IRS Declaration Control Number (DCN)
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DE-8453-OL

DELAWARE INDIVIDUAL INCOME TAX DECLARATION FOR ON-LINE FILING

2013

YOUR SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER
FIRST NAME(S)	LAST NAME
HOME ADDRESS (NUMBER AND STREET INCLUDING RURAL ROUTE)	
CITY, TOWN, OR POST OFFICE, STATE & ZIP CODE	

DAYTIME TELEPHONE NUMBER ( ) -

PART 1 TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

1. TOTAL DELAWARE ADJUSTED GROSS INCOME (FORM 200-01, LINE 1 or FORM 200-02, LINE 37)	1	
2. TOTAL DELAWARE TAX (FORM 200-01, LINE 8 or FORM 200-02, LINE 42)	2	
3. DELAWARE INCOME TAX WITHHELD (FORM 200-01, LINE 17 or FORM 200-02, LINE 48)	3	
4. NET REFUND (FORM 200-01, LINE 28 or FORM 200-02, LINE 59)	4	
5. NET BALANCE DUE (FORM 200-01, LINE 27 or FORM 200-02, LINE 58)	5	

PART 2 DIRECT DEPOSIT OF REFUND (Optional – See Instructions.)

6. Type of Account ☐ Checking ☐ Savings

7. Routing number ☐☐☐☐☐☐☐☐☐ The first two digits of the routing number must be 01 through 12 or 21 through 32.

8. Account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

9. Is this refund going to or through an account that is located outside of the United States? ☐ YES ☐ NO

PART 3 DECLARATION OF TAXPAYER

10. ☐ I consent that my refund be directly deposited as designated in Part 2, and declare that the information shown on lines 6 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

☐ I do not want direct deposit of my refund or am not receiving a refund.

☐ I authorize the Division of Revenue and its designated financial agent to initiate an electronic funds withdrawal (direct Debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return.

If I have filed a balance due return, I understand that if the Delaware Division of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and State tax return and there is an error on my state return, I understand my Federal return will be rejected.

Under penalties of perjury, I declare that the information I have given my On-Line Service Provider (OLSP) and the amounts in Part 1 above agree with the amounts on the corresponding Lines of the electronic portion of my 2013 Delaware income tax return. To the best of knowledge and belief, my return is true, correct, and complete. I consent to my OLSP sending my Return, this declaration, and accompanying schedules and statements to the Delaware Division of Revenue. I also consent to the Delaware Division of Revenue sending my OLSP an Acknowledgment of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the Reason(s) for the rejection. If the processing of my return or Refund is delayed, I authorize the IRS to disclose to my OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent.

SIGN HERE > _____ (SIGNATURE) _____ (DATE) **>** _____ (SPOUSE'S SIGNATURE) _____ (DATE)

Please complete and retain with your income tax records.
Note: Retain for three years from the due date of the return or three years from the date the return was transmitted, whichever is later. The Delaware Division of Revenue's web site for refund information is www.revenue.delaware.gov. The telephone number is 1-866-276-2353 and is available 24 hours a day.
Please have a copy of your return available when calling.

DO NOT MAIL!! RETAIN IN YOUR FILE.

DE 8453OL
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