

1999

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)

FILING STATUS (MUST CHECK ONE)

- 1. Single, Divorced, Widowed 2. Joint 3. Married & Filing Separate Forms 4. Married & Filing Combined Separate on this form 5. Head of Household

Last Name _____ First Name and Middle Initial _____ Suffix _____

Spouse's Last Name _____ Spouse's First Name _____ Suffix _____

If you were a part-year resident in 1999, give the dates you resided in Delaware. From _____ 1999 To _____ 1999

Present Home Address (Number and Street) _____ Apt. # _____

City _____ State _____ Zip Code _____

Spouse (If filing status 4 only) Column A _____ All other filing status Column B _____

1. DELAWARE ADJUSTED GROSS INCOME (Enter amount from Page 2, Line 38) 1 _____ 00 _____ 00

2a. If you elect the DELAWARE STANDARD DEDUCTION check here 2 _____ 00 _____ 00
b. If you elect the DELAWARE ITEMIZED DEDUCTION check here 2 _____ 00 _____ 00

3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowable with Itemized Deductions - see instructions) CHECK BOX(ES) 3 _____ 00 _____ 00

4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and Enter Here 4 _____ 00 _____ 00

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

6. Tax Liability from Tax Rate Table/Schedule 6 _____ 00 _____ 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 _____ 00

PERSONAL CREDITS (see instructions, page 5). If you are 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 9a _____ 00 _____ 00

9b. CHECK BOX(ES) Spouse 60 or over (Column A) Self 60 or over (Column B) Enter number of boxes checked on Line 9b. 9b _____ 00 _____ 00

10. Tax imposed by State of _____ (Must attach a signed copy of return) 10 _____ 00 _____ 00

11. Volunteer Firefighter/Other Non-Refundable Credits (See Instructions) 11 _____ 00 _____ 00

12. Child Care Credit (Must attach Form 2441; Sch. 2, 1040A, or 1040 PC.) (Cannot exceed \$720.) 12 _____ 00 _____ 00

13. TOTAL Non-Refundable Credits. Add Lines 9a, 9b, 10, 11 & 12 and enter here 13 _____ 00 _____ 00

14. BALANCE (Subtract Line 13 from Line 8.) Cannot be less than ZERO 14 _____ 00 _____ 00

15. Delaware Tax withheld (W2's/1099 Required) 15 _____ 00 _____ 00

16. 1999 Estimated Tax Paid & Payments with Extensions 16 _____ 00 _____ 00

17. S Corporation Payments (Form 1100S/A-1 Required) 17 _____ 00 _____ 00

18. TOTAL Refundable Credits. Add Lines 15,16, and 17 and enter here > 18 _____ 00 _____ 00

19. BALANCE DUE. If Line 14 is more than Line 18, subtract 18 from 14 and enter here > 19 _____ 00 _____ 00

20. OVERPAYMENT. If Line 18 is more than Line 14, subtract 14 from 18 and enter here > 20 _____ 00 _____ 00

21. CONTRIBUTIONS TO SPECIAL FUNDS
A. Non-Game Wildlife _____ 00
B. U.S. Olympics _____ 00
C. Emergency Housing _____ 00
D. Children's Trust _____ 00
E. Breast Cancer Educ. _____ 00
F. Organ Donations _____ 00
Add Lines A thru F and enter here > 21 _____ 00

22. AMOUNT OF LINE 20 TO BE APPLIED TO 2000 ESTIMATED TAX ACCOUNT ENTER > 22 _____ 00

23. NET BALANCE DUE (For Filing Status 4, see instructions, page 6) PAY IN FULL > 23 _____ 00

24. NET REFUND (For Filing Status 4, see instructions, page 7) TO BE REFUNDED / ZERO DUE > 24 _____ 00

ATTACH LABEL

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

1999 DELAWARE RESIDENT FORM 200-01, PAGE 2

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4 (reconcile your Federal totals to the appropriate individual). Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

SECTION A - ADDITIONS (+)

		Spouse (If filing status 4 only) COLUMN A		All other filing status COLUMN B	
25. Enter Federal AGI amount from Federal 1040, Line 33; 1040A, Line 18; 1040EZ, Line 4, or telefile, Line 1	25		00		00
26. Interest on State & Local obligations other than Delaware	26		00		00
27. Fiduciary adjustment, oil depletion	27		00		00
28. TOTAL - Add Lines 26 and 27	28		00		00
29. Subtotal (Add Lines 25 and 28)			00		00

SECTION B - SUBTRACTIONS (-)

30. Interest received on U.S. Obligations	30		00		00
31. Pension Exclusion (see instructions)	31		00		00
32. Delaware State tax refund, Delaware lottery, fiduciary adjustment, work opportunity tax credit, Travelink Program, Delaware NOL Carry forward	32		00		00
33. Taxable Soc. Sec. /RR Retiremt. Benefits/Higher Educ. Excl. /Certain Lump Sum Dist. (See instr.)	33		00		00
34. SUBTOTAL Add Lines 30, 31, 32, and 33 and enter here)	34		00		00
35. Subtotal (Subtract Line 34 from Line 29)			00		00
36. Exclusion for certain persons 60 and over or disabled (see instructions)	36		00		00
37. TOTAL - Add Lines 34 and 36	37		00		00
38. DELAWARE ADJUSTED GROSS INCOME. Subtract Line 37 from Line 29. Enter here and on Page 1, Line 1	38		00		00

SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A) If Columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.

39. Enter total itemized deductions from Schedule A, Federal Form 1040, Line 28	39		00		00
40. Enter Foreign Taxes Paid (see instructions)	40		00		00
41. Enter Charitable Mileage Deduction (see instructions)	41		00		00
42. Self-Employed Health Insurance Deduction (see instructions)	42		00		00
43. SUBTOTAL - Add Line 39, 40, 41, and 42 and enter here	43		00		00
44. Enter State Income Tax included in Line 39 above (see instructions)	44		00		00
45. TOTAL - Subtract Line 44 from Line 43. Enter here and on Page 1, Line 2 (see instructions)	45		00		00

BE SURE TO SIGN YOUR RETURN BELOW

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 or combined return)		Date	Address-Zip code		
Home phone	Business phone	Business phone		EIN, SSN, OR PTIN	

NET BALANCE DUE:

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

NET REFUND (LINE 24):

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

ZERO (LINE 24):

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**