

For 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) 3. Married & Filing Separate Forms 5. Head of Household
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

Table with 3 columns: Line number, Description, and Amount. Includes sections for DELAWARE ADJUSTED GROSS INCOME, DEDUCTIONS, TAXABLE INCOME, TAX LIABILITY, CREDITS, and BALANCE DUE. Includes a barcode and identification number DF20117019999.

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 (+)

Table with 4 columns: Line number, Description, Amount, and two columns for Filing Status 4 ONLY Spouse Information (COLUMN A) and All other filing statuses (COLUMN B). Rows include Federal AGI amount, interest on state obligations, fiduciary adjustment, and a subtotal.

SECTION B - SUBTRACTIONS (-)

Table with 4 columns: Line number, Description, Amount, and two columns for Filing Status 4 ONLY Spouse Information (COLUMN A) and All other filing statuses (COLUMN B). Rows include interest received on U.S. obligations, pension/retirement exclusions, Delaware state tax refund, taxable social security benefits, and a subtotal.

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 with 4 columns: Line number, Description, Amount, and two columns for Filing Status 4 ONLY Spouse Information (COLUMN A) and All other filing statuses (COLUMN B). Rows include total itemized deduction, foreign taxes paid, charitable mileage deduction, state income tax, and a total.

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 with fields for: a. Routing Number, b. Type (Checking/Savings), c. Account Number, and 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.

Form with fields for: 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, and 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

