

2014 R

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning MMDDYY and ending MMDDYY

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)
2. Joint or Entered into a Civil Union
3. Married or Entered into a Civil Union & Filing Separate Forms
4. Married or Entered into a Civil Union & Filing Combined Separate on this form
5. Head of Household

Form DE2210 Attached If you were a part-year resident in 2014, give the dates you resided in Delaware. From MMDD 2014 To MMDD 2014

Table with columns for Column A and Column B. Rows include: 1. DELAWARE ADJUSTED GROSS INCOME, 2a. DELAWARE STANDARD DEDUCTION, 3. ADDITIONAL STANDARD DEDUCTIONS, 4. TOTAL DEDUCTIONS, 5. TAXABLE INCOME, 6. Tax Liability from Tax Rate Table/Schedule, 7. Tax on Lump Sum Distribution, 8. TOTAL TAX, 9a. PERSONAL CREDITS, 9b. CHECK BOX(ES), 10. Tax imposed by State of, 11. Volunteer Firefighter Co.#, 12. Other Non-Refundable Credits, 13. Child Care Credit, 14. Earned Income Tax Credit, 15. Total Non-Refundable Credits, 16. BALANCE, 17. Delaware Tax Withheld, 18. 2014 Estimated Tax Paid & Payments with Extensions, 19. S Corp Payments and Refundable Business Credits, 20. 2014 Capital Gains Tax Payments, 21. TOTAL Refundable Credits, 22. BALANCE DUE, 23. OVERPAYMENT, 24. CONTRIBUTIONS TO SPECIAL FUNDS, 25. AMOUNT OF LINE 23 TO BE APPLIED TO 2015 ESTIMATED TAX ACCOUNT, 26. PENALTIES AND INTEREST DUE, 27. NET BALANCE DUE, 28. NET REFUND.

ATTACH LABEL HERE

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.

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filings statuses You or You plus Spouse COLUMN B

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

SECTION A - ADDITIONS (+)

Table for Section A additions with rows 29-33 and columns for amount and filing status columns.

SECTION B - SUBTRACTIONS (-)

Table for Section B subtractions with rows 34-42 and columns for amount and filing status columns.

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.

Table for Section C itemized deductions with rows 43-48 and columns for amount and filing status columns.

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.

Form for Section D with fields for routing number, account number, type (checking/savings), and location (US/foreign).

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.

Form for signatures and contact information including fields for signatures, dates, addresses, and phone numbers.

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:

Empty text box for names

Social Security Number:

Empty text box for 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 Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return.....	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			M M D D Y Y Y Y
CHILD 2			M M D D Y Y Y Y
CHILD 3			M M D D Y Y Y Y

10. Was the child under age 24 at the end of 2014, 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	<input type="checkbox"/> YES <input type="checkbox"/> NO
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11. Was the child permanently and totally disabled during any part of 2014?.....	11	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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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 66a; Form 1040A, Line 42a; or Form 1040EZ, Line 8a	13		00
14. Delaware EITC Percentage (20%).....	14		.20
15. Multiply Line 13 by Line 14.....	15		00
16. Enter the Smaller of Line 12 or Line 15 above. Enter here and on 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	G. Veteran's Home		00	M. White Clay Creek		00
B. U.S. Olympics		00	H. DE National Guard		00	N. Home of the Brave		00
C. Emergency Housing		00	I. Juv. Diabetes Fund		00	O. Senior Trust Fund		00
D. Breast Cancer Educ.		00	J. Mult. Sclerosis Soc.		00	P. Veteran's Trust Fund		00
E. Organ Donations		00	K. Ovarian Cancer Fund		00	Q. Protecting DE's Children Fund		00
F. Diabetes Educ.		00	L. 21st Fund for Children		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.

