DELAWARE FORM IRA

Tax Year **2013**

DO NOT WRITE OR STAPLE IN THIS AREA

SPECIAL TAX COMPUTATION
INDIVIDUAL RETIREMENT ACCOUNT DISTRIBUTION

LAST NAME(S) AS SHOWN ON RETURN | YOUR FIRST NAME | SPOUSE'S FIRST NAME | YOUR SOCIAL SECURITY NUMBER

PRESENT HOME ADDRESS | SPOUSE'S SOCIAL SECURITY NUMBER

CITY | STATE | ZIP CODE

	Column A (Spouse if filing status 4 only)	Column B (All other filing statuses)	
1. Enter total IRA contributions allowed as a deduction for federal purposes, but disallowed for Delaware purposes for all taxable years			1
2. Enter total IRA contributions allowed as a deduction for federal purposes for all taxable years			2
3. Enter total distributions of principle in all years for which a FORM IRA has not been (and will not be) filed			3
4. Subtract Line 3 from Line 2 and enter the difference here. If Line 3 is greater than Line 2, enter "0" here and on Line 9 of this form			4
5. Enter total IRA distribution from Box 2 of Form 1099 pertaining to this distribution			5
6. Divide Line 1 by Line 4. Round to the nearest tenth of a percent. (For example .7526 to .753). If greater than 1.0, enter 1			6
7. Multiply Line 5 by Line 6			7
8. Add all distributions excluded in prior years where a Form IRA has been filed. (Total of Lines 10 on all prior year Forms IRA)			8
9. Subtract Line 8 from Line 1, and enter here (but not less than 0)			9
10. Enter the lesser of Line 7 or Line 9. (This is the portion of IRA distribution to be excluded from Delaware Taxable Income)			10
11. Enter Delaware Taxable Income from Form 200-01, Line 5 or Form 200-02, Line 41			11
12. Subtract Line 10 from Line 11. This is your Delaware Adjusted Taxable Income			12
13. Compute your adjusted Delaware tax liability using the tax table if Line 12 is under $60,000., or the tax rate schedule if Line 12 is $60,000 or over			13
14. Enter the Delaware tax liability from Form 200-01, Line 8 or Form 200-02, Line 42			14
15. Subtract Line 13 from Line 14. This is your overpayment			15
16. Add Line 15, Columns A and B. This is the amount to be refunded			16

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. If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

Your Signature	Date	Signature of Paid Preparer	Date
Spouse's Signature (if filing joint or combined return)	Date	Address	
Home Phone / Business Phone		City	State / Zip
E-Mail Address		EIN, SSN OR PTIN / Business Phone	E-Mail Address

Mail completed form to: Division of Revenue, P.O. Box 508, Wilmington, Delaware 19899-0508