STAPLE W-2 FORMS HERE

TAX YEAR 2011 RESIDENT AMENDED DELAWARE PERSONAL INCOME TAX RETURN

or Fiscal year beginning	and ending									
Your Social Security No. Spouse's Social Security No.		FILING STATUS (MUST CHECK ONE)								
Your Last Name First Name and Middle Initial Jr., Sr., III., etc.			1. Single, Divorced, 3. Married & Filing Separate Forms Separate Forms Married & Filing Separate Forms Separate Forms							
Tour Last Name	First Name and Middle milia	Ji., Ji., III., etc.	2. Joint		4.		& Filing C e on this t		ed	
Spouse's Last Name	Spouse's First Name	Jr., Sr., III., etc.	If you were a pa Delaware.	art-year res	ident	in 2011, give	e the date	s you r	esided in	
	12: "	1	From			То				
Present Home Address (Number an	d Street)	Apt. #	Month	Day	Year		onth D	ay	Year	
City	State	Zip Code	Form DE2210 Attached			Filing Sta Spouse COL			All other filing st You or You plus	Spouse
COMPLETE ALL SECTION	MUST MATCH ORIGINAL			CORRECTE			D AMOUNTS			
I. DELAWARE ADJUSTED	GROSS INCOME				1			00		00
Filing Status 2 Enter \$6500 If you elect the DELAWAR	nter \$3250 in Column B 0 in Column A and in Columr 0 in Column B RE ITEMIZED DEDUCTIONS	n B S check here		aluma D						
 Filing Statuses 1, 2, 3 and Filing status 4 enter itemiz 	ed deductions from reverse				2			00		00
 ADDITIONAL STANDARE (Not allowed with Itemiz) CHECK BOX(ES) If SPOUSE was 65 or over 	red Deductions - See Instru	uctions) OU were 65 or over	and/or Blir	nd 🔲	3			00		00
4. TOTAL DEDUCTIONS - A	Add Lines 2 & 3 and enter he	ere			4			00		00
5. TAXABLE INCOME - Sub	otract Line 4 from Line 1, and	d Compute Tax or	this Amount		5			00		00
6. Tax Liability from Tax Rate		-	00	00	- I					
7. Tax on Lump Sum Distribu	ution (Form 329)		00	00	_					
8. TOTAL TAX - Add Lines 6	and 7 and enter here		- 1	1	_			00		00
9a. Enter number of exemptio			\$110					00		00
On Line 9a, enter the num	nber of exemptions for:	Column A	Column B]						
` ' '	ouse 60 or over (Column A)	_	over (Column B)		OI:			00		00
Enter number of boxes ch 10. Tax imposed by State of		ttach copy of ot	hor state return					00		00
11. Vol. Firefighter Co.# - S		• •		•				00		00
12. Other Non-Refundable Cr	. , ,	, ,						00		00
13. Child Care Credit. (Must	,							00		00
14. Earned Income Tax Cred	• '		*					00		00
15. Total Non-Refundable Cre	edits. Add Lines 9a, 9b, 10,	11, 12, 13 & 14 ar	nd enter here		. 15			00		00
16. BALANCE. Subtract Line		s greater than Lin	e 8, enter "0" (Ze	ero)	. 16			00		00
17. Delaware Tax Withheld (a			00	00	17					
18. Estimated Tax Paid & Pay			00	00	18 19					
 S Corp Payments & Refur 20. 2011 Real Estate Estimate 			00	00	20					
21. Amount paid (If any, see in	,	C	00	00	21					
22. TOTAL Refundable Credit					22			00		00
23. Refund Received (if any,					23			00		00
24. Estimated tax carryover at	•				24			00		00
25. Subtract Lines 23 and 24					25			00		00
26. BALANCE DUE. If Line 1					26 27			00		00
27. OVERPAYMENT. If Line 28. AMOUNT OF LINE 27 TO						NTED >	20	00		- 00
29. PENALTIES AND INTERI			,				28			+
30. NET BALANCE DUE (Line							30			+
31. NET REFUND (subtract L							31			_
Under penalties of perjury, I declare	e that I have examined this return	n, including accompa	nying schedules and	statement	s, and	believe it is	s true, co	rrect ar	nd complete.	
X Your Signature	D;	ate	Signature of	of Paid Pre	parer				Date	
X					-					
Spouse's Signature (If filing joint) Home Phone	Di Business Phone	ate	Address - Z Business P	•					EIN, SSN, OR PTII	N
101110 I 110110			Pusitiess F						EIIN, OON, ON FIII	•

FORM 200-01-X - RESIDENT AMENDED DELAWARE PERSONAL INCOME TAX RETURN - TAX YEAR 2011										
NOTE: IF YOU	R ORIGINAL RETURN WAS FILED USING TWO S	EPARATE FORMS, YOU	MUST FILE TWO	SEPARATE AMENDED F	ORMS					
IS AN AMENI	SAN AMENDED FEDERAL RETURN BEING FILED? YES									
IF NO, PLEAS	E EXPLAIN. IF THE CHANGES PERTAIN TO TH	HE DE RETURN ONLY,	LIST THE LINE N	IUMBERS BEING AMEN	NDED.					
HAS THE DEL	AWARE DIVISION OF REVENUE ADVISED YO	U YOUR ORIGINAL R	ETURN IS BEING	AUDITED?	YES NO					
ICTUIC AMEN	IDED RETURN BEING FILED AS A PROTECTIV		☐ YES ☐ NO							
IS THIS AWEN	NDED RETURN BEING FILED AS A PROTECTIVE	/E CLATIVI ?								
A DETAILED EX	PLANATION OF ALL CHANGES MUST BE PROVIDE	ED IN THIS SPACE. ALL S	UPPORTING SCHE	DULES AND/OR DOCUME	NTATION MUST BE ATTAC					
COLUMNS	: Column A is reserved for the spouse of t									
	appropriate individual.) Taxpayers using	g ling statuses 1, 2,	3, or 5 are to co	mplete Column Bonl	у.					
				Filing Status 4 ONLY	All other lings statuses					
MODIFICATIO	NS TO FEDERAL ADJUSTED GROSS INCOME		Spouse Information COLUMN A	You or You plus Spouse COLUMN B						
SECTION A - AI	ODITIONS(+)			COLOWIN A	COLUMN B					
	eral AGI amount. See Instructions		32	00	00					
oz. Entorroa	oral year amount. God man astronomic members and a				, , , , ,					
33. Interest of	on State & Local obligations other than Delaware		33	00	00					
34. Fiduciary	adjustment, oil depletion		. 00	00						
35. TOTAL - A	Add Lines 33 and 34			00	00					
36. Subtotal.	Add Lines 32 and 35	00	00 36							
SECTION B - SI	JBTRACTIONS (-)	•								
37. Interest r	eceived on U.S. Obligations	37	00	00						
	Retirement Exclusions (See Instructions.)		•	00	00					
	State t ax refund, duciary adjustment, work opportune NOL Carry forward		•	, 00	00					
	oc Sec/RR Retirement Bene ts/Higher Educ. Excl/Cert			00	00					
	L. Add Lines 37, 38, 39 and 40 and enter here	·	-	0(00					
	Subtract Line 41 from Line 36	00	00 42	2						
	for certain persons 60 and over or disabled			0	0 00					
	Add Lines 41 and 43		_	0	0 00					
	RE ADJUSTED GROSS INCOME. Subtract line 44 from Li		0	0 00						
	TEMIZED DEDUCTIONS (MUST ATTACH FEDERA		- ',							
	uctions between spouses, you must prorate in a									
46. Enter tot	al Itemized Deductions. (See Instructions)	46		 						
47. Enter For	eign Taxes Paid (See Instructions)	47								
48. Enter Cha	aritable Mileage Deduction (See Instructions)	48								
49. SUBTOTA	L Add Lines 46, 47, and 48 and enter here	49		- - - - - - - - - - 						
50a. Enter Sta	te Income Tax included in Line 46 above (See Insti	50a								
50b. Enter For	m 700 Tax Credit Adjustment (See Instructions)	50b	00	00						

NEW CASTLE COUNTY

51. TOTAL - Subtract Line 50a and 50b from Line 49. Enter here and on Front, Line 2 (See Instructions).......

Delaware Division of Revenue Carvel State O ce 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

Toll-free telephone number (Delaware only) 1-800-292-7826

SUSSEX COUNTY

00

Delaware Division of Revenue 20653 DuPont Boulevard Suite 2 Georgetown, DE 19947 (302) 856-5358

