### Delaware Individual Resident Income Tax Return

**For Fiscal Year beginning** ___________ and ending ___________.

- **Your Taxpayer ID**
- **Spouse Taxpayer ID**

<table>
<thead>
<tr>
<th>Your First Name</th>
<th>M.I.</th>
<th>Last Name</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Spouse First Name</th>
<th>M.I.</th>
<th>Last Name</th>
<th>Suffix</th>
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</table>

**Present Home Address (Number and Street)**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Apartment #**

**Form PIT-UND**

If you were a part-year resident in 2021, give the dates you resided in Delaware:

<table>
<thead>
<tr>
<th>mm-dd-yyyy</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Filing Status (Must check one)**

1. Single, Married, Widow(er)
2. Joint
3. Married & Filing Separate Forms
4. Married & Filing Combined Separate on this form
5. Head of Household

**Attached**

mm-dd-yyyy

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**Section A - Additions**

1. Federal AGI Amount from Federal Form 1040
2. Interest on State & Local Obligations Other Than Delaware
3. Fiduciary Adjustment, Oil Depletion
4. TOTAL - Add Lines 1 through 3

**Section B - Subtractions**

5. Interest Received on U.S. Obligations
6. Pension/Retirement Exclusions
7. Delaware State Tax Refund, Fiduciary Adjustment, Work Opportunity Tax Credit, Delaware NOL Carryforward, etc.
8. Taxable Social Security/RR Retirement Benefits/Higher Education Exclusion/Certain Lump Sum Distributions
9. Add Lines 5 through 8
10. Subtract Line 9 from Line 4
11. Exclusion for Certain Persons 60 and Over or Disabled

**Section C - Deductions**

13. Total Itemized Deductions from Delaware Schedule A (Must attach PIT-RSA)
14. Foreign Taxes Paid
15. Charitable Mileage Deduction
16. Subtotal - Add Line 13 through Line 15
17. Form PIT-CRS Tax Credit Adjustment
18. Net Itemized Deductions - Subtract Line 17 from Line 16. Enter here and on Line 19 (See instructions)
19. **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
20. **If you elect Delaware Itemized Deductions check here**
   - Filing Statuses 1, 2, 3, and 5, enter itemized deductions from Line 18 in Column B;
     Filing Status 4 enter itemized deductions from Line 18 in Columns A and B

**Section D - Calculations**

22. Taxable Income - Subtract Line 21 from Line 12, and compute tax on this amount
23. Tax Liability From Tax Rate Table/Schedule
24. Tax on Lump Sum Distribution (Form PIT-STC)
If you would like your refund deposited directly to your checking or savings account, complete Section E below. See instructions for details.

**Section E - Direct Deposit Information**

<table>
<thead>
<tr>
<th>Account Type</th>
<th>Checking</th>
<th>Savings</th>
<th>Routing Number</th>
<th>Account Number</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

If you are Filing Status 3, see instructions. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.

- **Column A**
- **Column B**

- **TOTAL TAX** - Add Line 23 and Line 24
- **PERSONAL CREDITS**
  - Enter number of exemptions [ ] x $110
  - On Line 26a, enter the number of exemptions for: Column A [ ] Column B [ ]
- **CHECK BOXES**
  - Spouse 60 or over (Column A) [ ] Self 60 or over (Column B) [ ]
  - Enter number of boxes checked on Line 26b [ ] x $110
- **TAX IMPOSED BY OTHER STATES** (Must attach copy of PIT-RSS and other state return.)
- **VOLUNTEER FIREFIGHTER CO. #**
  - Enter credit amount
- **OTHER NON-REFUNDABLE CREDITS** (See instructions)
- **CHILD CARE CREDIT**
  - Enter credit amount
  - *Must attach Form 2441.* (Enter 50% of Federal credit)
- **EARNED INCOME TAX CREDIT**
  - **REFUNDABLE** [ ] **NON-REFUNDABLE** (See instructions)
  - Total Refundable Credits
  - Total Non-Refundable Credits
  - **TOTAL NON-REFUNDABLE CREDITS** (See instructions)
  - **BALANCE** - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0.
  - **EARNED INCOME TAX CREDIT.**
  - **REFUNDABLE** [ ] **NON-REFUNDABLE** (See instructions)
  - **TOTAL REFUNDABLE CREDITS**
  - **TOTAL REFUNDABLE CREDITS**
  - **BALANCE DUE** - Subtract Line 33 plus Line 39 is less than or equal to Line 32. Subtract the sum of Line 33 and Line 39 from Line 32.
  - **OVERPAYMENT** - If Line 33 plus Line 39 is greater than Line 32, Subtract Line 32 from the sum of Line 33 and Line 39.
  - **CONTRIBUTIONS TO SPECIAL FUNDS.** If electing a contribution, complete and attach PIT-RSS.
  - **AMOUNT OF LINE 41 TO BE APPLIED TO 2022 ESTIMATED TAX ACCOUNT**
  - **AMOUNT OF LINE 41 TO BE APPLIED TO 2022 ESTIMATED TAX ACCOUNT**
  - **BALANCE DUE.** For Filing Status 4, see instructions. For all other filing statuses, Add Line 40, Line 42, and Line 44.
  - **NET REFUND.** For Filing Status 4, see instructions. For all other filing statuses, Subtract Line 42, Line 43, and Line 44 from Line 41.

**Mail Complete Form to:**

- Delaware Division of Revenue
- PO Box 8710
- Wilmington, DE 19899-8710

**Mail Complete Form to:**

- Delaware Division of Revenue
- PO Box 8711
- Wilmington, DE 19899-8711

**Mail Complete Form to:**

- Delaware Division of Revenue
- PO Box 8712
- Wilmington, DE 19899-8712

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**Paid Preparer Information**

- **Paid Preparer Signature**
- **Address**
- **City**
- **State**
- **ZIP Code**
- **EIN, SSN or PTIN**
- **Phone Number**
- **Email Address**

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**Please remember to attach W-2, 1099-R and appropriate supporting schedules when filing your return.**

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**DMV State ID #**

- **BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS**
  - **Your Signature**
  - **Date**
  - **Spouse Signature**
  - **Date**
  - **Home Phone Number**
  - **Business Phone Number**
  - **Email Address**
  - **Email Address**

**Make check payable to:** Delaware Division of Revenue

**Mail Complete Form to:**

- Delaware Division of Revenue
- PO Box 508
- Wilmington, DE 19899-0508

**Mail Complete Form to:**

- Delaware Division of Revenue
- PO Box 8710
- Wilmington, DE 19899-8710

**Mail Complete Form to:**

- Delaware Division of Revenue
- PO Box 8711
- Wilmington, DE 19899-8711

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<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
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Estimated tax carryover and/or Special Funds contributions as shown on original return

Subtract Line 50 and Line 51 from Line 49.

BALANCE DUE. If Line 32 is greater than Line 52, Subtract 52 from 32.

OVERPAYMENT. If Line 52 is greater than Line 32, Subtract 32 from 52.

AMOUNT OF LINE 54 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See instructions)

PENALTIES AND INTEREST DUE

NET BALANCE DUE FOR FILING STATUS 4, see instructions. For all other filing statuses, Add Line 53, Line 55, and Line 56.

NET REFUND FOR FILING STATUS 4, see instructions. For all other filing statuses, Subtract Line 55 and Line 56 from Line 54.

Is an amended Federal return being filed?

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?

Is this amended return being filed as a protective claim?

A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached.