### 2017 Delaware Individual Resident Income Tax Return

**Form 200-01**

**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

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

### 1. Delaware Adjusted Gross Income

- **Begin Return on Page 2:** Line 29, then enter amount from Line 42 here.

### 2a. Delaware Standard Deduction

<table>
<thead>
<tr>
<th>Status</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Single, Divorced, Widow(er)</td>
<td>$3250</td>
<td>$6500</td>
</tr>
</tbody>
</table>

### 2b. Delaware Itemized Deductions

- If you elect the Delaware Itemized Deductions check here.

### 3. Additional Standard Deductions

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 or blind
- **Column B:** if you were 65 or over or blind

### 4. Total Deductions

Add lines 2 & 3 and enter here.

### 5. Taxable Income

- Subtract Line 4 from Line 1, and compute tax on this amount.

### 6. Tax Liability from Tax Rate Table/Schedule

See instructions.

### 7. Tax on Lump Sum Distribution

(Attach Form 329)

### 8. Total Tax - Add Lines 6 and 7 and enter here.

### 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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter number of exemptions claimed on Federal return</td>
<td>$110</td>
<td></td>
</tr>
</tbody>
</table>

- **On Line 9a,** enter the number of exemptions for:

### 9b. Check Boxes

- Enter number of boxes checked on Line 9b

### 10. Tax imposed by State of

- Must attach copy of DE Schedule I and other state return.

### 11. Volunteer Firefighter Co. - Spouse

- Enter credit amount.

### 12. Other Non-Refundable Credits

- Must attach Form 2441. Enter 50% of Federal credit

### 13. Earned Income Tax Credit

- See instructions on Page 8 for all required documentation.

### 14. Total Non-Refundable Credits

- Add Lines 9a, 9b, 10, 11, 12 & 13 & 14 and enter here.

### 15. Balance

Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (zero).

### 16. Delaware Tax Withheld

(Attach W2s/1099s)

### 17. 2017 Estimated Tax Paid & Payments with Extensions

### 18. Corp Payments and Refundable Business Credits

### 19. 2017 Capital Gains Tax Payments

### 20. Total Refundable Credits

- Add Lines 17, 18, 19, and 20 and enter here.

### 21. Total Refundable Credits

- Add Lines 17, 18, 19, and 20 and enter here.

### 22. Balance Due

- If Line 16 is greater than Line 21, subtract 21 from 16 and enter here.

### 23. Overpayment

- If Line 21 is greater than Line 16, subtract 16 from 21 and enter here.

### 24. Contributions to Special Funds

- If elective a contribution, complete and attach DE Schedule III.

### 25. Amount of Line 23 to be Applied to 2018 Estimated Tax Account

### 26. Penalties and Interest Due

- If Line 22 is greater than $0, see estimated tax instructions.

### 27. Net Balance Due

- For Filing Status 4, see instructions, page 9.

### 28. Net Refund

- For Filing Status 4, see instructions, page 9.
MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

**SECTION A - ADDITIONS (+)**

- **29.** Enter Federal AGI amount from Federal 1040, 1040A or 1040EZ
- **30.** Interest on State & Local obligations other than Delaware
- **31.** Fiduciary adjustment, oil depletion
- **32.** TOTAL - Add Lines 30 and 31
- **33.** Subtotal. Add Lines 29 and 32

**SECTION B - SUBTRACTIONS (-)**

- **34.** Interest received on U.S. Obligations
- **35.** Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 10)
- **36.** Delaware State tax refund, fiduciary adjustment, work opportunity tax credit, Delaware NOL carry forward - please see instructions on Page 10
- **37.** Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr. on Page 11)
- **38.** SUBTOTAL. Add Lines 34, 35, 36 and 37, and enter here
- **39.** Subtotal. Subtract Line 38 from Line 33
- **40.** Exclusion for certain persons 60 and over or disabled (See instructions on Page 11)
- **41.** TOTAL - Add Lines 38 and 40
- **42.** DELAWARE ADJUSTED GROSS INCOME. Subtract line 41 from Line 33

**SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A)**

- **43.** Enter total Itemized Deduction from Schedule A, Federal Form, Line 29
- **44.** Enter Foreign Taxes Paid (See instructions on Page 11)
- **45.** Enter Charitable Mileage Deduction (See instructions on Page 11)
- **46.** SUBTOTAL - Add Lines 43, 44, and 45 and enter here
- **47a.** Enter State Income Tax included in Line 43 above (See instructions on Page 11)
- **47b.** Enter Form 700 Tax Credit Adjustment (See instructions on Page 11)
- **48.** TOTAL - Subtract Line 47a and 47b from Line 46

**SECTION D - DIRECT DEPOSIT INFORMATION**

- **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.

<table>
<thead>
<tr>
<th>Your Signature</th>
<th>Date</th>
<th>Signature of Paid Preparer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse’s Signature (if filing joint or combined return)</td>
<td>Date</td>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td>Business Phone</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>E-Mail Address</td>
<td>EIN, SSN or PTIN</td>
<td>Business Phone</td>
<td>E-Mail Address</td>
</tr>
</tbody>
</table>

**BALANCE DUE W/PAYMENT ENCLOSED (LINE 27)**

DELTAWRE DIVISION OF REVENUE
P.O. BOX 508
WILMINGTON, DE 19899-0508

**REFUND (LINE 28):**

DELTAWRE DIVISION OF REVENUE
P.O. BOX 8710
WILMINGTON, DE 19899-8710

**ALL OTHER RETURNS:**

DELTAWRE 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

(Rev 09/2017)
### DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

Enter the credit in **HIGHEST** to **LOWEST** amount order.

1. Tax imposed by State of (enter 2 character state name) .................................................. 1
2. Tax imposed by State of (enter 2 character state name) .................................................. 2
3. Tax imposed by State of (enter 2 character state name) .................................................. 3
4. Tax imposed by State of (enter 2 character state name) .................................................. 4
5. Tax imposed by State of (enter 2 character state name) .................................................. 5

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

### 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

<table>
<thead>
<tr>
<th>Child</th>
<th>First Name</th>
<th>Last Name</th>
<th>SSN</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILD 1</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILD 2</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILD 3</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

####公式

- Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B) ........... 12
- Federal earned income credit from Federal Form 1040, Form 1040A, or Form 1040EZ .......... 13
- Delaware EITC Percentage (20%) .......................................................................................... 14
- Multiply Line 13 by Line 14 .................................................................................................. 15
- 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.

<table>
<thead>
<tr>
<th>A.</th>
<th>Non-Game Wildlife</th>
<th>H.</th>
<th>DE National Guard</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.</td>
<td>U.S. Olympics</td>
<td>I.</td>
<td>Juvenile Diabetes Fund</td>
</tr>
<tr>
<td>C.</td>
<td>Emergency Housing</td>
<td>J.</td>
<td>Multiple Sclerosis Soc.</td>
</tr>
<tr>
<td>D.</td>
<td>Breast Cancer Edu.</td>
<td>K.</td>
<td>Ovarian Cancer Fnd</td>
</tr>
<tr>
<td>E.</td>
<td>Organ Donations</td>
<td>L.</td>
<td>21st Fund for Children</td>
</tr>
<tr>
<td>F.</td>
<td>Diabetes Education</td>
<td>M.</td>
<td>White Clay Creek</td>
</tr>
<tr>
<td>G.</td>
<td>Veterans Home</td>
<td>N.</td>
<td>Home of the Brave</td>
</tr>
</tbody>
</table>

- O. Senior Trust Fund
- P. Veterans Trust Fund
- Q. Protect DE's Child Fnd
- R. Food Bank of DE
- S. Sax Cty Hab for Hum
- T. Ctr DE Hab for Hum
- U. NCC Hab for Humanity

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.