

222222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 518894956			1 Wages, tips, other compensation 30,567		2 Federal income tax withheld 4,209		
c Employer's name, address, and ZIP code  John CPA Company 25 Computer Street Philadelphia, PA			3 Social security wages 30,567		4 Social security tax withheld 1,200		
			5 Medicare wages and tips 30,567		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	
Test Johnson		2610 Walnut Street				12a	
New Castle, DE 19720						12b	
f Employee's address and ZIP code						12c	
						12d	
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	
PA	518894956	30567	938				

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

2009

Department of the Treasury—Internal Revenue Service

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

2009

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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 Johnson First Name and Middle Initial Test Jr., Sr., III., etc. Spouse's Last Name Spouse's First Name Jr., Sr., III., etc.

Present Home Address (Number and Street) Apt. # 2610 Walnut Street City New Castle State DE Zip Code 19720

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 2009, give the dates you resided in Delaware. From 2009 To 2009

Table with columns for Column A and Column B, containing tax calculation lines 1 through 27, including DELAWARE ADJUSTED GROSS INCOME, DEDUCTIONS, TAXABLE INCOME, and BALANCE DUE.

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE





# 2009 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>PA</u> (enter 2 character state name).....	1	00	938	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. <b>You must attach a copy of the other state return(s) with your Delaware tax return</b> .....	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).....	7			
8. Child's SSN .....	8			
9. Child's Year of Birth.....	9			

10. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B).....	10			00
11. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 41a; Form 1040 EZ, Line 9a.....	11			00
12. Delaware EITC Percentage (20%).....	12	<b>.20</b>		
13. <b>Multiply Line 11 by Line 12</b> .....	13			00
14. Enter the Smaller of Line 10 or Line 13 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14.....	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.

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

**TOTAL >**

Enter the total Contribution amount here and on EZ Return, Line 19 or Resident Return, Line 23.....	15			00
--	----	--	--	----

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



VOID  CORRECTED

**Distributions From  
Pensions, Annuities,  
Retirement or  
Profit-Sharing  
Plans, IRAs,  
Insurance  
Contracts, etc.**

PAYER'S name, street address, city, state, and ZIP code  <b>Party ETC</b> <b>867 Balloon Drive</b> <b>Wilmington, DE 19801</b>		<b>1</b> Gross distribution \$ <b>90,564</b>		OMB No. 1545-0119  <b>2009</b>  Form <b>1099-R</b>		
		<b>2a</b> Taxable amount \$ <b>90,564</b>		Total distribution <input type="checkbox"/>		
		<b>2b</b> Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		<b>Copy 1 For State, City, or Local Tax Department</b>
PAYER'S federal identification number  <b>512222299</b>	RECIPIENT'S identification number	<b>3</b> Capital gain (included in box 2a)  \$	<b>4</b> Federal income tax withheld  \$			
RECIPIENT'S name  <b>Minnie Mouse</b>  Street address (including apt. no.) <b>120 Disney Street</b> <b>Bridgeville, DE 19933</b> City, state, and ZIP code		<b>5</b> Employee contributions /Designated Roth contributions or insurance premiums  \$	<b>6</b> Net unrealized appreciation in employer's securities  \$			
		<b>7</b> Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	<b>8</b> Other  \$ %		
		<b>9a</b> Your percentage of total distribution %	<b>9b</b> Total employee contributions \$			
		1st year of desig. Roth contrib.	<b>10</b> State tax withheld \$ <b>3,000</b> \$	<b>11</b> State/Payer's state no.	<b>12</b> State distribution \$ \$	
Account number (see instructions)			<b>13</b> Local tax withheld \$ \$	<b>14</b> Name of locality	<b>15</b> Local distribution \$ \$	

Form **1099-R**

Department of the Treasury - Internal Revenue Service

2009 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 Mouse First Name and Middle Initial Minnie Jr., Sr., III., etc.

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

Present Home Address (Number and Street) Apt. #

City State Zip Code

FILING STATUS (MUST CHECK ONE)

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

If you were a part-year resident in 2009, give the dates you resided in Delaware.

From Month Day 2009 To Month Day 2009

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 1-23 for tax calculations and credits.

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.

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

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE



# 200-03 FORM EZ 2009 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, 2009.**
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 39).**

**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, 2009.

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 2009 including any credit carryover from your 2008 return. To receive credit for fourth quarter estimated tax payments, they must have been made by January 15, 2010. 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 2010 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**

222222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 516669987			1 Wages, tips, other compensation 36,859		2 Federal income tax withheld 5,776		
c Employer's name, address, and ZIP code  Danny Plumbing Service 654 Pipe Lane Newark, DE 19702			3 Social security wages 36,859		4 Social security tax withheld 2,500		
			5 Medicare wages and tips 36,859		6 Medicare tax withheld 1,500		
			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	
Fred Flinstone		112 Bedrock Street				12a	
112 Bedrock Street		Seaford, DE 19973				12b	
Seaford, DE 19973						12c	
						12d	
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	36859	1300				

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

2009

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) 511136789			1 Wages, tips, other compensation 26,899		2 Federal income tax withheld 3,654		
c Employer's name, address, and ZIP code  Martha's Catering Service 321 Potts Street Bear, DE 19970			3 Social security wages 26,899		4 Social security tax withheld 1,800		
			5 Medicare wages and tips 26,899		6 Medicare tax withheld 770		
			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	
Wilma Flinstone		112 Bedrock Street		Seaford, DE 19973		12a	
f Employee's address and ZIP code		13 Statutory employee		Retirement plan		12b	
		<input type="checkbox"/>		<input type="checkbox"/>		12c	
		14 Other				12d	
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	511136789	26899	900				

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

2009

Department of the Treasury—Internal Revenue Service

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

2009

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 First Name and Middle Initial Jr., Sr., III., etc. Flinstone Fred

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

Present Home Address (Number and Street) Apt. # 112 Bedrock Street

City State Zip Code Seaford DE 19973

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 2009, give the dates you resided in Delaware. From 2009 To 2009

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 41 ..... 1 26,899 00 36,589 00

2a. If you elect the DELAWARE STANDARD DEDUCTION check here... [X]
b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 47 in Column B
Filing status 4 enter Itemized Deductions from reverse side, Line 47 in Columns A and B 2 3,250 00 3,250 00

3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions)
CHECK BOX(ES) Column A - if SPOUSE was 65 or over Blind
Column B - if YOU were 65 or over Blind
Multiply the number of boxes checked above by \$2500. If you are filing a combined separate return (Filing status 4) enter the total for each appropriate column. All others enter total in Column B 3 00 00

4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here..... 4 3,250 00 3,250 00

5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount..... 5 23,649 00 33,609 00

6. Tax Liability from Tax Rate Table/Schedule Column A 930 00 Column B 1,480 00 6
7. Tax on Lump Sum Distribution (Form 329) 00 00 7
8. TOTAL TAX - Add Lines 6 and 7 and enter here.....> 8 930 00 1,480 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 3 X \$110..... 9a 110 00 220 00

9b. CHECK BOX(ES) Spouse 60 or over (Column A) Self 60 or over (Column B)
Enter number of boxes checked on Line 9b. X \$110..... 9b 00 00

10. Tax imposed by State of (Must attach copy of DE Schedule I and other state return).... 10 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..... 15 110 00 220 00

16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero)..... 16 820 00 1,260 00

17. Delaware Tax Withheld (Attach W2s/1099s)..... 900 00 1,300 00 17

18. 2009 Estimated Tax Paid & Payments with Extensions.... 00 00 18

19. S Corporation Payments Form 1100S/A-1 Required.... 00 00 19

20. TOTAL Refundable Credits. Add Lines 17, 18 and 19 and enter here.....> 20 900 00 1,300 00

21. BALANCE DUE. If Line 16 is greater than Line 20, subtract 20 from 16 and enter here.....> 21 00 00

22. OVERPAYMENT. If Line 20 is greater than Line 16, subtract 16 from 20 and enter here.....> 22 80 00 40 00

23. CONTRIBUTIONS TO SPECIAL FUNDS
If electing a contribution, complete and attach DE Schedule III..... 23 20 00

24. AMOUNT OF LINE 22 TO BE APPLIED TO 2010 ESTIMATED TAX ACCOUNT.....ENTER > 24 00

25. PENALTIES AND INTEREST DUE. If Line 21 is greater than \$400, see estimated tax instructions.....ENTER > 25 00

26. NET BALANCE DUE (For Filing Status 4, see instructions, page 9).....PAY IN FULL > 26 00

27. NET REFUND (For Filing Status 4, see instructions, page 9).....ZERO DUE/TO BE REFUNDED > 27 100 00

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE





# 2009 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. <b>You must attach a copy of the other state return(s) with your Delaware tax return</b> .....	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).....	7			
8. Child's SSN .....	8			
9. Child's Year of Birth.....	9			

10. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B).....	10			00
11. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 41a; Form 1040 EZ, Line 9a.....	11			00
12. Delaware EITC Percentage (20%).....	12	<b>.20</b>		
13. <b>Multiply Line 11 by Line 12</b> .....	13			00
14. Enter the Smaller of Line 10 or Line 13 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14.....	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.

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

**TOTAL >**

Enter the total Contribution amount here and on EZ Return, Line 19 or Resident Return, Line 23.....	15	20		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) 512227733			1 Wages, tips, other compensation 25,689		2 Federal income tax withheld 3,474		
c Employer's name, address, and ZIP code  TWA 978 Express Drive Milford, DE 19963			3 Social security wages 25,689		4 Social security tax withheld 650		
			5 Medicare wages and tips 25,689		6 Medicare tax withheld 450		
			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	
Jane Jetson						12a	
111 Spaceship Blvd		Wilmington, DE 19804		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
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	
PA	512227733	25689	312				
DE	512227733	25689	225	25689	125		

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

2009

Department of the Treasury—Internal Revenue Service

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

2009

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 Jetson, First Name and Middle Initial Jane, Jr., Sr., III., etc. Spouse's Last Name, Spouse's First Name, Jr., Sr., III., etc.

Present Home Address (Number and Street) 111 Spaceship Blvd, Apt. #, City Wilmington, State DE, Zip Code 19804

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 2009, give the dates you resided in Delaware. From 2009 To 2009

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 41 ..... 1 00 25,689 00

2a. If you elect the DELAWARE STANDARD DEDUCTION check here..... 2 b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 47 in Column B Filing status 4 enter Itemized Deductions from reverse side, Line 47 in Columns A and B 2 00 6,797 00

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

4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here..... 4 00 6,797 00

5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount..... 5 00 18,892 00

6. Tax Liability from Tax Rate Table/Schedule 6 00 687 00 7. Tax on Lump Sum Distribution (Form 329) 7 00 00 8. TOTAL TAX - Add Lines 6 and 7 and enter here.....> 8 00 687 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 2 X \$110..... 9a 00 220 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 00 312 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 00 342 00

15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here..... 15 00 874 00

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

17. Delaware Tax Withheld (Attach W2s/1099s)..... 17 00 225 00

18. 2009 Estimated Tax Paid & Payments with Extensions.... 18 00 00

19. S Corporation Payments Form 1100S/A-1 Required.... 19 00 00

20. TOTAL Refundable Credits. Add Lines 17, 18 and 19 and enter here.....> 20 00 225 00

21. BALANCE DUE. If Line 16 is greater than Line 20, subtract 20 from 16 and enter here.....> 21 00 00

22. OVERPAYMENT. If Line 20 is greater than Line 16, subtract 16 from 20 and enter here.....> 22 00 225 00

23. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III..... 23 25 00

24. AMOUNT OF LINE 22 TO BE APPLIED TO 2010 ESTIMATED TAX ACCOUNT..... ENTER > 24 00

25. PENALTIES AND INTEREST DUE. If Line 21 is greater than \$400, see estimated tax instructions..... ENTER > 25 00

26. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)..... PAY IN FULL > 26 00 For all other filing statuses, enter Line 21 plus Lines 23 and 25

27. NET REFUND (For Filing Status 4, see instructions, page 9)..... ZERO DUE/TO BE REFUNDED > 27 200 00 For all other filing statuses, subtract Lines 23, 24 and 25 from Line 22

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE





# 2009 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 _____ (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. <b>You must attach a copy of the other state return(s) with your Delaware tax return</b> .....	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).....	7	Bobby Jetson		
8. Child's SSN .....	8	411-32-9998		
9. Child's Year of Birth.....	9	01-14-1999		

10. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B).....	10	687		00
11. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 41a; Form 1040 EZ, Line 9a.....	11	1,711		00
12. Delaware EITC Percentage (20%).....	12	.20		
13. <b>Multiply Line 11 by Line 12</b> .....	13	342		00
14. Enter the Smaller of Line 10 or Line 13 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14.....	14	342		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.

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

**TOTAL >**

Enter the total Contribution amount here and on EZ Return, Line 19 or Resident Return, Line 23.....	15	25		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) 518894567			1 Wages, tips, other compensation 17,544		2 Federal income tax withheld 2,254		
c Employer's name, address, and ZIP code  Allure Technology 219 Park Avenue Laurelton, PA 27107			3 Social security wages 17,544		4 Social security tax withheld 500		
			5 Medicare wages and tips 17,544		6 Medicare tax withheld 125		
			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	
Blue Hen		1506 Montgomery Road		Wilmington, DE 19805		12a	
13 Statutory employee		Retirement plan		Third-party sick pay		12b	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		12c	
14 Other						12d	
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	
PA	518894567	17544	466				

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

2009

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) 51-7775926			1 Wages, tips, other compensation 20,053		2 Federal income tax withheld 2,634		
c Employer's name, address, and ZIP code  Burberry Markets 1516 Lexington Avenue Bear, DE 19701			3 Social security wages 20,053		4 Social security tax withheld 200		
			5 Medicare wages and tips 20,053		6 Medicare tax withheld 25		
			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	
Betty Hen		1506 Montgomery Road		Wilmington, DE 19805		12a	
13 Statutory employee		Retirement plan		Third-party sick pay		12b	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		12c	
14 Other						12d	
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	51-7775926	20053	54				

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

2009

Department of the Treasury—Internal Revenue Service

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

2009

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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: Hen, First Name and Middle Initial: Blue, Jr., Sr., III., etc. Spouse's Last Name: Betty, Spouse's First Name: Betty, Jr., Sr., III., etc.

Present Home Address (Number and Street): 1506 Montgomery Road, Apt. #, City: Wilmington, State: DE, Zip Code: 19805

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 2009, give the dates you resided in Delaware. From 2009 To 2009

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 41 ..... 1 20,053 00 17,544 00

2a. If you elect the DELAWARE STANDARD DEDUCTION check here..... X Filing Statuses 1, 3 & 5 Enter \$3250 in Column B Filing Status 4 Enter \$3250 in Column A and in Column B Filing Status 2 Enter \$6500 in Column B b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 47 in Column B Filing status 4 enter Itemized Deductions from reverse side, Line 47 in Columns A and B 2 3,250 00 3,250 00

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

4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here..... 4 3,250 00 3,250 00

5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount..... 5 16,803 00 14,294 00

6. Tax Liability from Tax Rate Table/Schedule Column A 589 00 Column B 466 00 6 7. Tax on Lump Sum Distribution (Form 329) 00 00 7 8. TOTAL TAX - Add Lines 6 and 7 and enter here.....> 8 589 00 466 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 8 X \$110..... 9a 770 00 110 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 00 466 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 33 00 00

15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here..... 15 803 00 576 00

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

17. Delaware Tax Withheld (Attach W2s/1099s)..... 54 00 00 17

18. 2009 Estimated Tax Paid & Payments with Extensions.... 00 00 18

19. S Corporation Payments Form 1100S/A-1 Required.... 00 00 19

20. TOTAL Refundable Credits. Add Lines 17, 18 and 19 and enter here.....> 20 54 00 00

21. BALANCE DUE. If Line 16 is greater than Line 20, subtract 20 from 16 and enter here.....> 21 00 00

22. OVERPAYMENT. If Line 20 is greater than Line 16, subtract 16 from 20 and enter here.....> 22 00 00

23. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III..... 23 54 00

24. AMOUNT OF LINE 22 TO BE APPLIED TO 2010 ESTIMATED TAX ACCOUNT.....ENTER > 24 00

25. PENALTIES AND INTEREST DUE. If Line 21 is greater than \$400, see estimated tax instructions.....ENTER > 25 00

26. NET BALANCE DUE (For Filing Status 4, see instructions, page 9).....PAY IN FULL > 26 00 For all other filing statuses, enter Line 21 plus Lines 23 and 25

27. NET REFUND (For Filing Status 4, see instructions, page 9).....ZERO DUE/TO BE REFUNDED > 27 0 00 For all other filing statuses, subtract Lines 23, 24 and 25 from Line 22

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE





# 2009 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	466	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. <b>You must attach a copy of the other state return(s) with your Delaware tax return</b> .....	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).....	7			
8. Child's SSN .....	8			
9. Child's Year of Birth.....	9			

10. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B).....	10		589	00
11. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 41a; Form 1040 EZ, Line 9a.....	11		163	00
12. Delaware EITC Percentage (20%).....	12		<b>.20</b>	
13. <b>Multiply Line 11 by Line 12</b> .....	13		33	00
14. Enter the Smaller of Line 10 or Line 13 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14.....	14		33	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.

15. A. Non-Game Wildlife	5	00	F. Organ Donations	5	00	K. Mult. Sclerosis Soc.	5	00
B. U.S. Olympics	00		G. Diabetes Educ.	5	00	L. Ovarian Cancer Fund	5	00
C. Emergency Housing	5	00	H. Veteran's Home	4	00			
D. 21st Fund for Children	5	00	I. DE National Guard	5	00			
E. Breast Cancer Educ.	5	00	J. Juv. Diabetes Fund	5	00			

**TOTAL >**

Enter the total Contribution amount here and on EZ Return, Line 19 or Resident Return, Line 23.....	15		54	00
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**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) 51-7775926			1 Wages, tips, other compensation 95,037		2 Federal income tax withheld 5,322		
c Employer's name, address, and ZIP code  Burberry Markets 1516 Lexington Avenue Bear, DE 19701			3 Social security wages 95,037		4 Social security tax withheld 500		
			5 Medicare wages and tips 95,037		6 Medicare tax withheld 125		
			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	
Sonic Samson						12a	
88 Tuckahoe Lane						12b	
Wilmington, DE 19899						12c	
						12d	
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	517775926	58184	1172				

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

2009

Department of the Treasury—Internal Revenue Service

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

2009

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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 First Name and Middle Initial Jr., Sr., III., etc. Samson Sonic

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

Present Home Address (Number and Street) Apt. #

City State Zip Code

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 2009 [X] Form DE2210 Attached [ ]

If you were a part-year resident in 2009, give the dates you resided in Delaware. From Month Day To Month Day

37. DELAWARE ADJUSTED GROSS INCOME (Enter amount from reverse side, Line 30B, Column 1) 37 97,040 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 6,500 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 6,500 00

41. TAXABLE INCOME - Subtract Line 40 from Line 37, and Compute Tax on this Amount 41 90,540 00

42. Tax Liability Computation A Line 30A 60793 00 Proration Decimal (See instructions, page 10) Tax Liability from Tax Rate Table/Schedule Amount B Line 30 B 67040 00 = 0 .6 2 6 5 X 4761 00 42 2,983 00

43a. PERSONAL CREDITS (If Filing Status 3, see instructions on page 11) 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 138 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 just 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 46 138 00

47. BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero) 47 2,845 00

48. Delaware Tax Withheld (Attach W-2s/1099s) 48 1,172 00 48

49. 2009 Estimated Tax Paid & Payments with Extensions 49 00 49

50. S Corporation Payments (Form 1100S/A-1 Required) 50 00 50

51. TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, & 50 51 1,172 00

52. If Line 47 is greater than Line 51, subtract 51 from 47 and enter here...AMOUNT YOU OWE > 52 1,673 00

53. If Line 51 is greater than Line 47, subtract 47 from 51 and enter here...OVERPAYMENT > 53 0 00

54. CONTRIBUTIONS TO SPECIAL FUNDS A. Non-Game Wildlife [ ] 00 B. U.S. Olympics [ ] 00 C. Emergency Housing [ ] 00 D. 21st Fund for Children [ ] 00 E. Breast Cancer Educ. [ ] 00 F. Organ Donations [ ] 00 G. Diabetes Educ. [ ] 00 H. Veteran's Home [ ] 00 I. DE National Guard [ ] 00 J. Juv. Diabetes Fund [ ] 00 K. Mult. Sclerosis Soc. [ ] 00 L. Ovarian Cancer Fund [ ] 00 TOTAL > 54 0 00

55. AMOUNT OF LINE 53 TO BE APPLIED TO 2010 ESTIMATED TAX ACCOUNT ENTER > 55 0 00

56. PENALTIES AND INTEREST DUE. If Line 52 is greater than \$400, see estimated tax instructions...ENTER > 56 00

57. NET BALANCE DUE. Enter the amount due (Line 52 plus Lines 54 and 56) and pay in full...PAY IN FULL > 57 1,673 00

58. NET REFUND. Subtract Lines 54, 55 and 56 from Line 53...ZERO DUE/TO BE REFUNDED > 58 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 Date fields for taxpayer, spouse, and preparer. Includes address, phone, and email information.



ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE



222222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 518879324			1 Wages, tips, other compensation 8,465		2 Federal income tax withheld 894		
c Employer's name, address, and ZIP code  Vutton Technology 2500 Fifth Avenue Newark, DE 19701			3 Social security wages 8,465		4 Social security tax withheld 112		
			5 Medicare wages and tips 8,465		6 Medicare tax withheld 97		
			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 Ruth Flowers		Last name 1235 Linden Street		Suff. Wilmington, DE 19805		11 Nonqualified plans	
f Employee's address and ZIP code		15 State DE		Employer's state ID number 518879324		12a	
						12b	
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>		12c	
						12d	
14 Other		16 State wages, tips, etc. 5465		17 State income tax 217		18 Local wages, tips, etc.	
15 State DE		Employer's state ID number 518879324		16 State wages, tips, etc. 5465		17 State income tax 217	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name			

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

2009

Department of the Treasury—Internal Revenue Service

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

2009

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

Present Home Address (Number and Street) Apt. # City State Zip Code

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 2009, give the dates you resided in Delaware. From 2009 To 2009

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 41

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 47 in Column B

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

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

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

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

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 X \$110

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

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

11. Volunteer Firefighter Co. # - Spouse (Column A) Self (Column B). Enter credit amount

12. Other Non-Refundable Credits (see instructions on Page 7)

13. Child Care Credit. Must attach Form 2441. (Enter 50% of Federal credit)

14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation

15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here

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

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

18. 2009 Estimated Tax Paid & Payments with Extensions

19. S Corporation Payments Form 1100S/A-1 Required

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

21. BALANCE DUE. If Line 16 is greater than Line 20, subtract 20 from 16 and enter here

22. OVERPAYMENT. If Line 20 is greater than Line 16, subtract 16 from 20 and enter here

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

24. AMOUNT OF LINE 22 TO BE APPLIED TO 2010 ESTIMATED TAX ACCOUNT ENTER

25. PENALTIES AND INTEREST DUE. If Line 21 is greater than \$400, see estimated tax instructions ENTER

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

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

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE





222222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 51136789			1 Wages, tips, other compensation 20,100		2 Federal income tax withheld 501		
c Employer's name, address, and ZIP code  Martha's Catering Service 321 Potts Street Bear, DE 19970			3 Social security wages 20,100		4 Social security tax withheld 55		
			5 Medicare wages and tips 20,100		6 Medicare tax withheld 15		
			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	
Barbara Well						12a	
10394 Exception Way						12b	
Wilmington, DE 19802						12c	
						12d	
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	5136789	20100	571				

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

2009

Department of the Treasury—Internal Revenue Service

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

2009

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

Present Home Address (Number and Street) Apt. # 10394 Exception Way
City State Zip Code Wilmington DE 19802

FILING STATUS (MUST CHECK ONE)

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

Form DE2210 Attached [ ]

If you were a part-year resident in 2009, give the dates you resided in Delaware. From 2009 To 2009

Table with columns for Column A and Column B, containing tax calculation lines 1 through 27, including Delaware Adjusted Gross Income, Deductions, Taxable Income, and Total Tax.

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE





# 2009 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. <b>You must attach a copy of the other state return(s) with your Delaware tax return</b> .....	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).....	7	Ron Well	William Well	Jane Well
8. Child's SSN .....	8	480-01-8984	480-02-9091	480-03-7879
9. Child's Year of Birth.....	9	2001	2001	2001

10. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B).....	10		591		00
11. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 41a; Form 1040 EZ, Line 9a.....	11				00
12. Delaware EITC Percentage (20%).....	12	<b>.20</b>			
13. <b>Multiply Line 11 by Line 12</b> .....	13				00
14. Enter the Smaller of Line 10 or Line 13 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14.....	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.

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

**TOTAL >**

Enter the total Contribution amount here and on EZ Return, Line 19 or Resident Return, Line 23.....	15		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) 579632875			1 Wages, tips, other compensation 80,463		2 Federal income tax withheld 16,865		
c Employer's name, address, and ZIP code  Prada Paper Company 225 5th Ave New York, NY 11413			3 Social security wages 80,463		4 Social security tax withheld 4,000		
			5 Medicare wages and tips 80,463		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	12a
Huckleberry Hound		115 Dogwood Street				13 Statutory employee <input type="checkbox"/>	12b
115 Dogwood Street		Cherry Hill, NJ 08002				Retirement plan <input type="checkbox"/>	12c
						Third-party sick pay <input type="checkbox"/>	12d
						14 Other	
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	
NY	579632875	80463	2029				
DE	579632875	35758	649				

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

2009

Department of the Treasury—Internal Revenue Service

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

2009

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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 Hound First Name and Middle Initial Huckleberry Jr., Sr., III., etc.

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

Present Home Address (Number and Street) 115 Dogwood Street Apt. #

City Cherry Hill State NJ Zip Code 08002

FILING STATUS (MUST CHECK ONE)

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

Check if FULL-YEAR non-resident in 2009 Form DE2210 Attached

If you were a part-year resident in 2009, give the dates you resided in Delaware. From To

37. DELAWARE ADJUSTED GROSS INCOME (Enter amount from reverse side, Line 30B, Column 1) 37 80,630 00

38. (a) If you elect the STANDARD DEDUCTION check here... (b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36... 38 11,993 00

39. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions) CHECK BOX(ES) 39 00

40. TOTAL DEDUCTIONS - Add Lines 38 & 39 and enter here... 40 11,993 00

41. TAXABLE INCOME - Subtract Line 40 from Line 37, and Compute Tax on this Amount... 41 68,637 00

42. Tax Liability Computation A Line 30A 35758 00 B Line 30 B 80630 00 = 0 .4 4 3 5 x 3458 00 42 1,534 00

43a. PERSONAL CREDITS (If Filing Status 3, see instructions on page 11) Enter number of exemptions claimed on Federal return 2 X \$110. = 220 43a 146 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. = 43b 00

44. Tax imposed by State of just 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... 46 146 00

47. BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero)... 47 1,388 00

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

49. 2009 Estimated Tax Paid & Payments with Extensions... 49 00 49

50. S Corporation Payments (Form 1100S/A-1 Required) 50 00 50

51. TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, & 50... 51 649 00

52. If Line 47 is greater than Line 51, subtract 51 from 47 and enter here...AMOUNT YOU OWE > 52 739 00

53. If Line 51 is greater than Line 47, subtract 47 from 51 and enter here...OVERPAYMENT > 53 00

54. CONTRIBUTIONS TO SPECIAL FUNDS A. Non-Game Wildlife B. U.S. Olympics C. Emergency Housing D. 21st Fund for Children E. Breast Cancer Educ. F. Organ Donations G. Diabetes Educ. H. Veteran's Home I. DE National Guard J. Juv. Diabetes Fund K. Mult. Sclerosis Soc. L. Ovarian Cancer Fund TOTAL > 54 00

55. AMOUNT OF LINE 53 TO BE APPLIED TO 2010 ESTIMATED TAX ACCOUNT...ENTER > 55 00

56. PENALTIES AND INTEREST DUE. If Line 52 is greater than \$400, see estimated tax instructions...ENTER > 56 00

57. NET BALANCE DUE. Enter the amount due (Line 52 plus Lines 54 and 56) and pay in full...PAY IN FULL > 57 739 00

58. NET REFUND. Subtract Lines 54, 55 and 56 from Line 53...ZERO DUE/TO BE REFUNDED > 58 00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

Your Signature Date Signature of Paid Preparer Date EIN,SSN or PTIN

Spouse's Signature (If filing joint) 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 <b>COLUMN 1</b>		Delaware Source Income/Loss <b>COLUMN 2</b>	
1	80,463	00	35,758	00
2	467	00		00
3		00		00
4		00		00
5		00		00
6		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	80,630	00	35,758	00
16		00		00
17	80,630	00	35,758	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, Delaware Lottery..... 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			35,758	00
30B	80,630	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 9)..... 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	12,642	00
32		00
33		00
34	12,642	00
35a	649	00
35b		00
36	11,993	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

<b>DATE OF DEATH</b>					
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.**

If a 2D barcode (black and white box) appears in the upper right hand corner of page 1 of this form, send the return to one of the following addresses:

- MAKE CHECKS PAYABLE AND MAIL TO:** DELAWARE DIVISION OF REVENUE, P.O. BOX 8753, WILMINGTON, DELAWARE 19899-8753
- MAIL REFUND DUE RETURNS TO:** DELAWARE DIVISION OF REVENUE, P.O. BOX 8710, WILMINGTON, DELAWARE 19899-8710
- MAIL ZERO DUE RETURNS TO:** DELAWARE DIVISION OF REVENUE, P.O. BOX 8711, WILMINGTON, DELAWARE 19899-8711

If a 2D barcode (black and white box) DOES NOT appear in the upper right hand corner of page 1 of this form, send the return to one of the following addresses:

- MAKE CHECKS PAYABLE AND MAIL TO:** DELAWARE DIVISION OF REVENUE, P.O. BOX 8752, WILMINGTON, DELAWARE 19899-8752
- MAIL REFUND DUE RETURNS TO:** DELAWARE DIVISION OF REVENUE, P.O. BOX 8772, WILMINGTON, DELAWARE 19899-8772
- MAIL ZERO DUE RETURNS TO:** DELAWARE DIVISION OF REVENUE, P.O. BOX 8711, WILMINGTON, DELAWARE 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**

