET

City: CHERRY HILL, State: NJ, Zip Code: 08002

FILING STATUS (MUST CHECK ONE)

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

Check if FULL-YEAR non-resident in 2004
Form DE2210 Attached

If you were a part-year resident in 2004, give the dates you resided in Delaware.
From 2004 To 2004

37. DELAWARE ADJUSTED GROSS INCOME (Enter amount from reverse side, Line 30B, Column 1) 37 152,496 00

38. (a) If you elect the STANDARD DEDUCTION check here... 38 27,425 00
(b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36...

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 27,425 00

41. TAXABLE INCOME - Subtract Line 40 from Line 37, and Compute Tax on this Amount 41 125,071 00

42. Tax Liability Computation
A Line 30 A 75,532 00
B Line 30 B 152,496 00 = 0.4953 x 6,816 00 42 3,376 00

43a. PERSONAL CREDITS (See instructions, page 10) Enter number of exemptions claimed on Federal return 4 X \$110. = 440 43a 218 00

43b. CHECK BOX(ES) Spouse 60 or Over (if filing status 2) Self 60 or Over 0 43b 0 00

44. Tax imposed by State of (Must Attach Signed Copy of Return) (Part Year Residents Only. See instructions, page 11) 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 46 218 00

47. BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero) 47 3,158 00

48. Delaware Tax Withheld (W-2s and/or 1099s Required) 48 8,439 00

49. 2004 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 8,439 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 5,281 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
I. DE National Guard 200 00
TOTAL > 54 200 00

55. AMOUNT OF LINE 53 TO BE APPLIED TO 2005 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 5,081 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

Spouse's Signature (If filing joint) Date

Home Phone Business Phone

E-Mail Address

Signature of Paid Preparer Date

Address-Zip Code

Business Phone EIN, SSN, OR PTIN

E-Mail Address

ATTACH LABEL

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

a Control number		22222		OMB No. 1545-0008			
b Employer identification number			1 Wages, tips, other compensation		2 Federal income tax withheld		
51-0196411			75,532		8,494		
c Employer's name, address, and ZIP code DOTS TRAVEL AGENCY 556 BUS LANE LAUREL, DE 19953			3 Social security wages		4 Social security tax withheld		
			75,532		5,287		
			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 HUCKLEBERRY HOUND 115 DOGWOOD STREET CHERRY HILL, NJ 08002			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	20 Locality name	
DE	51-0196411	75,532	8,439				

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

2004

Department of the Treasury—Internal Revenue Service

2004

R

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) DO NOT COVER SOCIAL SECURITY NUMBERS

Your Last Name RUBBLE, First Name and Middle Initial BARNEY, Spouse's Last Name RUBBLE, Spouse's First Name BETTY (deceased), Present Home Address (Number and Street) 113 BEDROCK STREET, City SEAFORD, State DE, Zip Code 19973

ATTACH LABEL

FILING STATUS (MUST CHECK ONE)

1. Single, Divorced, Widowed, 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 2004, give the dates you resided in Delaware. From Month Day 2004 To Month Day 2004

Table with columns for Column A and Column B, rows for DELAWARE ADJUSTED GROSS INCOME, DEDUCTIONS, TAXABLE INCOME, TAX LIABILITY, PERSONAL CREDITS, CONTRIBUTIONS TO SPECIAL FUNDS, and NET 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 9 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 filings statuses You or You plus Spouse COLUMN B
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SECTION A - ADDITIONS (+)

26. Enter Federal AGI amount from Federal 1040, Line 36; 1040A, Line 21; or 1040EZ, Line 4, or telefile, Line 1	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	12,996	00	26,434	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	12,500	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. SUBTOTAL. - Add Lines 40, 41, and 42 and enter here.....	43	0	00	0	00
44a. Enter State Income Tax included in Line 40 above (See instructions).....	44a	0	00	0	00
44b. Enter Form 700 Tax Credit Adjustment (See instructions).....	44b	0	00	0	00
45. TOTAL - Subtract Line 44a and 44b from Line 43. Enter here and on Front, Line 2 (See instructions).....	45	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

DATE OF DEATH	
SPOUSE	TAXPAYER
Month * Day * Year	Month * Day * Year

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
E-Mail Address		E-Mail Address	

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

VOID CORRECTED

PAYER'S name, street address, city, state, and ZIP code SPECIAL CUTZ BEAUTY SALON 222 WEST TRIM STREET HARRINGTON, DE 19952		1 Gross distribution \$ 25,496		OMB No. 1545-0119 2004 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 1 For State, City, or Local Tax Department
		2a Taxable amount \$ 25,496			
		2b Taxable amount not determined <input type="checkbox"/>			
PAYER'S Federal identification number 51-0054398	RECIPIENT'S identification number	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		
RECIPIENT'S name BETTY RUBBLE Street address (including apt. no.) 113 BEDROCK STREET City, state, and ZIP code SEAFORD, DE 19973		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %		
		9a Your percentage of total distribution %	9b Total employee contributions \$		
Account number (optional)		10 State tax withheld \$ 110 \$	11 State/Payer's state no. DE 51-0398467	12 State distribution \$ 25496 \$	
		13 Local tax withheld \$ \$	14 Name of locality	15 Local distribution \$ \$	

Form **1099-R**

Department of the Treasury - Internal Revenue Service

2004

R

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) DO NOT COVER SOCIAL SECURITY NUMBERS

Personal information section including last name (JETSON), first name (GEORGE), spouse's name (JANE), and address (111 SPACESHIP BLVD, WILMINGTON, DE 19804).

ATTACH LABEL

FILING STATUS (MUST CHECK ONE)

Filing status options: Single, Divorced, Married & Filing Separate Forms, Married & Filing Combined, Joint, Head of Household.

Form DE2210 Attached

If you were a part-year resident in 2004, give the dates you resided in Delaware.

From 2004 To 2004 (Month Day)

Main tax calculation table with columns for Column A and Column B. Rows include Delaware Adjusted Gross Income, Deductions, Taxable Income, Tax Liability, Credits, and Final Balance Due.

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

a Control number		22222		OMB No. 1545-0008			
b Employer identification number			1 Wages, tips, other compensation		2 Federal income tax withheld		
51-1136789			98,639		15,396		
c Employer's name, address, and ZIP code MARTHA'S CATERING SERVICE 321 POTTS STREET BEAR, DE 199701			3 Social security wages		4 Social security tax withheld		
			98,639				
			5 Medicare wages and tips		6 Medicare tax withheld		
d Employee's social security number			7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last name GEORGE JETSON 111 SPACESHIP BLVD WILMINGTON, DE 19804			9 Advance EIC payment		10 Dependent care benefits		
			11 Nonqualified plans		12a		
			13 Statutory employee Retirement plan Third-party sick pay		12b		
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12c		
f Employee's address and ZIP code			14 Other		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	51-1136789	98,639	3,405				

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

2004

Department of the Treasury—Internal Revenue Service

2004

R

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) DO NOT COVER SOCIAL SECURITY NUMBERS

Your Last Name SMURF 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 NEWARK State DE Zip Code 19713

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 2004, give the dates you resided in Delaware.

From Month Day 2004 To Month Day 2004

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

Table with columns for Line Number, Description, Column A, and Column B. Includes lines 1 through 8 for income, deductions, and tax.

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.

Table for Personal Credits with columns for Line Number, Description, Column A, and Column B. Includes lines 9a through 20.

Table for Contributions to Special Funds with columns for Description, Amount, and Total. Includes lines 21 through 24.

Table for Final Tax Calculations with columns for Line Number, Description, and Amount. Includes lines 22 through 25.

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 9 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 filings statuses You or You plus Spouse COLUMN B
--	--

SECTION A - ADDITIONS (+)

26. Enter Federal AGI amount from Federal 1040, Line 36; 1040A, Line 21; or 1040EZ, Line 4, or telefile, Line I	26	0	00	80,987	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	80,987	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	0	00	80,987	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	14,394	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. SUBTOTAL. - Add Lines 40, 41, and 42 and enter here.....	43	0	00	0	00
44a. Enter State Income Tax included in Line 40 above (See instructions).....	44a	0	00	3,000	00
44b. Enter Form 700 Tax Credit Adjustment (See instructions).....	44b	0	00	0	00
45. TOTAL - Subtract Line 44a and 44b from Line 43. Enter here and on Front, Line 2 (See instructions).....	45	0	00	11,394	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

2	3	1	1	7	6	5	5	4
---	---	---	---	---	---	---	---	---

 b. Type: Checking Savings

c. Account Number

7	7	5	2	4	3														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF DEATH	
SPOUSE	TAXPAYER
Month * Day * Year	Month * Day * Year

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
E-Mail Address		E-Mail Address	

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 CHECK 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		
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		
			7 Social security tips		8 Allocated tips		
d Employee's social security number			9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial Last name PAPA SMURF 1:14 SMURF VILLAGE NEWARK, DE 19713			11 Nonqualified plans		12a		
					12b		
			13 Statutory employee Retirement plan Third-party sick pay <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	20 Locality name	
DE	31-3157340	69,432	3000				

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

2004

Department of the Treasury—Internal Revenue Service

200-03 FORM EZ 2004 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, 2004.**
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. The Firefighter Credit cannot be taken on this form.

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 36; 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 information on an early distribution from an IRA or Pension Fund and the Pension Exclusion example instruction 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, 2004.
 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 7 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 2004 including any credit carryover from your 2003 return. To receive credit for fourth quarter estimated tax payments, they must have been made by January 18, 2005. 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 2005 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. (See instruction booklet, pages 4 and 5).

- 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 the amount shown on Line 22 to be directly deposited 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 CHECK 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		
23-0019493			9,434		849		
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		
e Employee's first name and initial Last name MINNIE MOUSE 120 DISNEY STREET BRIDGEVILLE, DE 19933			9 Advance EIC payment		10 Dependent care benefits		
			11 Nonqualified plans		12a		
			13 Statutory employee Retirement plan Third-party sick pay		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	20 Locality name	
PA	23-0019493	9,434	264				

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

2004

Department of the Treasury—Internal Revenue Service

BEFORE TESTING

2004 Delaware tax returns

Call the Delaware Division of Revenue

For Your

Test Social Security Numbers

Lisa L. Jones (302) 577-8171

James A. Stewart III (302) 577-8170