2010

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

	11	FORM 200-	01											
	or Fiscal year beginning	and ending _												
Your	Your Social Security No. Spouse's Social Security No.			1										
					-									
Your	(Attach Label Here) DO NOT Last Name	First Name and Middle		Jr., Sr., III., etc.	-									
	2401 1141110	The traine and made		0, 0,, 0.0.										
Spou	se's Last Name	Spouse's First Name		Jr., Sr., III., etc.	-									
Pres	ent Home Address (Number and	Street)	A	ot. #	-									
City		State	Zip	o Code										
		LIC (MUST CUTCK ON			-									
1.	FILING STATUS (MUST CHECK ONE) Single, Divorced, 3. Married & Filing 5. Head of Household Separate Forms Head of Household						If you we Delaware		art-year resident in 2010, give the dates you resided in					
2.	Joint 4.			From	onth	2010 To 2010 Day Month Day								
Colu	ımn A is for Spouse informa	Separate on this form ation, Filing Status 4	only. A	All other filing	statı	uses use Co	lumn B.		Co	lumn	Α	Colu	umn B	
1.	DELAWARE ADJUSTED G							1			00		00	
					Г	Side, Line 4	1				100		100	
2a.	a. If you elect the DELAWARE STANDARD DEDUCTION check here													
b.	Filing Statuses 1, 2, 3 and 5, e Filing status 4 enter Itemized D			2			00		00					
3.														
	Multiply the number of boxes c		If you a					-						
	(Filing status 4) enter the total							3			00		00	
4.	TOTAL DEDUCTIONS - AC										00		00	
5.	TAXABLE INCOME - Subtr	ract Line 4 from Line	1, and (n thi			5			00		00	
•	T 1:100 (T D :	T.I.I. (0.1I.I.		Column A	00	Colum	10 B	6						
6. 7.	Tax Liability from Tax Rate Tax on Lump Sum Distribut				00		00	<u>'</u>						
8.	TOTAL TAX - Add Lines	,	L								00		00	
0.	PERSONAL CREDITS If you										00			
	If you use Filing Status 4, enter	r the total for each appro	priate co	olumn. All others										
9a.	Enter number of exemption		return _					. 9a			00		00	
Oh	On Line 9a, enter the numb		- A\	Column A		Column B								
9b.	CHECK BOX(ES) Spot Enter number of boxes che					er (Column B		9h			00		00	
10	Tax imposed by State of							00		00				
11.	Volunteer Firefighter Co. # -							00		00				
12.	Other Non-Refundable Cre							00		00				
13.	Child Care Credit. Must a										00		00	
14.	Earned Income Tax Credit				ſ			00		00				
15.	Total Non-Refundable Cred	ınd e	enter here		15			00		00				
16.	BALANCE. Subtract Line 1	15 from Line 8. If Line	15 is g	greater than Lin	ne 8,	enter "0" (Ze	ero)	16			00		00	
17.	Delaware Tax Withheld (At	tach W2s/1099s)			00		00	17						
18.	2010 Estimated Tax Paid & Pa	yments with Extensions			00		00	18						
19.	S Corp Payments and Refunda	able Business Credits			00		00	19						
20.	TOTAL Refundable Credits	. Add Lines 17, 18 a	nd 19 a	and enter here.			>	20			00		00	
21.	BALANCE DUE. If Line 16	is greater than Line 2	0, subt	ract 20 from 16	and	d enter here	>	21			00		00	
22.	OVERPAYMENT. If Line 2	0 is greater than Line	16, sub	tract 16 from 2	0 an	nd enter here	>	22			00		00	
23.			h DE C	Cohodula III						23		_ 	00	
2/	If electing a contribution, AMOUNT OF LINE 22 TO									24			00	
24. 25.	PENALTIES AND INTERES									25			00	
	NET BALANCE DUE (For		•							26			00	
	For all other filing statuses,	enter Line 21 plus Lir	es 23 a	and 25										
27.	NET REFUND (For Filing S For all other filing statuses, s					ZERO DI	JE/TO BE	REF	UNDED >	27			00	

2010 DELAWARE RESIDENT FORM 200-01, PAGE 2

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	Filing Status 4 ONLY Spouse Information COLUMN A	All other filings stat You or You plus Sp COLUMN B	Spouse									
SECTION A - ADDITIONS (+)	- ₋ - Γ		1									
28. Enter Federal AGI amount from Federal 1040, Line	. 28	00)	00								
20 Interest on State 9 Local obligations other tha	an Doloworo			٦,	00	1	00					
	Interest on State & Local obligations other than Delaware											
30. Fiduciary adjustment, oil depletion31. TOTAL - Add Lines 29 and 30					00		00					
32. Subtotal. Add Lines 28 and 31					00		00					
		00	00	32								
SECTION B - SUBTRACTIONS (-) 33. Interest received on U.S. Obligations				33	00		00					
34. Pension/Retirement Exclusions (For a definition		· H	00		00							
35. Delaware State tax refund, fiduciary adjustment	The second secon			-	00							
Delaware NOL Carry forward please see insti	ructions on Page 10			. 35			00					
36. Taxable Soc Sec/RR Retirement Benefits/Higher E	Educ. Excl/Certain Lump	Sum Dist. (See instr.	on Pg 11)	. 36	00		00					
37. SUBTOTAL. Add Lines 33, 34, 35 and 36 and	d enter here	<u></u>		37	00)	00					
38. Subtotal. Subtract Line 37 from Line 32		00	00	38								
39. Exclusion for certain persons 60 and over or dis	sabled (See instruction	s on Page 11)		39	00)	00					
40. TOTAL - Add Lines 37 and 39				40	00)	00					
41. DELAWARE ADJUSTED GROSS INCOME. Subtract	. DELAWARE ADJUSTED GROSS INCOME. Subtract line 40 from Line 32. Enter here and on Front, Line 1 4											
SECTION C - ITEMIZED DEDUCTIONS (MUST A		•	olumns A	and E	3 are used and you are	unable to specific	ally					
allocate deductions between spouses, you mus				42	00	1	00					
	Enter total Itemized Deductions from Schedule A, Federal Form 1040, Line 29											
	Enter Foreign Taxes Paid (See instructions on Page 11)											
	, , , , , , , , , , , , , , , , , , , ,											
45. SUBTOTAL Add Lines 42, 43, and 44 and 6					00		00					
46a. Enter State Income Tax included in Line 42 abo					00		00					
46b. Enter Form 700 Tax Credit Adjustment (See in					00		00					
47. TOTAL - Subtract Line 46a and 46b from Line 45.				4/L	100	'	00					
SECTION D - DIRECT DEPOSIT INFORMATION	,		•		DATE	- > - A T I I	1					
to your checking or savings account, complete box	es a, b, c and d below	V. See Ilistructions is	Of utialis.		DATE O							
a. Routing Number	b. Type:	Checking S	Savings		Column A	Column B						
	<u> </u>	· · · · · · · · · · · · · · · · · · ·			SPOUSE	TAXPAYER						
c. Account Number					Month / Day / Year	Month / Day / Year						
d. Is this refund going to or through an account that	is located outside of the	e United States?	Yes	No			•					
NOTE: If your refund is adjusted by \$100.00 or i					addraga on your rotur	_						
BE SURE TO SIGN YO Under penalties of perjury, I declare that I have examin							alata					
Your Signature	Date				Date	ue, correct and comp	Лете.					
Tour Signature	Date	Olgitatare c	Signature of Paid Preparer Date									
Spouse's Signature (if filing joint or combined return)	Address-Zip C	Address-Zip Code										
Home Phone	Home Phone Business Phone					Business Phone EIN, SSN OR PTIN						
E-Mail Address	E-Mail Address	E-Mail Address										

NET BALANCE DUE (LINE 26):

DELAWARE DIVISION OF REVENUE P.O. BOX 508 WILMINGTON, DE 19899-0508 NET REFUND (LINE 27):
DELAWARE DIVISION OF REVENI

DELAWARE DIVISION OF REVENUE P.O. BOX 8765 WILMINGTON, DE 19899-8765 ZERO (LINE 27):

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



2010 DELAWARE RESIDENT SCHEDULES

Nam	ne(s): _					_ Social Se	curity Number	::			
COL	UMNS:		rved for the spouse of age 9 worksheet.) Tax							ppropriate	
DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE								NLY ion	All other filings statuses You or You plus Spouse COLUMN B		
See t	he inst	ructions and com	plete the worksheet o	n Page 7 pr	ior to completi	ng DE Schedu	ıle I.				
			o LOWEST amount ord								
		osed by State of -		00		00					
2. Tax imposed by State of ———— (enter 2 character state name)										00	
	-	osed by State of -		00		00					
	-	osed by State of -			00		00				
5. Tax imposed by State of ——— (enter 2 character state name)											
6. Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return											
•	attacii e	copy of the other	er state return(s) with	i your belav	vare tax return			100			
			INCOME TAX CREDI		D the Earned Inc	ome Credit for	on your federal	return.			
Ougli	fuina Ch	nild Information			CHILD 1	С	HILD 2	CHILD 3			
			ast Name)	,							
			8								
			9								
8	a studen	t, and younger that	4 at the end of 2010, n you (or your		ES NO	YE	S NO		YES [NO	
			and totally disabled	YI	ES NO	YE	S NO		YES [NO	
13. F F F F F F F F F F F F F F F F F F F	Federal Form 10 Delawar Multiply Enter theor Residence CHEDU Page 13 A. No B. U.S C. Em	earned income cro 240A, Line 41a; For the EITC Percentage The Line 13 by Line the Smaller of Line 1 the Return, Line the Smaller on Page Tuctions on Page JLE III - CONTRIE	00 F. 00 G.	n 1040, Line	d on EZ Return, n to attach. elow. tions uc. pme	00 I. 00 J. 00 K.	·· 13 ··· 14 ··· 15	Soc. Fund	.20	00 00 00 00 00 00 00	
			amount here and on E 23				. 17			00	

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.

