

**2015 R DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01**

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning MMDDYY and ending MMDDYY

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 \_\_\_\_\_

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

Form DE2210  Attached  If you were a part-year resident in 2015, give the dates you resided in Delaware.  
 From MMDD 2015 To MMDD 2015  
 Month Day Month Day

**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

	Column A	Column B
1. <b>DELAWARE ADJUSTED GROSS INCOME.</b> 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..... <input type="checkbox"/> 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 If you elect the DELAWARE ITEMIZED DEDUCTIONS check here..... <input type="checkbox"/> b. 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		
3. <b>ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions)</b> 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 <input type="checkbox"/> Blind <input type="checkbox"/> Column B - if YOU were: 65 or over <input type="checkbox"/> Blind <input type="checkbox"/>		
4. <b>TOTAL DEDUCTIONS</b> - Add Line 2 & 3 and enter here.....	00	00
5. <b>TAXABLE INCOME</b> - Subtract Line 4 from Line 1, and Compute Tax on this Amount.....	00	00
6. Tax Liability from Tax Rate Table/Schedule See Instructions.....	00	00
7. Tax on Lump Sum Distribution (Form 329).....	00	00
8. <b>TOTAL TAX</b> - Add Lines 6 and 7 and enter here..... >	00	00
9a. <b>PERSONAL CREDITS</b> 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.....	00	00
On Line 9a, enter the number of exemptions for: Column A <input type="checkbox"/> Column B <input type="checkbox"/>		
9b. <b>CHECK BOX(ES)</b> Spouse 60 or over (Column A) <input type="checkbox"/> Self 60 or over (Column B) <input type="checkbox"/> Enter number of boxes checked on Line 9b. _____ X \$110.....	00	00
10. Tax imposed by State of _____ (Must attach copy of DE Schedule I and other state return) .....	00	00
11. Volunteer Firefighter Co.# - Spouse (Column A) _____ Self (Column B) _____ . Enter credit amount.....	00	00
12. Other Non-Refundable Credits (see instructions on Page 7).....	00	00
13. Child Care Credit. <b>Must attach Form 2441. (Enter 50% of Federal credit)</b> .....	00	00
14. <b>Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation</b> .....	00	00
15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here.....	00	00
16. <b>BALANCE.</b> Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero).....	00	00
17. Delaware Tax Withheld (Attach W2s/1099s) .....	00	00
18. 2015 Estimated Tax Paid & Payments with Extensions.....	00	00
19. S Corp Payments and Refundable Business Credits....	00	00
20. 2015 Capital Gains Tax Payments (Attach Form 5403) ....	00	00
21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here..... >	00	00
22. <b>BALANCE DUE.</b> If Line 16 is greater than Line 21, subtract 21 from 16 and enter here..... >	00	00
23. <b>OVERPAYMENT.</b> If Line 21 is greater than Line 16, subtract 16 from 21 and enter here..... >	00	00
24. <b>CONTRIBUTIONS TO SPECIAL FUNDS</b> If electing a contribution, complete and attach DE Schedule III .....		00
25. AMOUNT OF LINE 23 TO BE APPLIED TO <b>2016 ESTIMATED TAX ACCOUNT</b> .....	ENTER >	00
26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$400, see estimated tax instructions.....	ENTER >	00
27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9).....	PAY IN FULL >	00
For all other filing statuses, enter Line 22 plus Lines 24 and 26		
28. NET REFUND (For Filing Status 4, see instructions, page 9).....	ZERO DUE/TO BE REFUNDED >	00
For all other filing statuses, subtract Lines 24, 25 and 26 from Line 23		



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 (+)

Table for Section A additions with rows 29-33 and columns for description, line number, and amounts.

SECTION B - SUBTRACTIONS (-)

Table for Section B subtractions with rows 34-42 and columns for description, line number, and amounts.

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.

Table for Section C itemized deductions with rows 43-48 and columns for description, line number, and amounts.

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.

Form for Section D with fields for routing number, account number, type (Checking/Savings), and location (US/Foreign).

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.

Form for signatures and contact information including fields for signatures, dates, addresses, and phone numbers.

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:

Empty box for names

Social Security Number:

Empty box for 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.

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, including a total row at the bottom.

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

Table for question 10: Was the child under age 24 at the end of 2015, a student, and younger than you (or your spouse, if filing jointly)?

Table for question 11: Was the child permanently and totally disabled during any part of 2015?

Table for questions 12-16: Delaware State Income Tax from Line 8, Federal earned income credit from Federal Form 1040, Delaware EITC Percentage (20%), Multiply Line 13 by Line 14, Enter the Smaller of Line 12 or Line 15 above.

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 box.

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.

