

DELAWARE FORM 200-01-X

2020 RESIDENT AMENDED PERSONAL INCOME TAX RETURN

DO NOT WRITE OR STAPLE IN THIS AREA

ATTACH LABEL

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

Form fields for Social Security No., Last Name, Spouse's Name, Address, City, State, Zip Code.

FILING STATUS (MUST CHECK ONE) section with checkboxes for Single, Married, Joint, etc.

COMPLETE ALL SECTIONS OF THIS RETURN. NAMES AND SSN'S MUST MATCH ORIGINAL CORRECTED AMOUNTS

1. DELAWARE ADJUSTED GROSS INCOME 1

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



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b. If you elect the DELAWARE ITEMIZED DEDUCTIONS check here

Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 51, in Column B.
Filing status 4 enter itemized deductions from reverse side, Line 51, in Columns A and B.

Table with 3 columns for corrected amounts

3. ADDITIONAL STANDARD DEDUCTIONS

CHECK BOX(ES) (Not allowed with Itemized Deductions - See Instructions)
If SPOUSE was 65 or over and/or Blind If YOU were 65 or over and/or Blind

Table with 3 columns for corrected amounts

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

Table with 3 columns for corrected amounts

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

Table with 3 columns for corrected amounts

6. Tax Liability from Tax Rate Table/Schedule

Table with 3 columns for corrected amounts

7. Tax on Lump Sum Distribution (Form 329)

Table with 3 columns for corrected amounts

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

Table with 3 columns for corrected amounts

9a. Enter number of exemptions claimed on Federal return X \$110
On Line 9a, enter the number of exemptions for: Column A Column B

Table with 3 columns for corrected amounts

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.

Table with 3 columns for corrected amounts

10. Tax imposed by State of (Must attach copy of other state return)

Table with 3 columns for corrected amounts

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

Table with 3 columns for corrected amounts

12. Other Non-Refundable Credits (See Instructions)

Table with 3 columns for corrected amounts

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

Table with 3 columns for corrected amounts

14. Earned Income Tax Credit. (See Instructions)

Table with 3 columns for corrected amounts

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

Table with 3 columns for corrected amounts

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

Table with 3 columns for corrected amounts

17. Delaware Tax Withheld (attach W2s/1099)

Table with 3 columns for corrected amounts

18. Estimated Tax Paid & Payments with Extensions

Table with 3 columns for corrected amounts

19. S Corp Payments & Refundable Business Credits

Table with 3 columns for corrected amounts

20. Capital Gains Tax Payments

Table with 3 columns for corrected amounts

21. Amount paid (If any, see instructions)

Table with 3 columns for corrected amounts

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

Table with 3 columns for corrected amounts

23. Refund Received (if any, see instructions)

Table with 3 columns for corrected amounts

24. Estimated tax carryover and/or Special Funds contributions as shown on original return

Table with 3 columns for corrected amounts

25. Subtract Lines 23 and 24 from Line 22

Table with 3 columns for corrected amounts

26. BALANCE DUE. If Line 16 is greater than Line 25, subtract 25 from 16 and enter here

Table with 3 columns for corrected amounts

27. OVERPAYMENT. If Line 25 is greater than Line 16, subtract 16 from 25 and enter here

Table with 3 columns for corrected amounts

28. AMOUNT OF LINE 27 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions) ENTER > 28

29. PENALTIES AND INTEREST DUE ENTER > 29

30. NET BALANCE DUE (Line 26 plus Lines 28 and 29) PAY IN FULL > 30

31. NET REFUND (subtract Lines 28 and 29 from Line 27) ZERO DUE/TO BE REFUNDED > 31

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

REMIT FORM TO: NET BALANCE DUE (LINE 30): P.O. BOX 508, WILMINGTON, DE 19899-0508
NET REFUND (LINE 31): P.O. BOX 8710, WILMINGTON, DE 19899-8710
ZERO DUE (LINE 31): P.O. BOX 8711, WILMINGTON, DE 19899-8711



NOTE: IF YOUR ORIGINAL RETURN WAS FILED USING TWO SEPARATE FORMS, YOU MUST FILE TWO SEPARATE AMENDED FORMS

IS AN AMENDED FEDERAL RETURN BEING FILED?..... YES NO

IF NO, PLEASE EXPLAIN. IF THE CHANGES PERTAIN TO THE DE RETURN ONLY, LIST THE LINE NUMBERS BEING AMENDED.

HAS THE DELAWARE DIVISION OF REVENUE ADVISED YOU YOUR ORIGINAL RETURN IS BEING AUDITED?..... YES NO

IS THIS AMENDED RETURN BEING FILED AS A PROTECTIVE CLAIM?..... YES NO

A DETAILED EXPLANATION OF ALL CHANGES MUST BE PROVIDED IN THIS SPACE. ALL SUPPORTING SCHEDULES AND/OR DOCUMENTATION MUST BE ATTACHED

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual.) 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 with 4 columns: Line number, Description, Column A, Column B. Includes lines 32-36.

SECTION B - SUBTRACTIONS (-)

Table with 4 columns: Line number, Description, Column A, Column B. Includes lines 37-45.

SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH DELAWARE 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 with 4 columns: Line number, Description, Column A, Column B. Includes lines 46-51.

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 fields: YOUR SIGNATURE, DATE, TELEPHONE NUMBER, SPOUSE SIGNATURE (If Filing Joint), SIGNATURE OF PREPARER, PREPARER'S EIN OR SSN, PREPARER'S PHONE, DATE, STREET ADDRESS OF PREPARER, CITY, STATE, ZIP