







a Control number		22222		OMB No. 1545-0008									
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld								
518894956			33,438		33,438								
c Employer's name, address, and ZIP code  John CPA company 25 computer street Wilmington Delaware 19807			3 Social security wages		4 Social security tax withheld								
			33,438										
			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		Suff.		11 Nonqualified plans							
Test Johnson						12a							
2610 Walnut Street						12b							
New Castle De 19720						12c							
						12d							
f Employee's address and ZIP code			13 Statutory employee		Retirement plan		Third-party sick pay						
			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>						
			14 Other										
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		518894956		33438		905							

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

2006

Department of the Treasury—Internal Revenue Service

2006 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 First Name and Middle Initial Jr., Sr., III., etc.

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

Present Home Address (Number and Street) Apt. #

City State Zip Code

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 2006 Form DE2210 Attached

If you were a part-year resident in 2006, give the dates you resided in Delaware.

From Month Day 2006 To Month Day 2006

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

40. TOTAL DEDUCTIONS - Add Lines 38 & 39 and enter here 40 00

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

42. Tax Liability Computation
A Line 30 A Proration Decimal Tax Liability from Tax Rate Table/Schedule Amount
B Line 30 B = x 42 00

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

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

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

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

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

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

49. 2006 Estimated Tax Paid & Payments with Extensions 49 00 49

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

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

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

53. If Line 51 is greater than Line 47, subtract 47 from 51 and enter here...OVERPAYMENT > 53 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 J. Juv. Diabetes Fund
TOTAL > 54 00

55. AMOUNT OF LINE 53 TO BE APPLIED TO 2007 ESTIMATED TAX ACCOUNT ENTER > 55 00

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

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

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

E-Mail Address

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 <b>COLUMN 1</b>	Delaware Source Income/Loss <b>COLUMN 2</b>
1	00	00
2	00	00
3	00	00
4	00	00
5	00	00
6	00	00
7a	00	00
7b	00	00
8	00	00
9	00	00
10	00	00
11	00	00
12	00	00
13	00	00
14	00	00
15	00	00
16	00	00
17	00	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	00	00
19	00	00
20	00	00
21	00	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	00	00
23	00	00
24	00	00
25	00	00
26	00	00
27	00	00
28	00	00
29	00	00
30A	00	00
30B	00	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	00
32	00
33	00
34	00
35a	00
35b	00
36	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):**  
 DELAWARE DIVISION OF REVENUE  
 P.O. BOX 8752  
 WILMINGTON, DE 19899-8752

**NET REFUND (LINE 58):**  
 DELAWARE DIVISION OF REVENUE  
 P.O. BOX 8772  
 WILMINGTON, DE 19899-8772

**ZERO (LINE 58):**  
 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**

**DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE**

Enter the credit in highest to lowest amount order.

1. Tax imposed by State of _____ (enter 2 character state name). .....	1		00
2. Tax imposed by State of _____ (enter 2 character state name). .....	2		00
3. Tax imposed by State of _____ (enter 2 character state name). .....	3		00
4. Tax imposed by State of _____ (enter 2 character state name). .....	4		00
5. Tax imposed by State of _____ (enter 2 character state name). .....	5		00
6. Enter the total here and on Page 1, Line 44.....	6		00

**This page MUST be sent in with your Delaware return if DE Schedule I (above) is completed.**

a Control number		22222		OMB No. 1545-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld		
516666668			50,648		50,648		
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		
			50,648				
			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		Suff.		11 Nonqualified plans	
Huckleberry Hound						12a	
115 Dogwood street						12b	
Cherry Hill N.J. 08002						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	516666668	50,648	4,567		369		

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

2006

Department of the Treasury—Internal Revenue Service



**2006 DELAWARE RESIDENT SCHEDULES**

**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.

Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B
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**DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE**

Enter the credit in highest to lowest amount order.

1. Tax imposed by State of _____ (enter 2 character state name).....	1		00		00
2. Tax imposed by State of _____ (enter 2 character state name).....	2		00		00
3. Tax imposed by State of _____ (enter 2 character state name).....	3		00		00
4. Tax imposed by State of _____ (enter 2 character state name).....	4		00		00
5. Tax imposed by State of _____ (enter 2 character state name).....	5		00		00
6. Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10.....	6		00		00

**DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)**

**Qualifying Child Information**

	CHILD 1	CHILD 2
7. Child's Name (First and Last Name).....	7	
8. Child's SSN .....	8	
9. Child's Year of Birth.....	9	

10. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B).....	10		00
11. Federal earned income credit from Federal Form 1040, Line 66a; Form 1040A, Line 40a; Form 1040 EZ, Line 8a.....	11		00
12. Delaware EITC Percentage (20%).....	12	<b>.20</b>	
<b>13. Multiply Line 11 by Line 12</b> .....	13		00
14. Enter the Smaller of Line 10 or Line 13 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14.....	14		00

**DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS**

15. A. Non-Game Wildlife		00	F. Organ Donations		00
B. U.S. Olympics		00	G. Diabetes Educ.		00
C. Emergency Housing		00	H. Veteran's Home		00
D. Children's Trust		00	I. DE National Guard		00
E. Breast Cancer Educ.		00	J. Juv. Diabetes Fund		00

Enter the total Contribution amount here and on EZ Return, Line 19  
or Resident Return, Line 23.....

15		00
----	--	----

**This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.**

# 200-03 FORM EZ 2006 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, 2006.**
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, EITC, 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; or Federal Form 1040, Line 37.

**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 10 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 11, Line 38).**

**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, 2006.  
 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 11** - EITC (See instruction booklet page 8)

**Line 13** - Subtract Line 12 from Line 8 to determine the balance of the tax liability. If Line 12 is more than Line 8, enter "0" (zero).

**Line 14** - 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 15** - ESTIMATED TAX - Enter total quarterly estimated tax payments for 2006 including any credit carryover from your 2005 return. To receive credit for fourth quarter estimated tax payments, they must have been made by January 16, 2007. 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 19** - If you wish to contribute a donation to one or more of these worthwhile funds, complete DE Schedule III. **The minimum amount of contribution is \$1.00.** Enter the total of all contributions on Line 19.

**Line 20** - If you wish to apply a portion of your overpayment to your 2007 Delaware Estimated Tax Account, enter the amount to be applied on Line 20.

**NOTE:** An amount entered on Line 20 will reduce the amount of your overpayment refunded to you.

**Line 21** - If you owe penalties and interest you may choose to compute the amount of penalties and interest due, or you may leave Line 21 blank and the Division of Revenue will calculate the amount and send you a bill. (See instruction booklet, pages 4 and 5).

**Line 22** - If you have a Balance Due on Line 17, add Lines 17, 19 and 21. Enter the total on Line 22 and pay in full.

**Line 23** - If you do not have a balance due or a refund due, enter "0" (Zero) on Line 23. If you have an overpayment on Line 18, subtract Lines 19, 20 and 21 from Line 18. Enter the amount of overpayment to be refunded to you on Line 23.

### Direct Deposit Information

Complete the Direct Deposit Information section if you want the amount shown on Line 23 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 22):

DELAWARE DIVISION OF REVENUE  
 P.O. BOX 508  
 WILMINGTON, DE 19899-0508

### NET REFUND (LINE 23):

DELAWARE DIVISION OF REVENUE  
 P.O. BOX 8765  
 WILMINGTON, DE 19899-8765

### ZERO (LINE 23):

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

**Distributions From  
Pensions, Annuities,  
Retirement or  
Profit-Sharing  
Plans, IRAs,  
Insurance  
Contracts, etc.**

PAYER'S name, street address, city, state, and ZIP code  <b>Party ETC</b> 867 Balloon street Wilmington De 19801		<b>1</b> Gross distribution \$ <b>90,564</b>		OMB No. 1545-0119  <b>2006</b>  Form <b>1099-R</b>					
		<b>2a</b> Taxable amount \$ <b>90,564</b>							
				<b>2b</b> Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>			
PAYER'S federal identification number  <b>512222299</b>		RECIPIENT'S identification number		<b>3</b> Capital gain (included in box 2a)  \$		<b>4</b> Federal income tax withheld  \$		<b>Copy 1 For State, City, or Local Tax Department</b>	
RECIPIENT'S name <b>Minnie Mouse</b> 120 Disney street Bridgeville De 19933  Street address (including apt. no.)   City, state, and ZIP code		<b>5</b> Employee contributions /Designated Roth contributions or insurance premiums  \$		<b>6</b> Net unrealized appreciation in employer's securities  \$					
		<b>7</b> Distribution code(s)		IRA/SEP/SIMPLE <input type="checkbox"/>		<b>8</b> Other  \$ %			
		<b>9a</b> Your percentage of total distribution %		<b>9b</b> Total employee contributions \$					
		1st year of desig. Roth contrib.		<b>10</b> State tax withheld \$ <b>3,000</b> ----- \$		<b>11</b> State/Payer's state no.		<b>12</b> State distribution \$ ----- \$	
Account number (see instructions)		<b>13</b> Local tax withheld \$ ----- \$		<b>14</b> Name of locality		<b>15</b> Local distribution \$ ----- \$			

Form **1099-R**

Department of the Treasury — Internal Revenue Service

2006

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 First Name and Middle Initial Jr., Sr., Ill., etc. FLINSTONE FRED
Spouse's Last Name Spouse's First Name Jr., Sr., Ill., etc. WILMA

Present Home Address (Number and Street) Apt. # 112 BEDROCK STREET
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 2006, give the dates you resided in Delaware. From 2006 To 2006

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

Table with columns for Column A and Column B, rows 1-27 detailing income, deductions, credits, and taxes.

ATTACH LABEL

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE



**2006 DELAWARE RESIDENT SCHEDULES**

**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.

Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B
--	--

**DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE**

Enter the credit in highest to lowest amount order.

1. Tax imposed by State of _____ (enter 2 character state name).....	1		00		00
2. Tax imposed by State of _____ (enter 2 character state name).....	2		00		00
3. Tax imposed by State of _____ (enter 2 character state name).....	3		00		00
4. Tax imposed by State of _____ (enter 2 character state name).....	4		00		00
5. Tax imposed by State of _____ (enter 2 character state name).....	5		00		00
6. Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10.....	6		00		00

**DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)**

**Qualifying Child Information**

	CHILD 1	CHILD 2
7. Child's Name (First and Last Name).....	FRED FLINSTONE JR.	
8. Child's SSN .....	444-55-6666	
9. Child's Year of Birth.....		

10. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B).....	10		1,480	00
11. Federal earned income credit from Federal Form 1040, Line 66a; Form 1040A, Line 40a; Form 1040 EZ, Line 8a.....	11		82	00
12. Delaware EITC Percentage (20%).....	12		.20	
<b>13. Multiply Line 11 by Line 12</b> .....	13		16	00
14. Enter the Smaller of Line 10 or Line 13 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14.....	14		16	00

**DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS**

15. A. Non-Game Wildlife		00	F. Organ Donations		00
B. U.S. Olympics		00	G. Diabetes Educ.		00
C. Emergency Housing		00	H. Veteran's Home		00
D. Children's Trust		00	I. DE National Guard		00
E. Breast Cancer Educ.		00	J. Juv. Diabetes Fund		00

Enter the total Contribution amount here and on EZ Return, Line 19  
or Resident Return, Line 23.....

15			00
----	--	--	----

**This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.**

a Control number		22222		OMB No. 1545-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld		
511136789			26,899		26,899		
c Employer's name, address, and ZIP code  Marthas Catering Service 321 Potts Street Bear De 19970			3 Social security wages		4 Social security tax withheld		
			26,899				
			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      Suff.  Wilma Flinstone 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	511136789	26,899	900				

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

2006

Department of the Treasury—Internal Revenue Service



2006

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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., III., etc. Spouse's Last Name Spouse's First Name Jr., Sr., III., 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 2006, give the dates you resided in Delaware. From 2006 To 2006

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 41

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

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

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.

9a. 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. Enter number of exemptions claimed on Federal return X \$110.

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 PA (Must attach copy of other state return). 11. Volunteer Firefighter Company #. Enter credit amount. 12. Other Non-Refundable Credits (See Instructions). 13. Child Care Credit. Must attach Form 2441; Sch. 2, 1040A (Enter 50% of Federal credit). 14. Earned Income Tax Credit. DE Schedule II must be completed and attached. 15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here. 16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero).

17. Delaware Tax Withheld (attach W2s/1099) 18. 2006 Estimated Tax Paid & Payments with Extensions 19. S Corporation Payments Form 1100S/A-1 Required 20. TOTAL Refundable Credits. Add Lines 17, 18 and 19 and enter here.

21. BALANCE DUE. If Line 16 is greater than Line 20, subtract 20 from 16 and enter here. 22. OVERPAYMENT. If Line 20 is greater than Line 16, subtract 16 from 20 and enter here.

23. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, DE Schedule III must be completed and attached.

24. AMOUNT OF LINE 22 TO BE APPLIED TO 2007 ESTIMATED TAX ACCOUNT. ENTER 25. PENALTIES AND INTEREST DUE. If Line 21 is greater than \$400, see estimated tax instructions. ENTER 26. NET BALANCE DUE (For Filing Status 4, see instructions, page 9). PAY IN FULL For all other filing statuses, enter Line 21 plus Lines 23 and 25

27. NET REFUND (For Filing Status 4, see instructions, page 9). ZERO DUE/TO BE REFUNDED For all other filing statuses, subtract Lines 23, 24 and 25 from Line 22

ATTACH LABEL

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE



**2006 DELAWARE RESIDENT SCHEDULES**

**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.

Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B
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**DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE**

Enter the credit in highest to lowest amount order.

1. Tax imposed by State of _____ (enter 2 character state name). .....	1		00	312	00
2. Tax imposed by State of _____ (enter 2 character state name). .....	2		00		00
3. Tax imposed by State of _____ (enter 2 character state name). .....	3		00		00
4. Tax imposed by State of _____ (enter 2 character state name). .....	4		00		00
5. Tax imposed by State of _____ (enter 2 character state name). .....	5		00		00
6. Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10.....	6		00		00

**DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)**

**Qualifying Child Information**

	CHILD 1	CHILD 2
7. Child's Name (First and Last Name).....	7 BOBBY JETSON	
8. Child's SSN .....	8 983-12-3456	
9. Child's Year of Birth.....	9 01-14-1997	

10. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B).....	10		687	00
11. Federal earned income credit from Federal Form 1040, Line 66a; Form 1040A, Line 40a; Form 1040 EZ, Line 8a.....	11		1,711	00
12. Delaware EITC Percentage (20%).....	12		.20	
<b>13. Multiply Line 11 by Line 12</b> .....	13		342	00
14. Enter the Smaller of Line 10 or Line 13 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14.....	14		342	00

**DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS**

15. A. Non-Game Wildlife		00	F. Organ Donations		00
B. U.S. Olympics		00	G. Diabetes Educ.		00
C. Emergency Housing		00	H. Veteran's Home		00
D. Children's Trust		00	I. DE National Guard		00
E. Breast Cancer Educ.		00	J. Juv. Diabetes Fund		00

Enter the total Contribution amount here and on EZ Return, Line 19  
or Resident Return, Line 23.....

15		00
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**This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.**

a Control number		22222		OMB No. 1545-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld		
512227733			25,689		25,689		
c Employer's name, address, and ZIP code  TWA 978 Express Drive Milford De 19963			3 Social security wages		4 Social security tax withheld		
			25,689				
			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		Suff.		11 Nonqualified plans	
Jane Jetson						12a	
111 Spaceship Blvd		Wilmington De 19804		13 Statutory employee		12b	
				<input type="checkbox"/>			
				Retirement plan			
				<input type="checkbox"/>			
				Third-party sick pay			
				<input type="checkbox"/>			
				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	
Pa		512227733		25,689		312	
De		512227733		25,689		225	
						18 Local wages, tips, etc.	
						25,689	
						19 Local income tax	
						125	
						20 Locality name	

Form **W-2 Wage and Tax Statement**  
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**2006**

Department of the Treasury—Internal Revenue Service