

***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.

22222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 517775922			1 Wages, tips, other compensation 91023		2 Federal income tax withheld 12200		
c Employer's name, address, and ZIP code Pocono Mountain Resorts 20 Mountain Rd Mount Pocono PA 18344			3 Social security wages 79319		4 Social security tax withheld 3823		
			5 Medicare wages and tips		6 Medicare tax withheld 1319		
			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	
Rhonda Sands						12a	
20 Roanoke Rd						12b	
Newark DE 19712						12c	
f Employee's address and ZIP code						12d	
15 State		Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	
PA	517775922	79319	2806				
19 Local income tax		20 Locality name					

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 <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <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

2016

Department of the Treasury—Internal Revenue Service

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

2016 R DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

For Fiscal year beginning MM DD YY and ending MM DD YY
 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 2016, give the dates you resided in Delaware:
 Attached MM DD 2016 MM DD 2016

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.	Column A	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..... <input type="checkbox"/> 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..... <input checked="" type="checkbox"/>	 DF20116019999	
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 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 <input type="checkbox"/> Blind <input type="checkbox"/> Column B - if YOU were: 65 or over <input type="checkbox"/> Blind <input type="checkbox"/>	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	Column A	Column B
7. See Instructions.....	3562	4430
Tax on Lump Sum Distribution (Form 329).....		
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 \$100..... > 9a	440 00	330 00
On Line 9a, enter the number of exemptions for: Column A <input type="checkbox"/> 4 Column B <input type="checkbox"/> 3		
9b. CHECK BOX(ES) Spouse 60 or over (Column A) <input type="checkbox"/> Self 60 or over (Column B) <input type="checkbox"/> 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. 2016 Estimated Tax Paid & Payments with Extensions..... > 18	1213 00	1213 00
19. S Corp Payments and Refundable Business Credits..... > 19		00 00
20. 2016 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 00
25. AMOUNT OF LINE 23 TO BE APPLIED TO 2017 ESTIMATED TAX ACCOUNT..... ENTER > 25		00 00
26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$400, see estimated tax instructions..... ENTER > 26		00 00
27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)..... PAY IN FULL > 27		00 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		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

SECTION A - ADDITIONS (+)

29. Enter Federal AGI amount from Federal 1040, 1040A or 1040EZ
30. Interest on State & Local obligations other than Delaware
31. Fiduciary adjustment, oil depletion
32. TOTAL - Add Lines 30 and 31
33. Subtotal. Add Lines 29 and 32 79619 00 95073 00

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing statuses You or You plus Spouse COLUMN B. Rows 29-32.

SECTION B - SUBTRACTIONS (-)

34. Interest received on U.S. Obligations
35. Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 10).....
36. Delaware State tax refund, fiduciary adjustment, work opportunity tax credit, Delaware NOL carry forward - please see instructions on Page 10
37. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr. on Page 11)
38. SUBTOTAL. Add Lines 34, 35, 36 and 37, and enter here
39. Subtotal. Subtract Line 38 from Line 33 79619 00 95073 00
40. Exclusion for certain persons 60 and over or disabled (See instructions on Page 11)
41. TOTAL - Add Lines 38 and 40
42. DELAWARE ADJUSTED GROSS INCOME. Subtract line 41 from Line 33. Enter here and on Front, Line 1 79619 00 95073 00

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing statuses You or You plus Spouse COLUMN B. Rows 34-42.

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.

43. Enter total Itemized Deduction from Schedule A, Federal Form, Line 29
44. Enter Foreign Taxes Paid (See instructions on Page 11)
45. Enter Charitable Mileage Deduction (See instructions on Page 11)
46. SUBTOTAL - Add Lines 43, 44, and 45 and enter here
47a. Enter State Income Tax included in Line 43 above (See instructions on Page 11)
47b. Enter Form 700 Tax Credit Adjustment (See instructions on Page 11)
48. TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Front, Line 2 (See instructions) 10252 00 12502 00

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing statuses You or You plus Spouse COLUMN B. Rows 43-48.

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 address fields: Your Signature, Date, Signature of Paid Preparer, Date, Spouse's Signature, Date, Address, Home Phone, Business Phone, City, State, Zip, E-Mail Address, EIN, SSN or PTIN, Business Phone, E-Mail Address.

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: []

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.

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing 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.

Table with 6 rows for tax imposed by state and a total row. Includes columns for state name, amount, and total.

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

Table with 4 columns: 7a. Child's First Name, 7b. Child's Last Name, 8. Child's SSN, 9. Child's Date of Birth. Rows for CHILD 1, 2, 3.

Form 10: Was the child under age 24 at the end of 2016, a student, and younger than you (or your spouse, if filing jointly)?

Form 11: Was the child permanently and totally disabled during any part of 2016?

Table with 6 rows for tax amounts and calculations. Includes columns for description, amount, and total.

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.

Table with 3 columns: Fund Name, Amount, Total. Lists various special funds like Non-Game Wildlife, Veteran's Home, etc.

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

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.		11 Nonqualified plans	
Steven Fitzsimmons		8111 Coquina Ct. Apt H-21		Newark DE 19711		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	517775926	33590	1362				

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

2016

Department of the Treasury—Internal Revenue Service

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

2016 R DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

For Fiscal year beginning MM DD YY and ending MM DD YY
 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 2016, give the dates you resided in Delaware:
 Attached MM DD 2016 MM DD 2016

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.		Column A	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..... <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> Blind <input type="checkbox"/> Column B - if YOU were: 65 or over <input type="checkbox"/> Blind <input type="checkbox"/>	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	6	1124	2942
7. See Instructions..... Tax on Lump Sum Distribution (Form 329).....	7	0	0
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 \$100.....	9a	110 00	220 00
On Line 9a, enter the number of exemptions for: Column A <input type="checkbox"/> 1 Column B <input type="checkbox"/> 2			
9b. CHECK BOX(ES) Spouse 60 or over (Column A) <input type="checkbox"/> Self 60 or over (Column B) <input type="checkbox"/> Enter number of boxes checked on Line 9b _____ x \$110.....	9b	0 00	0 00
10. Tax imposed by State of <u>MD</u> (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).....	17	1362 00	0 00
18. 2016 Estimated Tax Paid & Payments with Extensions.....	18	0 00	0 00
19. S Corp Payments and Refundable Business Credits.....	19	0 00	0 00
20. 2016 Capital Gains Tax Payments (Attach Form 5403).....	20	0 00	0 00
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 2017 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

SECTION A - ADDITIONS (+)

29. Enter Federal AGI amount from Federal 1040, 1040A or 1040EZ
30. Interest on State & Local obligations other than Delaware
31. Fiduciary adjustment, oil depletion
32. TOTAL - Add Lines 30 and 31
33. Subtotal. Add Lines 29 and 32

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing statuses You or You plus Spouse COLUMN B. Rows 29-32.

SECTION B - SUBTRACTIONS (-)

34. Interest received on U.S. Obligations
35. Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 10)
36. Delaware State tax refund, fiduciary adjustment, work opportunity tax credit, Delaware NOL carry forward - please see instructions on Page 10
37. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr. on Page 11)
38. SUBTOTAL. Add Lines 34, 35, 36 and 37, and enter here
39. Subtotal. Subtract Line 38 from Line 33
40. Exclusion for certain persons 60 and over or disabled (See instructions on Page 11)
41. TOTAL - Add Lines 38 and 40
42. DELAWARE ADJUSTED GROSS INCOME. Subtract line 41 from Line 33. Enter here and on Front, Line 1

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing statuses You or You plus Spouse COLUMN B. Rows 34-42.

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.

43. Enter total Itemized Deduction from Schedule A, Federal Form, Line 29
44. Enter Foreign Taxes Paid (See instructions on Page 11)
45. Enter Charitable Mileage Deduction (See instructions on Page 11)
46. SUBTOTAL - Add Lines 43, 44, and 45 and enter here
47a. Enter State Income Tax included in Line 43 above (See instructions on Page 11)
47b. Enter Form 700 Tax Credit Adjustment (See instructions on Page 11)
48. TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Front, Line 2 (See instructions)

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing statuses You or You plus Spouse COLUMN B. Rows 43-48.

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 [grid]

b. Type: Checking [] Savings []

c. Account Number [grid]

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

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: Your Signature, Date, Signature of Paid Preparer, Date, Spouse's Signature, Date, Address, Home Phone, Business Phone, City, State, Zip, E-Mail Address, EIN, SSN or PTIN, Business Phone, E-Mail Address.

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: []

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.

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing 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.

Table with 6 rows for tax imposed by state and a total row. Includes columns for state name, amount, and total.

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

Table with 4 columns: 7a. Child's First Name, 7b. Child's Last Name, 8. Child's SSN, 9. Child's Date of Birth. Rows for CHILD 1, 2, 3.

10. Was the child under age 24 at the end of 2016, a student, and younger than you (or your spouse, if filing jointly)?

11. Was the child permanently and totally disabled during any part of 2016?

Table with 6 rows for tax amounts and calculations. Includes columns for line number and amount.

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.

Table with 3 columns: Fund Name, Amount, Total. Lists various special funds like Non-Game Wildlife, Veteran's Home, etc.

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 Penelope Cruise		Last name Cruise		Suff.		11 Nonqualified plans	
56035 Mulberry CT Panama City CA 96056			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 DE	Employer's state ID number 516669987		16 State wages, tips, etc. 35802	17 State income tax 695	18 Local wages, tips, etc.	19 Local income tax	
						20 Locality name	

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

2016

Department of the Treasury—Internal Revenue Service

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

2016 R DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

For Fiscal year beginning MM DD YY and ending MM DD YY
 Your Social Security No. Spouse's Social Security No.
 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 If you were a part-year resident in 2016, give the dates you resided in Delaware:
 Attached MM DD 2016 MM DD 2016

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.	Column A	Column B
1. DELAWARE ADJUSTED GROSS INCOME. Begin Return on Page 2, Line 29, then enter amount from Line 42 here..... > 1	0 00	110806 00
2a. If you elect the DELAWARE STANDARD DEDUCTION check here..... <input type="checkbox"/> 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..... <input checked="" type="checkbox"/>	 DF20116019999	
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	0 00	16204 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 <input type="checkbox"/> Blind <input type="checkbox"/> Column B - if YOU were: 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> 3	0 00	0 00
4. TOTAL DEDUCTIONS - Add line 2 & 3 and enter here..... 4	0 00	16204 00
5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this amount..... 5	0 00	94602 00
6. Tax Liability from Tax Rate Table/Schedule	Column A	Column B
7. See Instructions.....	0	5227
Tax on Lump Sum Distribution (Form 329).....	0	0
8. TOTAL TAX - Add Lines 6 and 7 and enter here..... > 8	0 00	5227 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 \$100..... 9a	0 00	440 00
On Line 9a, enter the number of exemptions for: Column A Column B		
9b. CHECK BOX(ES) Spouse 60 or over (Column A) <input type="checkbox"/> Self 60 or over (Column B) <input type="checkbox"/> Enter number of boxes checked on Line 9b x \$110..... 9b	0 00	0 00
10. Tax imposed by State of PA (Must attach copy of DE Schedule I and other state return.)..... 10	0 00	210 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	0 00	650 00
16. BALANCE. Subtract Line 15 from line 8. If Line 15 is greater than Line 8, enter "0" (Zero)..... 16	0 00	4577 00
17. Delaware Tax Withheld (Attach W2s/1099s)..... 17	0 00	695 00
18. 2016 Estimated Tax Paid & Payments with Extensions..... 18	0 00	5213 00
19. S Corp Payments and Refundable Business Credits..... 19	0 00	0 00
20. 2016 Capital Gains Tax Payments (Attach Form 5403)..... 20	0 00	0 00
21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here..... > 21	0 00	5908 00
22. BALANCE DUE. If Line 16 is greater than Line 21, subtract 21 from 16 and enter here..... > 22	0 00	0 00
23. OVERPAYMENT. If Line 21 is greater than Line 16, subtract 16 from 21 and enter here..... > 23	0 00	1331 00
24. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III..... 24		0 00
25. AMOUNT OF LINE 23 TO BE APPLIED TO 2017 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		0 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		1331 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: []

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.

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing 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.

Table with 6 rows for tax imposed by state and a total row, with columns for state name, amount, and total.

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

Table with 4 columns: 7a. Child's First Name, 7b. Child's Last Name, 8. Child's SSN, 9. Child's Date of Birth

10. Was the child under age 24 at the end of 2016, a student, and younger than you (or your spouse, if filing jointly)?

11. Was the child permanently and totally disabled during any part of 2016?

Table with 6 rows for tax amounts and calculations, with columns for description, amount, and total.

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.

Table with 3 columns: Fund Name, Amount, Total

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

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

2016

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	
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
		14 Other		12c C o d e		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		74799	2500			
NJ				1100			

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

2016

Department of the Treasury—Internal Revenue Service

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

2016 R DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

For Fiscal year beginning MM DD YY and ending MM DD YY
 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 2016, give the dates you resided in Delaware:
 Attached MM DD 2016 MM DD 2016

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.	Column A	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..... <input type="checkbox"/> 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..... <input checked="" type="checkbox"/>	 DF20116019999	
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 <input type="checkbox"/> Blind <input type="checkbox"/> Column B - if YOU were: 65 or over <input type="checkbox"/> Blind <input type="checkbox"/>	3	00 00
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	Column A	Column B
7. See Instructions.....	2839	1499
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 \$100..... > 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) <input type="checkbox"/> Self 60 or over (Column B) <input type="checkbox"/> Enter number of boxes checked on Line 9b x \$110..... > 9b		00 00
10. Tax imposed by State of ME (Must attach copy of DE Schedule I and other state return.)..... > 10	1100 00	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)..... > 17	2500 00	1360 00
18. 2016 Estimated Tax Paid & Payments with Extensions..... > 18		00 00
19. S Corp Payments and Refundable Business Credits..... > 19		00 00
20. 2016 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	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 2017 ESTIMATED TAX ACCOUNT..... ENTER > 25		00 00
26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$400, see estimated tax instructions..... ENTER > 26		00 00
27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)..... PAY IN FULL > 27		00 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		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

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

SECTION A - ADDITIONS (+)

29. Enter Federal AGI amount from Federal 1040, 1040A or 1040EZ
30. Interest on State & Local obligations other than Delaware
31. Fiduciary adjustment, oil depletion
32. TOTAL - Add Lines 30 and 31
33. Subtotal. Add Lines 29 and 32 74799 00 45278 00

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing statuses You or You plus Spouse COLUMN B. Rows 29-32.

SECTION B - SUBTRACTIONS (-)

34. Interest received on U.S. Obligations
35. Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 10).....
36. Delaware State tax refund, fiduciary adjustment, work opportunity tax credit, Delaware NOL carry forward - please see instructions on Page 10
37. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr. on Page 11)
38. SUBTOTAL. Add Lines 34, 35, 36 and 37, and enter here
39. Subtotal. Subtract Line 38 from Line 33 00 1204 00
40. Exclusion for certain persons 60 and over or disabled (See instructions on Page 11)
41. TOTAL - Add Lines 38 and 40
42. DELAWARE ADJUSTED GROSS INCOME. Subtract line 41 from Line 33. Enter here and on Front, Line 1 74799 00 44074 00

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing statuses You or You plus Spouse COLUMN B. Rows 34-42.

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.

43. Enter total Itemized Deduction from Schedule A, Federal Form, Line 29
44. Enter Foreign Taxes Paid (See instructions on Page 11)
45. Enter Charitable Mileage Deduction (See instructions on Page 11)
46. SUBTOTAL - Add Lines 43, 44, and 45 and enter here
47a. Enter State Income Tax included in Line 43 above (See instructions on Page 11)
47b. Enter Form 700 Tax Credit Adjustment (See instructions on Page 11)
48. TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Front, Line 2 (See instructions) 16699 00 10116 00

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing statuses You or You plus Spouse COLUMN B. Rows 43-48.

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 [grid]

b. Type: Checking [] Savings []

c. Account Number [grid]

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

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: Your Signature, Date, Signature of Paid Preparer, Date, Spouse's Signature, Date, Address, Home Phone, Business Phone, City, State, Zip, E-Mail Address, EIN, SSN or PTIN, Business Phone, E-Mail Address.

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: []

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.

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing 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.

Table with 6 rows for tax imposed by state and a total row. Includes columns for state name, amount, and filing status.

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

Table with 4 columns: 7a. Child's First Name, 7b. Child's Last Name, 8. Child's SSN, 9. Child's Date of Birth. Rows for CHILD 1, 2, 3.

Form 10: Was the child under age 24 at the end of 2016, a student, and younger than you (or your spouse, if filing jointly)?

Form 11: Was the child permanently and totally disabled during any part of 2016?

Table with 6 rows for Delaware State Income Tax, Federal earned income credit, Delaware EITC Percentage, and final calculation.

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.

Table with 3 columns: Fund Name, Amount, and Total. Lists various special funds like Non-Game Wildlife, Veteran's Home, etc.

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

2016

Department of the Treasury—Internal Revenue Service

2016 NR DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN - FORM 200-02

DO NOT WRITE OR STAPLE IN THIS AREA

For Fiscal year beginning MM DD YY and ending MM DD YY
 Your Social Security No. _____ Spouse's Social Security No. _____
 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): 45 SOUTH AVE Apt. # _____
 City: SECANE State: PA Zip Code: 19018

Check if FULL-YEAR non-resident in 2016

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. Head of Household

Form DE2210 If you were a part-year resident in 2016, give the dates you resided in Delaware:
 Attached 01 01 2016 05 01 2016

37. DELAWARE ADJUSTED GROSS INCOME (Begin return on Page 2, Line 1, then enter the 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, 2, 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 Proration Decimal (See instructions, Page 10) Tax Liability from Tax Rate Table/Schedule Amount			
Line 30 A 142672 00			
Line 30 B 152672 00 = 0 . 9 3 4 5 x 8845 00	42	8266	00
43. PERSONAL CREDITS (If Filing Status 3, see instructions on page 10) Enter number of exemptions claimed on Federal return 1 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 1 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	00
46. Total Non-Refundable Credits. Add Lines 42a, 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. 2016 Estimated Tax Paid & Payments with Extensions	49	2562	00
50. S Corp Payments and Refundable Business Credits (See Instructions, Page 12)	50	00	00
51. 2016 Capital Gains Tax Payments (Attach Form 5403)	51	00	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 2017 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

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: _____ Spouse's Signature (if filing joint): _____ Date: _____
 Home Phone: _____ Business Phone: _____ Email Address: _____
 Signature of Paid Preparer: _____ Date: _____ Address of Paid Preparer: _____
 X _____

Business Phone _____ Email Address _____
 EIN, SSN, or PTIN _____



ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE



DF20316029999

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, and Delaware Source Income/Loss COLUMN 2. 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, COLUMN 1, and COLUMN 2. Rows 18-21.

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

- 22. Interest received on obligations of any state other than Delaware
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 Delaware Adjusted Gross 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, COLUMN 1, and COLUMN 2. Rows 22-30B.

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

- 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, COLUMN 1, and COLUMN 2. Rows 31-36.

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 [grid]

b. Type: Checking [] Savings []

b. Account Number [grid]

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

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

REFUND (LINE 59): 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. REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN, AND KEEP A COPY OF THE RETURN FOR YOUR RECORDS

Names: []

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 from other states, including a total line (row 6) with a value of 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 listing contributions to special funds (A-Q) with amounts, such as Breast Cancer Edu (30) and Diabetes Education (20).

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				
WILLIAM LACY JR											
1201 Tulip Way						13 Statutory employee Retirement plan Third-party sick pay	12b C o o l l e				
Elsmere DE 19805						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
14 Other							12c C o o l l e				
f Employee's address and ZIP code							12d C o o l l 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 516665988		75337		3515							

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

2016

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		Last name		Suff.		11 Nonqualified plans	
GIOVONNA LACY						12a C o o d e	
1201 Tulip Way		Elsmere DE 19805		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e	
f Employee's address and ZIP code				14 Other		12c C o o d e	
						12d C o 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	
NJ 516667012		386206	340				

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

2016

Department of the Treasury—Internal Revenue Service

2016 NR

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN - FORM 200-02

DO NOT WRITE OR STAPLE IN THIS AREA

For Fiscal year beginning MM DD YY and ending MM DD YY
Your Social Security No. Spouse's Social Security No.
Your Last Name First Name and Middle Initial Jr., Sr., III, etc.
LACY WILLIAM JR
Spouse's Last Name Spouse's First Name, Jr., Sr., III, etc.
LACY GIAVONNA
Present Home Address (Number and Street) Apt. #
1201 TULIP WAY

City State Zip Code
ELSMERE DE 19805
Form DE2210 If you were a part-year resident in 2016, give the dates you resided in Delaware:
MM DD 2016 MM DD 2016
Attached

Check if FULL-YEAR non-resident in 2016 [X]
FILING STATUS (MUST CHECK ONE)
1. [] Single, Divorced, Widow(er) 3. [] Married or Entered into a Civil Union & Filing Separate Forms
2. [X] Joint or Entered into a Civil Union 4. [] Head of Household

Table with 3 columns: Line number, Description, Amount. Includes rows for DELAWARE ADJUSTED GROSS INCOME (461543), TOTAL DEDUCTIONS (42548), TAXABLE INCOME (418995), and NET BALANCE DUE (196).

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 Spouse's Signature (if filing joint) Date
Home Phone: Business Phone: Email Address:
Signature of Paid Preparer Date Address of Paid Preparer

Business Phone Email Address
EIN, SSN, or PTIN



ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE



DF20316029999

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, Delaware Source Income/Loss COLUMN 2, and a final column for cents. 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, COLUMN 1, COLUMN 2, and a final column for cents. Rows 18-21.

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

- 22. Interest received on obligations of any state other than Delaware
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 Delaware Adjusted Gross 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, COLUMN 1, COLUMN 2, and a final column for cents. Rows 22-30B.

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

- 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, COLUMN 1, and a final column for cents. Rows 31-36.

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 [grid]

b. Type: Checking [] Savings []

b. Account Number [grid]

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

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

REFUND (LINE 59): 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. REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN, AND KEEP A COPY OF THE RETURN FOR YOUR RECORDS (Rev 09/2016)

Names: []

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 from other states, including a total line (row 6) with instructions to attach other state returns.

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 through Q) with corresponding input boxes for contribution 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 c t e d		
			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 c t e d		
			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	517775937	22900	813				

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

2016

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.	11 Nonqualified plans
John Travolta					12a C o o d e
120 Harper Valley Circle					12b C o o d e
Los Angeles CA 90010					12c C o o d e
f Employee's address and ZIP code					12d C o 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
DE	517775940	12300	437		

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

2016

Department of the Treasury—Internal Revenue Service

2016 NR

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN - FORM 200-02

DO NOT WRITE OR STAPLE IN THIS AREA

For Fiscal year beginning MM DD YY and ending MM DD YY
Your Social Security No. Spouse's Social Security No.
Your Last Name First Name and Middle Initial Jr., Sr., III, etc.
TRAVOLTA JOHN
Spouse's Last Name Spouse's First Name, Jr., Sr., III, etc.
GINA
Present Home Address (Number and Street) Apt. #
120 HARPER VALLEY CIR

City State Zip Code
LOS ANGELES CA 97362
Form DE2210 If you were a part-year resident in 2016, give the dates you resided in Delaware:
MM DD 2016 MM DD 2016
Attached

Check if FULL-YEAR non-resident in 2016
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 4. Head of Household

Table with 3 columns: Line number, Description, Amount. Includes rows for DELAWARE ADJUSTED GROSS INCOME (50600), TOTAL DEDUCTIONS (12000), TAXABLE INCOME (38600), and NET REFUND (411).

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 Spouse's Signature (if filing joint) Date
Home Phone: Business Phone: Email Address:
Signature of Paid Preparer Date Address of Paid Preparer

Business Phone Email Address
EIN, SSN, or PTIN



ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE



DF20316029999

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 2 columns: Federal COLUMNS 1, Delaware Source Income/Loss COLUMNS 2. 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 2 columns: COLUMNS 1, COLUMNS 2. Rows 18-21.

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

- 22. Interest received on obligations of any state other than Delaware
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 Delaware Adjusted Gross 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 2 columns: COLUMNS 1, COLUMNS 2. Rows 22-30B.

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

- 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 2 columns: COLUMNS 1, COLUMNS 2. Rows 31-36.

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 [grid]

b. Type: Checking [] Savings []

b. Account Number [grid]

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

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

REFUND (LINE 59): 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. REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN, AND KEEP A COPY OF THE RETURN FOR YOUR RECORDS (Rev 09/2016)

Names: []

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 from other states, including a total line (6) with instructions to attach other state returns.

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 contribution 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.



2016 NR

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN - FORM 200-02

DO NOT WRITE OR STAPLE IN THIS AREA

For Fiscal year beginning MM DD YY and ending MM DD YY

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

Grid for Social Security numbers

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

LITTLE JOHN

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

Present Home Address (Number and Street) Apt. #

1596 MEETING ST

City State Zip Code

ROCKVILLE MD 20850

Form DE2210 If you were a part-year resident in 2016, give the dates you resided in Delaware:

MM DD 2016 MM DD 2016

Attached

Check if FULL-YEAR non-resident in 2016

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

37. DELAWARE ADJUSTED GROSS INCOME (Begin return on Page 2, Line 1, then enter the amount from Line 30B, Column 1 here > 37 31872128 00

38. (a) If you elect the STANDARD DEDUCTION check here a. []

Filing Statuses 1, 2, 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. [X] 38 262880 00

39. ADDITIONAL STANDARD DEDUCTIONS (Not allowed with Itemized Deductions - see instructions)

CHECK BOX(ES) If SPOUSE was 65 or over [] and/or blind [X] If YOU were 65 or over [] and/or blind [] 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 Proration Decimal Tax Liability from Tax Rate Table/Schedule Amount

Line 30 A 15896 00 (See instructions, Page 10)

Line 30 B 31872128 00 = 0 . 0 0 0 5 x 2085194 00 42 1043 00

43. PERSONAL CREDITS (If Filing Status 3, see instructions on page 10)

Enter number of exemptions claimed on Federal return 1 X \$110 = 110

Multiply this amount by the proration decimal on Line 42 (X .0005) and enter total here 43a 0 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) 44 00 44

(Part-Year Residents Only. See instructions, page 11)

45. Other Non-Refundable Credits (see instructions, page 11) 45 00 45

46. Total Non-Refundable Credits. Add Lines 42a, 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 48

49. 2016 Estimated Tax Paid & Payments with Extensions 49 00 49

50. S Corp Payments and Refundable Business Credits (See Instructions, Page 12) 50 00 50

51. 2016 Capital Gains Tax Payments (Attach Form 5403) 51 00 51

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 2017 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

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 Spouse's Signature (if filing joint) Date

X X

Home Phone: Business Phone: Email Address:

Signature of Paid Preparer Date Address of Paid Preparer

X

Business Phone Email Address EIN, SSN, or PTIN



ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE



DF20316029999

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, Delaware Source Income/Loss COLUMN 2, and a final column for zeros. 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, COLUMN 1, COLUMN 2, and a final column for zeros. Rows 18-21.

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

- 22. Interest received on obligations of any state other than Delaware
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 Delaware Adjusted Gross 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, COLUMN 1, COLUMN 2, and a final column for zeros. Rows 22-30B.

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

- 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, COLUMN 1, and a final column for zeros. Rows 31-36.

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 [grid]

b. Type: Checking [] Savings []

b. Account Number [grid]

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

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

REFUND (LINE 59): 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. REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN, AND KEEP A COPY OF THE RETURN FOR YOUR RECORDS