

2007

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 JOHNSON First Name and Middle Initial TEST Jr., Sr., Ill., etc. Spouse's Last Name Spouse's First Name Jr., Sr., Ill., etc.

Present Home Address (Number and Street) Apt. # 2610 WALNUT STREET City NEW CASTLE State DE Zip Code 19720

FILING STATUS (MUST CHECK ONE) 1. [X] 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 2007, give the dates you resided in Delaware. From Month Day 2007 To Month Day 2007

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

1. DELAWARE ADJUSTED GROSS INCOME. Enter amount from reverse side, Line 41 1 00 30,567 00

2a. If you elect the DELAWARE STANDARD DEDUCTION check here..... [X] Filing Statuses 1, 3 & 5 Enter \$3250 in Column B Filing Status 4 Enter \$3250 in Column A and in Column B Filing Status 2 Enter \$6500 in Column B b. If you elect the DELAWARE ITEMIZED DEDUCTIONS check here..... [] Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 47 in Column B Filing Status 4 enter Itemized Deductions from reverse side, Line 47 in Columns A and B 2 00 3,250 00

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 [] Multiply the number of boxes checked above by \$2500. If you are filing a combined separate return (Filing status 4) enter the total for each appropriate column. All others enter total in Column B 3 00 00 00

4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here..... 4 00 3,250 00

5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount..... 5 00 27,317 00

6. Tax Liability from Tax Rate Table/Schedule 6 00 1,130 00 7. Tax on Lump Sum Distribution (Form 329) 7 00 00 8. TOTAL TAX - Add Lines 6 and 7 and enter here.....> 8 00 1,130 00

PERSONAL CREDITS If you are Filing Status 3, see instructions on Page 6. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.

9a. Enter number of exemptions claimed on Federal return 3 X \$110..... 9a 00 330 00 On Line 9a, enter the number of exemptions for: Column A [] Column B []

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..... 9b 00 00 00

10. Tax imposed by State of PA (Must attach copy of DE Schedule 1 and other state return)... 10 00 938 00

11. Vol. Firefighter Co.# - Column A (Filing Status 4 only) Column B. Enter credit amount.. 11 00 00

12. Other Non-Refundable Credits (see instructions on Page 7)..... 12 00 00

13. Child Care Credit. Must attach Form 2441; Sch. 2, 1040A (Enter 50% of Federal credit)..... 13 00 00

14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation..... 14 00 00

15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here..... 15 00 1,268 00

16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero)..... 16 00 0 00

17. Delaware Tax Withheld (Attach W2s/1099s)..... 17 00 00

18. 2007 Estimated Tax Paid & Payments with Extensions... 18 00 00

19. S Corporation Payments Form 1100S/A-1 Required.... 19 00 00

20. TOTAL Refundable Credits. Add Lines 17, 18 and 19 and enter here.....> 20 00 0 00

21. BALANCE DUE. If Line 16 is greater than Line 20, subtract 20 from 16 and enter here.....> 21 00 0 00

22. OVERPAYMENT. If Line 20 is greater than Line 16, subtract 16 from 20 and enter here.....> 22 00 0 00

23. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III..... 23 0 00

24. AMOUNT OF LINE 22 TO BE APPLIED TO 2008 ESTIMATED TAX ACCOUNT.....ENTER > 24 0 00

25. PENALTIES AND INTEREST DUE. If Line 21 is greater than \$400, see estimated tax instructions.....ENTER > 25 0 00

26. NET BALANCE DUE (For Filing Status 4, see instructions, page 9).....PAY IN FULL> 26 0 00 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 > 27 0 00 For all other filing statuses, subtract Lines 23, 24 and 25 from Line 22

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

2007 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

See the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I.

Enter the credit in **HIGHEST** to **LOWEST** amount order.

1. Tax imposed by State of _____ (enter 2 character state name).....	1		00	938	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. You must attach a copy of the other state return(s) with your Delaware tax return	6		00	938	00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

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	.20
13. Multiply Line 11 by Line 12	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

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

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.

222222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 518894956			1 Wages, tips, other compensation 30,567		2 Federal income tax withheld 30,567		
c Employer's name, address, and ZIP code John CPA Company 25 Computer Street Philadelphia, PA			3 Social security wages 30,567		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans	
Test Johnson		2610 Walnut Street				12a	
New Castle, DE 19720						12b	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <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	
PA	518894956	30567	938				

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

2007

Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.

2007

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 FLOWERS First Name and Middle Initial RUTH Jr., Sr., III., etc. Spouse's Last Name Spouse's First Name Jr., Sr., III., etc.

Present Home Address (Number and Street) 1235 LINDEN ST Apt. # City WILMINGTON State DE Zip Code 19805

FILING STATUS (MUST CHECK ONE) 1. [X] 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 2007, give the dates you resided in Delaware. From Month Day 2007 To Month Day 2007

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 1 00 8,465 00

2a. If you elect the DELAWARE STANDARD DEDUCTION check here..... [X] Filing Statuses 1, 3 & 5 Enter \$3250 in Column B Filing Status 4 Enter \$3250 in Column A and in Column B Filing Status 2 Enter \$6500 in Column B b. If you elect the DELAWARE ITEMIZED DEDUCTIONS check here..... [] Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 47 in Column B Filing Status 4 enter Itemized Deductions from reverse side, Line 47 in Columns A and B 2 00 3,250 00

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 [] Multiply the number of boxes checked above by \$2500. If you are filing a combined separate return (Filing status 4) enter the total for each appropriate column. All others enter total in Column B 3 00 00

4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here..... 4 00 3,250 00

5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount..... 5 00 5,215 00

6. Tax Liability from Tax Rate Table/Schedule 6 00 75 00 7. Tax on Lump Sum Distribution (Form 329) 7 00 00 8. TOTAL TAX - Add Lines 6 and 7 and enter here.....> 8 00 75 00

PERSONAL CREDITS If you are Filing Status 3, see instructions on Page 6. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.

9a. Enter number of exemptions claimed on Federal return X \$110..... 9a 00 00 On Line 9a, enter the number of exemptions for: Column A [] Column B []

9b. CHECK BOX(ES) Spouse 60 or over (Column A) [] Self 60 or over (Column B) [] Enter number of boxes checked on Line 9b. 3 X \$110..... 9b 00 330 00

10. Tax imposed by State of (Must attach copy of DE Schedule 1 and other state return)... 10 00 00

11. Vol. Firefighter Co.# - Column A ____ (Filing Status 4 only) Column B ____ . Enter credit amount.. 11 00 00

12. Other Non-Refundable Credits (see instructions on Page 7)..... 12 00 00

13. Child Care Credit. Must attach Form 2441; Sch. 2, 1040A (Enter 50% of Federal credit)..... 13 00 00

14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation..... 14 00 75 00

15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here..... 15 00 405 00

16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero)..... 16 00 0 00

17. Delaware Tax Withheld (Attach W2s/1099s)..... 17 00 217 00

18. 2007 Estimated Tax Paid & Payments with Extensions... 18 00 00

19. S Corporation Payments Form 1100S/A-1 Required.... 19 00 00

20. TOTAL Refundable Credits. Add Lines 17, 18 and 19 and enter here.....> 20 00 217 00

21. BALANCE DUE. If Line 16 is greater than Line 20, subtract 20 from 16 and enter here.....> 21 00 0 00

22. OVERPAYMENT. If Line 20 is greater than Line 16, subtract 16 from 20 and enter here.....> 22 00 217 00

23. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III..... 23 00

24. AMOUNT OF LINE 22 TO BE APPLIED TO 2008 ESTIMATED TAX ACCOUNT.....ENTER > 24 00

25. PENALTIES AND INTEREST DUE. If Line 21 is greater than \$400, see estimated tax instructions.....ENTER > 25 00

26. NET BALANCE DUE (For Filing Status 4, see instructions, page 9).....PAY IN FULL> 26 00 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 > 27 217 00 For all other filing statuses, subtract Lines 23, 24 and 25 from Line 22

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

2007 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

See the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I.

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. You must attach a copy of the other state return(s) with your Delaware tax return	6		00		00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

Qualifying Child Information	CHILD 1	CHILD 2
7. Child's Name (First and Last Name).....	7 SHANICE FLOWERS	KALA FLOWERS
8. Child's SSN	8 435-12-6789	123-90-8884
9. Child's Year of Birth.....	9 1999	1992
10. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B).....		75 00
11. Federal earned income credit from Federal Form 1040, Line 66a; Form 1040A, Line 40a; Form 1040 EZ, Line 8a.....		3,390 00
12. Delaware EITC Percentage (20%).....		.20
13. Multiply Line 11 by Line 12		678 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.....		75 00

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

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.

22222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 51887932			1 Wages, tips, other compensation 8,465		2 Federal income tax withheld 8,465		
c Employer's name, address, and ZIP code Vutton Technology 2500 Fifth Avenue Newark, DE 19701			3 Social security wages 8,465		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans	
Ruth Flowers		1235 Linden Street		Wilmington, DE 19805		12a	
f Employee's address and ZIP code		13 Statutory employee		Retirement plan		12b	
		<input type="checkbox"/>		<input type="checkbox"/>		12c	
		14 Other				12d	
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	51887932	8465	217				

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

2007

Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.

2007 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

See the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I.

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. You must attach a copy of the other state return(s) with your Delaware tax return	6		00		00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

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	.20
13. Multiply Line 11 by Line 12	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

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

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.

200-03 FORM EZ 2007 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, 2007.**
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). YOU MUST include a copy of the other state return and DE Schedule I 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 39).

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, 2007.

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 2007 including any credit carryover from your 2006 return. To receive credit for fourth quarter estimated tax payments, they must have been made by January 15, 2008. 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 2008 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 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

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 Party ETC 867 Balloon Drive Wilmington, DE 19801		1 Gross distribution \$ 90,564		OMB No. 1545-0119 2007 Form 1099-R		Copy 1 For State, City, or Local Tax Department
		2a Taxable amount \$ 90,564				
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		
PAYER'S federal identification number 512222299	RECIPIENT'S identification number	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$			
RECIPIENT'S name Minnie Mouse Street address (including apt. no.) 120 Disney Street Bridgeville, DE 19933 City, state, and ZIP code		5 Employee contributions /Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %		
		9a Your percentage of total distribution %		9b Total employee contributions \$		
	1st year of desig. Roth contrib.	10 State tax withheld \$ 3,000 \$		11 State/Payer's state no.		12 State distribution \$ \$
Account number (see instructions)		13 Local tax withheld \$ \$		14 Name of locality		15 Local distribution \$ \$

2007

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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. FLINSTONE FRED

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

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 2007, give the dates you resided in Delaware.

From 2007 To 2007

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
b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 47

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 If you are Filing Status 3, see instructions on Page 6.

9a. 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)

10. Tax imposed by State of (Must attach copy of DE Schedule 1 and other state return)

11. Vol. Firefighter Co.# - Column A (Filing Status 4 only) Column B. Enter credit amount

12. Other Non-Refundable Credits (see instructions on Page 7)

13. Child Care Credit. Must attach Form 2441; Sch. 2, 1040A (Enter 50% of Federal credit)

14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation

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/1099s)

18. 2007 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, complete and attach DE Schedule III

24. AMOUNT OF LINE 22 TO BE APPLIED TO 2008 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 HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

2007 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

See the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I.

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. You must attach a copy of the other state return(s) with your Delaware tax return	6		00		00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

Qualifying Child Information		CHILD 1	CHILD 2
7. Child's Name (First and Last Name).....	7	FRED FLINSTONE JR.	
8. Child's SSN	8	444-55-6666	
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		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
13. Multiply Line 11 by Line 12	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

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

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.

22222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 516669987			1 Wages, tips, other compensation 36,859		2 Federal income tax withheld 36,859		
c Employer's name, address, and ZIP code Danny Plumbing Service 654 Pipe Lane Newark, DE 19702			3 Social security wages 36,859		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans	
Fred Flinstone		112 Bedrock Street		Seaford, DE 19973		12a	
f Employee's address and ZIP code		13 Statutory employee		Retirement plan		12b	
		<input type="checkbox"/>		<input type="checkbox"/>		12c	
		14 Other				12d	
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	516669987	36859	1300				

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

2007

Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.

2007

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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 2007, give the dates you resided in Delaware. From 2007 To 2007

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

Table with columns for Line, Description, Column A, and Column B. Includes rows for Delaware Adjusted Gross Income, Deductions, and Total Tax.

PERSONAL CREDITS If you are Filing Status 3, see instructions on Page 6. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.

Table with columns for Line, Description, Column A, and Column B. Includes rows for Exemptions, Credits, and Refundable Credits.

Table with columns for Line, Description, and Amount. Includes rows for Contributions to Special Funds, Estimated Tax Account, Penalties, and Net Refund.

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

2007 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

See the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I.

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. You must attach a copy of the other state return(s) with your Delaware tax return	6		00		00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

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
13. Multiply Line 11 by Line 12	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

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

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.

22222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 512227733			1 Wages, tips, other compensation 25,689		2 Federal income tax withheld 25,689		
c Employer's name, address, and ZIP code TWA 978 Express Drive Milford, DE 19963			3 Social security wages 25,689		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. Jane Jetson 111 Spaceship Blvd Wilmington, DE 19804			11 Nonqualified plans		12a		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
			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	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
PA	512227733	25689	312				
DE	512227733	25689	225	25689	125		

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

2007

Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.

2007

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

Present Home Address (Number and Street) Apt. # 1506 MONTGOMERY ROAD
City State Zip Code WILMINGTON DE 19805

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 2007, give the dates you resided in Delaware.
From 2007 To 2007

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 1 20,053 00 17,544 00

2a. If you elect the DELAWARE STANDARD DEDUCTION check here.....
Filing Statuses 1, 3 & 5 Enter \$3250 in Column B Filing Status 4 Enter \$3250 in Column A and in Column B
Filing Status 2 Enter \$6500 in Column B
b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 47 in Column B
Filing Status 4 enter Itemized Deductions from reverse side, Line 47 in Columns A and B 2 3,250 00 3,250 00

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
Multiply the number of boxes checked above by \$2500. If you are filing a combined separate return (Filing status 4) enter the total for each appropriate column. All others enter total in Column B 3 00 00

4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here..... 4 3,250 00 3,250 00

5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount..... 5 16,803 00 14,294 00

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.....> 8 589 00 466 00

PERSONAL CREDITS If you are Filing Status 3, see instructions on Page 6.
If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.

9a. Enter number of exemptions claimed on Federal return 8 X \$110..... 9a 770 00 110 00
On Line 9a, enter the number of exemptions for: Column A 7 Column B 1

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..... 9b 00 00

10. Tax imposed by State of PA (Must attach copy of DE Schedule 1 and other state return)... 10 00 466 00

11. Vol. Firefighter Co.# - Column A (Filing Status 4 only) Column B. Enter credit amount.. 11 00 00

12. Other Non-Refundable Credits (see instructions on Page 7)..... 12 00 00

13. Child Care Credit. Must attach Form 2441; Sch. 2, 1040A (Enter 50% of Federal credit)..... 13 00 00

14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation..... 14 33 00 00

15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here..... 15 803 00 576 00

16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero)..... 16 0 00 0 00

17. Delaware Tax Withheld (Attach W2s/1099s)..... 17 54 00 00

18. 2007 Estimated Tax Paid & Payments with Extensions... 18 00 00

19. S Corporation Payments Form 1100S/A-1 Required.... 19 00 00

20. TOTAL Refundable Credits. Add Lines 17, 18 and 19 and enter here.....> 20 54 00 00

21. BALANCE DUE. If Line 16 is greater than Line 20, subtract 20 from 16 and enter here.....> 21 00 00

22. OVERPAYMENT. If Line 20 is greater than Line 16, subtract 16 from 20 and enter here.....> 22 00 00

23. CONTRIBUTIONS TO SPECIAL FUNDS
If electing a contribution, complete and attach DE Schedule III..... 23 00

24. AMOUNT OF LINE 22 TO BE APPLIED TO 2008 ESTIMATED TAX ACCOUNT.....ENTER > 24 00

25. PENALTIES AND INTEREST DUE. If Line 21 is greater than \$400, see estimated tax instructions.....ENTER > 25 00

26. NET BALANCE DUE (For Filing Status 4, see instructions, page 9).....PAY IN FULL> 26 00

27. NET REFUND (For Filing Status 4, see instructions, page 9).....ZERO DUE/TO BE REFUNDED > 27 54 00

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

2007 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

See the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I.

Enter the credit in **HIGHEST** to **LOWEST** amount order.

1. Tax imposed by State of _____ (enter 2 character state name).....	1		00	466	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. You must attach a copy of the other state return(s) with your Delaware tax return	6		00		00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

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	589 00
11. Federal earned income credit from Federal Form 1040, Line 66a; Form 1040A, Line 40a; Form 1040 EZ, Line 8a.....	11	163 00
12. Delaware EITC Percentage (20%).....	12	.20
13. Multiply Line 11 by Line 12	13	33 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	33 00

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

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.

22222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 51889456			1 Wages, tips, other compensation 17,544		2 Federal income tax withheld 2,000		
c Employer's name, address, and ZIP code Allure Technology 219 Park Avenue Laurelton, PA 27107			3 Social security wages 2,000		4 Social security tax withheld 500		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. Blue Hen 1506 Montgomery Road Wilmington, DE 19805			11 Nonqualified plans		12a		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
			14 Other		12c		
					12d		
f Employee's address and ZIP code							
15 State PA	Employer's state ID number 51889456	16 State wages, tips, etc. 17,544	17 State income tax 466	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

2007

Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.

22222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 51-77759			1 Wages, tips, other compensation 20,053		2 Federal income tax withheld 1,800		
c Employer's name, address, and ZIP code Burberry Markets 1516 Lexington Avenue Bear, DE 19701			3 Social security wages 20,053		4 Social security tax withheld 200		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. Betty Hen 1506 Montgomery Road Wilmington, DE 19805			11 Nonqualified plans		12a		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
			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	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
DE	51-77759	20,053	54				

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

2007

Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.