

2016 R DELAWARE INDIVIDUAL RESIDENT
INCOME TAX RETURN
FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

For Fiscal year beginning MM DD YY and ending MM DD YY

Your Social Security No.

Spouse's Social Security No.

Your Last Name

First Name and Middle Initial Jr., Sr., III, etc.

Spouse's Last Name

Spouse's First Name, Jr., Sr., III, etc.

Present Home Address (Number and Street)

Apt. #

City

State

Zip Code

FILING STATUS (MUST CHECK ONE)

1. ☐ Single, Divorced, Widow(er) 3. ☐ Married or Entered into a Civil Union & Filing Separate Forms 5. ☐ Head of Household
2. ☐ Joint or Entered into a Civil Union 4. ☐ Married or Entered into a Civil Union & Filing Combined Separate on this form

Form DE2210 If you were a part-year resident in 2016, give the dates you resided in Delaware:

Attached ☐ MM DD 2016 ☐ MM DD 2016

Column A is for Spouse information, Filing Status 4 only. All other filing statuses use Column B.

Column A

Column B

1. DELAWARE ADJUSTED GROSS INCOME. Begin Return on Page 2, Line 29, then enter amount from Line 42 here. > 1 00 00

2a. If you elect the DELAWARE STANDARD DEDUCTION check here.....
Filing Statuses 1, 3 & 5 enter \$3250 in Column B; Filing Status 2 enter \$6500 in Column B;
Filing Status 4 enter \$3250 in Column A and in Column B



DF2011601999

b. If you elect the DELAWARE ITEMIZED DEDUCTIONS check here.....
Filing Statuses 1, 2, 3 and 5, enter itemized deductions from reverse side, Line 48 in Column B
Filing Status 4 enter itemized deductions from reverse side, Line 48 in Columns A and B

2 00 00

3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions)
Multiply the number of boxes checked below by \$2500. If you are filing a combined separate return (Filing status 4), enter the total for each appropriate column. All others enter total in Column B.

Column A - if SPOUSE was: 65 or over ☐ Blind ☐ Column B - if YOU were: 65 or over ☐ Blind ☐

3 00 00

4. TOTAL DEDUCTIONS - Add line 2 & 3 and enter here.....

4 00 00

5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this amount.....

5 00 00

6. Tax Liability from Tax Rate Table/Schedule

Column A

Column B

See Instructions.....

6 00 00

7. Tax on Lump Sum Distribution (Form 329).....

7 00 00

8. TOTAL TAX - Add Lines 6 and 7 and enter here.....>

8 00 00

9a. PERSONAL CREDITS If you are Filing Status 3, see instructions on Page 6.
If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.
Enter number of exemptions claimed on Federal return x \$110.....

On Line 9a, enter the number of exemptions for: Column A ☐ Column B ☐

9a 00 00

9b. CHECK BOX(ES) Spouse 60 or over (Column A) ☐ Self 60 or over (Column B) ☐

Enter number of boxes checked on Line 9b x \$110.....

9b 00 00

10. Tax imposed by State of (Must attach copy of DE Schedule I and other state return.)

10 00 00

11. Volunteer Firefighter Co.# - Spouse (Column A) Self (Column B) Enter credit amount.....

11 00 00

12. Other Non-Refundable Credits (see instructions on Page 7)

12 00 00

13. Child Care Credit. Must attach Form 2441. (Enter 50% of Federal credit)

13 00 00

14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation.....

14 00 00

15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here

15 00 00

16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero).....

16 00 00

17. Delaware Tax Withheld (Attach W2s/1099s).....

00 00

17 00 00

18. 2016 Estimated Tax Paid & Payments with Extensions.....

00 00

18 00 00

19. S Corp Payments and Refundable Business Credits.....

00 00

19 00 00

20. 2016 Capital Gains Tax Payments (Attach Form 5403).....

00 00

20 00 00

21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here.....>

00 00

21 00 00

22. BALANCE DUE. If Line 16 is greater than Line 21, subtract 21 from 16 and enter here.....>

00 00

22 00 00

23. OVERPAYMENT. If Line 21 is greater than Line 16, subtract 16 from 21 and enter here.....>

00 00

23 00 00

24. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III.....

00 00

24 00 00

25. AMOUNT OF LINE 23 TO BE APPLIED TO 2017 ESTIMATED TAX ACCOUNT.....ENTER >

00 00

25 00 00

26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$400, see estimated tax instructions.....ENTER >

00 00

26 00 00

27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9).....PAY IN FULL >

00 00

27 00 00

For all other filing statuses, enter Line 22 plus Lines 24 and 26

NET REFUND (For Filing Status 4, see instructions, page 9).....ZERO DUE/TO BE REFUNDED >

00 00

28 00 00

For all other filing statuses, subtract Lines 24, 25, and 26 from Line 23

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

DF20116029999

Names:

Social Security Number:

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.

Filing Status 4 ONLY
Spouse Information
COLUMN A

All other filing 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.

1. Tax imposed by State of _____ (enter 2 character state name).....	1		00		00
2. Tax imposed by State of _____ (enter 2 character state name).....	2		00		00
3. Tax imposed by State of _____ (enter 2 character state name).....	3		00		00
4. Tax imposed by State of _____ (enter 2 character state name).....	4		00		00
5. Tax imposed by State of _____ (enter 2 character state name).....	5		00		00
6. Enter the total here and on Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return.	6		00		00

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

7a. Child's First Name	7b. Child's Last Name	8. Child's SSN	9. Child's Date of Birth
CHILD 1			MM DD YY YY
CHILD 2			MM DD YY YY
CHILD 3			MM DD YY YY

	CHILD 1	CHILD 2	CHILD 3
10. Was the child under age 24 at the end of 2016, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Was the child permanently and totally disabled during any part of 2016?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B)	12		00
13. Federal earned income credit from Federal Form 1040, Form 1040A, or Form 1040EZ.....	13		00
14. Delaware EITC Percentage (20%)	14	.20	
15. Multiply Line 13 by Line 14	15		00
16. Enter the smaller of Line 12 or Line 15 above. Enter here and on Resident Return, Line 14	16		00

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.

17. A. Non-Game Wildlife		00	G. Veterans Home		00	M. White Clay Creek		00
B. U.S. Olympics		00	H. DE National Guard		00	N. Home of the Brave		00
C. Emergency Housing		00	I. Juv. Diabetes Fund		00	O. Senior Trust Fund		00
D. Breast Cancer Edu.		00	J. Mult. Sclerosis Soc.		00	P. Veterans Trust Fund		00
E. Organ Donations		00	K. Ovarian Cancer Fund		00	Q. Protecting DE's Children Fund		00
F. Diabetes Edu.		00	L. 21 st Fund for Children		00			

Enter the total Contribution amount here and on Resident Return, Line 24 17

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

