

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

## TEST RESULTS

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

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

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

222222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 517775926			1 Wages, tips, other compensation 62,173		2 Federal income tax withheld 6,200		
c Employer's name, address, and ZIP code Burberry Markets 1516 Lexington Avenue Bear DE 19701			3 Social security wages 62,173		4 Social security tax withheld 434		
			5 Medicare wages and tips 62,173		6 Medicare tax withheld 95		
			7 Social security tips		8 Allocated tips		
d Control number			9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial John Sands		Last name Suff.		11 Nonqualified plans		12a C o d e	
21 Roanoke Road Newark DE 19712		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C o d e		12c C o d e	
				14 Other			12d C o d e
f Employee's address and ZIP code							
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

2010

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) 517775926			1 Wages, tips, other compensation 77,627		2 Federal income tax withheld 6,700		
c Employer's name, address, and ZIP code Christmas Tree Lites 1000 Cirque Circle Philadelphia, PA 19134			3 Social security wages 77,627		4 Social security tax withheld 3,600		
			5 Medicare wages and tips 77,627		6 Medicare tax withheld 2,250		
			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 Rhonda 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		12c C o d e	
				14 Other			12d C o d e
f Employee's address and ZIP code							
15 State PA	Employer's state ID number 517775926	16 State wages, tips, etc. 77627	17 State income tax 2985	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

2010

Department of the Treasury—Internal Revenue Service

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

2010

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).

ATTACH LABEL HERE

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 2010, give the dates you resided in Delaware. From 2010 To 2010

Main tax calculation table with columns for Column A and Column B. Rows include Delaware Adjusted Gross Income, Deductions, Taxable Income, Total Tax, Credits, and Balance Due.

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE





**2010 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	2,383	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	2,383	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 2010, 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 2010?.....	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 41a; Form 1040 EZ, Line 9a.....	13		00
14. Delaware EITC Percentage (20%).....	14		.20
15. <b>Multiply Line 13 by Line 14</b> .....	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	E. Organ Donations		00	I. Juv. Diabetes Fund		00
B. U.S. Olympics		00	F. Diabetes Educ.		00	J. Mult. Sclerosis Soc.		00
C. Emergency Housing		00	G. Veteran's Home		00	K. Ovarian Cancer Fund		00
D. Breast Cancer Educ.		00	H. DE National Guard		00	L. 21st Fund for Children		00

Enter the total Contribution amount here and on EZ Return, Line 19 or Resident Return, Line 23..... 17 

	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) 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 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		
f Employee's address and ZIP code					12d C o o d e		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
NJ	517775926	33590	35				

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

2010

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) 517775926			1 Wages, tips, other compensation 73,993		2 Federal income tax withheld 6,700		
c Employer's name, address, and ZIP code Ground Level Services Old Dominion Center Ocean City, NJ 12212			3 Social security wages 73,993		4 Social security tax withheld 3,600		
			5 Medicare wages and tips 73,993		6 Medicare tax withheld 2,250		
			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 Susan Fitzsimmons		Last name Suff.		11 Nonqualified plans		12a C o d e	
8111 Coquina Ct. Apt. H-21 Newark, DE 19711		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 NJ	Employer's state ID number 517775926	16 State wages, tips, etc. 73993	17 State income tax 2306	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

2010

Department of the Treasury—Internal Revenue Service

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

2010

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

Present Home Address (Number and Street) Apt. # 8111 Coquina Ct. Apt H-21
City Newark State DE Zip Code 19711

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 2010, give the dates you resided in Delaware. From 2010 To 2010

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

Table with columns for Line, Description, Column A, and Column B. Includes rows for Delaware Adjusted Gross Income, Deductions, and Total Tax.

PERSONAL CREDITS If you are Filing Status 3, see instructions on Page 7. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.

Table for Personal Credits and Balance Due. Includes rows for exemptions, state tax, volunteer firefighter credits, earned income tax credit, and final balance due.



ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE



**2010 DELAWARE RESIDENT SCHEDULES**

Name(s): Susan Fitzsimmons 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. <b>You must attach a copy of the other state return(s) with your Delaware tax return</b> .....	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 2010, 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 2010?.....	<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 41a; Form 1040 EZ, Line 9a.....			00
14. Delaware EITC Percentage (20%).....			.20
15. <b>Multiply Line 13 by Line 14</b> .....			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	E. Organ Donations		00	I. Juv. Diabetes Fund		00
B. U.S. Olympics		00	F. Diabetes Educ.		00	J. Mult. Sclerosis Soc.		00
C. Emergency Housing		00	G. Veteran's Home		00	K. Ovarian Cancer Fund		00
D. Breast Cancer Educ.		00	H. DE National Guard		00	L. 21st Fund for Children		00

Enter the total Contribution amount here and on EZ Return, Line 19 or Resident Return, Line 23..... 17 

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) 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		Cruise				12a C o d e	
56035 Mulberry CT		Panama City CA 96056		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		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

2010

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 35,802		2 Federal income tax withheld 3,600		
c Employer's name, address, and ZIP code United Service Co. 11124 Oakwood Circle Claymont DE 19703			3 Social security wages 35,802		4 Social security tax withheld 1,800		
			5 Medicare wages and tips 35,802		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans	
Penelope Cruise		56035 Mulberry CT		Panama City CA 96056		12a C o d e	
f Employee's address and ZIP code		13 Statutory employee		Retirement plan		Third-party sick pay	
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
14 Other		12b C o d e		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
PA	516669987		6850	210			

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

2010

Department of the Treasury—Internal Revenue Service

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

2010

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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 2010, give the dates you resided in Delaware.
From 2010 To 2010
Month Day Month Day

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

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE





**2010 DELAWARE RESIDENT SCHEDULES**

Name(s): Penelope Cruise 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. <b>You must attach a copy of the other state return(s) with your Delaware tax return</b> .....	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 2010, 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 2010?.....	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 41a; Form 1040 EZ, Line 9a.....	13		00
14. Delaware EITC Percentage (20%).....	14		.20
15. <b>Multiply Line 13 by Line 14</b> .....	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	E. Organ Donations		00	I. Juv. Diabetes Fund		00
B. U.S. Olympics		00	F. Diabetes Educ.		00	J. Mult. Sclerosis Soc.		00
C. Emergency Housing		00	G. Veteran's Home		00	K. Ovarian Cancer Fund		00
D. Breast Cancer Educ.		00	H. DE National Guard		00	L. 21st Fund for Children		00

Enter the total Contribution amount here and on EZ Return, Line 19 or Resident Return, Line 23..... 17 

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) 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

2010

Department of the Treasury—Internal Revenue Service

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

2010 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 2010, give the dates you resided in Delaware.

From 2010 To 2010 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 2010 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, 2010.**
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, 2010.

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 2010 including any credit carryover from your 2009 return. To receive credit for fourth quarter estimated tax payments, they must have been made by January 18, 2011. 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 2011 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**

**2010 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).....	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 2010, 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 2010?.....	<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).....			00
13. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 41a; Form 1040 EZ, Line 9a.....			00
14. Delaware EITC Percentage (20%).....			<b>.20</b>
15. <b>Multiply Line 13 by Line 14</b> .....			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	E. Organ Donations		00	I. Juv. Diabetes Fund		00
B. U.S. Olympics		00	F. Diabetes Educ.		00	J. Mult. Sclerosis Soc.		00
C. Emergency Housing		00	G. Veteran's Home		00	K. Ovarian Cancer Fund		00
D. Breast Cancer Educ.		00	H. DE National Guard		00	L. 21st Fund for Children		00

Enter the total Contribution amount here and on EZ Return, Line 19 or Resident Return, Line 23..... 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	
8824 Seneca Valley		Hockessin DE 19808				12b C o d e	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12c C o d e	
				14 Other		12d C o d e	
f Employee's address and ZIP code							
15 State	Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
DE	516669987		44074	1360			

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

2010

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

**2010**

Department of the Treasury—Internal Revenue Service

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

2010

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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 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 19808

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 2010, give the dates you resided in Delaware.

From 2010 To 2010 Month Day Month Day

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

Table with 3 columns: Line Number, Description, Column A, Column B. Includes rows for Delaware Adjusted Gross Income, Deductions, and Total Tax.

PERSONAL CREDITS

If you are Filing Status 3, see instructions on Page 7. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.

Table with 3 columns: Line Number, Description, Column A, Column B. Includes rows for exemptions, state tax, and various credits.

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

Table with 3 columns: Line Number, Description, Column A, Column B. Includes rows for tax account, penalties, and net refund.



ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE



**2010 DELAWARE RESIDENT SCHEDULES**

Name(s): Tony & Carmela Soprano 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. <b>You must attach a copy of the other state return(s) with your Delaware tax return</b> .....	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 2010, 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 2010?.....	<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 41a; Form 1040 EZ, Line 9a.....			00
14. Delaware EITC Percentage (20%).....			<b>.20</b>
15. <b>Multiply Line 13 by Line 14</b> .....			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	E. Organ Donations	10	00	I. Juv. Diabetes Fund	10	00
B. U.S. Olympics		00	F. Diabetes Educ.	10	00	J. Mult. Sclerosis Soc.	10	00
C. Emergency Housing	10	00	G. Veteran's Home		00	K. Ovarian Cancer Fund	10	00
D. Breast Cancer Educ.	10	00	H. DE National Guard		00	L. 21st Fund for Children		00

Enter the total Contribution amount here and on EZ Return, Line 19 or Resident Return, Line 23..... 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) 51-7775926			1 Wages, tips, other compensation 12,502		2 Federal income tax withheld 1,252		
c Employer's name, address, and ZIP code Children's House 122 Lea Blvd. Wilmington, DE 19802			3 Social security wages 12,502		4 Social security tax withheld 150		
			5 Medicare wages and tips 12,502		6 Medicare tax withheld 85		
			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	
Ronald McDonald						12a C o d e	
45 South Avenue						13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Secane, PA 19018						12b C o d e	
						14 Other	
						12c C o d e	
						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	517775926	12502	810				

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

2010

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 10,000		2 Federal income tax withheld 1,000		
c Employer's name, address, and ZIP code Children's House 122 Lea Blvd. Wilmington, DE 19802			3 Social security wages 10,000		4 Social security tax withheld 150		
			5 Medicare wages and tips 10,000		6 Medicare tax withheld 50		
			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 Ronald McDonald		Last name Suff.		11 Nonqualified plans		12a C o d e	
45 South Avenue Secane, PA 19018		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C o d e		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 NJ	Employer's state ID number 517775926		16 State wages, tips, etc. 10000	17 State income tax 200	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

2010

Department of the Treasury—Internal Revenue Service

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

2010 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. [X] Single, Divorced, Widow(er) 3. [ ] Married & Filing Separate Forms
2. [ ] Joint 5. [ ] Head of Household

Check if FULL-YEAR non-resident in 2010 [ ]

If you were a part-year resident in 2010, give the dates you resided in Delaware.

Form DE2210 Attached [ ]

From 1 1 2010 To 5 1 2010

37. DELAWARE ADJUSTED GROSS INCOME (Enter amount from reverse side, Line 30B, Column 1)..... 37 22,502 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 19,252 00

42. Tax Liability Computation
A Line 30A 12502 00 Proration Decimal (See instructions, page 10) Tax Liability from Tax Rate Table/Schedule Amount
B Line 30 B 22502 00 = 0 5 5 5 6 x 706 00 42 392 00

43a PERSONAL CREDITS (If Filing Status 3, see instructions on page 11)
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 110 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 110 00

44. Tax imposed by State of NJ (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..... 46 320 00

47. BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero)..... 47 72 00

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

49. 2010 Estimated Tax Paid & Payments with Extensions..... 49 00 49

50. S Corporation Payments and Refundable Business Credits..... 50 00 50

51. TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, & 50..... 51 810 00

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

53. If Line 51 is greater than Line 47, subtract 47 from 51 and enter here.....OVERPAYMENT > 53 738 00

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

TOTAL > 54 90 00

55. AMOUNT OF LINE 53 TO BE APPLIED TO 2011 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 00

58. NET REFUND. Subtract Lines 54, 55 and 56 from Line 53.....ZERO DUE/TO BE REFUNDED > 58 648 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 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		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	22,502	00	12,502	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			12,502	00
30B	22,502	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		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.**

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**



2010 DELAWARE NON-RESIDENT SCHEDULE

Name(s): Ronald McDonald 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>NJ</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. <b>You must attach a copy of the other state return(s) with your Delaware tax return</b> .....	6	100	00

**This page MUST be sent in with your Delaware return if DE Schedule I (above) is completed.**



222222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 516669987			1 Wages, tips, other compensation 75,337		2 Federal income tax withheld 8,000		
c Employer's name, address, and ZIP code Pacifico Ford 9033 Essington Avenue Newark, DE 19702			3 Social security wages 75,337		4 Social security tax withheld 5,600		
			5 Medicare wages and tips 75,337		6 Medicare tax withheld 3,000		
			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	
William Lacy Jr.						12a C o o d e	
1201 Tulip Way						12b C o o d e	
Elsmere, DE 19805						12c C o o d e	
f Employee's address and ZIP code						12d C o o d e	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
DE	516669987	75337	3515				

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

2010

Department of the Treasury—Internal Revenue Service

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

# 2010 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) **1201 Tulip Way** Apt. # \_\_\_\_\_

City **Elsmere** State **DE** Zip Code **19805**

**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 2010

Form DE2210 Attached

If you were a part-year resident in 2010, give the dates you resided in Delaware.

From \_\_\_\_\_ 2010 To \_\_\_\_\_ 2010  
Month Day Month Day

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.  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 1 6 3 2** x **24304** 00 42 **3,996** 00

PERSONAL CREDITS (If Filing Status 3, see instructions on page 11)  
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 **36** 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. 2010 Estimated Tax Paid & Payments with Extensions..... 49 **600** 00 49

50. S Corporation Payments and Refundable Business Credits..... 50 \_\_\_\_\_ 00 50

51. TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, & 50..... 51 **4,115** 00

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

53. If Line 51 is greater than Line 47, subtract 47 from 51 and enter here.....OVERPAYMENT > 53 **185** 00

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

TOTAL > 54 \_\_\_\_\_ 00

55. AMOUNT OF LINE 53 TO BE APPLIED TO 2011 ESTIMATED TAX ACCOUNT.....ENTER > 55 **185** 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 \_\_\_\_\_ 00

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

Your Signature <b>X</b> _____ Date _____	Signature of Paid Preparer <b>X</b> _____ Date _____	EIN, SSN or PTIN _____
Spouse's Signature (If filing joint) <b>X</b> _____ 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



2010 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. <b>You must attach a copy of the other state return(s) with your Delaware tax return</b> .....	6		00

**This page MUST be sent in with your Delaware return if DE Schedule I (above) is completed.**



222222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 517775926			1 Wages, tips, other compensation 22,900		2 Federal income tax withheld 2,000		
c Employer's name, address, and ZIP code Media Entertainment 2501 Huntington Parkway Middletown, DE 19911			3 Social security wages 22,900		4 Social security tax withheld 1,250		
			5 Medicare wages and tips 22,900		6 Medicare tax withheld 550		
			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 John Travolta 120 Harper Valley Circle Los Angeles, CA 97362			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		
f Employee's address and ZIP code					12d C o o d e		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
DE	517775926	22900	813				

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

**2010**

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) 517775926			1 Wages, tips, other compensation 12,300		2 Federal income tax withheld 1,200		
c Employer's name, address, and ZIP code Media Entertainment 2501 Huntington Parkway Middletown, DE 19911			3 Social security wages 12,300		4 Social security tax withheld 150		
			5 Medicare wages and tips 12,300		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 John Travolta 120 Harper Valley Circle Los Angeles, CA 97362			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	12300	437				

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

2010

Department of the Treasury—Internal Revenue Service

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

2010 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 First Name and Middle Initial Jr., Sr., III., etc. Travolta John

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

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

City State Zip Code Los Angeles CA 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 2010 Form DE2210 Attached

If you were a part-year resident in 2010, give the dates you resided in Delaware. From 2010 To 2010

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... (b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36... 38 12,000 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 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 B Line 30 B 50600 00 = 0 6 9 5 7 x 1757 00 42 1,222 00

43a PERSONAL CREDITS (If Filing Status 3, see instructions on page 11) 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. 2010 Estimated Tax Paid & Payments with Extensions... 49 00 49

50. S Corporation Payments and Refundable Business Credits... 50 00 50

51. TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, & 50... 51 1,250 00

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

53. If Line 51 is greater than Line 47, subtract 47 from 51 and enter here... OVERPAYMENT > 53 411 00

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

TOTAL > 54 00

55. AMOUNT OF LINE 53 TO BE APPLIED TO 2011 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 00

58. NET REFUND. Subtract Lines 54, 55 and 56 from Line 53... ZERO DUE/TO BE REFUNDED > 58 411 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 Date Spouse's Signature (If filing joint) Date Signature of Paid Preparer Date Address Zip Code Business Phone Email Address 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 <b>COLUMN 1</b>		Delaware Source Income/Loss <b>COLUMN 2</b>	
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

	<b>COLUMN 1</b>		<b>COLUMN 2</b>	
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

	<b>COLUMN 1</b>		<b>COLUMN 2</b>	
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			35,200	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 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

	<b>COLUMN 1</b>	
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

<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**



2010 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. <b>You must attach a copy of the other state return(s) with your Delaware tax return</b> .....	6		00

**This page MUST be sent in with your Delaware return if DE Schedule I (above) is completed.**

