

TAX YEAR: []

DO NOT WRITE OR STAPLE IN THIS AREA

RESIDENT AMENDED DELAWARE PERSONAL INCOME TAX RETURN FOR TAX YEARS BEGINNING 2006

or Fiscal year beginning [] and ending []

ATTACH LABEL

Top section containing personal information, filing status, and address details.

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

Main table with columns for 'COMPLETE ALL SECTIONS OF THIS RETURN' and 'CORRECTED AMOUNTS'. Rows include Adjusted Gross Income, Deductions, Taxable Income, and Total Tax.

Declaration and signature lines: 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.

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.

EARNED INCOME TAX CREDIT (EITC)

Qualifying Child Information

- 1. Child's Name (First and Last Name)..... 1
- 2. Child's SSN 2
- 3. Child's Year of Birth..... 3

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

- 4. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B)..... 4
- 5. Federal earned income credit from Federal Form 1040, Line 66a;
Form 1040A, Line 40a; Form 1040 EZ, Line 8a..... 5
- 6. Delaware EITC Percentage (20%)..... 6
- 7. Multiply Line 5 by Line 6**..... 7
- 8. Enter the Smaller of Line 4 or Line 7 above. Enter here and on Resident Return, Line 14..... 8

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.20	
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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 13 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 AP- PROPRIATE 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:	AT LEAST	BUT NOT OVER
	\$ 0.	2,000.
	2,000.	5,000.
	5,000.	10,000.
	10,000.	20,000.
	20,000.	25,000.
	25,000.	60,000.
	60,000 AND OVER	

YOUR TAX IS:
\$ 0.
2.20% OF AMOUNT OVER \$2,000.
\$66.00 + 3.90% OF AMOUNT OVER \$5,000.
\$261.00 + 4.80% OF AMOUNT OVER \$10,000.
\$741.00 + 5.20% OF AMOUNT OVER \$20,000.
\$1,001.00 + 5.55% OF AMOUNT OVER \$25,000.
\$2,943.50 + 5.95% OF AMOUNT OVER \$60,000.

DELAWARE DIVISION OF REVENUE TELEPHONE AND ADDRESS INFORMATION

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

KENT COUNTY
 Delaware Division of Revenue
 Thomas Collins Building
 540 South DuPont Highway, Suite 2
 Dover, DE 19901
 (302) 744-1085

SUSSEX COUNTY
 Delaware Division of Revenue
 20653 DuPont Boulevard
 Suite 2
 Georgetown, DE 19947
 (302) 856-5358