

DELAWARE FORM 200-01-X

2014

DO NOT WRITE OR STAPLE IN THIS AREA

RESIDENT AMENDED PERSONAL INCOME TAX RETURN

ATTACH LABEL

or Fiscal year beginning MMDDYY and ending MMDDYY
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 or Entered into a Civil Union & Filing Separate Forms 5. Head of Household
2. Joint or Entered into a Civil Union 4. Married or Entered into a Civil Union & Filing Combined Separate on this form

If you were a part-year resident in 2014, give the dates you resided in Delaware.
From MMDD 2014 To MMDD 2014
Month Day Month Day

Form DE2210 Attached Filing Status 4 ONLY All other filing statuses
Spouse Information You OR
COLUMN A You plus Spouse
COLUMN B

COMPLETE ALL SECTIONS OF THIS RETURN. NAMES AND SSN'S MUST MATCH ORIGINAL

CORRECTED AMOUNTS

Table with 3 columns: Line Number, Description, and Amount. Includes sections for Delaware Adjusted Gross Income, Deductions, Taxable Income, and Total Tax.



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



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
33. Interest on State & Local obligations other than Delaware..... 33
34. Fiduciary adjustment, oil depletion..... 34
35. TOTAL - Add Lines 33 and 34..... 35
36. Subtotal. Add Lines 32 and 35..... 36

00 00
00 00
00 00
00 00

SECTION B - SUBTRACTIONS(-)

37. Interest received on U.S. Obligations..... 37
38. Pension/Retirement Exclusions (See Instructions)..... 38
39. Delaware State tax refund, fiduciary adjustment, work opportunity tax credit,
Delaware NOL Carry forward..... 39
40. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist..... 40
41. SUBTOTAL. Add Lines 37, 38, 39 and 40 and enter here..... 41
42. Subtotal. Subtract Line 41 from Line 36..... 42
43. Exclusion for certain persons 60 and over or disabled 43
44. TOTAL - Add Lines 41 and 43..... 44
45. DELAWARE ADJUSTED GROSS INCOME. Subtract line 44 from Line 36. Enter here and on Front, Line 1.... 45

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

00 00
00 00
00 00
00 00
00 00
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