

TAX YEAR: [ ]

DO NOT WRITE OR STAPLE IN THIS AREA

RESIDENT AMENDED DELAWARE PERSONAL INCOME TAX RETURN FOR TAX YEARS BEGINNING 2005

or Fiscal year beginning [ ] and ending [ ]

Form fields for Social Security No., Filing Status (Single, Married, etc.), Present Home Address, City, State, Zip Code, and Form DE2210 Attached.

Table with 4 columns: Line Number, Description, Column A, Column B. 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 Taxpayer, Spouse, and Paid Preparer, along with Address, Business Phone, and EIN/SSN/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 \_\_\_\_\_

*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.*

**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 =	_____

*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.*

**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