DELAWARE
FORM 200-01-X

TAX YEAR 2011
RESIDENT AMENDED
DELAWARE PERSONAL INCOME TAX RETURN

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning _____ and ending _____

ATTACH LABEL

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

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

From _____ (Month Day Year) To _____ (Month Day Year)

Form DE2210 Attached ☐

COMPLETE ALL SECTIONS OF THIS RETURN. NAMES AND SSN'S MUST MATCH ORIGINAL		Filing Status 4 ONLY Spouse Information COLUMN A	All other filing statuses You or You plus Spouse COLUMN B
		CORRECTED AMOUNTS	
1. **DELAWARE ADJUSTED GROSS INCOME**	1	00	00
2a. If you elect the DELAWARE STANDARD DEDUCTION check here ☐ 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 If you elect the DELAWARE ITEMIZED DEDUCTIONS check here ☐			
b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 51, in Column B. Filing status 4 enter itemized deductions from reverse side, Line 51, in Columns A and B.	2	00	00
3. 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 ☐	3	00	00
4. **TOTAL DEDUCTIONS** - Add Lines 2 & 3 and enter here	4	00	00
5. **TAXABLE INCOME** - Subtract Line 4 from Line 1, and Compute Tax on this Amount	5	00	00
6. Tax Liability from Tax Rate Table/Schedule	6	00	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	00
9a. Enter number of exemptions claimed on Federal return ____ X $110. On Line 9a, enter the number of exemptions for: Column A ☐ Column B ☐	9a	00	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 other state return)**	10	00	00
11. Vol. Firefighter Co.# - Spouse (Column A) ____ Self (Column B) ____. Enter credit amount	11	00	00
12. Other Non-Refundable Credits (See Instructions)	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)	14	00	00
15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here	15	00	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/1099)**	17	00	00
18. Estimated Tax Paid & Payments with Extensions	18	00	00
19. S Corp Payments & Refundable Business Credits	19	00	00
20. 2011 Real Estate Estimated Payments	20	00	00
21. Amount paid (If any, see instructions)	21	00	00
22. TOTAL Refundable Credits. Add Lines 17, 18, 19, 20, and 21 and enter here ▶	22	00	00
23. Refund Received (if any, see instructions)	23	00	00
24. Estimated tax carryover and/or Special Funds contributions as shown on original return	24	00	00
25. Subtract Lines 23 and 24 from Line 22	25	00	00
26. **BALANCE DUE**. If Line 16 is greater than Line 25, subtract 25 from 16 and enter here ▶	26	00	00
27. **OVERPAYMENT**. If Line 25 is greater than Line 16, subtract 16 from 25 and enter here ▶	27	00	00
28. AMOUNT OF LINE 27 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions) **ENTER >**	28		
29. PENALTIES AND INTEREST DUE **ENTER >**	29		
30. NET BALANCE DUE (Line 26 plus Lines 28 and 29) **PAY IN FULL >**	30		
31. NET REFUND (subtract Lines 28 and 29 from Line 27) **ZERO DUE/TO BE REFUNDED >**	31		

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

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

X
Your Signature Date

Signature of Paid Preparer Date

X
Spouse's Signature (If filing joint) Date

Address - Zip Code

Home Phone _____ Business Phone _____

Business Phone _____ EIN, SSN, OR PTIN

NOTE: IF YOUR ORIGINAL RETURN WAS FILED USING TWO SEPARATE FORMS, YOU MUST FILE TWO SEPARATE AMENDED FORMS

IS AN AMENDED FEDERAL RETURN BEING FILED?..... ☐ YES ☐ NO

IF NO, PLEASE EXPLAIN. IF THE CHANGES PERTAIN TO THE DE RETURN ONLY, LIST THE LINE NUMBERS BEING AMENDED.

HAS THE DELAWARE DIVISION OF REVENUE ADVISED YOU YOUR ORIGINAL RETURN IS BEING AUDITED?..... ☐ YES ☐ NO

IS THIS AMENDED RETURN BEING FILED AS A PROTECTIVE CLAIM?..... ☐ YES ☐ NO

A DETAILED EXPLANATION OF ALL CHANGES MUST BE PROVIDED IN THIS SPACE. ALL SUPPORTING SCHEDULES AND/OR DOCUMENTATION MUST BE ATTACHED.

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

		Filing Status 4 ONLY Spouse Information COLUMN A		All other filings statuses You or You plus Spouse COLUMN B	
SECTION A - ADDITIONS (+)					
32. Enter Federal AGI amount. See Instructions	32		00		00
33. Interest on State & Local obligations other than Delaware	33		00		00
34. Fiduciary adjustment, oil depletion	34		00		00
35. TOTAL - Add Lines 33 and 34	35		00		00
36. Subtotal. Add Lines 32 and 35	36		00		00
SECTION B - SUBTRACTIONS (-)					
37. Interest received on U.S. Obligations	37		00		00
38. Pension/Retirement Exclusions (See Instructions.)	38		00		00
39. Delaware State tax refund, fiduciary adjustment, work opportunity tax credit, Travelink Program, Delaware NOL Carry forward	39		00		00
40. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist	40		00		00
41. SUBTOTAL. Add Lines 37, 38, 39 and 40 and enter here	41		00		00
42. Subtotal. Subtract Line 41 from Line 36	42		00		00
43. Exclusion for certain persons 60 and over or disabled	43		00		00
44. TOTAL - Add Lines 41 and 43	44		00		00
45. DELAWARE ADJUSTED GROSS INCOME. Subtract line 44 from Line 36. Enter here and on Front, Line 1	45		00		00
SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A) If Columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.					
46. Enter total Itemized Deductions. (See Instructions)	46		00		00
47. Enter Foreign Taxes Paid (See Instructions)	47		00		00
48. Enter Charitable Mileage Deduction (See Instructions)	48		00		00
49. SUBTOTAL. - Add Lines 46, 47, and 48 and enter here	49		00		00
50a. Enter State Income Tax included in Line 46 above (See Instructions)	50a		00		00
50b. Enter Form 700 Tax Credit Adjustment (See Instructions)	50b		00		00
51. TOTAL - Subtract Line 50a and 50b from Line 49. Enter here and on Front, Line 2 (See Instructions)	51		00		00

NEW CASTLE COUNTY
Delaware Division of Revenue
Carvel State Office Building
820 North French Street
Wilmington, DE 19801
(302) 577-8200

KENT COUNTY
Delaware Division of Revenue
Thomas Collins Building
540 South DuPont Highway, Suite 2
Dover, DE 19901
(302) 744-1085

SUSSEX COUNTY
Delaware Division of Revenue
20653 DuPont Boulevard
Suite 2
Georgetown, DE 19947
(302) 856-5358

Toll-free telephone number (Delaware only) 1-800-292-7826