2013 R

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200- 01

You Ladd Name	or Fisca	al year begi	nning	and ending_									
Present Home Address (Number and Street)													
Present Home Address (Number and Street)													
Present Home Address (Number and Street)													
Pascent Horne Address (Number and Street)	Your Last Name			First Name	Middle InitialJr.,Sr.,I	II,etc.							
Pascent Horne Address (Number and Street)	<u></u>	aata Laat N		Characta First No	one of Airdalla Institution Co. I	III a ka							
Form DEZ210 Form DEZ210	Spous	se's Last N	ame	Spouse's First Ma	ameviidale iniliaur.,Sr.,1	iii,etc.							
Form DEZ210 Form DEZ210	Prese	ent Home A	ddress (Number and Street)		Apt.#								
Form DE210					**								
	City			State Z	Zip Code			FILIN	G STATL	JS (MUST CH	ECK ONE)		
Allached	L _			_					3.				
Attached Month Day	Forn	n DE2210	If you were a part-year residen	t in 2013, give the	dates you resided in			. ,			, ,		
Column A is for Spouse information, Filing Status 4 only. All other filing statuses use Column B.			From			013			4				
DELAWARE ADJUSTED GROSS INCOME. Begin Return on Page 2, Line 29, then enter amount from Line 42 here\$ In page elect the DELAWARE STANDARD DEDUCTION check here										O = 1: A		O a la sera e D	
20.				,					1	Column A			00
Filing Status:ss 1, 3 a 5. Enter \$3250 in Column B. Filing Status 2. Enter \$6500 in Column B				<u> </u>	<u> </u>	n ente	er amount fror	n line 42 nere	>1		00		00
Filing Status 4 Enter \$3256 in Column A and in Column B	Zā.	,				lumn F	ς.						
D. Filmy Status.es. 1. 2, 3 and 5, other termited Deductions from reverse side, Line 48 in Column A Filmy Status 4 enter therized Deductions from reverse side, Line 48 in Columns A and Filmy Status 4 enter therized Deductions from reverse side, Line 48 in Columns A and Deductions from reverse side, Line 48 in Columns A see instructions)					us z Elitel \$0000 ili Co	IUIIIII E	Ο,						
ADDITIONAL STANDARD DEDUCTIONS (Not allowed with Immerate Deductions - see instructions)		If you elec	t the DELAWARE ITEMIZED [DEDUCTIONS che									
3. ADDITIONAL STANDARD DEDUCTIONS. (Not Allowed with Hemized Deductions - see instructions) Multiply the number of boxes checked below by \$2500. If you are filling a combined separate return (Filling status 4), enter the total forest 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 00 00 00 00 00 00 00 00 00 00 0	b.	Filing Stat	uses 1, 2, 3 and 5, enter Itemize us 4 enter Itemized Deductions f	ed Deductions from From reverse side. I	reverse side, Line 48 i Line 48 in Columns A a	n Colu nd B	ımn B		2		00		00
Column A : FSPOUSE was 6 for over Bilind Column B : If YOU were: 65 or over Bilind 3	3.	ADDITIO	NAL STANDARD DEDUCTIO	NS (Not Allowed	with Itemized Deduc	ctions					1001		00
Column A - if SPOUSE was: 65 or over Blind Column B - if YOU were: 65 or over Blind 3 00 00 00 00 00 00 00		Multiply the	number of boxes checked below b	by \$2500. If you are to n Column B	filing a combined separat	e retur	n (Filing status	4), enter the to	al for				
TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here.					Column B - if YOU we	ere: 6	5 or over	Blind	3		00		00
S. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount S 00 00 00 00 00 00 00	4.	TOTAL [DEDUCTIONS - Add Lines	2 & 3 and enter h	ere				_				_
Tax Liability from Tax Rate Table/Schedule	5.								5				
See Instructions	6												
Spouse Taxpayer R TOTAL TAX - Add Lines 6 and 7 and enter here	0.					00		00	6				
8	7.		mp Sum Distribution (Form 32	29)		00		00	7				
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 00 00 00 00 00 00 00 00 00 00 00			•	•	_								
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	_							·····>	8		[00]	<u> </u>	00
Column B Column B Column B Spouse 60 or over (ColumnA) Self 60 or over (ColumnB)	7u.	If you use	Filing Status 4, enter the total for	each appropriate of	column. All others enter	total i	n Column B.				00		00
Self 60 or over (ColumnA) Self 60 or over (ColumnB)		Enter num	ber of exemptions claimed on Fo	ederal return					9a [[00]		00
Enter number of boxes checked on Line 9b. X \$110	0h		The second secon					8)					
10. Tax imposed by State of	70.						•		Oh		00		00
11. Volunteer Fire lighter Co.# - Spouse (Column A)	10												
Other Non-Refundable Credits (see instructionson Page 7)			,										-
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			= '										
14 Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation.			, , , , , , , , , , , , , , , , , , , ,										
15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here													
17. Delaware Tax Withheld (Attach W2s/ 1099s) 00 17 18. 2013 Estimated Tax Paid & Payments with Extensions. 00 00 18 19. S Corp Payments and Refundable Business Credits 00 00 19 20. 2013 Capital Gains Tax Payments (Attach Form 5403) 00 00 20 21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here	15.	Total Nor	-Refundable Credits. Add Lin	nes 9a, 9b, 10, 11	, 12, 13 & 14 and ent	er her	re		. 15		00		00
18. 2013 Estimated Tax Paid & Payments with Extensions. 19. S Corp Payments and Refundable Business Credits 20. 2013 Capital Gains Tax Payments (Attach Form 5403) 20. 2013 Capital Gains Tax Payments (Attach Form 5403) 21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here	16.	BALANC	E. Subtract Line 15 from Line	e 8. If Line 15 is g	reater than Line 8, er	nter "0	" (Zero)		· 16		00		00
19. S Corp Payments and Refundable Business Credits 20. 2013 Capital Gains Tax Payments (Attach Form 5403) 21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here	17.	Delaware	Tax Withheld (Attach W2s/ 10	099s)		00		00	17				
20. 2013 Capital Gains Tax Payments (Attach Form 5403)	18.	2013 Esti	mated Tax Paid & Payments w	vith Extensions.		00		00	18				
21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here	19.	S Corp Pa	ayments and Refundable Busin	ess Credits		00		00	19				
22. BALANCE DUE. If Line 16 is greater than Line 21, subtract 21 from 16 and enter here	20.	2013 Cap	ital Gains Tax Payments (Attac	h Form 5403)		00		00	20				
23. OVERPAYMENT. If Line 21 is greater than Line 16, subtract 16 from 21 and enter here	21.	TOTAL R	efundable Credits. Add Lines 1	7, 18, 19, and 20	and enter here			>	21		00		00
24. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III	22.	BALANC	E DUE. If Line 16 is greater t	than Line 21, subt	ract 21 from 16 and e	nter h	ere	>	22		00		00
25. AMOUNT OF LINE 23 TO BE APPLIED TO 2014 ESTIMATED TAX ACCOUNT	23.								23		00		00
26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$400, see estimated tax instructions													
27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)										20			
For all other filing statuses, enter Line 22 plus Lines 24 and 26 28. NET REFUND (For Filing Status 4, see instructions, Page 9)										20			
1 THE THE ONE (FOR THING OLDING TO STORY OLD		For all otl	ner filing statuses, enter Line	22 plus Lines 24	and 26								
	28.						ZERO DUE	/TO BE REF	JNDED :	> [28]		[00]	

ATTACH LABEL 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.

SECTION A - ADDITIONS (+) 29. Enter Federal AGI amount from Federal 1040, Line 37, 1040A, Line 21; or 1040EZ, Line 4	MODIFICATION	IS TOFEDEI	RAL ADJUS	STED GROSS II	NCOME			Filing Status 4 ONL Spouse Informatio COLUMN A		All other filings statuses ou or You plus Spouse COLUMN B
30 Interest on State & Local obligations other than Delaware 31 Fiduciary adjustment, oil depletion 31 Fiduciary adjustment, oil depletion 32 TOTAL - Add Lines 30 and 31 32 00 0 33 SECTION B - SUBTRACTIONS (*) 34 Interest received on U.S. Obligations 35 Persiston/Reference Exclusions (For a definition of eligible income, see instructions on Page 10) 35 00 0 36 Delaware State tax refund, fliduciary adjustment, work apportunity tax credit, Delaware Not Carry forward - please see instructions on Page 10 36 00 0 37. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See Instructions on Page 10) 36 00 0 37. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See Instructions on Page 10) 37 00 0 38. SUBTOTAL. Add Lines 33, 35, 36 and 37 and enter here 38 00 0 39. Subtorial Subtract Line 38 from Line 33 00 00 00 39 00 00 00 00 00 00 00 00 00 00 00 00 00	SECTION A - ADD	ITIONS (+)								
31. Floticary adjustment, oil depetition 32. 100 31 32 30 32 30 32 30 33 32 30 33 32 30 33 32 30 33 32 30 33 32 30 33 32 30 33 32 30 33 32 30 33 32 30 33 32 30 33 32 30 33 32 30 33 32 30 33 32 30 33 32 30 33 32 30 33 33	29. Enter Federal A	GI amount from	Federal 1040, L	ine 37; 1040A, Line 21	; or 1040EZ, Line 4		29		00	00
32 TOTAL - And Lines 30 and 31 33 Subtotal. Add Lines 29 and 32 SECTION B - SUBTRACTIONS (-) 34 Interest received on U. S. Obligations 35 Pension/Relifement Euclusions (For a definition of eligible income, see instructions on Page10) 36 Delaware state lax refund, fluiduciary adjustment, work opportunity fax credit. Delaware State lax refund, fluiduciary adjustment, work opportunity fax credit. Delaware State lax refund, fluiduciary adjustment, work opportunity fax credit. Delaware State lax refund, fluiduciary adjustment, work opportunity fax credit. Delaware State lax refund, fluiduciary adjustment, work opportunity fax credit. Delaware State lax refund, fluiduciary adjustment, work opportunity fax credit. Delaware State lax refund, fluiduciary adjustment, work opportunity fax credit. Delaware State lax refund, fluiduciary adjustment, work opportunity fax credit. Delaware Not. Carry forward please see instructions on Page 10. 36 00 37 1 avable Soc. Sec/RR Returnent BeenfilsHipter Facur. EvideVertain Lump Sum Dist. (See instr. on Pg 11) 38 SUBTOTAL. Add Lines 34, 35, 36 and 37 and enter here 39 Subtotal. Subtract Line 38 from Line 33 00 0 Delaware Robustre Certain persons 6 and over or disabled (See instructions on Page 11). 40 00 41 LOTAL - Add Lines 38 and 40 LECALUSING or certain persons 6 and over or disabled (See instructions on Page 11). 41 00 Delaware Robustre Deductions from Schedule A. Federal Form, Line 29 43 Enter foreign Taxes Paid (See instructions on Page 11) 44 Enter Foreign Taxes Paid (See instructions on Page 11) 45 Enter Charitable Milasga Deductions (See instructions on Page 11) 46 00 47 Enter Foreign Taxes Paid (See instructions on Page 11) 47 Delaware Robustre Line 47 and 47 for multines of the Page 11 48 00 49 Subtrota. Add Lines 43, and 43 and enter here 49 00 40 Lat subtract Line 47 and 47 for from Line 49. No Carter Farm 700 Tax Ceedit Adjustment (See instructions on Page 11) 40 00 Enter Foreign Taxes Paid (See instructions on Page 11) 41 00 42 Dela	30. Interest on State	e & Local obligation	ons other than D	Delaware			30		00	00
33. Subtotal. Add Lines 29 and 32	31. Fiduciary adjustr	ment, oil depletion	n						00	00
SECTION B - SUBTRACTIONS (-) 34	32. TOTAL - Add L	ines 30 and 31					32		00	00
SECTION B - SUBTRACTIONS (-) 34	33. Subtotal. Add Li	ines 29 and 32			00	00	33			
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Social Delaware Note Carry forward - please see instructions on Page 10 00 00 00 00 00 00 00		0					_		00	00
37. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr. on Pg 11) 37 00 0 38 SUBTOTAL. Add Lines 34, 35, 36 and 37 and enter here 38 00 0 39 40 50 50 50 50 50 50 50 50 50 50 50 50 50	Delaware State	tax refund, fiduc	iary adjustment	, work opportunity tax of	credit,		-			
Subtoral. Add Lines 34, 35, 36 and 37 and enter here 38	Delaware NOL	Carry forward	please see instr	ructions on Page 10.			36		00	00
Subtoral. Add Lines 34, 35, 36 and 37 and enter here 38	37. Taxable Soc Se	ec/RR Retirement	t Benefits/Highe	r Educ. Excl/Certain Lu	ımp Sum Dist. (See instr. d	on Pa 11)	37		00	00
Subtotal. Subtract Line 38 from Line 33			_		·	=				00
Exclusion for certain persons 60 and over or disabled (See instructions on Page 11). 10									00	00
11. TOTAL - Add Lines 38 and 40									nn	100
DECTION 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. 13. Enter total flemized Deductions from Schedule A, Federal Form, Line 29. 14. Enter Foreign Taxes Paid (See instructions on Page 11) 15. Enter Charitable Mileage Deduction (See instructions on Page 11) 16. SuBTOTAL - Add Lines 43, 44, and 45 and enter here 17. Enter Foreign Taxes A and 47b from Line 43 above (See instructions on Page 11) 18. TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Front, Line 2 (See instructions) 18. TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Front, Line 2 (See instructions) 18. Routing Number 19. Type: Checking 10. Subtract Line 47a and 57b from Line 46. Enter here and on Front, Line 2 (See instructions) 20. Section D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly oyour checking or savings account, complete boxes a, b, c and d below. See instructions for details. 21. Routing Number 22. Details adjusted by\$100.00 or more, a paper check will be issued and mailed to the address on your return. 23. Better Charles and Statements, and be lieve it is true, correct and four Signature 24. Signature (If filling joint or combined return) 25. Date Phone 26. Supplementation on Page 10 26. Supplementation of the United States? 27. Yes 28. No 29. Date 29. Address 20. State Zip									-	
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. 13. Enter folal Itemized Deductions from Schedule A, Federal Form, Line 29										00
allocate deductions between spouses, you must prorate in accordance with income. Better total ltemized Deductions from Schedule A, Federal Form, Line 29										
13. Enter total Itemized Deductions from Schedule A, Federal Form, Line 29						columns A and	d B are u	sed and you are ur	nable to	o specifically
4. Enter Foreign Taxes Paid (See instructions on Page 11) 5. Enter Charitable Mileage Deduction (See instructions on Page 11) 6. SUBTOTAL - Add Lines 43, 44, and 45 and enter here 6. SUBTOTAL - Add Lines 43, 44, and 45 and enter here 7. Enter State Income Tax included in Line 43 above (See instructions on Page 11) 7. Enter Form 700 Tax Credit Adjustment (See instructions on Page 11) 8. TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Front, Line 2 (See instructions) 8. TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Front, Line 2 (See instructions) 8. ECTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly or your checking or savings account, complete boxes a, b, c and d below. See instructions for details. 8. Routing Number 8. Type: Checking Savings 9. Type: Checking Savin							-		00	
5. Enter Charitable Mileage Deduction (See instructions on Page 11) 6. SUBTOTAL - Add Lines 43, 44, and 45 and enter here 7a. Enter State Income Tax Included in Line 43 above (See Instructions on Page 11) 7b. Enter Form 700 Tax Credit Adjustment (See instructions on Page 11) 8. TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Front, Line 2 (See instructions) 8. TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Front, Line 2 (See instructions) 8. ECCTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly by your checking or savings account, complete boxes a, b, c and d below. See instructions for details. 9. Type: Checking Savings 9. Type: Checking Savings 1. States? 1. Yes No 1. State Zip									-	00
6. SUBTOTAL Add Lines 43, 44, and 45 and enter here 7a. Enter State Income Tax included in Line 43 above (See instructions on Page 11) 7b. Enter Form 700 Tax Credit Adjustment (See instructions on Page 11) 8. TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Front, Line 2 (See instructions) 8. TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Front, Line 2 (See instructions) 8. ECTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly or your checking or savings account, complete boxes a, b, c and d below. See instructions for details. a. Routing Number b. Type: Checking Savings d. Is this refund going to or through an account located outside of the United States? Yes No OTE: 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 TOSIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and be lieve it is true, correct and your Signature Date Signature of Paid Preparer Date Address Lip State Zip	•			•						00
7a. Enter State Income Tax included in Line 43 above (See instructions on Page 11) 7b. Enter Form 700 Tax Credit Adjustment (See instructions on Page 11) 8. TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Front, Line 2 (See instructions) 8. ECCTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly or 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 located outside of the United States? Yes No OTE: 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 TOSIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and be lieve it is true, correct and four Signature Date Signature of Paid Preparer Date Signature (if filing joint or combined return) Date Address									-	00
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8. TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Front, Line 2 (See instructions) SECTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly by your checking or savings account, complete boxes a, b, c and d below. See instructions for details. a. Routing Number b. Type: Checking Savings d. Is this refund going to or through an account located outside of the United States? Yes No OTE: 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 TOSIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and be lieve it is true, correct and four Signature Date Signature of Paid Preparer Date Address Date City State Zip					=					00
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Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and be lieve it is true, correct and Your Signature Date	IOTE: If your refur	-	-					•		
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										
Spouse's Signature (if filing joint or combined return) Date Address Home Phone Business Phone City State Zip		erjury, I declar	e that I have e				and stater	ments, and be lieve		ie, correct and comp
lome Phone Business Phone City State Zip	our Signature			Date	Signature of Paid	d Preparer			Date	
	Spouse's Signature (if	filing joint or com	bined return)	Date	Address					
E-Mail Address EIN, SSN OR PTIN Business Phone E-Mail Address	Home Phone		Business P	hone	City			Stat	e Z	ip
E-Mail Address EIN, SSN OR PTIN Business Phone E-Mail Address										
	E-Mail Address				EIN, SSN OR P	ΓΙΝ Busine	ss Phone	Ē	-Mail A	ddress

NET BALANCE DUE (LINE 27): DELAWARE DIVISION OF REVENUE P.O. BOX 508

WILMINGTON, DE19899-0508

NET REFUND (LINE 28): DELAWARE DIVISION OF REVENUE

P.O. BOX 8765 WILMINGTON, DE19899-8765 DELAWARE DIVISION OF REVENUE P.O.BOX8711 WILMINGTON, DE19899-8711

ZERO (LINE 28):

MAKE CHECK PAYABLE TO : DELAWARE DIVISION OF REVENUE PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN