

TAX YEAR:

DO NOT WRITE OR STAPLE IN THIS AREA

RESIDENT AMENDED DELAWARE PERSONAL INCOME TAX RETURN FOR TAX YEARS BEGINNING 2004

or Fiscal year beginning and ending

Form fields for Social Security No., Filing Status, Last Name, Spouse's Name, Present Home Address, City, State, Zip Code, and Form DE2210 Attached.

Table with 4 columns: Line Number, Description, Amount, and Total. Rows include Delaware Adjusted Gross Income, Deductions, Taxable Income, Total Tax, Exemptions, Credits, and Balance Due.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

Signature and Date lines for the taxpayer and paid preparer, along with fields for Address-Zip Code, Business Phone, and EIN, SSN, OR PTIN.

ATTACH LABEL

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

NOTE: IF YOUR ORIGINAL RETURN WAS FILED USING TWO SEPARATE FORMS, YOU MUST FILE TWO SEPARATE AMENDED FORMS

IS AN AMENDED FEDERAL RETURN BEING FILED?..... YES NO

HAS THE DELAWARE DIVISION OF REVENUE ADVISED YOU YOUR ORIGINAL RETURN IS BEING AUDITED?... YES NO

IS THIS AMENDED RETURN BEING FILED AS A PROTECTIVE CLAIM?..... YES NO

A DETAILED EXPLANATION OF ALL CHANGES MUST BE PROVIDED IN THIS SPACE. ALL SUPPORTING SCHEDULES AND/OR DOCUMENTATION MUST BE ATTACHED.

CHILD CARE CREDIT WORKSHEET	
1.	ENTER TOTAL AMOUNT FROM LINE 11, FEDERAL FORM 2441 OR LINE 11, SCHEDULE 2 (FEDERAL FORM AND/OR SCHEDULE MUST BE ATTACHED)..... _____
2.	MULTIPLY THE AMOUNT ON LINE 1 BY 50%. ENTER AMOUNT HERE AND ON PAGE 1, LINE 12 OF RETURN _____
<p><i>NOTE: IF YOU AND YOUR SPOUSE FILE A JOINT FEDERAL RETURN BUT ELECT TO FILE SEPARATE OR COMBINED SEPARATE RETURNS FOR DELAWARE, THE CREDIT IS ALLOWED TO THE SPOUSE WITH THE LOWER TAXABLE INCOME.</i></p>	

ADDITIONAL STANDARD DEDUCTION WORKSHEET				
	65 OR OVER	BLIND	TOTAL NO.	TOTAL AMOUNT
1. SELF.....	<input type="checkbox"/>	<input type="checkbox"/>	_____ X 2500 =	_____
2. SPOUSE.....	<input type="checkbox"/>	<input type="checkbox"/>	_____ X 2500 =	_____
<p><i>NOTE: IF YOU ARE FILING A COMBINED SEPARATE RETURN, ENTER THE TOTAL FOR EACH APPROPRIATE COLUMN. IF YOU ARE FILING A JOINT RETURN, ADD THE TOTAL OF LINES 1 AND 2 AND ENTER ON PAGE 1, LINE 3.</i></p>				

TAX RATE SCHEDULE

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

DELAWARE DIVISION OF REVENUE TELEPHONE AND ADDRESS INFORMATION

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

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

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