

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

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filings statuses You or You plus Spouse COLUMN B

SECTION A - ADDITIONS (+)

Form for Section A additions, lines 29-33. Includes fields for Federal AGI, interest on state & local obligations, fiduciary adjustment, and subtotal.

SECTION B - SUBTRACTIONS (-)

Form for Section B subtractions, lines 34-42. Includes fields for interest received, pension/retirement exclusions, Delaware state tax refund, taxable soc sec/RR retirement benefits, and Delaware adjusted gross income.

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.

Form for Section C itemized deductions, lines 43-48. Includes fields for total itemized deductions, foreign taxes paid, charitable mileage deduction, state income tax, and total deductions.

SECTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c and d below. See instructions for details.

a. Routing Number [grid]

b. Type: Checking [] Savings []

c. Account Number [grid]

d. Is this refund going to or through an account that is located outside of the United States? Yes [] No []

NOTE: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to the address on your return.

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

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.

Signature and contact information table with fields for Your Signature, Date, Signature of Paid Preparer, Date, Spouse's Signature, Date, Address, Home Phone, Business Phone, City, State, Zip, E-Mail Address, EIN, SSN OR PTIN, Business Phone, E-Mail Address.

BALANCE DUE W/PAYMENT ENCLOSED (LINE 27)

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

REFUND (LINE 28):

DELAWARE DIVISION OF REVENUE
P.O. BOX 8710
WILMINGTON, DE 19899-8710

ALL OTHER RETURNS:

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



Names: [] Social Security Number: []

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Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filings statuses You or You plus Spouse COLUMN B

DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

See the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I.

Enter the credit in HIGHEST to LOWEST amount order.

Table with 6 rows for tax imposed by state and a total row, with columns for amount and SSN.

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

Qualifying Child Information

Table with 4 columns: 7a. Child's First Name, 7b. Child's Last Name, 8. Child's SSN, 9. Child's Date of Birth

10. Was the child under age 24 at the end of 2015, a student, and younger than you (or your spouse, if filing jointly)? CHILD 1 CHILD 2 CHILD 3

11. Was the child permanently and totally disabled during any part of 2015? CHILD 1 CHILD 2 CHILD 3

Table with 6 rows for Delaware State Income Tax, Federal earned income credit, Delaware EITC Percentage, and total amount.

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

Table with 3 columns of contribution options: A-F, G-L, M-Q, each with a corresponding amount field.

Enter the total Contribution amount here and on Resident Return, Line 24 []

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

