

2017 R

DELAWARE INDIVIDUAL RESIDENT  
INCOME TAX RETURN  
FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

ATTACH LABEL HERE

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 & Filing Separate  
Forms5. ☐ Head of  
Household2. ☐ Joint4. ☐ Married & Filing Combined Separate on this form

Form DE2210 If you were a part-year resident in 2017, give the dates you resided in Delaware:

☐ Attached

MM DD 2017

MM DD 2017

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. &gt; 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

If you elect the DELAWARE ITEMIZED DEDUCTIONS check here.....

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

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 &amp; 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.....&gt;

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 &amp; 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. 2017 Estimated Tax Paid &amp; Payments with Extensions...

00

00

18

00

00

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

00

00

19

00

00

20. 2017 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.....&gt;

21

00

00

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

22

00

00

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

23

00

00

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

24

00

25. AMOUNT OF LINE 23 TO BE APPLIED TO 2018 ESTIMATED TAX ACCOUNT.....ENTER &gt;

25

00

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

26

00

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

27

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 &gt;

28

00

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

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

**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

### SECTION A - ADDITIONS (+)

29.	Enter Federal AGI amount from Federal 1040, 1040A or 1040EZ .....	29		00		00
30.	Interest on State & Local obligations other than Delaware .....	30		00		00
31.	Fiduciary adjustment, oil depletion .....	31		00		00
32.	TOTAL - Add Lines 30 and 31 .....	32		00		00
33.	Subtotal. Add Lines 29 and 32 .....	33		00		00

**SECTION B - SUBTRACTIONS (-)**

34.	Interest received on U.S. Obligations .....	34		00	00	00
35.	Pension/Retirement Exclusions <b>(For a definition of eligible income, see instructions on Page 10)</b> .....	35		00		00
36.	Delaware State tax refund, fiduciary adjustment, work opportunity tax credit, Delaware NOL carry forward - please see instructions on Page 10 .....	36		00		00
37.	Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr. on Page 11) .....	37		00		00
38.	SUBTOTAL. Add Lines 34, 35, 36 and 37, and enter here .....	38		00		00
39.	Subtotal. Subtract Line 38 from Line 33 .....	39				
40.	Exclusion for certain persons 60 and over or disabled (See instructions on Page 11) .....	40		00		00
41.	TOTAL - Add Lines 38 and 40 .....	41		00		00
42.	DELAWARE ADJUSTED GROSS INCOME. Subtract line 41 from Line 33. Enter here and on Front, Line 1 .....	42		00		00

**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.

43.	Enter total Itemized Deduction from Schedule A, Federal Form, Line 29 .....	43		00		00
44.	Enter Foreign Taxes Paid (See instructions on Page 11) .....	44		00		00
45.	Enter Charitable Mileage Deduction (See instructions on Page 11) .....	45		00		00
46.	SUBTOTAL - Add Lines 43, 44, and 45 and enter here .....	46		00		00
47a.	Enter State Income Tax included in Line 43 above (See instructions on Page 11) .....	47a		00		00
47b.	Enter Form 700 Tax Credit Adjustment (See instructions on Page 11) .....	47b		00		00
48.	TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Front, Line 2 (See instructions) .....	48		00		00

**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	<div style="display: flex; justify-content: space-around; height: 30px;"> <span></span><span></span><span></span><span></span><span></span><span></span><span></span> </div>	b. Type:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
c. Account Number	<div style="display: flex; justify-content: space-around; height: 30px;"> <span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span> </div>	d. Is this refund going to or through an account that is located outside of the United States?		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		

**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.

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

**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:

**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.

**DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE**Filing Status 4 ONLY  
Spouse Information  
COLUMN AAll other filing statuses  
You or You plus Spouse  
COLUMN B

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. <b>You must attach a copy of the other state return(s) with your Delaware tax return.</b> .....	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 2017, 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 2017? .....	<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) .....			00
13. Federal earned income credit from Federal Form 1040, Form 1040A, or Form 1040EZ.....			00
14. Delaware EITC Percentage (20%) .....			.20
15. Multiply Line 13 by Line 14 .....			00
16. Enter the smaller of Line 12 or Line 15 above. Enter here and on Resident Return, Line 14 .....			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	H. DE National Guard		00	O. Senior Trust Fund		00
B. U.S. Olympics		00	I. Juvenile Diabetes Fund		00	P. Veterans Trust Fund		00
C. Emergency Housing		00	J. Multiple Sclerosis Soc.		00	Q. Protect DE's Chld Fnd		00
D. Breast Cancer Edu.		00	K. Ovarian Cancer Fnd		00	R. Food Bank of DE		00
E. Organ Donations		00	L. 21st Fund for Children		00	S. Ssx Cty Hab for Hum		00
F. Diabetes Education		00	M. White Clay Creek		00	T. Ctrl DE Hab for Hum		00
G. Veterans Home		00	N. Home of the Brave		00	U. NCC Hab for Humanity		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.**