

2005

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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. Spouse's Social Security No.

(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS

Your Last Name First Name and Middle Initial Jr., Sr., Ill., etc.

Spouse's Last Name Spouse's First Name Jr., Sr., Ill., etc.

Present Home Address (Number and Street) Apt. #

City State Zip Code

FILING STATUS (MUST CHECK ONE)

- 1. Single, Divorced, Widow(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 2005, give the dates you resided in Delaware.

From Month Day 2005 To Month Day 2005

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

2a. If you elect the DELAWARE STANDARD DEDUCTION check here...
b. If you elect the DELAWARE ITEMIZED DEDUCTIONS check here...

3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions) CHECK BOX(ES)

4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here
5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount

6. Tax Liability from Tax Rate Table/Schedule
7. Tax on Lump Sum Distribution (Form 329)
8. TOTAL TAX - Add Lines 6 and 7 and enter here

PERSONAL CREDITS (See instructions, page 6). If you use Filing Status 4, enter the total for each appropriate column.

9a. Enter number of exemptions claimed on Federal return X \$110.
On Line 9a, enter the number of exemptions for:

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.

10. Tax imposed by State of (Must attach a signed copy of return)
11. Volunteer Firefighter Company # /Other Non-Refundable Credits (See Instructions)
12. Child Care Credit. Must attach Form 2441; Sch. 2, 1040A (Enter 50% of Federal credit)
13. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11 & 12 and enter here

14. BALANCE. Subtract Line 13 from Line 8. If Line 13 is greater than Line 8, enter "0" (Zero)
15. Delaware Tax Withheld (W2s/1099 Required)
16. 2005 Estimated Tax Paid & Payments with Extensions
17. S Corporation Payments Form 1100S/A-1 Required

18. TOTAL Refundable Credits. Add Lines 15, 16 and 17 and enter here
19. BALANCE DUE. If Line 14 is greater than Line 18, subtract 18 from 14 and enter here
20. OVERPAYMENT. If Line 18 is greater than Line 14, subtract 14 from 18 and enter here

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
I. DE National Guard
J. Juv. Diabetes Fund
TOTAL >

22. AMOUNT OF LINE 20 TO BE APPLIED TO 2006 ESTIMATED TAX ACCOUNT ENTER >
23. PENALTIES AND INTEREST DUE. If Line 19 is greater than \$400, see estimated tax instructions. ENTER >
24. NET BALANCE DUE (For Filing Status 4, see instructions, page 8). PAY IN FULL >

25. NET REFUND (For Filing Status 4, see instructions, page 8). ZERO DUE/TO BE REFUNDED >
For all other filing statuses, subtract Lines 21, 22 and 23 from Line 20

ATTACH LABEL

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

