

RESIDENT AMENDED DELAWARE PERSONAL INCOME TAX RETURN

YOUR LAST NAME AS SHOWN ON RETURN, YOUR FIRST NAME AND MIDDLE INITIAL, YOUR SOCIAL SECURITY NUMBER, SPOUSE'S LAST NAME AS SHOWN ON RETURN, SPOUSE'S FIRST NAME AND MIDDLE INITIAL, SPOUSE'S SOCIAL SECURITY NUMBER, PRESENT HOME ADDRESS (STREET, CITY, STATE, ZIP), IF YOU WERE A PART-YEAR RESIDENT IN 1999, GIVE THE DATES YOU RESIDED IN DELAWARE: FILING STATUS: 1. SINGLE 2. JOINT 3. MARRIED FILING SEPARATE 4. MARRIED FILING COMBINED SEPARATE 5. HEAD OF HOUSEHOLD

Table with columns for line numbers, descriptions, and amounts. Includes sections for DELAWARE ADJUSTED GROSS INCOME, DEDUCTIONS, PERSONAL CREDITS, and NET BALANCE DUE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN. INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND BELIEVE THAT IT IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE AND DATE lines for taxpayer, spouse, and preparer. Includes fields for EMP ID OR SOC SEC NO., BUSINESS PHONE, HOME PHONE, BUSINESS PHONE, and ADDRESS - ZIP CODE.

