

2017 R

DELAWARE INDIVIDUAL RESIDENT
INCOME TAX RETURN
FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

For Fiscal year beginning MM DD YY and ending MM DD YY

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, 3. ☐ Married & Filing Separate 5. ☐ Head of
Widow(er) Forms Household

Form DE2210 If you were a part-year resident in 2017, give the dates you resided in Delaware:

MM DD 2017 MM DD 2017 2. ☐ Joint 4. ☐ Married & Filing Combined Separate on this form
Attached

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

Column A

Column B

1. DELAWARE ADJUSTED GROSS INCOME. Begin Return on Page 2, Line 29, then enter amount from Line 42 here. > 1 00 00

2a. 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

If you elect the DELAWARE ITEMIZED DEDUCTIONS check here.....

b. Filing Statuses 1, 2, 3 and 5, enter itemized deductions from reverse side, Line 48 in Column B
Filing Status 4 enter itemized deductions from reverse side, Line 48 in Columns A and B

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2 00 00

3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions)
Multiply the number of boxes checked below by \$2500. If you are filing a combined separate return (Filing status 4), enter the total for each appropriate column. All others enter total in Column B.

Column A - if SPOUSE was: 65 or over Blind Column B - if YOU were: 65 or over Blind 3 00 00

4. TOTAL DEDUCTIONS - Add line 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 Column A Column B 6

See Instructions..... 00 00 7

7. Tax on Lump Sum Distribution (Form 329)..... 00 00 8

8. TOTAL TAX - Add Lines 6 and 7 and enter here..... > 8 00 00

9a. PERSONAL CREDITS If you are Filing Status 3, see instructions on Page 6.
If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.
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

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

Enter number of boxes checked on Line 9b x \$110..... 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)..... 00 00 17

18. 2017 Estimated Tax Paid & Payments with Extensions... 00 00 18

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

20. 2017 Capital Gains Tax Payments (Attach Form 5403).. 00 00 20

21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here..... > 21 00 00

22. BALANCE DUE. If Line 16 is greater than Line 21, subtract 21 from 16 and enter here..... > 22 00 00

23. OVERPAYMENT. If Line 21 is greater than Line 16, subtract 16 from 21 and enter here..... > 23 00 00

24. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III..... 24 00

25. AMOUNT OF LINE 23 TO BE APPLIED TO 2018 ESTIMATED TAX ACCOUNT..... ENTER > 25 00

26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$400, see estimated tax instructions..... ENTER > 26 00

27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)..... PAY IN FULL > 27 00

For all other filing statuses, enter Line 22 plus Lines 24 and 26

NET REFUND (For Filing Status 4, see instructions, page 9)..... ZERO DUE/TO BE REFUNDED > 28 00

For all other filing statuses, subtract Lines 24, 25, and 26 from Line 23

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.

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME**SECTION A - ADDITIONS (+)**

29. Enter Federal AGI amount from Federal 1040, 1040A or 1040EZ 29

30. Interest on State & Local obligations other than Delaware 30

31. Fiduciary adjustment, oil depletion 31

32. TOTAL - Add Lines 30 and 31 32

33. Subtotal. Add Lines 29 and 32 33

SECTION B - SUBTRACTIONS (-)

34. Interest received on U.S. Obligations 34

35. Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 10) 35

36. Delaware State tax refund, fiduciary adjustment, work opportunity tax credit, Delaware NOL carry forward - please see instructions on Page 10 36

37. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr. on Page 11) 37

38. SUBTOTAL. Add Lines 34, 35, 36 and 37, and enter here 38

39. Subtotal. Subtract Line 38 from Line 33 39

40. Exclusion for certain persons 60 and over or disabled (See instructions on Page 11) 40

41. TOTAL - Add Lines 38 and 40 41

42. DELAWARE ADJUSTED GROSS INCOME. Subtract line 41 from Line 33. Enter here and on Front, Line 1 42

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.

43. Enter total Itemized Deduction from Schedule A, Federal Form, Line 29 43

44. Enter Foreign Taxes Paid (See instructions on Page 11) 44

45. Enter Charitable Mileage Deduction (See instructions on Page 11) 45

46. SUBTOTAL - Add Lines 43, 44, and 45 and enter here 46

47a. Enter State Income Tax included in Line 43 above (See instructions on Page 11) 47a

47b. Enter Form 700 Tax Credit Adjustment (See instructions on Page 11) 47b

48. TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Front, Line 2 (See instructions) 48

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.

a. Routing Number

b. Type: Checking ☐Savings ☐

c. Account Number

d. Is this refund going to or through an account that is located outside of the United States?

Yes ☐No ☐**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.

Your Signature	Date	Signature of Paid Preparer	Date
Spouse's Signature (if filing joint or combined return)	Date	Address	
Home Phone	Business Phone	City	State Zip
E-Mail Address	EIN, SSN or PTIN	Business Phone	E-Mail Address

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:

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.

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				CHILD 2		CHILD 3	
10.	Was the child under age 24 at the end of 2017, 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	
11.	Was the child permanently and totally disabled during any part of 2017?	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	
12.	Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B)	12							
13.	Federal earned income credit from Federal Form 1040, Form 1040A, or Form 1040EZ.....	13							
14.	Delaware EITC Percentage (20%)	14	.20						
15.	Multiply Line 13 by Line 14	15							
16.	Enter the smaller of Line 12 or Line 15 above. Enter here and on Resident Return, Line 14	16							

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	H.	DE National Guard				00	O.	Senior Trust Fund				00
	B.	U.S. Olympics				00	I.	Juvenile Diabetes Fund				00	P.	Veterans Trust Fund				00
	C.	Emergency Housing				00	J.	Multiple Sclerosis Soc.				00	Q.	Protect DE's Chld Fnd				00
	D.	Breast Cancer Edu.				00	K.	Ovarian Cancer Fnd				00	R.	Food Bank of DE				00
	E.	Organ Donations				00	L.	21st Fund for Children				00	S.	Ssx Cty Hab for Hum				00
	F.	Diabetes Education				00	M.	White Clay Creek				00	T.	Ctrl DE Hab for Hum				00
	G.	Veterans Home				00	N.	Home of the Brave				00	U.	NCC Hab for Humanity				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.

