

2010

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DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning and ending

Your Social Security No. Spouse's Social Security No.

(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS

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)
2. Joint
3. Married & Filing Separate Forms
4. Married & Filing Combined Separate on this form
5. Head of Household

Form DE2210 Attached

If you were a part-year resident in 2010, give the dates you resided in Delaware. From 2010 To 2010

Column A is for Spouse information, Filing Status 4 only. All other filing statuses use Column B.

1. DELAWARE ADJUSTED GROSS INCOME. Enter amount from reverse side, Line 41 1 00 00

2a. If you elect the DELAWARE STANDARD DEDUCTION check here...
b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 47 in Column B

3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions) CHECK BOX(ES)

4. TOTAL DEDUCTIONS - Add Lines 2 & 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
7. Tax on Lump Sum Distribution (Form 329)
8. TOTAL TAX - Add Lines 6 and 7 and enter here 8 00 00

PERSONAL CREDITS If you are Filing Status 3, see instructions on Page 7. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.

9a. Enter number of exemptions claimed on Federal return X \$110 9a 00 00

9b. CHECK BOX(ES) Spouse 60 or over (Column A) Self 60 or over (Column B) 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 & 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) 17 00 00

18. 2010 Estimated Tax Paid & Payments with Extensions 18 00 00

19. S Corp Payments and Refundable Business Credits 19 00 00

20. TOTAL Refundable Credits. Add Lines 17, 18 and 19 and enter here 20 00 00

21. BALANCE DUE. If Line 16 is greater than Line 20, subtract 20 from 16 and enter here 21 00 00

22. OVERPAYMENT. If Line 20 is greater than Line 16, subtract 16 from 20 and enter here 22 00 00

23. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III 23 00

24. AMOUNT OF LINE 22 TO BE APPLIED TO 2011 ESTIMATED TAX ACCOUNT ENTER 24 00

25. PENALTIES AND INTEREST DUE. If Line 21 is greater than \$400, see estimated tax instructions ENTER 25 00

26. NET BALANCE DUE (For Filing Status 4, see instructions, page 9) PAY IN FULL 26 00

27. NET REFUND (For Filing Status 4, see instructions, page 9) ZERO DUE/TO BE REFUNDED 27 00

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE





**2010 DELAWARE RESIDENT SCHEDULES**

Name(s): \_\_\_\_\_ 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.

Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B
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**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.

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 EZ Return, Line 10 or 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	CHILD 1	CHILD 2	CHILD 3
7. Child's Name (First and Last Name).....	7		
8. Child's SSN .....	8		
9. Child's Year of Birth.....	9		
10. Was the child under age 24 at the end of 2010, a student, and younger than you (or your spouse, if filing jointly)?.....	10	<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 2010?.....	11	<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).....	12		00
13. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 41a; Form 1040 EZ, Line 9a.....	13		00
14. Delaware EITC Percentage (20%).....	14	<b>.20</b>	
15. <b>Multiply Line 13 by Line 14</b> .....	15		00
16. Enter the Smaller of Line 12 or Line 15 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14.....	16		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	E. Organ Donations		00	I. Juv. Diabetes Fund		00
B. U.S. Olympics		00	F. Diabetes Educ.		00	J. Mult. Sclerosis Soc.		00
C. Emergency Housing		00	G. Veteran's Home		00	K. Ovarian Cancer Fund		00
D. Breast Cancer Educ.		00	H. DE National Guard		00	L. 21st Fund for Children		00

Enter the total Contribution amount here and on EZ Return, Line 19 or Resident Return, Line 23..... 17 

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

