## ATTACH I ABFI

# STAPLE CHECK HERE

X Spouse's Signature (If filing joint)

Home Phone \_\_\_

STAPLE W-2 FORMS HERE

### TAX YEAR 2010 RESIDENT AMENDED DELAWARE PERSONAL INCOME TAX RETURN

DELAV	VARE PERS	ONAL INCOME TAX	RETURN							
or Fiscal	year beginning	and ending —								
Your Social Security No.		Spouse's Social Security No.		FILING STATUS (MUST CHECK ONE)  1 Single Divorced 3 Married & Filing 5. Head of						
				1.	Single, Divorced, Widow(er)	3.	Married Separat			a oi sehold
Your Last Nam	ne	First Name and Middle Initial	Jr., Sr., III., etc.	2.	Joint	4.	Married	& Filing Combi e on this form	ned	
Spouse's Last	Name	Spouse's First Name	Jr., Sr., III., etc.	If you v Delawa	vere a part-year re are.	sident i	n 2010, give	e the dates you	resided in	
Present Home	Address (Number an	nd Street)	Apt. #	From _	Month Day	Year	_ To	onth Day	Year	
City State Zip Code			Form DE Attached	E2210		Spouse	atus 4 ONLY Information UMN A  All other filing st You or You plus S		Spouse	
COMPLET	E ALL SECTION	S OF THIS RETURN. NAM	ES AND SSN'S	MUST MA	ATCH ORIGINA	λL		CORRECTE	D AMOUNTS	
1. DELAW	ARE ADJUSTED	GROSS INCOME				1		00		00
Filing Sta Filing Sta Filing Sta If you ele	atuses 1, 3 & 5 En atus 4 Enter \$3250 atus 2 Enter \$6500 ect the DELAWAR	RE ITEMIZED DEDUCTIONS	B check here							
b. Filing Sta Filing sta	atuses 1, 2, 3 and atus 4 enter itemiz	5, enter Itemized Deductions ed deductions from reverse s	s from reverse si side. Line 50. in (	de, Line 5 Columns /	0, in Column B. A and B.	2		00		00
(Not all CHECK	ONAL STANDARE  owed with Itemize  BOX(ES)  SE was 65 or over	ed Deductions - See Instru	ctions) U were 65 or over	. an	d/or Blind	3		00		00
4. TOTAL	DEDUCTIONS - A	Add Lines 2 & 3 and enter he	re			4		00		00
5. <b>TAXAB</b>	LE INCOME - Sub	otract Line 4 from Line 1, and	I Compute Tax or	n this Amo	ount	5		00		00
6. Tax Liab	oility from Tax Rate ∟ump Sum Distribu	e Table/Schedule	(	00	00	6		·		
8. TOTAL	TAX - Add Lines 6	and 7 and enter here				▶ 8		00		00
		ons claimed on Federal return onber of exemptions for:	Column A	( \$110 Columr	า B 🔲	. 9a		00		00
9b. CHECK	` , .	ouse 60 or over (Column A)	Self 60 or			<u>.</u> .		00		00
		ecked on Line 9b.						00		00
	osed by State of		ttach copy of ot					00		00
		pouse (Column A) Sel	•			- 1		00		00
		redits (See Instructions)				Г		00		00
		attach Form 2441.) (Enter				- 1				
		dit. (See Instructions)				- 1		00		00
		edits. Add Lines 9a, 9b, 10, 1				- 1				00
		e 15 from Line 8. If Line 15 is				п. I		00		00
	re Tax Withheld (a	,		00	00	T				
	-	ments with Extensions		00	00	T I				
	-	ndable Business Credits		00	00	-l				
	paid (If any, see in	-		00	00	20			· · · · · · · · · · · · · · · · · · ·	
		s. Add Lines 17, 18, 19 and				21		00		00
	, ,,	see instructions)				22		00		00
		nd/or Special Funds contribu				23		00		00
24. Subtrac	t Lines 22 and 23	from Line 21				24		00		00
25. <b>BALAN</b>	CE DUE. If Line 1	16 is greater than Line 24, su	btract 24 from 16	and ente	r here >	25		00		00
		24 is greater than Line 16, s				26		00		00
		BE APPLIED TO YOUR E			•			27		
		EST DUE						28		
		e 25 plus Lines 27 and 28						29		
30. NET RE	FUND (subtract L	ines 27 and 28 from Line 26	)	ZER	O DUE/TO BE	REFU	NDED >	30		
Under penaltie	es of perjury, I declare	e that I have examined this return	, including accompa	nying sched	lules and statemer	nts, and	believe it i	s true, correct a	and complete.	
Your Signature	9	Da	ite	Sig	gnature of Paid Pro	eparer			Date	

Date

Business Phone\_

Address - Zip Code

Business Phone \_

EIN, SSN, OR PTIN

NOT	E: IF YOUR ORIGINAL RETURN WAS FILED USING TWO	O SEPARATE FORMS,	YOU MUST FILI	E TV	VO SEPARATE AMEN	DED FORMS	
IS A	N AMENDED FEDERAL RETURN BEING FILED?					YES	☐ NO
IF N	IO, PLEASE EXPLAIN. IF THE CHANGES PERTAIN T	O THE DE RETURN (	ONLY, LIST THI	E LI	NE NUMBERS BEIN	G AMENDED.	
HAS	S THE DELAWARE DIVISION OF REVENUE ADVISED	YOU YOUR ORIGIN	AL RETURN IS	BE	ING AUDITED?	YES	□ NO
IS T	THIS AMENDED RETURN BEING FILED AS A PROTE	CTIVE CLAIM?				YES	☐ NO
A DE	TAILED EXPLANATION OF ALL CHANGES MUST BE PROVID	ED IN THIS SPACE. ALL S	SUPPORTING SC	HEC	DULES AND/OR DOCUM	IENTATION MUST	BEATTAC
	COLUMNS: Column A is reserved for the spouse appropriate individual.) Taxpayers using file					ır Federal total	s to the
MC	DDIFICATIONS TO FEDERAL ADJUSTED GROSS IN		Filing Status 4 ONLY Spouse Information COLUMN A	You or You plus	Il other filings statuses fou or You plus Spouse COLUMN B		
	CTION A - ADDITIONS (+)			ا ب	1.	- T	
31.	Enter Federal AGI amount. See Instructions			31	0	0	00
32.	Interest on State & Local obligations other than Delaware.			32	0	0	00
	Fiduciary adjustment, oil depletion			- 1	0		00
	TOTAL - Add Lines 32 and 33				0	0	00
35.	Subtotal. Add Lines 31 and 34	[00]	00	35	I		
	CTION B - SUBTRACTIONS (-)	100	00				
	Interest received on U.S. Obligations	36	0	0	00		
37.	Pension/Retirement Exclusions (See Instructions.)			37	0	0	00
38.	Delaware State tax refund, fiduciary adjustment, work opport			_	0	0	00
	Delaware NOL Carry forward				0	0	00
	Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Ce			- 1	0	0	00
	SUBTOTAL. Add Lines 36, 37, 38 and 39 and enter here.			_		<u> </u>	
	Subtotal. Subtract Line 40 from Line 35	00	00	41	0	0	00
42.	•			42	0		
43.						_	00
44.				ı	0	-	00
	CTION C - ITEMIZED DEDUCTIONS (MUST ATTACH FEI pocate deductions between spouses, you must prorate in			nd E	B are used and you ar	e unable to spe	cifically
45.				45	0	0	00
46.		ı	0	0	00		
47.			0		00		
48.					0		00
	a. Enter State Income Tax included in Line 45 above (See In				0	-	00
	b. Enter Form 700 Tax Credit Adjustment (See Instructions)	•		49b	0	-	00
	TOTAL - Subtract Line 49a and 49b from Line 48. Enter here a			50	0		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

