# DELAWARE FORM 200-01-X

# 2017

## RESIDENT AMENDED PERSONAL INCOME TAX RETURN

DO NOT WRITE OR STAPLE IN THIS AREA

ATTACH LABEL

or Fiscal year beginning and ending

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

If you were a part-year resident in 2017, give the dates you resided in Delaware.

From 2017 To 2017

Month Day Month Day

Form DE2210 Attached

| | Filing Status 4 ONLY Spouse Information COLUMN A | All other filing statuses You OR You plus Spouse COLUMN B |
|---|---|---|
| **COMPLETE ALL SECTIONS OF THIS RETURN. NAMES AND SSN'S MUST MATCH ORIGINAL** | | **CORRECTED AMOUNTS** |
| **1. DELAWARE ADJUSTED GROSS INCOME** | 1 | 00 00 |
| 2a. If you elect the DELAWARE STANDARD DEDUCTION check here<br>Filing Statuses 1, 3 & 5 Enter $3250 in Column B<br>Filing Status 2 Enter $6500 in Column B<br>Filing Status 4 Enter $3250 in Column A and in Column B | | |
| b. If you elect the DELAWARE ITEMIZED DEDUCTIONS check here<br>Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 51, in Column B.<br>Filing status 4 enter itemized deductions from reverse side, Line 51, in Columns A and B. | 2 | 00 00 |
| 3. ADDITIONAL STANDARD DEDUCTIONS<br>CHECK BOX(ES) ***(Not allowed with Itemized Deductions - See Instructions)***<br>If SPOUSE was 65 or over and/or Blind If YOU were 65 or over and/or Blind | 3 | 00 00 |
| 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 00 00 | 6 | |
| 7. Tax on Lump Sum Distribution **(Form 329)** 00 00 | 7 | |
| 8. **TOTAL TAX** - Add Lines 6 and 7 and enter here ▶ | 8 | 00 00 |
| 9a. Enter number of exemptions claimed on Federal return X $110 | 9a | 00 00 |
| On Line 9a, enter the number of exemptions for: Column A Column B<br>9b. **CHECK BOX(ES)** Spouse 60 or over (Column A) Self 60 or over (Column B)<br>Enter number of boxes checked on Line 9b. X $110. | 9b | 00 00 |
| 10. Tax imposed by State of **(Must attach copy of other state return)** | 10 | 00 00 |
| 11. Vol. Firefighter Co.# - Spouse (Column A) Self (Column B) . Enter credit amount | 11 | 00 00 |
| 12. Other Non-Refundable Credits (See Instructions) | 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) | 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/1099)** 00 00 | 17 | |
| 18. Estimated Tax Paid & Payments with Extensions 00 00 | 18 | |
| 19. S Corp Payments & Refundable Business Credits 00 00 | 19 | |
| 20. 2017 Capital Gains Tax Payments 00 00 | 20 | |
| 21. Amount paid (If any, see instructions) 00 00 | 21 | |
| 22. TOTAL Refundable Credits. Add Lines 17, 18, 19, 20, and 21 and enter here ▶ | 22 | 00 00 |
| 23. Refund Received (if any, see instructions) | 23 | 00 00 |
| 24. Estimated tax carryover and/or Special Funds contributions as shown on original return | 24 | 00 00 |
| 25. Subtract Lines 23 and 24 from Line 22 | 25 | 00 00 |
| 26. **BALANCE DUE**. If Line 16 is greater than Line 25, subtract 25 from 16 and enter here ▶ | 26 | 00 00 |
| 27. **OVERPAYMENT**. If Line 25 is greater than Line 16, subtract 16 from 25 and enter here ▶ | 27 | 00 00 |
| 28. AMOUNT OF LINE 27 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions) **ENTER >** | 28 | 00 |
| 29. PENALTIES AND INTEREST DUE **ENTER >** | 29 | 00 |
| 30. NET BALANCE DUE (Line 26 plus Lines 28 and 29 **PAY IN FULL >** | 30 | 00 |
| 31. NET REFUND (subtract Lines 28 and 29 from Line 27) **ZERO DUE/TO BE REFUNDED >** | 31 | 00 |

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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 8765, WILMINGTON, DE 19899-8765
**ZERO DUE (LINE 31):** P.O. BOX 8711, WILMINGTON, DE 19899-8711

RESIDENT AMENDED
PERSONAL INCOME TAX RETURN

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**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 | | Filing Status 4 ONLY Spouse Information COLUMN A | All other filings statuses You or You plus Spouse COLUMN B |
|---|---|---|---|
| **SECTION A - ADDITIONS (+)** | | | |
| 32. Enter Federal AGI amount. See Instructions | 32 | 00 | 00 |
| 33. Interest on State & Local obligations other than Delaware | 33 | 00 | 00 |
| 34. Fiduciary adjustment, oil depletion | 34 | 00 | 00 |
| 35. TOTAL - Add Lines 33 and 34 | 35 | 00 | 00 |
| 36. Subtotal. Add Lines 32 and 35 ..... 00 00 | 36 | | |
| **SECTION B - SUBTRACTIONS (-)** | | | |
| 37. Interest received on U.S. Obligations | 37 | 00 | 00 |
| 38. Pension/Retirement Exclusions **(See Instructions.)** | 38 | 00 | 00 |
| 39. Delaware State tax refund, fiduciary adjustment, work opportunity tax credit, Delaware NOL Carry forward | 39 | 00 | 00 |
| 40. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist | 40 | 00 | 00 |
| 41. SUBTOTAL. Add Lines 37, 38, 39 and 40 and enter here | 41 | 00 | 00 |
| 42. Subtotal. Subtract Line 41 from Line 36 ..... 00 00 | 42 | | |
| 43. Exclusion for certain persons 60 and over or disabled | 43 | 00 | 00 |
| 44. TOTAL - Add Lines 41 and 43 | 44 | 00 | 00 |
| 45. DELAWARE ADJUSTED GROSS INCOME. Subtract line 44 from Line 36. Enter here and on Front, Line 1 | 45 | 00 | 00 |

**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.**

| | | | |
|---|---|---|---|
| 46. Enter total Itemized Deductions. (See Instructions) | 46 | 00 | 00 |
| 47. Enter Foreign Taxes Paid (See Instructions) | 47 | 00 | 00 |
| 48. Enter Charitable Mileage Deduction (See Instructions) | 48 | 00 | 00 |
| 49. SUBTOTAL. - Add Lines 46, 47 , and 48 and enter here | 49 | 00 | 00 |
| 50a. Enter State Income Tax included in Line 46 above (See Instructions) | 50a | 00 | 00 |
| 50b. Enter Form 700 Tax Credit Adjustment (See Instructions) | 50b | 00 | 00 |
| 51. **TOTAL** - Subtract Line 50a and 50b from Line 49. Enter here and on Front, Line 2 (See Instructions) | 51 | 00 | 00 |

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.

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



**Toll-free telephone number (Delaware only) 1-800-292-7826**