2013 R

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200- 01

or Fisc	al year begin	ning	and ending_								
Your Social Security No.			Spouse's Social Sec. No.								
	-	-									
Your Last Name			First Name	Middle InitialJr.,Sr.,I	II,etc.						
Consequent Lord Name			Chausala First Na	una al Middla Initially Cr. I	II aka						
Spouse's Last Name			Spouse's First Na	nmeMiddle Initial/r.,Sr.,I	ii,etc.						
Prese	ent Home Ad	ddress (Number and Street)	ļ	Apt.#							
City			State Z	Zip Code			FIL	ING STA	TUS (MUST C	HECK ONE)	
l _			_ L L				ingle, Divorced Vidow(er)	l, 3.		Entered into a Civi ng Separate For	
Forr	n DE2210	If you were a part-year residen Delaware.	nt in 2013, give the o	dates you resided in			, ,			5 1	
		From	2013 To		013		oint or Entered Ito a Civil Unior			Entered into a Ci mbined Separate	
	ttached	Month Day		Month Day					0-1	Δ.	O a la sera a D
		or Spouse information, Filing	,					ua 1	Column		Column B
1.		E ADJUSTED GROSS INCOM		<u> </u>	n ente	r amount tro	m Line 42 ne	re>1		00	00
2a.	,	t the DELAWARE STANDARD uses 1, 3 & 5 Enter \$3250 in Col			lumn E).					
		ıs 4 Enter \$3250 in Column A a		12 5 Elitel 20200 III Col	ullill	Ο,					
	If you elect	t the DELAWARE ITEMIZED [DEDUCTIONS che								
b.	Filing Statu Filing statu:	ises 1, 2, 3 and 5, enter Itemize s 4 enter Itemized Deductions f	ed Deductions from From reverse side. L	reverse side, Line 48 ii ine 48 in Columns A aı	n Colu nd B	ımn B		2 [00	00
3.	ADDITION	IAL STANDARD DEDUCTIO	NS (Not Allowed	with Itemized Deduc	ctions					1001	100
	Multiply the	number of boxes checked below briate column. All others enter total in	by \$2500. If you are f	filing a combined separat	e retur	n (Filing statu	s 4), enter the	total for			
		if SPOUSE was: 65 or over	Blind	Column B - if YOU we	ere: 6	5 or over	Blind	3		00	00
4.	TOTAL D	EDUCTIONS - Add Lines	2 & 3 and enter h	ere				4		00	00
5.		E INCOME - Subtract Line								00	00
6.		y from Tax Rate Table/Schedu		Column A			olumn B				,
0.		ctions			00		0	0 6			
7.		np Sum Distribution (Form 32	29)		00		0	0 7			
	Spouse	Taxpa	•	_							
8. 9a.		AX - Add Lines 6 and 7 IAL CREDITS If you are Fili					••	> 8		00	00
74.	If you use F	Filing Status 4, enter the total for	r each appropriate o	column. All others enter	total i	n Column B.		_		00	00
	Enter number of exemptions claimed on Federal return X \$110							9a L		[00]	00
9h	CHECK E	· ·	or over (ColumnA			ver (Columni	R)				
70.						-	•	oh [00	00
10		Enter number of boxes checked on Line 9bX \$110X state of (Must attach copy of DE Schedulel and other								00	00
	. ,			Self (Column B) Enter credit amount 11						00	00
12.	Other Non-Refundable Credits (see instructionson Page 7)									00	00
13.	, , ,									00	00
14.										00	00
15.	Total Non-	-Refundable Credits. Add Lin	nes 9a, 9b, 10, 11	, 12, 13 & 14 and ent	er hei	re		15		00	00
16.	BALANC	E. Subtract Line 15 from Line	e 8. If Line 15 is g	reater than Line 8, er	iter "0	" (Zero)		16		00	00
17.	Delaware 7	Tax Withheld (Attach W2s/ 10	099s)		00		0	0 17			
18.	2013 Estin	nated Tax Paid & Payments w	vith Extensions.		00		0	0 18			
19.	S Corp Pag	yments and Refundable Busin	ness Credits		00		0	0 19			
20.	2013 Capit	al Gains Tax Payments (Attac	h Form 5403)		00		0	0 20			
21.		fundable Credits. Add Lines 1								00	00
22.		E DUE. If Line 16 is greater to								00	00
23.		YMENT. If Line 21 is greater								00	00
24.		BUTIONS TO SPECIAL FU OF LINE 23 TO BE APPLIED							24		00
25. 26		S AND INTEREST DUE. If Lin						ENTE			00
		ANCE DUE (For Filing Status						ENTE	.		00
	For all oth	er filing statuses, enter Line	22 plus Lines 24	and 26							00
28.		JND (For Filing Status 4, see er filing statuses, subtract Line				ZEKU DU	E/TO BE RE	FUNDE	D > 28		100

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 Information 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 0 40. Exclusion for certain persons 60 and over or disabled (See instructions on Page 11) 40 00 0 41. TOTAL - Add Lines 38 and 40 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 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 Rol. Carry forward: - please see instructions on Page 10. 36 00 37 Taxable Soc. Sec/RR Returnents BenefilsHigher Eucl. Excl/Detain Lump Sum Dist. (See instr. on Pg 11) 37 30 38 SUBTOTAL. Add Lines 34, 35, 36 and 37 and enter here 38 00 39 Subtotal. Subtract Line 38 from Line 33 00 0 Do 0 Do 0 Euclusion for cardain persons 60 and over or disabled (See instructions on Page 11). 40 00 41 TOTAL - Add Lines 38 and 40 CELUMARE ADJUSTED GROSS INCOME. Subtract line 41 from Line 33. Enter here and on Front, Line 42 DELAWARE ADJUSTED GROSS INCOME. Subtract line 41 from Line 33. Enter here and on Front, Line 42 EDELAWARE ADJUSTED GROSS INCOME. Subtract TATCH 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. 43 Enter foreign Taxes Paid (See instructions on Page 11) 44 Enter Foreign Taxes Paid (See instructions on Page 11) 45 Enter Charitable Milagap Deduction (See instructions on Page 11) 46 00 47 Enter Foreign Taxes Paid (See instructions on Page 11) 47 00 Delaware Cardit Adjustment (See instructions on Page 11) 48 00 Delaware Cardit Adjustment (See instructions on Page 11) 49 00 Extension Cardit Adjustment (See instructions on Page 11) 40 00 Extension Cardit Adjustment (See instructions on Page 11) 41 00 Extension Cardit Adjustment (See instructions on Page 11) 42 00 Extension Cardit Adjustment (See instructions on Page	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 depletio	n						00	00
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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
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Subtoral. Add Lines 34, 35, 36 and 37 and enter here 38	Delaware NOL	Carry forward	please see instr				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. Separate A COPY FOR YOUR RECORDS 25. Index 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 (If filling joint or combined return) 25. Date Phone 26. Business Phone 26. City 27. State 28. Do 29. Date Address 29. Date Address 29. Date Address									-	
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	
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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										
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lome Phone Business Phone City State Zip	our Signature			Date	Signature of Paid	d Preparer			Date	
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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