20	¹¹ R	DO NOT WRITE OR STAPLE IN THIS AREA								
	or Fiscal year beginning	and ending								
Your	Social Security No.	Spouse's Social Secur	ity No.	_						
— -	(Attach Label Here) DO NO		NUMBERS	_						
Your	Last Name	First Name and Middle Initia		-						
Spou	se's Last Name	Spouse's First Name	Jr., Sr., III., etc.	_						
Prese	ent Home Address (Number an	d Street)	Apt. #	-						
City		State	Zip Code	-						
1.	FILING STA Single, Divorced, 3. Widow(er)	TUS (MUST CHECK ONE) Married & Filing Separate Forms	5. Head of Household	Form DE2210 Attached	If you were Delaware.		rt-year resid	ent in 2011,	give the	dates you resided in
2.	Joint 4.	Married & Filing Combined			From	onth		2 <u>011</u> To	Month	2011
Colu	mn A is for Snouse inforn	Separate on this form	All other filing	statuses use Co		<u>-</u>		lumn A		Column B
	<u> </u>					1			00	00
1.		GROSS INCOME. Enter a			+2	-			00	
2a.	Filing Statuses 1, 3 & 5 Enter Filing Status 2 Enter \$6500 i	STANDARD DEDUCTION chec \$3250 in Column B Filing in Column B ITEMIZED DEDUCTIONS chec	Status 4 Enter \$325	0 in Column A and	I in Column I	3				
b.		enter Itemized Deductions from Deductions from reverse side,				2			00	00
3.	CHECK BOX(ES)	DEDUCTIONS (Not Allower Column A - if SPOUSE was	Colum	nn B - if YOU wer	re					
	Multiply the number of boxes	65 or over Blind checked above by \$2500. If y		ned separate retur					00	
		al for each appropriate column.				3			00	00
4.		Add Lines 2 & 3 and enter				-			00	00
5.	TAXABLE INCOME - Sub	otract Line 4 from Line 1, ar	•			5			00	00
			Column A	Colur		6				
6. 7.	Tax Liability from Tax Rate Tax on Lump Sum Distribu			00	00	7				
7. 8.		es 6 and 7 and enter here.							00	00
		u are Filing Status 3, see instru							00	
		ter the total for each appropriate				_				
9a.		ons claimed on Federal retui				9a			00	00
01	On Line 9a, enter the num	•	Column A	Column B						
96.		ouse 60 or over (Column A)		r over (Column E	′ Ш	9b			00	00
10		necked on Line 9b							00	00
		(Must attach copy # - Spouse (Column A)							00	00
11. 12.	· ·	redits (see instructions on	, , ,						00	00
13.		attach Form 2441. (Enter	,						00	00
14.		lit. See instructions on Page		•					00	00
15.		edits. Add Lines 9a, 9b, 10,	-			· · · 🗠			00	00
16.		15 from Line 8. If Line 15							00	00
17.	Delaware Tax Withheld (A			00	00					
18.	2011 Estimated Tax Paid & F	,		00	00					
19.	S Corp Payments and Refun			00		19				
20.	2011 Capital Gains Tax Payme			00	00		111111111111111111111111111111111111111			81 1 81 81 81 81 81 81 81
		ts. Add Lines 17, 18, 19,	•			21			00	00
22.		16 is greater than Line 21, s				22			00	00
23.		21 is greater than Line 16,				23			00	00
	CONTRIBUTIONS TO SP	PECIAL FUNDS						24	<u> </u>	00
25		n, complete and attach DI D BE APPLIED TO 2012 ES						25		00
25. 26.		ST DUE. If Line 22 is great					İ	26		00
		r Filing Status 4, see instru						27		00
	For all other filing statuses	s, enter Line 22 plus Lines 2	24 and 26				l r			
28.		Status 4, see instructions, subtract Lines 24, 25 and 26		ZERO D	UE/TO BE	REF	JNDED >	28		00

2011 DELAWARE RESIDENT FORM 200-01, PAGE 2

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.

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME						Filing Status 4 ONLY Spouse Information COLUMN A	All other filings stat You or You plus Sp COLUMN B	
SEC	TION A - ADDITIONS (+)				29			00
29.	Enter Federal AGI amount from Federal 1040, Line	00						
20	Interest on State & Local obligations other tha	an Doloworo			00	0	n	00
	Fiduciary adjustment, oil depletion				00			
31. 32.	TOTAL - Add Lines 30 and 31							00
32. 33.	Subtotal. Add Lines 29 and 32				_ `		0	00
		·	00	00	33			
	TION B - SUBTRACTIONS (-) Interest received on U.S. Obligations				34	0	n l	00
35.	Pension/Retirement Exclusions (For a definition			00				
	Delaware State tax refund, fiduciary adjustment,			_	U J JU			
	Delaware NOL Carry forward please see instr			•	36	1		00
37.	Taxable Soc Sec/RR Retirement Benefits/Higher E	Educ. Excl/Certain Lump	Sum Dist. (See	instr. on Pg 1	11) 37		-	00
38.	SUBTOTAL. Add Lines 34, 35, 36 and 37 and					1	0	00
39.	Subtotal. Subtract Line 38 from Line 33		00	00				
40.	Exclusion for certain persons 60 and over or dis	sabled (See instruction	s on Page 11).	<u>_</u>	 40	0	0	00
41.	TOTAL - Add Lines 38 and 40				41	0	0	00
42.	DELAWARE ADJUSTED GROSS INCOME. Subtract						0	00
SEC	TION C - ITEMIZED DEDUCTIONS (MUST A	ATTACH FEDERAL S	CHEDULE A	If Columns	A and	B are used and you are	e unable to specific	ally
	cate deductions between spouses, you mus			,		_	•	
43.	Enter total Itemized Deductions from Schedule	A, Federal Form 1040), Line 29		43		-	00
44.	Enter Foreign Taxes Paid (See instructions on	1 Page 11)			44	. 0	_	00
45.	Enter Charitable Mileage Deduction (See instru	0		00				
46.	SUBTOTAL Add Lines 43, 44, and 45 and 6					0		00
	Enter State Income Tax included in Line 43 abo						0	00
47b. Enter Form 700 Tax Credit Adjustment (See instructions on Page 11)47b							0	00
48.	TOTAL - Subtract Line 47a and 47b from Line 46.						0	00
SEC	TION D - DIRECT DEPOSIT INFORMATION	I If you would like you	r refund depo	sited directly				
to yo	our checking or savings account, complete box	xes a, b, c and d below	v. See instruct	ions for deta	ils.	DATE O	F DEATH	i
a.	Routing Number	b. Type:	Checking	Savings		Column A	Column B	i
		~,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C			SPOUSE	TAXPAYER	i
C	Account Number					Month / Day / Year	Month Day Year	
d.	Is this refund going to or through an account that i	is located outside of the	United States	? Yes	N	0		
NOT	E: If your refund is adjusted by \$100.00 or r	more, a paper check	will be issue	d and maile	d to the	e address on your retui	n.	
	BE SURE TO SIGN YO							
Unde	er penalties of perjury, I declare that I have examin							olete
Your	Signature	Date	Signatui	re of Paid Pre	parer	Date		
		Date						
Spou	use's Signature (if filing joint or combined return)	Address	Address-Zip Code					
Hom	e Phone E	Business Phone	Busines	s Phone		EIN, SSN	OR PTIN	
E-Ma	ail Address		E-Mail A	ddress				

NET BALANCE DUE (LINE 27):

NET REFUND (LINE 28):

ZERO (LINE 28):

DELAWARE DIVISION OF REVENUE P.O. BOX 508 WILMINGTON, DE 19899-0508 DELAWARE DIVISION OF REVENUE P.O. BOX 8765 WILMINGTON, DE 19899-8765 DELAWARE DIVISION OF REVENUE P.O. BOX 8711 WILMINGTON, DE 19899-8711

MAKE CHECK PAYABLE TO : DELAWARE DIVISION OF REVENUE
PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN



2011 DELAWARE RESIDENT SCHEDULES

Name(s):				Soc	ial Sec	curity Number	r:		
	umn A is reserved fo vidual. See Page 9 v								propriate
DE COUEDINE I	CREDIT FOR IN	ND TO ANOTHER STATE			Filing Status 4 ONLY Spouse Information		All other filings statuses You or You plus Spouse		
	- CREDIT FOR IN				ا	COLUMNA		COLUM	INB
	ons and complete t			ompleting DE 3	scneaui	eı.			
	n HIGHEST to LOW				٦		00		00
	by State of ———								
	by State of ———						00		00
· · · · · · · · · · · · · · · · · · ·	by State of ———				-		00		00
	by State of ———				-		00		00
· · · · · · · · · · · · · · · · · · ·	by State of						00		00
	al here and on EZ Ro by of the other state						00		00
	I - EARNED INCOME Tax Credition		-	arned Income Cr	edit for	on your federal	return.		
Qualifying Child In	formation		CHILD '	1	Cl	HILD 2		CHILD 3	
	(First and Last Nar	ne) 7							
8. Child's SSN		8							
9. Child's Year	of Birth	9							
a student, and	under age 24 at the d younger than you ng jointly)?	(or your	YES	NO	YE	s NO		YES	NO
11. Was the child	I permanently and to art of 2011?	tally disabled	YES	NO	YE	s NO		YES [NO
	ate Income Tax from ed income credit fro			m Column A or	B)	. 12			00
Form 1040A,	Line 38a; Form 10	40 EZ, Line 8a				· 13			00
14. Delaware El	TC Percentage (20	%)				14		.20	
15. Multiply Line	e 13 by Line 14					15			00
16. Enter the Sm	16. Enter the Smaller of Line 12 or Line 15 above. Enter here and on EZ Return, Line 11								
	Return, Line 14					16			00
See the instruction	ons on Page 8 for A	LL required do	cumentation to att	ach.					
	III - CONTRIBUTIO a description of eac								
17. A. Non-Ga	me Wildlife	00 F. I	Diabetes Educ.		00 к.	Ovarian Cancer	Fund		00
B. U.S. Oly			/eteran's Home			21st Fund for C			00
C. Emerge			DE National Guard		_	White Clay Cre			00
_	Cancer Educ.	00 1.5	uv. Diabetes Fund	C	00	•			
E. Organ D	onations	00 J.N	Mult. Sclerosis Soc.	C	00				
	l Contribution amou		,						
or Resident I	Return, Line 24					17			00

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

