

***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.

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

2011

Department of the Treasury—Internal Revenue Service

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

2011

R

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning and ending

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

(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS

Personal information fields: Your Last Name (Sands), First Name and Middle Initial (John), Spouse's Last Name (Sands), Spouse's First Name (Rhonda), Present Home Address (21 Roanoke Road), City (Newark), State (DE), Zip Code (19712).

FILING STATUS (MUST CHECK ONE)

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

Form DE2210 Attached checkbox

If you were a part-year resident in 2011, give the dates you resided in Delaware. From 2011 To 2011

Main tax calculation table with columns for Column A and Column B. Rows include: 1. DELAWARE ADJUSTED GROSS INCOME, 2a. DELAWARE STANDARD DEDUCTION, b. DELAWARE ITEMIZED DEDUCTIONS, 3. ADDITIONAL STANDARD DEDUCTIONS, 4. TOTAL DEDUCTIONS, 5. TAXABLE INCOME, 6-7. Tax Liability and Tax on Lump Sum Distribution, 8. TOTAL TAX, 9a. Exemptions, 9b. CHECK BOX(ES), 10-16. Credits, 17-20. Refundable Credits, 21. TOTAL Refundable Credits, 22. BALANCE DUE, 23. OVERPAYMENT, 24. CONTRIBUTIONS TO SPECIAL FUNDS, 25-27. AMOUNT OF LINE 23 TO BE APPLIED TO 2012 ESTIMATED TAX ACCOUNT, PENALTIES AND INTEREST DUE, NET BALANCE DUE, 28. NET REFUND.

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

2011 DELAWARE RESIDENT SCHEDULES

Name(s): _____ 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 <u>PA</u> (enter 2 character state name).....	1		00	2,806	00
2. Tax imposed by State of _____ (enter 2 character state name).....	2		00		00
3. Tax imposed by State of _____ (enter 2 character state name).....	3		00		00
4. Tax imposed by State of _____ (enter 2 character state name).....	4		00		00
5. Tax imposed by State of _____ (enter 2 character state name).....	5		00		00
6. Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return	6		00	2,806	00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

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

Qualifying Child Information	CHILD 1	CHILD 2	CHILD 3
7. Child's Name (First and Last Name).....	7		
8. Child's SSN	8		
9. Child's Year of Birth.....	9		
10. Was the child under age 24 at the end of 2011, a student, and younger than you (or your spouse, if filing jointly)?.....	10	<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 2011?.....	11	<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).....	12		00
13. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 38a; Form 1040 EZ, Line 8a.....	13		00
14. Delaware EITC Percentage (20%).....	14		.20
15. Multiply Line 13 by Line 14	15		00
16. Enter the Smaller of Line 12 or Line 15 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14.....	16		00

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

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

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

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

Enter the total Contribution amount here and on EZ Return, Line 19 or Resident Return, Line 24..... 17

	00
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This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.





Delaware Division of Revenue
820 N. French Street, P.O. Box 8735
Wilmington, Delaware 19899-8735

2011
**REAL ESTATE TAX RETURN
DECLARATION OF ESTIMATED
INCOME TAX**

FORM 5403

DO NOT WRITE OR STAPLE IN THIS AREA

Form 5403 must be completed for all conveyances and must be presented at the time of recording.

1. Description and address of property transferred (include property tax parcel number):

1988 Crepe Myrtle Drive Millsboro DE 19966
1-1212.00 311 unit 69

Tax Parcel Number: 1-1212.00 311 Unit 69

Date of Transfer: 09/19/11
(Month/Date/Year)

2. Transferor/Seller is:

- Individual or Revocable Living Trust
- Corporation
- Trust or Estate
- Business Trust
- Partnership
- S Corporation
- Limited Liability Company
- Other _____

3. Transferor or Seller Acquired Property By:

- Purchase
- Gift
- Inheritance
- 1031 Exchange
- Foreclosure/Repossession
- Other: _____

4. Transferor/Seller's name; SSN or EIN; and address to which correspondence is to be mailed after settlement. (Enter only one name and SSN or EIN per return. If more than one transferor/ seller, use separate forms for each; however, if Transferors/Sellers are husband and wife, enter only the primary taxpayer name and SSN, and only file one return. If transferor/seller is not an individual, list only EIN of non-individual transferor/seller and file only one Form 5403 for such transferor/seller – no Form 5403 should be filed for the members, partners, stockholders, trustees or other individuals or entities having an ownership interest in any such non-individual transferor/seller.)

Enter Social Security Number _____ or Employer Identification Number of the Transferor/Seller _____

Name of Transferor/Seller Hank & Rhonda Sands
Address Roanoke Road
City Newark State DE Zip Code 19712

5. If applicable, check appropriate box. (Check no more than one box.)

- Transferor/seller is a resident (a) individual, (b) pass-through entity or (c) corporation, and not subject to withholding under 30 Del. C. §§1126, 1606 or 1909;
- Sale or exchange exempt from capital gain recognition;
- Gain realized excluded from income for tax year of sale or exchange;
- Sale or exchange occurred on or before December 31, 2010;
- Transferor/seller has insufficient information to determine if sale or exchange is subject to withholding. **By checking this box, transferor/seller understands that once sufficient information is available, payment of tax may be due and the appropriate return must be timely filed.**

If any box in Section 5 is checked, DO NOT complete Sections 6, 7 and 8 below. No payment is due at this time.

6. Computation of Payment and Tax to be Withheld. (See Instructions)

a. Total sales price	\$ 190000
b. Less selling expenses	\$ 15294
c. Net sales price (Subtract Line b from Line a)	\$ 174706
d. Adjusted basis of property	\$ 139814
e. Total gain (Subtract Line d from Line c)	\$ 34892
f. Cash Payments (not including payments in Line b above)	\$ 139814
g. Net Cash Received (Subtract (Line f from Line c)	\$ 34892
h. Delaware Tax Due (Multiply either Line "e" or "g" by 6.95%)	\$ 2425.05

7. Check box if the transferor/seller is reporting gain under the installment method. No Tax is payable at this time.

Note: If completing this section you must report and remit any capital gain tax to the State of Delaware when any capital gain as a result of the sale of this property is recognized for Federal Tax Purposes.

8. Delaware Income Tax Paid. (See Instructions.) \$ _____

Under penalty of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the transferor/seller, the declaration is based on all information to which the preparer has any knowledge. **Transferor/Seller, Please sign and print full name and title (if any):**

Signature

Name

Title

**INSTRUCTIONS FORM 5403
REAL ESTATE TAX RETURN REALTY TRANSFER TAX RETURN**

Every non-resident individual, pass through entity or corporation who makes, executes, delivers, accepts, or presents for recording any document, except those exemptions defined or described in Sections 1126, 1606 and 1909 of Title 30, or in whose behalf any document is made, executed, delivered, accepted or presented for recording, shall be subject to pay for and in respect to the transaction or any part thereof, a Real Estate Tax at the rate of six and 95/100 percent (6.95%) of the value of the gain on the property sold as represented by such document, which tax shall be payable at the time of making, execution, delivery, acceptance or presenting of such document for recording. Said tax is to be paid by the Transferor(s)/Seller(s).

SPECIFIC INSTRUCTIONS

- Line 1.** Enter a description and address of the property transferred/ sold, including the tax parcel number and date of transfer. If you need to describe transfer issues please do so here.
- Line 2.** Check the appropriate box to indicate whether the Transferor/Seller is an Individual or Revocable Living Trust, a Corporation, Trust or Estate, Business Trust, Partnership, S Corporation, Limited Liability Company, or Other, such as a Government Agency or Non-Profit Corporation.
- Line 3.** Check the appropriate box to indicate how the transferor/ seller acquired the property.
- Line 4.** Enter the Transferor/Seller's name; SSN or EIN; and address to which correspondence is to be mailed after settlement. (Enter only one name and SSN or EIN per return. If more than one transferor/ seller, use separate forms for each; however, if Transferors/Sellers are husband and wife, enter only the primary taxpayer name and SSN, and only file one return. If transferor/seller is not an individual, list only EIN of non-individual transferor/seller and file only one Form 5403 for such transferor/seller – no Form 5403 should be filed for the members, partners, stockholders, trustees or other individuals or entities having an ownership interest in any such non-individual transferor/seller.)
- Line 5.** Check the appropriate box to indicate if the transferor(s)/ seller(s) are resident individuals, pass-through entities or corporations that are not subject to real estate tax capital gain withholding; the sale or exchange is exempt from capital gain recognition because of either Federal or Delaware exemption; the gain realized will be excluded from income for tax year of sale or exchange; the sale or exchange occurred on or before December 31, 2010; or the transferor(s)/seller(s) has/ have insufficient information to determine if sale or exchange is subject to withholding. By checking the last box, the transferor(s)/seller(s) understands that, once sufficient information is available, payment of tax may be due and the appropriate return must be timely filed. If any of the above boxes in Section 5 are checked, stop here, do not complete Sections 6, 7 and 8 below, and no payment is due at this time. Be sure to only check one box.
- Line 6.** On line "a" enter the 'Total Sales Price'.
On line "b" enter the 'Selling Expenses'.
On line "c" enter the 'Net Sales Price' by subtracting line "b" from line "a".
On line "d" enter the 'Adjusted Basis'. "Adjusted basis," includes mortgages used to buy, construct or substantially improve the real estate, liens as well as the taxpayer's investment in the property.
On line "e" enter the 'Total Gain' by subtracting line "d" from line "c". This is the transferor's/ seller's capital gain for both Federal and Delaware State tax purposes.
On line "f" enter the total Cash Paid at the time of transfer or sale, not including any cash payments reported on line b.
On line "g" enter the 'Net Cash Received' by subtracting line f from line c.
The transferor/ seller may elect either Line e or Line g to calculate the 'Delaware Tax Due'.
On line "h" enter the 'Delaware Tax Due' by multiplying either line "e" or line "g" by 6.95%. This is the amount of real estate tax payment due to the Delaware Division of Revenue that you must remit with this form unless line 7 is completed. If you elected line g to make the calculation the transferor(s)/seller(s) may owe additional Delaware Income Tax. If owed this tax is due at the time the next Quarterly Estimated Tax Payment is due.
- Line 7.** If the transferor(s)/seller(s) is/ are reporting gain under the installment method no payment is due at this time, but by law you must report and remit any capital gain tax to the State of Delaware when any capital gain as a result of the sale of this property is recognized for Federal Tax Purposes.
- Line 8.** Enter the amount of Delaware Tax Due from Line 6(h), unless you completed Section 7. This is the amount payable to the Delaware Division of Revenue.

The Transferor/Seller must sign Form 5403, print their full name and title, if any. This form and the estimated income tax, if any, reported due and payable on this form must be remitted with the deed to the Recorder's Office before the Recorder shall record a deed conveying title in Delaware real estate. The tax returns or reports and the amounts of tax collected pursuant to Title 30 of the Delaware Code, Sections 1126, 1606 or 1909, and the Recorder's Office and its employees or agents, shall be subject to the secrecy provisions and penalties of Title 30 of the Delaware Code, Section 368."

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

2011

Department of the Treasury—Internal Revenue Service

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

2011

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DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning and ending

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

(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS

Personal information fields: Your Last Name (Fitzsimmons), First Name and Middle Initial (Susan), Spouse's Last Name (Fitzsimmons), Spouse's First Name (Steven), Present Home Address (8111 Coquina Ct. Apt H-21), City (Newark), State (DE), Zip Code (19711).

FILING STATUS (MUST CHECK ONE)

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

Form DE2210 Attached

If you were a part-year resident in 2011, give the dates you resided in Delaware.

From 2011 To 2011

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

Main tax calculation table with columns for Line, Description, Column A, Column B, and Total. Includes sections for Delaware Adjusted Gross Income, Deductions, Taxable Income, Tax Liability, Credits, and Balance Due.

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

2011 DELAWARE RESIDENT SCHEDULES

Name(s): _____ 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 <u>NJ</u> (enter 2 character state name).....	1	12	00	2,186	00
2. Tax imposed by State of _____ (enter 2 character state name).....	2		00		00
3. Tax imposed by State of _____ (enter 2 character state name).....	3		00		00
4. Tax imposed by State of _____ (enter 2 character state name).....	4		00		00
5. Tax imposed by State of _____ (enter 2 character state name).....	5		00		00
6. Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return	6	12	00	2,186	00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

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

Qualifying Child Information	CHILD 1	CHILD 2	CHILD 3
7. Child's Name (First and Last Name).....			
8. Child's SSN			
9. Child's Year of Birth.....			
10. Was the child under age 24 at the end of 2011, 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 2011?.....	<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, Line 64a; Form 1040A, Line 38a; Form 1040 EZ, Line 8a.....			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 EZ Return, Line 11 or 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	F. Diabetes Educ.		00	K. Ovarian Cancer Fund	2.0	00
B. U.S. Olympics	1.0	00	G. Veteran's Home		00	L. 21st Fund for Children		00
C. Emergency Housing		00	H. DE National Guard	1.0	00	M. White Clay Creek	2.0	00
D. Breast Cancer Educ.		00	I. Juv. Diabetes Fund		00			
E. Organ Donations		00	J. Mult. Sclerosis Soc.	1.0	00			

Enter the total Contribution amount here and on EZ Return, Line 19 or 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						12a C o d e	
56035 Mulberry CT						13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Panama City CA 96056						12b C o d e	
f Employee's address and ZIP code						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	35802	695				

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

2011

Department of the Treasury—Internal Revenue Service

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

2011

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DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning and ending

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

(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS

Your Last Name First Name and Middle Initial Jr., Sr., III., etc. 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 96056

FILING STATUS (MUST CHECK ONE)

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

Form DE2210 Attached

If you were a part-year resident in 2011, give the dates you resided in Delaware. From 2011 To 2011

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

1. DELAWARE ADJUSTED GROSS INCOME. Enter amount from reverse side, Line 42 1 00 110,806 00

2a. If you elect the DELAWARE STANDARD DEDUCTION check here...
b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 48 in Column B
2 00 16,204 00

3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions)
CHECK BOX(ES) Column A - if SPOUSE was 65 or over Blind
3 00 00

4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here... 4 00 16,204 00

5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount... 5 00 94,602 00

6. Tax Liability from Tax Rate Table/Schedule 6 00 5348 00
7. Tax on Lump Sum Distribution (Form 329) 7 00 00
8. TOTAL TAX - Add Lines 6 and 7 and enter here... > 8 00 5348 00

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

9a. Enter number of exemptions claimed on Federal return 4 X \$110... 9a 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) Self 60 or over (Column B)
9b 00 00

10. Tax imposed by State of PA (Must attach copy of DE Schedule I and other state return)... 10 00 210 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 00 650 00

16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero)... 16 00 4698 00

17. Delaware Tax Withheld (Attach W2s/1099s)... 17 00 695 00

18. 2011 Estimated Tax Paid & Payments with Extensions... 18 00 00

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

20. 2011 Real Estate Estimated Payments... 20 00 5213 00

21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here... > 21 00 5908 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 00 1210 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 2012 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 1210 00

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

2011 DELAWARE RESIDENT SCHEDULES

Name(s): _____ 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 <u>PA</u> (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 EZ Return, Line 10 or Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return	6		00	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	CHILD 1	CHILD 2	CHILD 3
7. Child's Name (First and Last Name).....	7		
8. Child's SSN	8		
9. Child's Year of Birth.....	9		
10. Was the child under age 24 at the end of 2011, a student, and younger than you (or your spouse, if filing jointly)?.....	10	<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 2011?.....	11	<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).....	12		00
13. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 38a; Form 1040 EZ, Line 8a.....	13		00
14. Delaware EITC Percentage (20%).....	14		.20
15. Multiply Line 13 by Line 14	15		00
16. Enter the Smaller of Line 12 or Line 15 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14.....	16		00

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

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

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

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

Enter the total Contribution amount here and on EZ Return, Line 19 or Resident Return, Line 24..... 17

	00
--	----

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





Delaware Division of Revenue
820 N. French Street, P.O. Box 8735
Wilmington, Delaware 19899-8735

**2011
REAL ESTATE TAX RETURN
DECLARATION OF ESTIMATED
INCOME TAX**

FORM 5403

DO NOT WRITE OR STAPLE IN THIS AREA

Form 5403 must be completed for all conveyances and must be presented at the time of recording.

1. Description and address of property transferred (include property tax parcel number):

10105 Lake Drive Bethany Beach DE 19930

Tax Parcel Number: 55-055.55-666

Date of Transfer: 10/12/11
(Month/Date/Year)

2. Transferor/Seller is:

- Individual or Revocable Living Trust
- Corporation
- Trust or Estate
- Business Trust
- Partnership
- S Corporation
- Limited Liability Company
- Other _____

3. Transferor or Seller Acquired Property By:

- Purchase
- Gift
- Inheritance
- 1031 Exchange
- Foreclosure/Repossession
- Other: _____

4. Transferor/Seller's name; SSN or EIN; and address to which correspondence is to be mailed after settlement. (Enter only one name and SSN or EIN per return. If more than one transferor/ seller, use separate forms for each; however, if Transferors/Sellers are husband and wife, enter only the primary taxpayer name and SSN, and only file one return. If transferor/seller is not an individual, list only EIN of non-individual transferor/seller and file only one Form 5403 for such transferor/seller – no Form 5403 should be filed for the members, partners, stockholders, trustees or other individuals or entities having an ownership interest in any such non-individual transferor/seller.)

Enter Social Security Number _____ or Employer Identification Number of the Transferor/Seller _____

Name of Transferor/Seller Penelope Cruise
Address 56035 Mulberry Court
City Panama City State CA Zip Code 96056

5. If applicable, check appropriate box. (Check no more than one box.)

- Transferor/seller is a resident (a) individual, (b) pass-through entity or (c) corporation, and not subject to withholding under 30 Del. C. §§1126, 1606 or 1909;
- Sale or exchange exempt from capital gain recognition;
- Gain realized excluded from income for tax year of sale or exchange;
- Sale or exchange occurred on or before December 31, 2010;
- Transferor/seller has insufficient information to determine if sale or exchange is subject to withholding. **By checking this box, transferor/seller understands that once sufficient information is available, payment of tax may be due and the appropriate return must be timely filed.**

If any box in Section 5 is checked, DO NOT complete Sections 6, 7 and 8 below. No payment is due at this time.

6. Computation of Payment and Tax to be Withheld. (See Instructions)

a. Total sales price	\$	102000
b. Less selling expenses	\$	12000
c. Net sales price (Subtract Line b from Line a)	\$	90000
d. Adjusted basis of property	\$	15000
e. Total gain (Subtract Line d from Line c)	\$	75000
f. Cash Payments (not including payments in Line b above)	\$	0
g. Net Cash Received (Subtract (Line f from Line c)	\$	0
h. Delaware Tax Due (Multiply either Line "e" or "g" by 6.95%)	\$	5213

7. Check box if the transferor/seller is reporting gain under the installment method. No Tax is payable at this time.

Note: If completing this section you must report and remit any capital gain tax to the State of Delaware when any capital gain as a result of the sale of this property is recognized for Federal Tax Purposes.

8. Delaware Income Tax Paid. (See Instructions.) \$ _____

Under penalty of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the transferor/seller, the declaration is based on all information to which the preparer has any knowledge. **Transferor/Seller, Please sign and print full name and title (if any):**

Signature

Name

Title

**INSTRUCTIONS FORM 5403
REAL ESTATE TAX RETURN REALTY TRANSFER TAX RETURN**

Every non-resident individual, pass through entity or corporation who makes, executes, delivers, accepts, or presents for recording any document, except those exemptions defined or described in Sections 1126, 1606 and 1909 of Title 30, or in whose behalf any document is made, executed, delivered, accepted or presented for recording, shall be subject to pay for and in respect to the transaction or any part thereof, a Real Estate Tax at the rate of six and 95/100 percent (6.95%) of the value of the gain on the property sold as represented by such document, which tax shall be payable at the time of making, execution, delivery, acceptance or presenting of such document for recording. Said tax is to be paid by the Transferor(s)/Seller(s).

SPECIFIC INSTRUCTIONS

- Line 1.** Enter a description and address of the property transferred/ sold, including the tax parcel number and date of transfer. If you need to describe transfer issues please do so here.
- Line 2.** Check the appropriate box to indicate whether the Transferor/Seller is an Individual or Revocable Living Trust, a Corporation, Trust or Estate, Business Trust, Partnership, S Corporation, Limited Liability Company, or Other, such as a Government Agency or Non-Profit Corporation.
- Line 3.** Check the appropriate box to indicate how the transferor/ seller acquired the property.
- Line 4.** Enter the Transferor/Seller's name; SSN or EIN; and address to which correspondence is to be mailed after settlement. (Enter only one name and SSN or EIN per return. If more than one transferor/ seller, use separate forms for each; however, if Transferors/Sellers are husband and wife, enter only the primary taxpayer name and SSN, and only file one return. If transferor/seller is not an individual, list only EIN of non-individual transferor/seller and file only one Form 5403 for such transferor/seller – no Form 5403 should be filed for the members, partners, stockholders, trustees or other individuals or entities having an ownership interest in any such non-individual transferor/seller.)
- Line 5.** Check the appropriate box to indicate if the transferor(s)/ seller(s) are resident individuals, pass-through entities or corporations that are not subject to real estate tax capital gain withholding; the sale or exchange is exempt from capital gain recognition because of either Federal or Delaware exemption; the gain realized will be excluded from income for tax year of sale or exchange; the sale or exchange occurred on or before December 31, 2010; or the transferor(s)/seller(s) has/ have insufficient information to determine if sale or exchange is subject to withholding. By checking the last box, the transferor(s)/seller(s) understands that, once sufficient information is available, payment of tax may be due and the appropriate return must be timely filed. If any of the above boxes in Section 5 are checked, stop here, do not complete Sections 6, 7 and 8 below, and no payment is due at this time. Be sure to only check one box.
- Line 6.** On line "a" enter the 'Total Sales Price'.
On line "b" enter the 'Selling Expenses'.
On line "c" enter the 'Net Sales Price' by subtracting line "b" from line "a".
On line "d" enter the 'Adjusted Basis'. "Adjusted basis," includes mortgages used to buy, construct or substantially improve the real estate, liens as well as the taxpayer's investment in the property.
On line "e" enter the 'Total Gain' by subtracting line "d" from line "c". This is the transferor's/ seller's capital gain for both Federal and Delaware State tax purposes.
On line "f" enter the total Cash Paid at the time of transfer or sale, not including any cash payments reported on line b.
On line "g" enter the 'Net Cash Received' by subtracting line f from line c.
The transferor/ seller may elect either Line e or Line g to calculate the 'Delaware Tax Due'.
On line "h" enter the 'Delaware Tax Due' by multiplying either line "e" or line "g" by 6.95%. This is the amount of real estate tax payment due to the Delaware Division of Revenue that you must remit with this form unless line 7 is completed. If you elected line g to make the calculation the transferor(s)/seller(s) may owe additional Delaware Income Tax. If owed this tax is due at the time the next Quarterly Estimated Tax Payment is due.
- Line 7.** If the transferor(s)/seller(s) is/ are reporting gain under the installment method no payment is due at this time, but by law you must report and remit any capital gain tax to the State of Delaware when any capital gain as a result of the sale of this property is recognized for Federal Tax Purposes.
- Line 8.** Enter the amount of Delaware Tax Due from Line 6(h), unless you completed Section 7. This is the amount payable to the Delaware Division of Revenue.

The Transferor/Seller must sign Form 5403, print their full name and title, if any. This form and the estimated income tax, if any, reported due and payable on this form must be remitted with the deed to the Recorder's Office before the Recorder shall record a deed conveying title in Delaware real estate. The tax returns or reports and the amounts of tax collected pursuant to Title 30 of the Delaware Code, Sections 1126, 1606 or 1909, and the Recorder's Office and its employees or agents, shall be subject to the secrecy provisions and penalties of Title 30 of the Delaware Code, Section 368."

222222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 517775926			1 Wages, tips, other compensation 20,934		2 Federal income tax withheld 2,080		
c Employer's name, address, and ZIP code Poland House 2828 Watching Tower Rd Newark DE 19711			3 Social security wages 20,934		4 Social security tax withheld 1,200		
			5 Medicare wages and tips 20,934		6 Medicare tax withheld 800		
			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	
Michael Jackson		3260 Dunlap Place		Wilmington DE 19810		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		20934	625			

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

2011

Department of the Treasury—Internal Revenue Service

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

2011 EZ

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-03 EZ

DO NOT WRITE OR STAPLE IN THIS AREA

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

(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS

Your Last Name Jackson First Name and Middle Initial Michael Jr., Sr., III., etc. Spouse's Last Name Spouse's First Name Jr., Sr., III., etc. Present Home Address (Number and Street) 3260 Dunlap Place Apt. # City Wilmington State DE Zip Code 19810

FILING STATUS (MUST CHECK ONE)

- 1. Single, Divorced, Widow(er) 2. Joint 5. Head of Household

If you were a part-year resident in 2011, give the dates you resided in Delaware.

From 2011 To 2011 Month Day Month Day

CHECK IF: YOU WERE 65 OR OVER BLIND CHECK IF: SPOUSE WAS 65 OR OVER BLIND

Table with 3 columns: Line number, Description, Amount. Includes lines for Federal Return (20,934), Delaware Adjusted Gross Income (3,250), Taxable Income (17,684), and Net Balance Due (625).

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 b. Type: Checking Savings c. Account Number d. Is this refund going to or through an account that is located outside of the United States?

DATE OF DEATH SPOUSE TAXPAYER Month / Day / Year

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.

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 Date Home Phone Business Phone Email Address Signature of Paid Preparer Date EIN,SSN or PTIN Address Zip Code Business Phone Email Address



ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

200-03 FORM EZ 2011 INSTRUCTIONS

You **CAN** use this form **ONLY** if:

1. Your filing status is **SINGLE, JOINT, HEAD OF HOUSEHOLD, DIVORCED OR WIDOW(ER) on December 31, 2011.**
2. Your income is entirely from wages, salaries, tips, unemployment compensation, pension, and interest. Interest income must be \$1,500 or less.
3. You elect to take the Standard Deduction.
4. You are a full-year resident or part-year resident electing to file as a full-year resident.
5. Your tax credits are limited to personal credits, a credit for taxes paid to another state, EITC, Delaware withholding and estimated tax payments. The Firefighter Credit **cannot** be taken on this form.

Please have your federal income tax return completed before completing your Delaware return. Your federal return will be used to prepare your Delaware return. You must also have your other state return(s) completed in order to enter the correct amount on Line 10 (if entitled). DO NOT enter the amount paid to another state from your W-2s. YOU MUST use the amount from your other state return(s). YOU MUST include a copy of the other state return and DE Schedule I in order to take a credit on Line 10.

LINE-BY-LINE INSTRUCTIONS

Line 1 - Enter the amount from Federal Form 1040EZ, Line 4; Federal Form 1040A, Line 21; or Federal Form 1040, Line 37.

Line 2 - PENSION EXCLUSION - Amounts received as pensions from employers (including pensions of a deceased individual) may qualify for an exclusion from Delaware taxable income, subject to the limitations described below.

NOTE: A taxpayer is entitled to **ONLY ONE** exclusion when receiving more than one pension. A husband and wife who both receive pensions are each entitled to an exclusion. A pension exclusion **CANNOT** exceed the total of pension and other qualified retirement income claimed as income on Line 1.

Age	Amount of Exclusion
Under 60	\$2,000 or amount of pension (whichever is less)
60 or over	\$12,500 or amount of pension and eligible retirement income (whichever is less)

RETIREMENT - NON-PENSION INCOME - Delaware Tax Law authorizes an exclusion of up to \$12,500 from eligible retirement income for individuals age 60 or older. Eligible retirement income will include dividends, interest, capital gains, net rental income and many qualified retirement plans (IRC Sec. 4974), such as IRAs and Keogh plans, and government-deferred compensation plans. If you have eligible retirement income, other than interest, you must file Form 200-01. See the information on an early distribution from an IRA or Pension Fund and the Pension Exclusion example instruction on page 10 in the instruction booklet.

NOTE: Individuals 60 years of age or over with income of less than \$10,000 on Line 3 should consider filing Form 200-01 if they qualify for the "60 or Over or Disabled" Exclusion (see instruction booklet, Page 11, Line 40).

Line 4 - Enter your standard deduction as follows:
 \$3,250 - Single, Divorced, Widow(er), Head of Household
 \$6,500 - Married Filing Joint

Line 5 - Enter the total from the worksheet below on Line 5.

ADDITIONAL STANDARD DEDUCTION WORKSHEET				
Check if:	65 or over	Blind	No. Boxes Checked	Amount
You are	<input type="checkbox"/>	<input type="checkbox"/>	_____ X 2,500 =	_____
Spouse is	<input type="checkbox"/>	<input type="checkbox"/>	_____ X 2,500 =	_____
			Total	_____

Line 7 - Subtract amount on Line 6 from amount on Line 3 and enter.

Line 8 - Compute your tax using the taxable income (Line 7). You **MUST** use the tax tables if Line 7 is under \$60,000 or, the tax rate schedule if Line 7 is \$60,000 or over.

Line 9a - PERSONAL CREDITS - Enter the number of exemptions claimed on your federal return. Multiply number by \$110 and enter on Line 9a.

NOTE: If you are claimed as a dependent on another person's return, you CANNOT take a personal credit on your Delaware return. Enter "0" on Line 9a.

Line 9b - ADDITIONAL PERSONAL CREDITS - If you or your spouse were 60 years of age or older on December 31, 2011.

1. Check the appropriate box(es) on Line 9b.
2. Enter the total number of box(es) checked and multiply this number by \$110. Enter total on Line 9b.

Line 10 - Other State Tax Credit - If you are a resident of Delaware (or elect to be taxed as one) and pay income tax to another state which is also included in your Delaware taxable income, the law allows you a tax credit against your Delaware income tax. **Do not include city wage taxes or county taxes payable with your other state return. See page 7 of the Delaware Resident Instruction Booklet for additional information.**

Line 11 - EITC (See instruction booklet page 8)

Line 13 - Subtract Line 12 from Line 8 to determine the balance of the tax liability. If Line 12 is more than Line 8, enter "0" (zero).

Line 14 - Enter total amount of Delaware State Income tax withheld from your W-2 and 1099R Form(s). **Do not include other state or local taxes withheld from your W-2 on this line.**

Line 15 - ESTIMATED TAX - Enter total quarterly estimated tax payments for 2011 including any credit carryover from your 2010 return. To receive credit for fourth quarter estimated tax payments, they must have been made by January 17, 2012. Also, enter the amount paid with Form 1027 (Automatic Extension) on this line. See page 4 of the Delaware Resident Instruction Booklet for more information regarding the requirement to file Estimated Taxes. Also on page 4 is information regarding penalties for the failure to file Estimated Taxes.

Line 19 - If you wish to contribute a donation to one or more of these worthwhile funds, complete DE Schedule III. **The minimum amount of contribution is \$1.00.** Enter the total of all contributions on Line 19.

Line 20 - If you wish to apply a portion of your overpayment to your 2012 Delaware Estimated Tax Account, enter the amount to be applied on Line 20.

NOTE: An amount entered on Line 20 will reduce the amount of your overpayment refunded to you.

Line 21 - If you owe penalties and interest you may choose to compute the amount of penalties and interest due, or you may leave Line 21 blank and the Division of Revenue will calculate the amount and send you a bill. (See instruction booklet, pages 4 and 5).

Line 22 - If you have a Balance Due on Line 17, add Lines 17, 19 and 21. Enter the total on Line 22 and pay in full.

Line 23 - If you do not have a balance due or a refund due, enter "0" (Zero) on Line 23. If you have an overpayment on Line 18, subtract Lines 19, 20 and 21 from Line 18. Enter the amount of overpayment to be refunded to you on Line 23.

Direct Deposit Information

Complete the Direct Deposit Information section if you want the amount shown on Line 23 to be directly deposited into your bank account - it must go to a bank account in the U.S. You can check with your financial institution to make sure your deposit will be accepted and to get the correct routing and account numbers. Detailed instructions are included in the Delaware Resident Instruction Booklet. **Note: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to the address on your return.**

Sign and date the return. Keep a copy for your records.

NET BALANCE DUE (LINE 22):

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

NET REFUND (LINE 23):

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

ZERO (LINE 23):

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

MAKE CHECK PAYABLE TO : DELAWARE DIVISION OF REVENUE

REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

2011 DELAWARE RESIDENT SCHEDULES

Name(s): _____ 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 _____ (enter 2 character state name).....	1		00		00
2. Tax imposed by State of _____ (enter 2 character state name).....	2		00		00
3. Tax imposed by State of _____ (enter 2 character state name).....	3		00		00
4. Tax imposed by State of _____ (enter 2 character state name).....	4		00		00
5. Tax imposed by State of _____ (enter 2 character state name).....	5		00		00
6. Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return	6		00		00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

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

Qualifying Child Information	CHILD 1	CHILD 2	CHILD 3
7. Child's Name (First and Last Name).....	Sara Jackson	Deshon Jackson	
8. Child's SSN			
9. Child's Year of Birth.....	2000	2003	

10. Was the child under age 24 at the end of 2011, a student, and younger than you (or your spouse, if filing jointly)?.....	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" 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 2011?.....	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" 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).....	12		00
13. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 38a; Form 1040 EZ, Line 8a.....	13		00
14. Delaware EITC Percentage (20%).....	14	.20	
15. Multiply Line 13 by Line 14	15		00
16. Enter the Smaller of Line 12 or Line 15 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14.....	16		00

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

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

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

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

Enter the total Contribution amount here and on EZ Return, Line 19 or 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) 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	
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

2011

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

2011

Department of the Treasury—Internal Revenue Service

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

2011

R

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning and ending

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

(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS

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

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

Present Home Address (Number and Street) Apt. # 8824 Seneca Valley

City Hockessin State DE Zip Code 19707

FILING STATUS (MUST CHECK ONE)

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

Form DE2210 Attached

If you were a part-year resident in 2011, give the dates you resided in Delaware.

From 2011 To 2011 Month Day Month Day

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

1. DELAWARE ADJUSTED GROSS INCOME. Enter amount from reverse side, Line 42 1 74,799 00 44,074 00

2a. If you elect the DELAWARE STANDARD DEDUCTION check here...
b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 48 in Column B
2 16,699 00 10,116 00

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

4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here... 4 16,699 00 10,116 00

5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount... 5 58,100 00 33,958 00

6. Tax Liability from Tax Rate Table/Schedule 6 2,839 00 1,499 00
7. Tax on Lump Sum Distribution (Form 329) 7 00 00
8. TOTAL TAX - Add Lines 6 and 7 and enter here... > 8 2,839 00 1,499 00

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

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

9b. CHECK BOX(ES) Spouse 60 or over (Column A) Self 60 or over (Column B)
9b 00 00

10. Tax imposed by State of NJ (Must attach copy of DE Schedule I and other state return)... 10 1,100 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 1,320 00 220 00

16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero)... 16 1,519 00 1,279 00

17. Delaware Tax Withheld (Attach W2s/1099s)... 17 2,500 00 1,360 00

18. 2011 Estimated Tax Paid & Payments with Extensions... 18 00 00

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

20. 2011 Real Estate Estimated Payments... 20 00 00

21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here... > 21 2,500 00 1,360 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 2012 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 > 28 992 00

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

2011 DELAWARE RESIDENT SCHEDULES

Name(s): _____ 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 <u>NJ</u> (enter 2 character state name).....	1	1,100	00		00
2. Tax imposed by State of _____ (enter 2 character state name).....	2		00		00
3. Tax imposed by State of _____ (enter 2 character state name).....	3		00		00
4. Tax imposed by State of _____ (enter 2 character state name).....	4		00		00
5. Tax imposed by State of _____ (enter 2 character state name).....	5		00		00
6. Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return	6	1,100	00		00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

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

Qualifying Child Information	CHILD 1	CHILD 2	CHILD 3
7. Child's Name (First and Last Name).....			
8. Child's SSN			
9. Child's Year of Birth.....			
10. Was the child under age 24 at the end of 2011, 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 2011?.....	<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, Line 64a; Form 1040A, Line 38a; Form 1040 EZ, Line 8a.....			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 EZ Return, Line 11 or 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	F. Diabetes Educ.	10	00	K. Ovarian Cancer Fund	10	00
B. U.S. Olympics		00	G. Veteran's Home		00	L. 21st Fund for Children	10	00
C. Emergency Housing	10	00	H. DE National Guard		00	M. White Clay Creek	10	00
D. Breast Cancer Educ.	10	00	I. Juv. Diabetes Fund		00			
E. Organ Donations	10	00	J. Mult. Sclerosis Soc.		00			

Enter the total Contribution amount here and on EZ Return, Line 19 or 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 12502		2 Federal income tax withheld 1252		
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 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	517775932	12502	810				

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

2011

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 51-777-5932			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 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	
NJ	517775932	10000	200				

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

2011

Department of the Treasury—Internal Revenue Service

2011 NR

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

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning and ending

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

(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS

Your Last Name 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 Avenue

City Secane State PA Zip Code 19018

FILING STATUS (MUST CHECK ONE)

- 1. Single, Divorced, Widow(er) 3. Married & Filing Separate Forms 2. Joint 5. Head of Household

Check if FULL-YEAR non-resident in 2011

If you were a part-year resident in 2011, give the dates you resided in Delaware.

From 1/1/2011 To 5/1/2011

37. DELAWARE ADJUSTED GROSS INCOME (Enter amount from reverse side, Line 30B, Column 1) 37 152,672 00

38. (a) If you elect the STANDARD DEDUCTION check here... a. [X] 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. [] 38 3,250 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 3,250 00

41. TAXABLE INCOME - Subtract Line 40 from Line 37, and Compute Tax on this Amount... 41 149,422 00

42. Tax Liability Computation A Line 30A 142672 00 Proration Decimal (See instructions, page 10) Tax Liability from Tax Rate Table/Schedule Amount B Line 30 B 152672 00 = 0.9345 x 9158 00 42 8558 00

43a. 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) and enter total here... 43a 103 00

43b. CHECK BOX(ES) Spouse 60 or Over (if filing status 2) [] Self 60 or Over [X] Enter number of boxes checked on Line 43b 1 X \$110. = 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 44

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

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 8252 00

48. Delaware Tax Withheld (Attach W-2s/1099s)... 48 810 00 48

49. 2011 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. 2011 Real Estate Estimated Payments... 51 2562 00 51

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 4880 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 53 TO BE APPLIED TO 2012 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 4970 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.

Signature and contact information section including fields for Your Signature, Spouse's Signature, Home Phone, Business Phone, Email Address, Signature of Paid Preparer, Address, Zip Code, Business Phone, Email Address, and EIN,SSN or PTIN.



ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

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

	Federal COLUMN 1		Delaware Source Income/Loss COLUMN 2	
1	22,502	00	12,502	00
2		00		00
3		00		00
4		00		00
5		00		00
6		00		00
7a	130,170	00	130,170	00
7b		00		00
8		00		00
9		00		00
10		00		00
11		00		00
12		00		00
13		00		00
14		00		00
15		00		00
16		00		00
17	152,672	00	142,672	00

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

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

	COLUMN 1	COLUMN 2
18	00	00
19	00	00
20	00	00
21	00	00

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

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

	COLUMN 1	COLUMN 2
22	00	00
23	00	00
24	00	00
25	00	00
26	00	00
27	00	00
28	00	00
29	00	00
30A	142,672	00
30B	152,672	00

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

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

	COLUMN 1
31	00
32	00
33	00
34	00
35a	00
35b	00
36	00

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 b. Type: Checking Savings
- c. Account Number
- d. Is this refund going to or through an account that is located outside of the United States? Yes No

DATE OF DEATH					
SPOUSE			TAXPAYER		
Month	/	Day	/	Year	Year

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.

NET BALANCE DUE (LINE 58):
 DELAWARE DIVISION OF REVENUE
 P.O. BOX 8752
 WILMINGTON, DE 19899-8752

NET REFUND (LINE 59):
 DELAWARE DIVISION OF REVENUE
 P.O. BOX 8772
 WILMINGTON, DE 19899-8772

ZERO (LINE 59):
 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



2011 DELAWARE NON-RESIDENT SCHEDULE

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.

1. Tax imposed by State of <u>PA</u> (enter 2 character state name).....	1	100	00
2. Tax imposed by State of _____ (enter 2 character state name).....	2		00
3. Tax imposed by State of _____ (enter 2 character state name).....	3		00
4. Tax imposed by State of _____ (enter 2 character state name).....	4		00
5. Tax imposed by State of _____ (enter 2 character state name).....	5		00
6. Enter the total here and on Page 1, Line 44. You must attach a copy of the other state return(s) with your Delaware tax return	6	100	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.

7. A. Non-Game Wildlife	00	F. Diabetes Educ.	25	00	K. Ovarian Cancer Fund	5	00
B. U.S. Olympics	00	G. Veteran's Home		00	L. 21st Fund for Children		00
C. Emergency Housing	00	H. DE National Guard		00	M. White Clay Creek		00
D. Breast Cancer Educ.	50	00	I. Juv. Diabetes Fund	10	00		
E. Organ Donations		00	J. Mult. Sclerosis Soc.		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.





Delaware Division of Revenue
820 N. French Street, P.O. Box 8735
Wilmington, Delaware 19899-8735

**2011
REAL ESTATE TAX RETURN
DECLARATION OF ESTIMATED
INCOME TAX**

FORM 5403

DO NOT WRITE OR STAPLE IN THIS AREA

Form 5403 must be completed for all conveyances and must be presented at the time of recording.

1. Description and address of property transferred (include property tax parcel number):

39998 Yacht Road Ocean View DE 19970 Lot 11,
12-1422.00

Tax Parcel Number: 12-1422.00

Date of Transfer: 10/27/11
(Month/Date/Year)

2. Transferor/Seller is:

- Individual or Revocable Living Trust
- Corporation
- Trust or Estate
- Business Trust
- Partnership
- S Corporation
- Limited Liability Company
- Other _____

3. Transferor or Seller Acquired Property By:

- Purchase
- Gift
- Inheritance
- 1031 Exchange
- Foreclosure/Repossession
- Other: _____

4. Transferor/Seller's name; SSN or EIN; and address to which correspondence is to be mailed after settlement. (Enter only one name and SSN or EIN per return. If more than one transferor/ seller, use separate forms for each; however, if Transferors/Sellers are husband and wife, enter only the primary taxpayer name and SSN, and only file one return. If transferor/seller is not an individual, list only EIN of non-individual transferor/seller and file only one Form 5403 for such transferor/seller – no Form 5403 should be filed for the members, partners, stockholders, trustees or other individuals or entities having an ownership interest in any such non-individual transferor/seller.)

Enter Social Security Number _____ or Employer Identification Number of the Transferor/Seller _____

Name of Transferor/Seller Ronald McDonald
Address 45 South Avenue
City Secane State PA Zip Code 19018

5. If applicable, check appropriate box. (Check no more than one box.)

- Transferor/seller is a resident (a) individual, (b) pass-through entity or (c) corporation, and not subject to withholding under 30 Del. C. §§1126, 1606 or 1909;
- Sale or exchange exempt from capital gain recognition;
- Gain realized excluded from income for tax year of sale or exchange;
- Sale or exchange occurred on or before December 31, 2010;
- Transferor/seller has insufficient information to determine if sale or exchange is subject to withholding. **By checking this box, transferor/seller understands that once sufficient information is available, payment of tax may be due and the appropriate return must be timely filed.**

If any box in Section 5 is checked, DO NOT complete Sections 6, 7 and 8 below. No payment is due at this time.

6. Computation of Payment and Tax to be Withheld. (See Instructions)

a. Total sales price	\$ 133,000
b. Less selling expenses	\$ 2,829
c. Net sales price (Subtract Line b from Line a)	\$ 130,170.75
d. Adjusted basis of property	\$ 93,300
e. Total gain (Subtract Line d from Line c)	\$ 36,870.25
f. Cash Payments (not including payments in Line b above)	\$
g. Net Cash Received (Subtract (Line f from Line c)	\$ 130,170.25
h. Delaware Tax Due (Multiply either Line "e" or "g" by 6.95%)	\$ 2,562.48

7. Check box if the transferor/seller is reporting gain under the installment method. No Tax is payable at this time.

Note: If completing this section you must report and remit any capital gain tax to the State of Delaware when any capital gain as a result of the sale of this property is recognized for Federal Tax Purposes.

8. Delaware Income Tax Paid. (See Instructions.) \$ _____

Under penalty of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the transferor/seller, the declaration is based on all information to which the preparer has any knowledge. **Transferor/Seller, Please sign and print full name and title (if any):**

Signature

Name

Title

**INSTRUCTIONS FORM 5403
REAL ESTATE TAX RETURN REALTY TRANSFER TAX RETURN**

Every non-resident individual, pass through entity or corporation who makes, executes, delivers, accepts, or presents for recording any document, except those exemptions defined or described in Sections 1126, 1606 and 1909 of Title 30, or in whose behalf any document is made, executed, delivered, accepted or presented for recording, shall be subject to pay for and in respect to the transaction or any part thereof, a Real Estate Tax at the rate of six and 95/100 percent (6.95%) of the value of the gain on the property sold as represented by such document, which tax shall be payable at the time of making, execution, delivery, acceptance or presenting of such document for recording. Said tax is to be paid by the Transferor(s)/Seller(s).

SPECIFIC INSTRUCTIONS

Line 1. Enter a description and address of the property transferred/ sold, including the tax parcel number and date of transfer. If you need to describe transfer issues please do so here.

Line 2. Check the appropriate box to indicate whether the Transferor/Seller is an Individual or Revocable Living Trust, a Corporation, Trust or Estate, Business Trust, Partnership, S Corporation, Limited Liability Company, or Other, such as a Government Agency or Non-Profit Corporation.

Line 3. Check the appropriate box to indicate how the transferor/ seller acquired the property.

Line 4. Enter the Transferor/Seller's name; SSN or EIN; and address to which correspondence is to be mailed after settlement. (Enter only one name and SSN or EIN per return. If more than one transferor/ seller, use separate forms for each; however, if Transferors/Sellers are husband and wife, enter only the primary taxpayer name and SSN, and only file one return. If transferor/seller is not an individual, list only EIN of non-individual transferor/seller and file only one Form 5403 for such transferor/seller – no Form 5403 should be filed for the members, partners, stockholders, trustees or other individuals or entities having an ownership interest in any such non-individual transferor/seller.)

Line 5. Check the appropriate box to indicate if the transferor(s)/ seller(s) are resident individuals, pass-through entities or corporations that are not subject to real estate tax capital gain withholding; the sale or exchange is exempt from capital gain recognition because of either Federal or Delaware exemption; the gain realized will be excluded from income for tax year of sale or exchange; the sale or exchange occurred on or before December 31, 2010; or the transferor(s)/seller(s) has/ have insufficient information to determine if sale or exchange is subject to withholding. By checking the last box, the transferor(s)/seller(s) understands that, once sufficient information is available, payment of tax may be due and the appropriate return must be timely filed. If any of the above boxes in Section 5 are checked, stop here, do not complete Sections 6, 7 and 8 below, and no payment is due at this time. Be sure to only check one box.

Line 6. On line "a" enter the 'Total Sales Price'.

On line "b" enter the 'Selling Expenses'.

On line "c" enter the 'Net Sales Price' by subtracting line "b" from line "a".

On line "d" enter the 'Adjusted Basis'. "Adjusted basis," includes mortgages used to buy, construct or substantially improve the real estate, liens as well as the taxpayer's investment in the property.

On line "e" enter the 'Total Gain' by subtracting line "d" from line "c". This is the transferor's/ seller's capital gain for both Federal and Delaware State tax purposes.

On line "f" enter the total Cash Paid at the time of transfer or sale, not including any cash payments reported on line b.

On line "g" enter the 'Net Cash Received' by subtracting line f from line c.

The transferor/ seller may elect either Line e or Line g to calculate the 'Delaware Tax Due'.

On line "h" enter the 'Delaware Tax Due' by multiplying either line "e" or line "g" by 6.95%. This is the amount of real estate tax payment due to the Delaware Division of Revenue that you must remit with this form unless line 7 is completed. If you elected line g to make the calculation the transferor(s)/seller(s) may owe additional Delaware Income Tax. If owed this tax is due at the time the next Quarterly Estimated Tax Payment is due.

Line 7. If the transferor(s)/seller(s) is/ are reporting gain under the installment method no payment is due at this time, but by law you must report and remit any capital gain tax to the State of Delaware when any capital gain as a result of the sale of this property is recognized for Federal Tax Purposes.

Line 8. Enter the amount of Delaware Tax Due from Line 6(h), unless you completed Section 7. This is the amount payable to the Delaware Division of Revenue.

The Transferor/Seller must sign Form 5403, print their full name and title, if any. This form and the estimated income tax, if any, reported due and payable on this form must be remitted with the deed to the Recorder's Office before the Recorder shall record a deed conveying title in Delaware real estate. The tax returns or reports and the amounts of tax collected pursuant to Title 30 of the Delaware Code, Sections 1126, 1606 or 1909, and the Recorder's Office and its employees or agents, shall be subject to the secrecy provisions and penalties of Title 30 of the Delaware Code, Section 368."

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

2011

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	12a C o o d e
GIOVONNA LACY						13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12b C o o d e
1201 Tulip Way						14 Other	12c C o o d e
Elsmere DE 19805							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
NJ	516667012		386206	340			

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

2011

Department of the Treasury—Internal Revenue Service

2011 NR

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

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning and ending

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

(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS

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

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

Present Home Address (Number and Street) Apt. # 1201 Tulip Way

City Elsmere State DE Zip Code 19805

FILING STATUS (MUST CHECK ONE)

- 1. [X] Single, Divorced, Widow(er) 3. [] Married & Filing Separate Forms
2. [] Joint 5. [] Head of Household

Check if FULL-YEAR non-resident in 2011 [X] Form DE2210 Attached []

If you were a part-year resident in 2011, give the dates you resided in Delaware. From 2011 To 2011

37. DELAWARE ADJUSTED GROSS INCOME (Enter amount from reverse side, Line 30B, Column 1) 37 461,543 00

38. (a) If you elect the STANDARD DEDUCTION check here... a. [] 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. [X] 38 42,548 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 42,548 00

41. TAXABLE INCOME - Subtract Line 40 from Line 37, and Compute Tax on this Amount... 41 418,995 00

42. Tax Liability Computation
A Line 30A 75337 00 Proration Decimal (See instructions, page 10) Tax Liability from Tax Rate Table/Schedule Amount
B Line 30 B 461543 00 = 0.1632 x 24304 00 42 3,996 00

PERSONAL CREDITS (If Filing Status 3, see instructions on page 10)
43a Enter number of exemptions claimed on Federal return 2 X \$110. = 220
Multiply this amount by the proration decimal on Line 42 (X) and enter total here... 43a 36 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 44

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

46. Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45... 46 00

47. BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero) 47 3,930 00

48. Delaware Tax Withheld (Attach W-2s/1099s) 48 3,515 00 48

49. 2011 Estimated Tax Paid & Payments with Extensions... 49 600 00 49

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

51. 2011 Real Estate Estimated Payments... 51 00 51

52. TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, 50, and 51... 52 4,115 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 > 54 185 00

55. CONTRIBUTIONS TO SPECIAL FUNDS
If electing a contribution, complete and attach DE Schedule III...TOTAL > 55 00

56. AMOUNT OF LINE 53 TO BE APPLIED TO 2012 ESTIMATED TAX ACCOUNT...ENTER > 56 185 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 0 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.

Signature and contact information section including fields for Your Signature, Spouse's Signature, Home Phone, Business Phone, Email Address, Signature of Paid Preparer, Address, Zip Code, Business Phone, Email Address, and EIN,SSN or PTIN.



ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

2011 DELAWARE NON-RESIDENT SCHEDULE

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.

1. Tax imposed by State of _____ (enter 2 character state name).....	1		00
2. Tax imposed by State of _____ (enter 2 character state name).....	2		00
3. Tax imposed by State of _____ (enter 2 character state name).....	3		00
4. Tax imposed by State of _____ (enter 2 character state name).....	4		00
5. Tax imposed by State of _____ (enter 2 character state name).....	5		00
6. Enter the total here and on Page 1, Line 44. You must attach a copy of the other state return(s) with your Delaware tax return	6		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.

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

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

	00
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This page MUST be sent in with your Delaware return if any of the Schedules (above) are completed.



22222		a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN) 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.	11 Nonqualified plans
John Travolta					12a C o o l l e
120 Harper Valley Circle					12b C o o l l e
Los Angeles CA 90010					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
DE	517775937	22900	813		
					20 Locality name

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

2011

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 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	517775940	12300	437				

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

2011

Department of the Treasury—Internal Revenue Service

2011 NR

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

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning _____ and ending _____

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

(Attach Label Here) **DO NOT COVER SOCIAL SECURITY NUMBERS**

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

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

Present Home Address (Number and Street) **120 Harper Valley Circle** Apt. # _____

City **Los Angeles** State **CA** Zip Code **97362**

FILING STATUS (MUST CHECK ONE)

1. Single, Divorced, Widow(er) 3. Married & Filing Separate Forms
2. Joint 5. Head of Household

Check if FULL-YEAR non-resident in 2011
Form DE2210 Attached

If you were a part-year resident in 2011, give the dates you resided in Delaware.
From _____ 2011 To _____ 2011
Month Day Month Day

37. DELAWARE ADJUSTED GROSS INCOME (Enter amount from reverse side, Line 30B, Column 1)..... 37 50,600 00

38. (a) If you elect the STANDARD DEDUCTION check here..... a.
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. 38 12,000 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 12,000 00

41. TAXABLE INCOME - Subtract Line 40 from Line 37, and Compute Tax on this Amount..... 41 38,600 00

42. Tax Liability Computation
A Line 30A 35200 00 Proration Decimal (See instructions, page 10) Tax Liability from Tax Rate Table/Schedule Amount
B Line 30 B 50600 00 = 0.6957 x 1757 00 42 1,222 00

PERSONAL CREDITS (If Filing Status 3, see instructions on page 10)
43a Enter number of exemptions claimed on Federal return 5 X \$110. = 550
Multiply this amount by the proration decimal on Line 42 (X 69.57%) 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 44

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

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 1,250 00 48

49. 2011 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. 2011 Real Estate Estimated Payments..... 51 00 51

52. TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, 50, and 51..... 52 1,250 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 53 TO BE APPLIED TO 2012 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

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	Signature of Paid Preparer X	Date	EIN,SSN or PTIN
Spouse's Signature (If filing joint) X	Date	Address	Zip Code	
Home Phone	Business Phone	Business Phone		
Email Address		Email Address		



ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

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

	Federal COLUMN 1		Delaware Source Income/Loss COLUMN 2	
1	35,200	00	35,200	00
2		00		00
3		00		00
4		00		00
5		00		00
6	15,400	00		00
7a		00		00
7b		00		00
8		00		00
9		00		00
10		00		00
11		00		00
12		00		00
13		00		00
14		00		00
15		00		00
16		00		00
17	50,600	00	35,200	00

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

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

	COLUMN 1		COLUMN 2	
18		00		00
19		00		00
20		00		00
21		00		00

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

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

	COLUMN 1		COLUMN 2	
22		00		00
23		00		00
24		00		00
25		00		00
26		00		00
27		00		00
28		00		00
29		00		00
30A		00	35,200	00
30B	50,600	00		

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

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

	COLUMN 1	
31	13,250	00
32		00
33		00
34		00
35a	1,250	00
35b		00
36	12,000	00

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 b. Type: Checking Savings
- c. Account Number
- d. Is this refund going to or through an account that is located outside of the United States? Yes No

DATE OF DEATH					
SPOUSE			TAXPAYER		
Month	/	Day	/	Year	
Month	/	Day	/	Year	

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.

NET BALANCE DUE (LINE 58):
 DELAWARE DIVISION OF REVENUE
 P.O. BOX 8752
 WILMINGTON, DE 19899-8752

NET REFUND (LINE 59):
 DELAWARE DIVISION OF REVENUE
 P.O. BOX 8772
 WILMINGTON, DE 19899-8772

ZERO (LINE 59):
 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



2011 DELAWARE NON-RESIDENT SCHEDULE

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.

1. Tax imposed by State of _____ (enter 2 character state name).....	1		00
2. Tax imposed by State of _____ (enter 2 character state name).....	2		00
3. Tax imposed by State of _____ (enter 2 character state name).....	3		00
4. Tax imposed by State of _____ (enter 2 character state name).....	4		00
5. Tax imposed by State of _____ (enter 2 character state name).....	5		00
6. Enter the total here and on Page 1, Line 44. You must attach a copy of the other state return(s) with your Delaware tax return	6		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.

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

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

	00
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This page MUST be sent in with your Delaware return if any of the Schedules (above) are completed.

