

2009

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DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning and ending

Your Social Security No. Spouse's Social Security No.

(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS

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

Form DE2210 Attached

If you were a part-year resident in 2009, give the dates you resided in Delaware.

From 2009 To 2009 Month Day Month Day

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

1. DELAWARE ADJUSTED GROSS INCOME. Enter amount from reverse side, Line 41 1 00 00

2a. If you elect the DELAWARE STANDARD DEDUCTION check here...
b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 47 in Column B
Filing status 4 enter Itemized Deductions from reverse side, Line 47 in Columns A and B 2 00 00

3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions)
CHECK BOX(ES) Column A - if SPOUSE was 65 or over Blind
Column B - if YOU were 65 or over Blind
Multiply the number of boxes checked above 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 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 6 00 00
7. Tax on Lump Sum Distribution (Form 329) 7 00 00
8. TOTAL TAX - Add Lines 6 and 7 and enter here > 8 00 00

PERSONAL CREDITS If you are Filing Status 3, see instructions on Page 7. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.

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

9b. CHECK BOX(ES) Spouse 60 or over (Column A) Self 60 or over (Column B) 9b 00 00
Enter number of boxes checked on Line 9b. X \$110

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) 17 00 00

18. 2009 Estimated Tax Paid & Payments with Extensions 18 00 00

19. S Corporation Payments Form 1100S/A-1 Required 19 00 00

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

21. BALANCE DUE. If Line 16 is greater than Line 20, subtract 20 from 16 and enter here > 21 00 00

22. OVERPAYMENT. If Line 20 is greater than Line 16, subtract 16 from 20 and enter here > 22 00 00

23. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III 23 00

24. AMOUNT OF LINE 22 TO BE APPLIED TO 2010 ESTIMATED TAX ACCOUNT ENTER > 24 00

25. PENALTIES AND INTEREST DUE. If Line 21 is greater than \$400, see estimated tax instructions ENTER > 25 00

26. NET BALANCE DUE (For Filing Status 4, see instructions, page 9) PAY IN FULL > 26 00
For all other filing statuses, enter Line 21 plus Lines 23 and 25

27. NET REFUND (For Filing Status 4, see instructions, page 9) ZERO DUE/TO BE REFUNDED > 27 00
For all other filing statuses, subtract Lines 23, 24 and 25 from Line 22

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE



