

***DELAWARE  
STATE ONLY / ONLINE FILING TEST  
PACKAGE***

## TEST RESULTS

Testing results can be verified Monday – Friday between the hours of 8:00a.m. and 5:00p.m. Eastern Standard Time.

If you need to verify your test results on a Saturday, please notify Mr. James A. Stewart III on the Thursday prior to the Saturday you plan to call.

Mr. Stewart can be reached at 302-577-8170 or email him at [james.stewart@state.de.us](mailto:james.stewart@state.de.us).



222222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 517775926			1 Wages, tips, other compensation 62,173		2 Federal income tax withheld 6,200		
c Employer's name, address, and ZIP code Burberry Markets 1516 Lexington Avenue Bear DE 19701			3 Social security wages 62,173		4 Social security tax withheld 434		
			5 Medicare wages and tips 62,173		6 Medicare tax withheld 95		
			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 John Sands		Last name Suff.		11 Nonqualified plans		12a C o d e	
21 Roanoke Road Newark DE 19712				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e	
				14 Other		12c C o d e	
f Employee's address and ZIP code			12d C o d e				
15 State DE	Employer's state ID number 517775926		16 State wages, tips, etc. 62173	17 State income tax 2150	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

**2015**

Department of the Treasury—Internal Revenue Service

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

2015 R

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning MMDDYY and ending MMDDYY

Your Social Security No. Spouse's Social Security No.

Your Last Name First Name and Middle Initial Jr., Sr., III, etc.

SANDS JOHN

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

SANDS RHONDA

Present Home Address (Number and Street) Apt. #

20 ROANOKE RD

City State Zip Code

NEWARK DE 19712

Form DE2210 If you were a part-year resident in 2015, give the dates you resided in Delaware.

Month Day 2015 To Month Day 2015

Attached

FILING STATUS (MUST CHECK ONE)

- 1. Single, Divorced, Widow(er)
2. Joint or Entered into a Civil Union
3. Married or Entered into a Civil Union & Filing Separate Forms
4. Married or Entered into a Civil Union & Filing Combined Separate on this form
5. Head of Household

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

1. DELAWARE ADJUSTED GROSS INCOME. Begin Return on Page 2, Line 29, then enter amount from Line 42 here...>1

79619 00 95073 00

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

Filing Statuses 1, 3 & 5 Enter \$3250 in Column B; Filing Status 2 Enter \$6500 in Column B; Filing Status 4 Enter \$3250 in Column A and in Column B

If you elect the DELAWARE ITEMIZED DEDUCTIONS check here.... X

b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 48 in Column B Filing status 4 enter Itemized Deductions from reverse side, Line 48 in Columns A and B



DF20115019999

2 10252 00 12502 00

3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions)

Multiply the number of boxes checked below 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.

Column A - if SPOUSE was: 65 or over Blind Column B - if YOU were: 65 or over Blind

3 00 00

4. TOTAL DEDUCTIONS - Add Line 2 & 3 and enter here..... 4

10252 00 12502 00

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

69367 00 82571 00

6. Tax Liability from Tax Rate Table/Schedule See Instructions..... Column A Column B

3562 00 4430 00

7. Tax on Lump Sum Distribution (Form 329)..... 7

00 00

8. TOTAL TAX - Add Lines 6 and 7 and enter here..... > 8

3562 00 4433 00

9a. 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.

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

440 00 330 00

On Line 9a, enter the number of exemptions for: Column A 4 Column B 3

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 (Must attach copy of DE Schedule I and other state return)..... 10

2985 00

11. Volunteer Firefighter Co.# - Spouse (Column A) Self (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. (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

440 00 3315 00

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

3122 00 1118 00

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

2150 00 0 00

18. 2015 Estimated Tax Paid & Payments with Extensions..... 18

1213 00 1213 00

19. S Corp Payments and Refundable Business Credits.... 19

00 00

20. 2015 Capital Gains Tax Payments (Attach Form 5403) .... 20

00 00

21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here..... > 21

3363 00 1213 00

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

00 00

23. OVERPAYMENT. If Line 21 is greater than Line 16, subtract 16 from 21 and enter here..... > 23

241 00 95 00

24. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III..... 24

00

25. AMOUNT OF LINE 23 TO BE APPLIED TO 2016 ESTIMATED TAX ACCOUNT ENTER > 25

00

26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$400, see estimated tax instructions..... ENTER > 26

00

27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)..... PAY IN FULL > 27

00

28. NET REFUND (For Filing Status 4, see instructions, page 9)..... ZERO DUE/TO BE REFUNDED > 28

336 00

For all other filing statuses, subtract Lines 24, 25 and 26 from Line 23

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

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.

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filings statuses You or You plus Spouse COLUMN B

SECTION A - ADDITIONS (+)

Table for Section A additions with rows 29-33 and columns for Filing Status 4 ONLY and All other filings statuses.

SECTION B - SUBTRACTIONS (-)

Table for Section B subtractions with rows 34-42 and columns for Filing Status 4 ONLY and All other filings statuses.

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.

Table for Section C itemized deductions with rows 43-48 and columns for Filing Status 4 ONLY and All other filings statuses.

SECTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c and d below. See instructions for details.

a. Routing Number 0 3 1 1 0 0 0 9 2

b. Type: Checking [X] Savings [ ]

c. Account Number 1 1 1 1 1 2 2 2 2 2 3 3 3 3 3 4 4

d. Is this refund going to or through an account that is located outside of the United States? Yes [ ] No [X]

NOTE: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to the address on your return.

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

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.

Signature and contact information fields for taxpayer, spouse, and preparer.

BALANCE DUE W/PAYMENT ENCLOSED (LINE 27)

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

REFUND (LINE 28):

DELAWARE DIVISION OF REVENUE P.O. BOX 8710 WILMINGTON, DE 19899-8710

ALL OTHER RETURNS:

DELAWARE DIVISION OF REVENUE P.O. BOX 8711 WILMINGTON, DE 19899-8711

MAKE CHECK PAYABLE TO : DELAWARE DIVISION OF REVENUE PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN



Names:

Empty text box for names

Social Security Number:

Empty text box for Social Security Number

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 PA (enter 2 character state name).....	1		00	2985	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 Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return.....	6		00	2985	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

7a. Child's First Name	7b. Child's Last Name	8. Child's SSN	9. Child's Date of Birth
CHILD 1			M M D D Y Y Y Y
CHILD 2			M M D D Y Y Y Y
CHILD 3			M M D D Y Y Y Y

	CHILD 1	CHILD 2	CHILD 3
10. Was the child under age 24 at the end of 2015, a student, and younger than you (or your spouse, if filing jointly)?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Was the child permanently and totally disabled during any part of 2015?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B) .....			00
13. Federal earned income credit from Federal Form 1040, Form 1040A, or Form 1040EZ .....			00
14. Delaware EITC Percentage (20%).....			.20
15. Multiply Line 13 by Line 14.....			00
16. Enter the Smaller of Line 12 or Line 15 above. Enter here and on Resident Return, Line 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.

17. A. Non-Game Wildlife		00	G. Veteran's Home		00	M. White Clay Creek		00
B. U.S. Olympics		00	H. DE National Guard		00	N. Home of the Brave		00
C. Emergency Housing		00	I. Juv. Diabetes Fund		00	O. Senior Trust Fund		00
D. Breast Cancer Educ.		00	J. Mult. Sclerosis Soc.		00	P. Veteran's Trust Fund		00
E. Organ Donations		00	K. Ovarian Cancer Fund		00	Q. Protecting DE's Children Fund		00
F. Diabetes Educ.		00	L. 21st Fund for Children		00			

Enter the total Contribution amount here and on Resident Return, Line 24 ..... 17 00

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) 517775926			1 Wages, tips, other compensation 33,590		2 Federal income tax withheld 3,300		
c Employer's name, address, and ZIP code Captain Daves Catch 100 N.E. Roosevelt Blvd Philadelphia PA 19130			3 Social security wages 33,590		4 Social security tax withheld 1,200		
			5 Medicare wages and tips 33,590		6 Medicare tax withheld 700		
			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. Steven Fitzsimmons 8111 Coquina Ct. Apt H-21 Newark DE 19711			11 Nonqualified plans		12a C o d e		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e		
			14 Other		12c C o d e		
f Employee's address and ZIP code					12d C o d e		
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	517775926	33590	1362				

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

**2015**

Department of the Treasury—Internal Revenue Service

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

2015 R

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning MMDDYY and ending MMDDYY

Your Social Security No. Spouse's Social Security No.

Your Last Name First Name and Middle Initial Jr., Sr., III, etc.

FITZSIMMONS ROGER

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

FITZSIMMONS STEPHEN

Present Home Address (Number and Street) Apt. #

820 N FRENCH ST A1

City State Zip Code

WILMINGTON DE 19801

Form DE2210 If you were a part-year resident in 2015, give the dates you resided in Delaware.

Attached From Month Day 2015 To Month Day 2015

FILING STATUS (MUST CHECK ONE)

- 1. Single, Divorced, Widow(er) 3. Married or Entered into a Civil Union & Filing Separate Forms 5. Head of Household 2. Joint or Entered into a Civil Union 4. Married or Entered into a Civil Union & Filing Combined Separate on this form

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

1. DELAWARE ADJUSTED GROSS INCOME. Begin Return on Page 2, Line 29, then enter amount from Line 42 here...>1 33590 00 73993 00

2a. If you elect the DELAWARE STANDARD DEDUCTION check here... Filing Statuses 1, 3 & 5 Enter \$3250 in Column B; Filing Status 2 Enter \$6500 in Column B; Filing Status 4 Enter \$3250 in Column A and in Column B If you elect the DELAWARE ITEMIZED DEDUCTIONS check here... X b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 48 in Column B Filing status 4 enter Itemized Deductions from reverse side, Line 48 in Columns A and B 2 6358 00 14008 00



3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions) Multiply the number of boxes checked below 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. Column A - if SPOUSE was: 65 or over Blind Column B - if YOU were: 65 or over Blind 3 0 00 0 00

4. TOTAL DEDUCTIONS - Add Line 2 & 3 and enter here... 4 6358 00 14008 00 5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount... 5 27232 00 59985 00

6. Tax Liability from Tax Rate Table/Schedule See Instructions... Column A 1124 00 Column B 2942 00 6 7. Tax on Lump Sum Distribution (Form 329)... 0 00 0 00 7 8. TOTAL TAX - Add Lines 6 and 7 and enter here... > 8 1124 00 2942 00

9a. 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. Enter number of exemptions claimed on Federal return 3 X \$110... 9a 110 00 220 00 On Line 9a, enter the number of exemptions for: Column A 1 Column B 2

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 0 00 0 00

10. Tax imposed by State of NJ (Must attach copy of DE Schedule I and other state return) 10 12 00 2186 00 11. Volunteer Firefighter Co.# - Spouse (Column A) Self (Column B) Enter credit amount... 11 0 00 0 00 12. Other Non-Refundable Credits (see instructions on Page 7)... 12 0 00 0 00 13. Child Care Credit. Must attach Form 2441. (Enter 50% of Federal credit) 13 0 00 0 00 14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation 14 0 00 0 00 15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here... 15 122 00 2406 00 16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero)... 16 1002 00 536 00

17. Delaware Tax Withheld (Attach W2s/1099s) 1362 00 0 00 17 18. 2015 Estimated Tax Paid & Payments with Extensions. 0 00 0 00 18 19. S Corp Payments and Refundable Business Credits... 0 00 0 00 19 20. 2015 Capital Gains Tax Payments (Attach Form 5403) ... 0 00 0 00 20

21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here... > 21 1362 00 0 00 22. BALANCE DUE. If Line 16 is greater than Line 21, subtract 21 from 16 and enter here... > 22 0 00 536 00 23. OVERPAYMENT. If Line 21 is greater than Line 16, subtract 16 from 21 and enter here... > 23 360 00 0 00

24. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III 24 70 00 25. AMOUNT OF LINE 23 TO BE APPLIED TO 2016 ESTIMATED TAX ACCOUNT ENTER > 25 0 00 26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$400, see estimated tax instructions... ENTER > 26 0 00 27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)... PAY IN FULL > 27 246 00 For all other filing statuses, enter Line 22 plus Lines 24 and 26 28. NET REFUND (For Filing Status 4, see instructions, page 9)... ZERO DUE/TO BE REFUNDED > 28 0 00 For all other filing statuses, subtract Lines 24, 25 and 26 from Line 23

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

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.

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filings statuses You or You plus Spouse COLUMN B

SECTION A - ADDITIONS (+)

Table with 3 columns: Line number, Description, Amount. Includes lines 29-33 for Federal AGI, interest, and adjustments.

SECTION B - SUBTRACTIONS (-)

Table with 3 columns: Line number, Description, Amount. Includes lines 34-42 for interest, pension, and Delaware adjusted gross income.

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.

Table with 3 columns: Line number, Description, Amount. Includes lines 43-48 for itemized deductions and totals.

SECTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c and d below. See instructions for details.

Form with fields for routing number, account number, type (Checking/Savings), and location (US/Foreign).

NOTE: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to the address on your return.

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

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.

Form for signatures and contact information including fields for signatures, dates, addresses, and phone numbers.

BALANCE DUE W/PAYMENT ENCLOSED (LINE 27)

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

REFUND (LINE 28):

DELAWARE DIVISION OF REVENUE
P.O. BOX 8710
WILMINGTON, DE 19899-8710

ALL OTHER RETURNS:

DELAWARE DIVISION OF REVENUE
P.O. BOX 8711
WILMINGTON, DE 19899-8711

MAKE CHECK PAYABLE TO : DELAWARE DIVISION OF REVENUE
PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN



Names:

Empty text box for names

Social Security Number:

Empty text box for Social Security Number

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 NJ (enter 2 character state name).....	1	12	00	2186	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 Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return.....	6	12	00	2186	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

7a. Child's First Name	7b. Child's Last Name	8. Child's SSN	9. Child's Date of Birth
CHILD 1			M M D D Y Y Y Y
CHILD 2			M M D D Y Y Y Y
CHILD 3			M M D D Y Y Y Y

	CHILD 1	CHILD 2	CHILD 3
10. Was the child under age 24 at the end of 2015, a student, and younger than you (or your spouse, if filing jointly)?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Was the child permanently and totally disabled during any part of 2015?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B) .....			00
13. Federal earned income credit from Federal Form 1040, Form 1040A, or Form 1040EZ .....			00
14. Delaware EITC Percentage (20%).....			.20
15. Multiply Line 13 by Line 14.....			00
16. Enter the Smaller of Line 12 or Line 15 above. Enter here and on Resident Return, Line 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.

17. A. Non-Game Wildlife		00	G. Veteran's Home		00	M. White Clay Creek		00
B. U.S. Olympics	10	00	H. DE National Guard	10	00	N. Home of the Brave	10	00
C. Emergency Housing		00	I. Juv. Diabetes Fund		00	O. Senior Trust Fund	10	00
D. Breast Cancer Educ.		00	J. Mult. Sclerosis Soc.	10	00	P. Veteran's Trust Fund		00
E. Organ Donations		00	K. Ovarian Cancer Fund	10	00	Q. Protecting DE's Children Fund	10	00
F. Diabetes Educ.		00	L. 21st Fund for Children		00			

Enter the total Contribution amount here and on Resident Return, Line 24 ..... 17 70 00

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) 516669987			1 Wages, tips, other compensation 35,802		2 Federal income tax withheld 3,600		
c Employer's name, address, and ZIP code United Service Co. 11124 Oakwood Circle Claymont DE 19703			3 Social security wages 35,802		4 Social security tax withheld 1,800		
			5 Medicare wages and tips 35,802		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	
Penelope Cruise		56035 Mulberry CT		Panama City CA 96056		12a C o d e	
f Employee's address and ZIP code		13 Statutory employee		Retirement plan		12b C o d e	
		<input type="checkbox"/>		<input type="checkbox"/>		12c C o d e	
		14 Other				12d C o d e	
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		35802	695			

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

**2015**

Department of the Treasury—Internal Revenue Service

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

2015 R

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning MMDDYY and ending MMDDYY
Your Social Security No. Spouse's Social Security No.

ATTACH LABEL HERE

Your Last Name First Name and Middle Initial Jr., Sr., III, etc.
Cruise Penelope
Spouse's Last Name Spouse's First Name, Jr., Sr., III, etc.
Cruise Thomas
Present Home Address (Number and Street) Apt. #
56035 Mulberry Court

City State Zip Code
Panama City CA 95066

Form DE2210 Attached
If you were a part-year resident in 2015, give the dates you resided in Delaware.
From MMDD 2015 To MMDD 2015
Month Day Month Day

FILING STATUS (MUST CHECK ONE)
1. Single, Divorced, Widow(er)
2. Joint or Entered into a Civil Union
3. Married or Entered into a Civil Union & Filing Separate Forms
4. Married or Entered into a Civil Union & Filing Combined Separate on this form
5. Head of Household

Table with columns for Column A and Column B. Rows include: 1. DELAWARE ADJUSTED GROSS INCOME (110806), 2. DELAWARE STANDARD DEDUCTIONS (16204), 3. ADDITIONAL STANDARD DEDUCTIONS, 4. TOTAL DEDUCTIONS, 5. TAXABLE INCOME (94602), 6. Tax Liability from Tax Rate Table/Schedule (5227), 7. Tax on Lump Sum Distribution (0), 8. TOTAL TAX (5227), 9a. PERSONAL CREDITS (440), 9b. CHECK BOX(ES), 10. Tax imposed by State of PA (210), 11. Volunteer Firefighter Co.#, 12. Other Non-Refundable Credits, 13. Child Care Credit, 14. Earned Income Tax Credit, 15. Total Non-Refundable Credits (650), 16. BALANCE (4577), 17. Delaware Tax Withheld (695), 18. 2015 Estimated Tax Paid & Payments with Extensions (5213), 19. S Corp Payments and Refundable Business Credits (0), 20. 2015 Capital Gains Tax Payments, 21. TOTAL Refundable Credits (5908), 22. BALANCE DUE (0), 23. OVERPAYMENT (1331), 24. CONTRIBUTIONS TO SPECIAL FUNDS, 25. AMOUNT OF LINE 23 TO BE APPLIED TO 2016 ESTIMATED TAX ACCOUNT, 26. PENALTIES AND INTEREST DUE, 27. NET BALANCE DUE (0), 28. NET REFUND (1331).

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE



Names:

Empty box for names

Social Security Number:

Empty box for Social Security Number

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 PA (enter 2 character state name).....	1		00	210	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 Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return.....	6		00	210	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

7a. Child's First Name	7b. Child's Last Name	8. Child's SSN	9. Child's Date of Birth
CHILD 1			M M D D Y Y Y Y
CHILD 2			M M D D Y Y Y Y
CHILD 3			M M D D Y Y Y Y

	CHILD 1	CHILD 2	CHILD 3
10. Was the child under age 24 at the end of 2015, a student, and younger than you (or your spouse, if filing jointly)?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Was the child permanently and totally disabled during any part of 2015?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B) .....			00
13. Federal earned income credit from Federal Form 1040, Form 1040A, or Form 1040EZ .....			00
14. Delaware EITC Percentage (20%).....			.20
15. Multiply Line 13 by Line 14.....			00
16. Enter the Smaller of Line 12 or Line 15 above. Enter here and on Resident Return, Line 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.

17. A. Non-Game Wildlife		00	G. Veteran's Home		00	M. White Clay Creek		00
B. U.S. Olympics		00	H. DE National Guard		00	N. Home of the Brave		00
C. Emergency Housing		00	I. Juv. Diabetes Fund		00	O. Senior Trust Fund		00
D. Breast Cancer Educ.		00	J. Mult. Sclerosis Soc.		00	P. Veteran's Trust Fund		00
E. Organ Donations		00	K. Ovarian Cancer Fund		00	Q. Protecting DE's Children Fund		00
F. Diabetes Educ.		00	L. 21st Fund for Children		00			

Enter the total Contribution amount here and on Resident Return, Line 24 ..... 17

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) 516669987			1 Wages, tips, other compensation 44,074		2 Federal income tax withheld 4,000		
c Employer's name, address, and ZIP code Deltco Trash Services 2220 Cherry Island Newport DE 19912			3 Social security wages 44,074		4 Social security tax withheld 2,500		
			5 Medicare wages and tips 44,074		6 Medicare tax withheld 1,000		
			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	
Tony Soprano		8824 Seneca Valley				12a C o d e	
8824 Seneca Valley		Hockessin DE 19808				12b C o d e	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12c C o d e	
				14 Other		12d C o d e	
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	516669987	44074	1360				

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

**2015**

Department of the Treasury—Internal Revenue Service

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

222222		a Employee's social security number		OMB No. 1545-0008				
b Employer identification number (EIN) 516669987			1 Wages, tips, other compensation 74,799		2 Federal income tax withheld 6,900			
c Employer's name, address, and ZIP code Giavonna Designs 1555 New Jersey Avenue Vorhees NJ 08043			3 Social security wages 74,799		4 Social security tax withheld 4,200			
			5 Medicare wages and tips 74,799		6 Medicare tax withheld 2,500			
			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		
Carmela Soprano		8824 Seneca Valley		Hockessin DE 19808		12a C o d e		
f Employee's address and ZIP code		13 Statutory employee		Retirement plan		12b C o d e		
		Third-party sick pay		14 Other		12c C o d e		
15 State		Employer's state ID number		16 State wages, tips, etc.		17 State income tax		
DE		516669987		74799		2500		
NJ						1100		
					18 Local wages, tips, etc.		19 Local income tax	
							20 Locality name	

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

**2015**

Department of the Treasury—Internal Revenue Service

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

2015 R

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning MMDDYY and ending MMDDYY

Your Social Security No. Spouse's Social Security No.

Your Last Name First Name and Middle Initial Jr., Sr., III, etc.

SOPRANO TONY

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

SOPRANO CARMELA

Present Home Address (Number and Street) Apt. #

8824 SENECA VALLEY

City State Zip Code

HOCKESSIN DE 19707

Form DE2210 If you were a part-year resident in 2015, give the dates you resided in Delaware.

Month Day 2015 To Month Day 2015

Attached

FILING STATUS (MUST CHECK ONE)

1. Single, Divorced, Widow(er) 3. Married or Entered into a Civil Union & Filing Separate Forms 5. Head of Household

2. Joint or Entered into a Civil Union 4. Married or Entered into a Civil Union & Filing Combined Separate on this form

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

1. DELAWARE ADJUSTED GROSS INCOME. Begin Return on Page 2, Line 29, then enter amount from Line 42 here...>1 74799 00 44074 00

2a. If you elect the DELAWARE STANDARD DEDUCTION check here... Filing Statuses 1, 3 & 5 Enter \$3250 in Column B; Filing Status 2 Enter \$6500 in Column B; Filing Status 4 Enter \$3250 in Column A and in Column B



If you elect the DELAWARE ITEMIZED DEDUCTIONS check here... X b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 48 in Column B Filing status 4 enter Itemized Deductions from reverse side, Line 48 in Columns A and B 2 16699 00 10116 00

3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions) Multiply the number of boxes checked below 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.

Column A - if SPOUSE was: 65 or over Blind Column B - if YOU were: 65 or over Blind

4. TOTAL DEDUCTIONS - Add Line 2 & 3 and enter here... 4 16699 00 10116 00

5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount... 5 58100 00 33958 00

6. Tax Liability from Tax Rate Table/Schedule See Instructions... Column A 2839 00 Column B 1499 00 6

7. Tax on Lump Sum Distribution (Form 329)... 7 00 00

8. TOTAL TAX - Add Lines 6 and 7 and enter here... > 8 2839 00 1499 00

9a. 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. Enter number of exemptions claimed on Federal return 4 X \$110... 9a 220 00 220 00

On Line 9a, enter the number of exemptions for: Column A 2 Column B 2

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 NJ (Must attach copy of DE Schedule I and other state return) 10 1100 00 00

11. Volunteer Firefighter Co.# - Spouse (Column A) Self (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. (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 1320 00 220 00

16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero)... 16 1519 00 1279 00

17. Delaware Tax Withheld (Attach W2s/1099s) 2500 00 1360 00 17

18. 2015 Estimated Tax Paid & Payments with Extensions. 00 00 18

19. S Corp Payments and Refundable Business Credits... 00 00 19

20. 2015 Capital Gains Tax Payments (Attach Form 5403) ... 00 00 20

21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here... > 21 2500 00 1360 00

22. BALANCE DUE. If Line 16 is greater than Line 21, subtract 21 from 16 and enter here... > 22 00 00

23. OVERPAYMENT. If Line 21 is greater than Line 16, subtract 16 from 21 and enter here... > 23 981 00 81 00

24. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III 24 70 00

25. AMOUNT OF LINE 23 TO BE APPLIED TO 2016 ESTIMATED TAX ACCOUNT ENTER > 25 00

26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$400, see estimated tax instructions... ENTER > 26 00

27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)... PAY IN FULL > 27 00

For all other filing statuses, enter Line 22 plus Lines 24 and 26 NET REFUND (For Filing Status 4, see instructions, page 9)... ZERO DUE/TO BE REFUNDED > 28 992 00

For all other filing statuses, subtract Lines 24, 25 and 26 from Line 23

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE



Names:

Empty box for names

Social Security Number:

Empty box for Social Security Number

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 NJ (enter 2 character state name).....	1	1100	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 Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return.....	6	1100	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

7a. Child's First Name	7b. Child's Last Name	8. Child's SSN	9. Child's Date of Birth
CHILD 1			M M D D Y Y Y Y
CHILD 2			M M D D Y Y Y Y
CHILD 3			M M D D Y Y Y Y

	CHILD 1	CHILD 2	CHILD 3
10. Was the child under age 24 at the end of 2015, a student, and younger than you (or your spouse, if filing jointly)?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Was the child permanently and totally disabled during any part of 2015?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B) .....			00
13. Federal earned income credit from Federal Form 1040, Form 1040A, or Form 1040EZ .....			00
14. Delaware EITC Percentage (20%).....			.20
15. Multiply Line 13 by Line 14.....			00
16. Enter the Smaller of Line 12 or Line 15 above. Enter here and on Resident Return, Line 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.

17. A. Non-Game Wildlife		00	G. Veteran's Home		00	M. White Clay Creek	10	00
B. U.S. Olympics		00	H. DE National Guard		00	N. Home of the Brave	10	00
C. Emergency Housing	10	00	I. Juv. Diabetes Fund		00	O. Senior Trust Fund	10	00
D. Breast Cancer Educ.	10	00	J. Mult. Sclerosis Soc.		00	P. Veteran's Trust Fund		00
E. Organ Donations	10	00	K. Ovarian Cancer Fund		00	Q. Protecting DE's Children Fund		00
F. Diabetes Educ.	10	00	L. 21st Fund for Children		00			

Enter the total Contribution amount here and on Resident Return, Line 24 ..... 17 70 00

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) 51-777-5932			1 Wages, tips, other compensation 10000		2 Federal income tax withheld 1000		
c Employer's name, address, and ZIP code Children's House 122 Lea Blvd Wilmington DE 19802			3 Social security wages		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		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. RONALD MCDONALD 45 South Avenue Secane PA 19018			11 Nonqualified plans		12a C o o l l e		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o l l e		
			14 Other		12c C o o l l e		
					12d C o o l l e		
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	
NJ	517775932	10000	200				

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

2015

Department of the Treasury—Internal Revenue Service

**2015 NR DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN - FORM 200-02**

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal Year beginning MM/DD/YY and ending MM/DD/YY  
 Your Social Security No. \_\_\_\_\_ Spouse's Social Sec. No. \_\_\_\_\_

ATTACH LABEL HERE

Your Last Name MCDONALD First Name and Middle Initial RONALD Jr., Sr., III, etc.  
 Spouse's Last Name \_\_\_\_\_ Spouse's First Name, Jr., Sr., III, etc. \_\_\_\_\_

Present Home Address (Number and Street) \_\_\_\_\_ Apt. # \_\_\_\_\_

45 SOUTH AVE

City SECANE State PA Zip Code 19018

Form DE2210  If you were a part-year resident in 2015, give the dates you resided in Delaware.  
 Attached  From 01/01 2014 To 05/01 2014  
 Month Day Month Day

Check if FULL-YEAR non-resident in 2015

FILING STATUS (MUST CHECK ONE)  
 1.  Single, Divorced, Widow(er) 3.  Married or Entered into a Civil Union & Filing Separate Forms  
 2.  Joint or Entered into a Civil Union 5.  Head of Household

STAPLE W-2 FORMS HERE

37. DELAWARE ADJUSTED GROSS INCOME (Begin Return on Page 2, Line 1, then enter amount from Line 30B, Column 1 here ..... >	37	152672	00
38. (a) If you elect the STANDARD DEDUCTION check here ..... a. <input checked="" type="checkbox"/>			
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. <input type="checkbox"/>	38	3250	00
39. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See Instructions)			
CHECK BOX(ES) If SPOUSE was 65 or over <input type="checkbox"/> and/or Blind <input type="checkbox"/> If YOU were 65 or over <input type="checkbox"/> and/or Blind <input type="checkbox"/>	39	0	00
40. TOTAL DEDUCTIONS - Add Lines 38 & 39 and enter here .....	40	3250	00
41. TAXABLE INCOME - Subtract Line 40 from Line 37, and Compute Tax on this Amount .....	41	149422	00
42. Tax Liability Computation			
A Line 30A <u>142672</u> Proration Decimal (See instructions, page 10) _____ Tax Liability from Tax Rate Table/Schedule Amount _____			
B Line 30B <u>152672</u> = <u>0.9345</u> x <u>8845</u>	42	8266	00
43. PERSONAL CREDITS (If Filing Status 3, see instructions on page 10)			
Enter number of exemptions claimed on Federal return <u>1</u> X \$110. = _____			
Multiply this amount by the proration decimal on Line 42 (X _____) and enter total here .....	43a	103	00
43b. CHECK BOX(ES) Spouse 60 or Over (if filing status 2) <input type="checkbox"/> Self 60 or Over <input checked="" type="checkbox"/>			
Enter number of boxes checked on Line 43b <u>1</u> X \$110 = _____			
Multiply this amount by the proration decimal on Line 42 (X _____) and enter total here.....	43b	103	00
44. Tax imposed by State of _____ (Must attach copy of DE Sch I and other state return) (Part-Year Residents Only. See instructions, page 11) .....	44	100	00
45. Other Non-Refundable Credits (See instructions, page 11).....	45		00
46. Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45.....	46	306	00
47. BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero).....	47	7960	00
48. Delaware Tax Withheld (Attach W-2s/1099s) .....	48	810	00
49. 2015 Estimated Tax Paid & Payments with Extensions.....	49	2562	00
50. S Corp Payments and Refundable Business Credits (See Instructions, Page 12).....	50		00
51. 2015 Capital Gains Tax Payments (Attach Form 5403) .....	51		00
52. TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, 50, and 51.....	52	3372	00
53. If Line 47 is greater than Line 52, subtract 52 from 47 and enter here..... AMOUNT YOU OWE >	53	4588	00
54. If Line 52 is greater than Line 47, subtract 47 from 52 and enter here..... OVERPAYMENT >	54		00
55. CONTRIBUTIONS TO SPECIAL FUNDS			
If electing a contribution, complete and attach DE Schedule III..... TOTAL >	55	90	00
56. AMOUNT OF LINE 54 TO BE APPLIED TO 2016 ESTIMATED TAX ACCOUNT..... ENTER >	56		00
57. PENALTIES AND INTEREST DUE. If Line 53 is greater than \$400, see estimated tax instructions..... ENTER >	57		00
58. NET BALANCE DUE. Enter the amount due (Line 53 plus Lines 55 and 57) and pay in full..... PAY IN FULL >	58	4678	00
59. NET REFUND. Subtract Lines 55, 56 and 57 from Line 54..... ZERO DUE/TO BE REFUNDED >	59		00

STAPLE CHECK HERE

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 X Date MM/DD/YY Spouse's Signature (If filing joint) X Date MM/DD/YY  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Signature of Paid Preparer X Date MM/DD/YY Address of Paid Preparer \_\_\_\_\_

Business Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 EIN, SSN, or PTIN \_\_\_\_\_





DF2031502999

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

- 1. Wages, salaries, tips, etc.
2. Interest
3. Dividends
4. State refunds, credits or offsets of state & local income taxes
5. Alimony received
6. Business income or (loss)
7a. Capital gain or (loss)
7b. Other gains or (losses)
8. IRA distributions
9. Taxable pensions and annuities
10. Rents, royalties, partnerships, S corps, estates, trusts, etc.
11. Farm income or (loss)
12. Unemployment compensation (insurance)
13. Taxable Social Security Benefits
14. Other income (state nature and source)
15. Total income. Add Lines 1 through 14
16. Total Federal Adjustments (See instructions on Page 6)
17. Federal Adjusted Gross Income for Delaware purposes. Subtract Line 16 from 15.

Table with 4 columns: Line number, Federal COLUMN 1, Federal COLUMN 1 sub-column, Delaware Source Income/Loss COLUMN 2, Delaware Source Income/Loss COLUMN 2 sub-column. Rows 1-17.

SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+)

- 18. Interest received on obligations of any state other than Delaware
19. Fiduciary adjustment, oil depletion
20. TOTAL - Add Lines 18 & 19
21. Add Lines 17 & 20

Table with 4 columns: Line number, Federal COLUMN 1, Federal COLUMN 1 sub-column, Delaware Source Income/Loss COLUMN 2, Delaware Source Income/Loss COLUMN 2 sub-column. Rows 18-21.

SECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-)

- 22. Interest received on U.S. Obligations
23. Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 7)
24. Delaware State tax refund
25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward
26. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion
27. TOTAL - Add Lines 22 through 26
28. Subtract Line 27 from Line 21 and enter here
29. Exclusion for certain persons 60 and over or disabled (See instructions on Page 8)
30A. Column 2. Subtract Line 29 from Line 28. This is your modified Delaware Source Income. Enter on front side Line 42, Box A.
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.

Table with 4 columns: Line number, Federal COLUMN 1, Federal COLUMN 1 sub-column, Delaware Source Income/Loss COLUMN 2, Delaware Source Income/Loss COLUMN 2 sub-column. Rows 22-30B.

SECTION D - ITEMIZED DEDUCTIONS (ATTACH FEDERAL SCHEDULE A, FORM 1040)

- 31. Enter total Itemized Deductions (If Filing Status 3, see instructions on Page 8)
32. Enter Foreign Taxes Paid (See instructions on Page 8)
33. Enter Charitable Mileage Deduction (See instructions on Page 8)
34. TOTAL - Add Lines 31, 32, and 33
35a. Enter State Income Tax included in Line 31 above (See Instructions on Page 8)
35b. Enter Form 700 Tax Credit Adjustment (See instructions on Page 9)
36. Subtract Line 35a and 35b from Line 34. Enter here and on front, Line 38.

Table with 4 columns: Line number, Federal COLUMN 1, Federal COLUMN 1 sub-column, Delaware Source Income/Loss COLUMN 2, Delaware Source Income/Loss COLUMN 2 sub-column. Rows 31-36.

SECTION E - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c, and d below. See instructions for details.

a. Routing Number [grid]

b. Type: Checking [checkbox] Savings [checkbox]

c. Account Number [grid]

d. Is this refund going to or through an account that is located outside of the United States? Yes [checkbox] No [checkbox]

NOTE: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to the address on your return.

BALANCE DUE W/PAYMENT ENCLOSED (LINE 58): REFUND (LINE 59): ALL OTHER RETURNS: DELAWARE DIVISION OF REVENUE DELAWARE DIVISION OF REVENUE DELAWARE DIVISION OF REVENUE P.O. BOX 508, WILMINGTON, DE 19899-0508 P.O. BOX 8710 WILMINGTON, DE 19899-8710 P.O. BOX 8711, WILMINGTON, DE 19899-8711

MAKE CHECK PAYABLE TO : DELAWARE DIVISION OF REVENUE. REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES (Rev 10/22/15) WHEN FILING YOUR RETURN AND KEEP A COPY OF THE RETURN FOR YOUR RECORDS

Name(s): [ ] Social Security Number: [ ]

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

See the instructions and complete the worksheet on Page 11 prior to completing DE Schedule I.

Enter the credit in HIGHEST to LOWEST amount order.

Table with 6 rows for tax credits. Row 1: PA, 100.00. Row 6: Total, 00.

DE SCHEDULE II - This schedule does not apply to the Non-resident form. It is intentionally excluded.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

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

Table with 3 columns of contribution categories (A-Q) and amounts. Total amount shown as 90.00.

Enter the total Contribution amount here and on Non-Resident Return, Line 55 ..... 7 90 00

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) 51-666-5988			1 Wages, tips, other compensation 75337		2 Federal income tax withheld 8000								
c Employer's name, address, and ZIP code Pacifco Ford 9033 Essington Avenue Newark DE 19711			3 Social security wages		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		10 Dependent care benefits								
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans	12a C o o l l e c t e d						
WILLIAM LACY JR													
1201 Tulip Way						13 Statutory employee	12b C o o l l e c t e d						
Elsmere DE 19805						<input type="checkbox"/>							
						Retirement plan							
						<input type="checkbox"/>							
						Third-party sick pay							
						<input type="checkbox"/>							
						14 Other	12c C o o l l e c t e d						
							12d C o o l l e c t e d						
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		516665988		75337		3515							

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

2015

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 51-666-7012			1 Wages, tips, other compensation 387427		2 Federal income tax withheld 125000		
c Employer's name, address, and ZIP code First State Financial 1250 E Main Street Newark NJ 07102			3 Social security wages		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		10 Dependent care benefits		
e Employee's first name and initial GIOVONNA LACY		Last name LACY		Suff.		11 Nonqualified plans	
1201 Tulip Way Elsmere DE 19805			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a		
			14 Other		12b		
					12c		
f Employee's address and ZIP code					12d		
15 State Employer's state ID number NJ 516667012		16 State wages, tips, etc. 386206	17 State income tax 340	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

2015

Department of the Treasury—Internal Revenue Service

**2015 NR DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN - FORM 200-02**

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal Year beginning MM/DD/YY and ending MM/DD/YY  
 Your Social Security No. \_\_\_\_\_ Spouse's Social Sec. No. \_\_\_\_\_

ATTACH LABEL HERE

Your Last Name LACY First Name and Middle Initial WILLIAM Jr., Sr., III, etc. JR  
 Spouse's Last Name LACY Spouse's First Name, Jr., Sr., III, etc. GIAVONNA

Present Home Address (Number and Street) 1201 TULIP WAY Apt. # \_\_\_\_\_

City ELSMERE State DE Zip Code 19805

Form DE2210 If you were a part-year resident in 2015, give the dates you resided in Delaware.  
 Attached From MM/DD 2014 To MM/DD 2014  
 Month Day Month Day

Check if FULL-YEAR non-resident in 2015  X

FILING STATUS (MUST CHECK ONE)  
 1.  Single, Divorced, Widow(er) 3.  Married or Entered into a Civil Union & Filing Separate Forms  
 2.  Joint or Entered into a Civil Union 5.  Head of Household

STAPLE W-2 FORMS HERE

37. DELAWARE ADJUSTED GROSS INCOME (Begin Return on Page 2, Line 1, then enter amount from Line 30B, Column 1 here .....	>	37	461543	00
38. (a) If you elect the STANDARD DEDUCTION check here .....	a.	<input type="checkbox"/>		
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.	<input checked="" type="checkbox"/> X	38	42548
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	0
40. TOTAL DEDUCTIONS - Add Lines 38 & 39 and enter here .....			40	42548
41. TAXABLE INCOME - Subtract Line 40 from Line 37, and Compute Tax on this Amount .....			41	418995
42. Tax Liability Computation				
A Line 30A <u>75337</u> Proration Decimal (See instructions, page 10) Tax Liability from Tax Rate Table/Schedule Amount				
B Line 30B <u>461543</u> = <u>0.1632</u> x <u>26637</u>			42	4347
43. PERSONAL CREDITS (If Filing Status 3, see instructions on page 10)				
Enter number of exemptions claimed on Federal return <u>2</u> X \$110. = <u>220</u>				
Multiply this amount by the proration decimal on Line 42 (X <u>.1632</u> ) and enter total here .....			43a	36
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	0
44. Tax imposed by State of (Must attach copy of DE Sch I and other state return) (Part-Year Residents Only. See instructions, page 11)			44	0
45. Other Non-Refundable Credits (See instructions, page 11).....			45	0
46. Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45.....			46	36
47. BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero).....			47	4311
48. Delaware Tax Withheld (Attach W-2s/1099s) .....			48	3515
49. 2015 Estimated Tax Paid & Payments with Extensions.....			49	600
50. S Corp Payments and Refundable Business Credits (See Instructions, Page 12).....			50	0
51. 2015 Capital Gains Tax Payments (Attach Form 5403) .....			51	0
52. TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, 50, and 51.....			52	4115
53. If Line 47 is greater than Line 52, subtract 52 from 47 and enter here.....	AMOUNT YOU OWE	>	53	196
54. If Line 52 is greater than Line 47, subtract 47 from 52 and enter here.....	OVERPAYMENT	>	54	0
55. CONTRIBUTIONS TO SPECIAL FUNDS				
If electing a contribution, complete and attach DE Schedule III.....	TOTAL	>	55	0
56. AMOUNT OF LINE 54 TO BE APPLIED TO 2016 ESTIMATED TAX ACCOUNT.....	ENTER	>	56	0
57. PENALTIES AND INTEREST DUE. If Line 53 is greater than \$400, see estimated tax instructions.....	ENTER	>	57	0
58. NET BALANCE DUE. Enter the amount due (Line 53 plus Lines 55 and 57) and pay in full.....	PAY IN FULL	>	58	196
59. NET REFUND. Subtract Lines 55, 56 and 57 from Line 54.....	ZERO DUE/TO BE REFUNDED	>	59	0

STAPLE CHECK HERE

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 X Date MM/DD/YY Spouse's Signature (If filing joint) X Date MM/DD/YY  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Signature of Paid Preparer X Date MM/DD/YY Address of Paid Preparer \_\_\_\_\_

Business Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 EIN, SSN, or PTIN \_\_\_\_\_





Name(s): [ ] Social Security Number: [ ]

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

See the instructions and complete the worksheet on Page 11 prior to completing DE Schedule I.

Enter the credit in HIGHEST to LOWEST amount order.

Table with 6 rows for tax credits, including state names and amounts.

DE SCHEDULE II - This schedule does not apply to the Non-resident form. It is intentionally excluded.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

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

Table listing 15 special funds (A-Q) with corresponding input boxes for amounts.

Enter the total Contribution amount here and on Non-Resident Return, Line 55 ..... 7 [ ]

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) 51-777-5937			1 Wages, tips, other compensation 22900		2 Federal income tax withheld 2000		
c Employer's name, address, and ZIP code Media Entertainment 2501 Huntingdon Parkway Middletown DE 19911			3 Social security wages		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		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. John Travolta  120 Harper Valley Circle  Los Angeles CA 90010			11 Nonqualified plans		12a C o o l l e		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o l l e		
			14 Other		12c C o o l l e		
					12d C o o l l e		
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	517775937	22900	813				

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

2015

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 51-777-5940			1 Wages, tips, other compensation 12300		2 Federal income tax withheld 1200		
c Employer's name, address, and ZIP code Media Entertainment 2501 Huntingdon Parkway Middletown DE 19911			3 Social security wages		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		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. John Travolta  120 Harper Valley Circle  Los Angeles CA 90010			11 Nonqualified plans		12a C o o d e		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e		
			14 Other		12c C o o d e		
					12d C o o d e		
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	517775940	12300	437				

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

2015

Department of the Treasury—Internal Revenue Service

**2015 NR DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN - FORM 200-02**

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal Year beginning MM/DD/YY and ending MM/DD/YY  
 Your Social Security No. \_\_\_\_\_ Spouse's Social Sec. No. \_\_\_\_\_

ATTACH LABEL HERE

Your Last Name TRAVOLTA First Name and Middle Initial JOHN Jr., Sr., III, etc.  
 Spouse's Last Name \_\_\_\_\_ Spouse's First Name, Jr., Sr., III, etc. GINA

Present Home Address (Number and Street) \_\_\_\_\_ Apt. # \_\_\_\_\_

City LOS ANGELES State CA Zip Code 97362

Form DE2210 If you were a part-year resident in 2015, give the dates you resided in Delaware.  
 Attached From MM/DD 2014 To MM/DD 2014  
 Month Day Month Day

Check if FULL-YEAR non-resident in 2015

FILING STATUS (MUST CHECK ONE)  
 1.  Single, Divorced, Widow(er) 3.  Married or Entered into a Civil Union & Filing Separate Forms  
 2.  Joint or Entered into a Civil Union 5.  Head of Household

STAPLE W-2 FORMS HERE

37. DELAWARE ADJUSTED GROSS INCOME (Begin Return on Page 2, Line 1, then enter amount from Line 30B, Column 1 here ..... >	37	50600	00
38. (a) If you elect the STANDARD DEDUCTION check here ..... a. <input type="checkbox"/>			
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. <input checked="" type="checkbox"/>	38	12000	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	12000	00
41. TAXABLE INCOME - Subtract Line 40 from Line 37, and Compute Tax on this Amount .....	41	38600	00
42. Tax Liability Computation			
A Line 30A <u>35200</u> Proration Decimal (See instructions, page 10) _____ Tax Liability from Tax Rate Table/Schedule Amount _____			
B Line 30B <u>50600</u> = <u>0.6957</u> x <u>1757</u>	42	1222	00
43. PERSONAL CREDITS (If Filing Status 3, see instructions on page 10)			
Enter number of exemptions claimed on Federal return <u>5</u> X \$110. = <u>550</u>			
Multiply this amount by the proration decimal on Line 42 (X <u>0.6957</u> ) and enter total here .....	43a	383	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 DE Sch I and other state return) (Part-Year Residents Only. See instructions, page 11) .....	44		00
45. Other Non-Refundable Credits (See instructions, page 11).....	45		00
46. Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45.....	46	383	00
47. BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero).....	47	839	00
48. Delaware Tax Withheld (Attach W-2s/1099s) .....	48	1250	00
49. 2015 Estimated Tax Paid & Payments with Extensions.....	49		00
50. S Corp Payments and Refundable Business Credits (See Instructions, Page 12).....	50		00
51. 2015 Capital Gains Tax Payments (Attach Form 5403) .....	51		00
52. TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, 50, and 51.....	52	1250	00
53. If Line 47 is greater than Line 52, subtract 52 from 47 and enter here..... AMOUNT YOU OWE >	53		00
54. If Line 52 is greater than Line 47, subtract 47 from 52 and enter here..... OVERPAYMENT >	54	411	00
55. CONTRIBUTIONS TO SPECIAL FUNDS			
If electing a contribution, complete and attach DE Schedule III..... TOTAL >	55		00
56. AMOUNT OF LINE 54 TO BE APPLIED TO 2016 ESTIMATED TAX ACCOUNT..... ENTER >	56		00
57. PENALTIES AND INTEREST DUE. If Line 53 is greater than \$400, see estimated tax instructions..... ENTER >	57		00
58. NET BALANCE DUE. Enter the amount due (Line 53 plus Lines 55 and 57) and pay in full..... PAY IN FULL >	58		00
59. NET REFUND. Subtract Lines 55, 56 and 57 from Line 54..... ZERO DUE/TO BE REFUNDED >	59	411	00

STAPLE CHECK HERE

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 X Date MM/DD/YY Spouse's Signature (If filing joint) X Date MM/DD/YY  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Signature of Paid Preparer X Date MM/DD/YY Address of Paid Preparer \_\_\_\_\_

Business Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 EIN, SSN, or PTIN \_\_\_\_\_





DF20315029999

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

- 1. Wages, salaries, tips, etc.
2. Interest
3. Dividends
4. State refunds, credits or offsets of state & local income taxes
5. Alimony received
6. Business income or (loss) (See instructions on Page 6)
7a. Capital gain or (loss)
7b. Other gains or (losses)
8. IRA distributions
9. Taxable pensions and annuities
10. Rents, royalties, partnerships, S corps, estates, trusts, etc.
11. Farm income or (loss)
12. Unemployment compensation (insurance)
13. Taxable Social Security Benefits
14. Other income (state nature and source)
15. Total income. Add Lines 1 through 14
16. Total Federal Adjustments (See instructions on Page 6)
17. Federal Adjusted Gross Income for Delaware purposes. Subtract Line 16 from 15.

Table with 4 columns: Line number, Federal COLUMN 1, Federal COLUMN 1 sub-column, Delaware Source Income/Loss COLUMN 2, Delaware Source Income/Loss COLUMN 2 sub-column. Rows 1-17.

SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+)

- 18. Interest received on obligations of any state other than Delaware
19. Fiduciary adjustment, oil depletion
20. TOTAL - Add Lines 18 & 19
21. Add Lines 17 & 20

Table with 4 columns: Line number, Federal COLUMN 1, Federal COLUMN 1 sub-column, Delaware Source Income/Loss COLUMN 2, Delaware Source Income/Loss COLUMN 2 sub-column. Rows 18-21.

SECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-)

- 22. Interest received on U.S. Obligations
23. Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 7)
24. Delaware State tax refund
25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward
26. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion
27. TOTAL - Add Lines 22 through 26
28. Subtract Line 27 from Line 21 and enter here
29. Exclusion for certain persons 60 and over or disabled (See instructions on Page 8)
30A. Column 2. Subtract Line 29 from Line 28. This is your modified Delaware Source Income. Enter on front side Line 42, Box A.
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.

Table with 4 columns: Line number, Federal COLUMN 1, Federal COLUMN 1 sub-column, Delaware Source Income/Loss COLUMN 2, Delaware Source Income/Loss COLUMN 2 sub-column. Rows 22-30B.

SECTION D - ITEMIZED DEDUCTIONS (ATTACH FEDERAL SCHEDULE A, FORM 1040)

- 31. Enter total Itemized Deductions (If Filing Status 3, see instructions on Page 8)
32. Enter Foreign Taxes Paid (See instructions on Page 8)
33. Enter Charitable Mileage Deduction (See instructions on Page 8)
34. TOTAL - Add Lines 31, 32, and 33
35a. Enter State Income Tax included in Line 31 above (See Instructions on Page 8)
35b. Enter Form 700 Tax Credit Adjustment (See instructions on Page 9)
36. Subtract Line 35a and 35b from Line 34. Enter here and on front, Line 38.

Table with 4 columns: Line number, Federal COLUMN 1, Federal COLUMN 1 sub-column, Delaware Source Income/Loss COLUMN 2, Delaware Source Income/Loss COLUMN 2 sub-column. Rows 31-36.

SECTION E - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c, and d below. See instructions for details.

a. Routing Number [grid]

b. Type: Checking [checkbox] Savings [checkbox]

c. Account Number [grid]

d. Is this refund going to or through an account that is located outside of the United States? Yes [checkbox] No [checkbox]

NOTE: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to the address on your return.

BALANCE DUE W/PAYMENT ENCLOSED (LINE 58): REFUND (LINE 59): ALL OTHER RETURNS: DELAWARE DIVISION OF REVENUE DELAWARE DIVISION OF REVENUE DELAWARE DIVISION OF REVENUE P.O. BOX 508, WILMINGTON, DE 19899-0508 P.O. BOX 8710 WILMINGTON, DE 19899-8710 P.O. BOX 8711, WILMINGTON, DE 19899-8711

MAKE CHECK PAYABLE TO : DELAWARE DIVISION OF REVENUE. REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES (Rev 10/22/15) WHEN FILING YOUR RETURN AND KEEP A COPY OF THE RETURN FOR YOUR RECORDS

Name(s): [ ] Social Security Number: [ ]

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

See the instructions and complete the worksheet on Page 11 prior to completing DE Schedule I.

Enter the credit in HIGHEST to LOWEST amount order.

Table with 6 rows for tax credits, including state names and amounts.

DE SCHEDULE II - This schedule does not apply to the Non-resident form. It is intentionally excluded.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

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

Table listing 15 special funds (A-Q) with corresponding input boxes for amounts.

Enter the total Contribution amount here and on Non-Resident Return, Line 55 ..... 7 [ ]

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



**2015 NR DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN - FORM 200-02**

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal Year beginning MM/DD/YY and ending MM/DD/YY  
 Your Social Security No. \_\_\_\_\_ Spouse's Social Sec. No. \_\_\_\_\_

ATTACH LABEL HERE

Your Last Name LITTLE First Name and Middle Initial JOHN Jr., Sr., III, etc.  
 Spouse's Last Name \_\_\_\_\_ Spouse's First Name, Jr., Sr., III, etc. \_\_\_\_\_

Present Home Address (Number and Street) \_\_\_\_\_ Apt. # \_\_\_\_\_

1596 MEETING ST  
 City ROCKVILLE State MD Zip Code 20850

Form DE2210  If you were a part-year resident in 2015, give the dates you resided in Delaware.  
 Attached  From MM/DD 2015 To MM/DD 2015  
 Month Day Month Day

Check if FULL-YEAR non-resident in 2015

FILING STATUS (MUST CHECK ONE)  
 1.  Single, Divorced, Widow(er) 3.  Married or Entered into a Civil Union & Filing Separate Forms  
 2.  Joint or Entered into a Civil Union 5.  Head of Household

STAPLE W-2 FORMS HERE

37. DELAWARE ADJUSTED GROSS INCOME (Begin Return on Page 2, Line 1, then enter amount from Line 30B, Column 1 here ..... >	37	31872128	00
38. (a) If you elect the STANDARD DEDUCTION check here ..... a. <input type="checkbox"/>			
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. <input checked="" type="checkbox"/>	38	262880	00
39. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See Instructions)			
CHECK BOX(ES) If SPOUSE was 65 or over <input type="checkbox"/> and/or Blind <input checked="" type="checkbox"/> If YOU were 65 or over <input type="checkbox"/> and/or Blind <input type="checkbox"/>	39		00
40. TOTAL DEDUCTIONS - Add Lines 38 & 39 and enter here .....	40	262880	00
41. TAXABLE INCOME - Subtract Line 40 from Line 37, and Compute Tax on this Amount .....	41	31609248	00
42. Tax Liability Computation			
A Line 30A <u>15896</u> Proration Decimal (See instructions, page 10) _____ Tax Liability from Tax Rate Table/Schedule Amount _____			
B Line 30B <u>31872128</u> = <u>0.0005</u> x <u>2085194</u>	42	1043	00
43. PERSONAL CREDITS (If Filing Status 3, see instructions on page 10)			
Enter number of exemptions claimed on Federal return <u>1</u> X \$110. = <u>110</u>			
Multiply this amount by the proration decimal on Line 42 (X <u>.0005</u> ) and enter total here .....	43a	0	00
43b. CHECK BOX(ES) Spouse 60 or Over (if filing status 2) <input type="checkbox"/> Self 60 or Over <input type="checkbox"/>			
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 DE Sch I and other state return) (Part-Year Residents Only. See instructions, page 11) .....	44		00
45. Other Non-Refundable Credits (See instructions, page 11).....	45		00
46. Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45.....	46	0	00
47. BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero).....	47	1043	00
48. Delaware Tax Withheld (Attach W-2s/1099s) .....	48		00
49. 2015 Estimated Tax Paid & Payments with Extensions.....	49		00
50. S Corp Payments and Refundable Business Credits (See Instructions, Page 12).....	50		00
51. 2015 Capital Gains Tax Payments (Attach Form 5403) .....	51		00
52. TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, 50, and 51.....	52		00
53. If Line 47 is greater than Line 52, subtract 52 from 47 and enter here..... AMOUNT YOU OWE >	53		00
54. If Line 52 is greater than Line 47, subtract 47 from 52 and enter here..... OVERPAYMENT >	54		00
55. CONTRIBUTIONS TO SPECIAL FUNDS			
If electing a contribution, complete and attach DE Schedule III..... TOTAL >	55		00
56. AMOUNT OF LINE 54 TO BE APPLIED TO 2016 ESTIMATED TAX ACCOUNT..... ENTER >	56		00
57. PENALTIES AND INTEREST DUE. If Line 53 is greater than \$400, see estimated tax instructions..... ENTER >	57	115	00
58. NET BALANCE DUE. Enter the amount due (Line 53 plus Lines 55 and 57) and pay in full..... PAY IN FULL >	58	1158	00
59. NET REFUND. Subtract Lines 55, 56 and 57 from Line 54..... ZERO DUE/TO BE REFUNDED >	59		00

STAPLE CHECK HERE

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 MM/DD/YY Spouse's Signature (If filing joint)  Date MM/DD/YY  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Signature of Paid Preparer  Date MM/DD/YY Address of Paid Preparer \_\_\_\_\_

Business Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 EIN, SSN, or PTIN \_\_\_\_\_



