DELAWARE
FORM 200-01-X

TAX YEAR:

DO NOT WRITE OR STAPLE IN THIS AREA

RESIDENT AMENDED DELAWARE PERSONAL INCOME TAX RETURN FOR TAX YEARS BEGINNING 2000

or Fiscal year beginning _____ and ending _____

ATTACH LABEL

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)
2. ☐ Joint
3. ☐ Married & Filing Separate Forms
4. ☐ Married & Filing Combined Separate on this form
5. ☐ Head of Household

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

From Month Day Year To Month Day Year

Form DE2210 Attached ☐

COMPLETE ALL SECTIONS OF THIS RETURN. NAMES AND SSN'S MUST MATCH ORIGINAL		CORRECTED AMOUNTS Filing Status 4 ONLY Spouse Information COLUMN A		All other filing statuses You or You plus Spouse COLUMN B	
1. **DELAWARE ADJUSTED GROSS INCOME**	1		00		00
2a. If you elect the DELAWARE STANDARD DEDUCTION check here ☐ Filing Statuses 1, 3 & 5 Enter $3250 in Column B. Filing Status 4 Enter $3250 in Column A and in Column B. Filing Status 2 Enter $6500 in Column B					
b. If you elect the DELAWARE ITEMIZED DEDUCTIONS check here ☐ Filing Statuses 1, 2, 3 & 5, enter Itemized Deductions in Column B. Filing Status 4 enter in Columns A and B.	2		00		00
3. ADDITIONAL STANDARD DEDUCTIONS ***(Not allowed with Itemized Deductions - use worksheet on back)*** CHECK BOX(ES) If SPOUSE was 65 or over ☐ and/or Blind ☐ If YOU were 65 or over ☐ and/or Blind ☐	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, Compute Tax on this Amount	5		00		00
6. Tax Liability from Tax Rate Table/Schedule	6				
7. Tax on Lump Sum Distribution (Form 329)	7				
8. TOTAL TAX - Add Lines 6 and 7 and enter here ➤	8		00		00
9a. Enter number of exemptions claimed on Federal return ☐ X $110. On Line 9a, enter the number of exemptions for: Column A ☐ Column B ☐	9a		00		00
9b. **CHECK BOX(ES)** Spouse 60 or over (Column A) ☐ Self 60 or over (Column B) ☐ Enter number of boxes checked on Line 9b. ☐ X $110.	9b		00		00
10. Tax imposed by State of ☐ **(Must attach a signed copy of return)**	10		00		00
11. Volunteer Firefighter/Other Non-Refundable Credits	11		00		00
12. Child Care Credit **(Must attach Form 2441; Sch. 2, 1040A)** (Use worksheet on back)	12		00		00
13. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11 & 12 and enter here	13		00		00
14. **BALANCE** (Subtract Line 13 from Line 8.) Cannot be less than ZERO	14		00		00
15. Delaware Tax withheld **(W2's/1099 Required)**	15				
16. Estimated Tax Paid & Payments with Extensions	16				
17. S Corporation Payments **(Form 1100S/A-1 Required)**	17				
18. Amount paid (if any, see instructions)	18				
19. TOTAL Refundable Credits. Add Lines 15, 16, 17 and 18 and enter here ➤	19		00		00
20. Refund received (if any, see instructions)	20		00		00
21. Estimated tax carryover and/or Special Funds contributions as shown on original return	21		00		00
22. Subtract Lines 20 and 21 from Line 19	22		00		00
23. **BALANCE DUE**. If Line 14 is more than Line 22, subtract 22 from 14 and enter here ➤	23		00		00
24. **OVERPAYMENT**. If Line 22 is more than Line 14, subtract 14 from 22 and enter here ➤	24		00		00

STAPLE W-2 FORMS HERE

25. AMOUNT OF LINE 24 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT **ENTER >**	25		00
26. PENALTIES AND INTEREST DUE **ENTER >**	26		00
27. NET BALANCE DUE (Line 23 plus Lines 25 and 26) **PAY IN FULL >**	27		00
28. NET REFUND (subtract Lines 25 and 26 from Line 24) **TO BE REFUNDED/ZERO DUE >**	28		00

STAPLE CHECK HERE

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.

X _____
Your Signature Date

X _____
Spouse's Signature (If filing joint) Date

Home Phone_____ Business Phone_____

Signature of Paid Preparer Date

Address-Zip Code

Business Phone_____ EIN, SSN, OR PTIN

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

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.

CHILD CARE CREDIT WORKSHEET

1. ENTER TOTAL AMOUNT FROM LINE 9, FEDERAL FORM 2441 OR LINE 9, SCHEDULE 2 (FEDERAL FORM AND/OR SCHEDULE MUST BE ATTACHED)..... _____

2. MULTIPLY THE AMOUNT ON LINE 1 BY 50%. ENTER AMOUNT HERE AND ON PAGE 1, LINE 12 OF RETURN _____

NOTE: IF YOU AND YOUR SPOUSE FILE A JOINT FEDERAL RETURN BUT ELECT TO FILE SEPARATE OR COMBINED SEPARATE RETURNS FOR DELAWARE, THE CREDIT IS ALLOWED TO THE SPOUSE WITH THE LOWER TAXABLE INCOME.

ADDITIONAL STANDARD DEDUCTION WORKSHEET

	65 OR OVER	BLIND	TOTAL NO.	TOTAL AMOUNT
1. SELF.....	☐	☐	_____ X 2500 =	_____
2. SPOUSE.....	☐	☐	_____ X 2500 =	_____

NOTE: IF YOU ARE FILING A COMBINED SEPARATE RETURN, ENTER THE TOTAL FOR EACH APPROPRIATE COLUMN. IF YOU ARE FILING A JOINT RETURN, ADD THE TOTAL OF LINES 1 AND 2 AND ENTER ON PAGE 1, LINE 3.

TAX RATE SCHEDULE

IF INCOME ON LINE 5 IS: AT LEAST	BUT NOT OVER	YOUR TAX IS:
$ 0.	$ 2,000.	$ 0.
2,000.	5,000.	2.20% OF AMOUNT OVER $2,000.
5,000.	10,000.	$66.00 + 3.90% OF AMOUNT OVER $5,000.
10,000.	20,000.	$261.00 + 4.80% OF AMOUNT OVER $10,000.
20,000.	25,000.	$741.00 + 5.20% OF AMOUNT OVER $20,000.
25,000.	60,000.	$1,001.00 + 5.55% OF AMOUNT OVER $25,000.
60,000 AND OVER		$2,943.50 + 5.95% OF AMOUNT OVER $60,000.

DELAWARE DIVISION OF REVENUE TELEPHONE AND ADDRESS INFORMATION

NEW CASTLE COUNTY
Carvel State Office Building
820 North French Street
Wilmington, DE 19801
(302) 577-8200

KENT COUNTY
Thomas Collins Building
540 South DuPont Highway
Dover, DE 19901
(302) 744-1085

SUSSEX COUNTY
422 North DuPont Highway
Suite 2
Georgetown, DE 19947
(302) 856-5358

Toll-free telephone number (Delaware only) 1-800-292-7826

(REVISED 10/17/2001)