

ATTACH LABEL HERE

For Fiscal year beginning MM DD YY	and ending MM DD YY
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

Form DE2210 If you were a part-year resident in 2018, give the dates you resided in Delaware.

From **MM | DD** 2018 to **MM | DD** 2018

Attached

Month Day Month DayCheck if
FULL-YEAR
Non-resident
in 2018FILING STATUS (MUST CHECK ONE)
1. Single, Divorced, Widower(er) 3. Married & Filing Separate Forms
2. Joint 5. Head of Household

37. DELAWARE ADJUSTED GROSS INCOME (Begin return on Page 2, Line 1, then enter the amount from Line 30B, Column 1 here > 37)	00
38. (a) If you elect the STANDARD DEDUCTION check here a. <input type="checkbox"/>	00
Filing Statuses 1, 3, & 5 - \$3250 Filing Status 2 - \$6500	
(b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36..... b. <input type="checkbox"/>	38) 00
39. ADDITIONAL STANDARD DEDUCTIONS <i>(Not allowed with Itemized Deductions - see instructions)</i> CHECK BOX(ES) If SPOUSE was 65 or over <input type="checkbox"/> and/or blind If YOU were 65 or over <input type="checkbox"/> and/or blind	39) 00
40. TOTAL DEDUCTIONS - Add Lines 38 & 39 and enter here	40) 00
41. TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount	41) 00
42. Tax Liability Computation Proration Decimal (See instructions, Page 10)	Tax Liability from Tax Rate Table/Schedule Amount
A Line 30 A 00 B Line 30 B 00 = . x 00	42) 00
43. PERSONAL CREDITS See instructions on page 10 Enter the number of exemptions X \$110 = Multiply this amount by the proration decimal on Line 42 (X) and enter total here	43a) 00
43b. CHECK BOX(ES) Spouse 60 or over (if filing status 2) <input type="checkbox"/> Self 60 or over <input type="checkbox"/> Enter number of boxes checked on Line 43b X \$110 = Multiply this amount by the proration decimal on Line 42 (X) and enter total here	43b) 00
44. Tax imposed by state of (Must attach copy of DE Sch I and other state return) (Part-Year Residents Only. See instructions, page 11)	44) 00
45. Other Non-Refundable Credits (see instructions, page 11)	45) 00
46. Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45	46) 00
47. BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero)	47) 00
48. Delaware Tax Withheld (Attach W-2s/1099s)	48) 00
49. 2018 Estimated Tax Paid & Payments with Extensions	49) 00
50. S Corp Payments and Refundable Business Credits (See Instructions, Page 12)	50) 00
51. 2018 Capital Gains Tax Payments (Attach Form 5403)	51) 00
52. TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, 50 and 51	52) 00
53. If Line 47 is greater than Line 52, subtract 52 from 47 and enter here	AMOUNT YOU OWE > 53) 00
54. If Line 52 is greater than Line 47, subtract 47 from 52 and enter here	OVERPAYMENT > 54) 00
55. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III	TOTAL > 55) 00
56. AMOUNT OF LINE 54 TO BE APPLIED TO 2019 ESTIMATED TAX ACCOUNT	ENTER > 56) 00
57. PENALTIES AND INTEREST DUE. If Line 53 is greater than \$800, see estimated tax instructions	ENTER > 57) 00
58. NET BALANCE DUE. Enter the amount due (Line 53 plus Lines 55 and 57) and pay in full	PAY IN FULL > 58) 00
59. NET REFUND. Subtract Lines 55, 56, and 57 from Line 54	ZERO DUE/TO BE REFUNDED > 59) 00

STAPLE W-2 FORMS HERE

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.

Your Signature Date Spouse's Signature (if filing joint)

Date

X**X**

Home Phone: Business Phone: Email Address:

Signature of Paid Preparer Date Address of Paid Preparer

X

Business Phone

Email Address

EIN, SSN, or PTIN



DF20318019999



DF20318029999

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

1. Wages, salaries, tips, etc.
2. Interest
3. Dividends
4. State refunds, credits or offsets of state & local income taxes
5. Alimony received
6. Business income or (loss) (See instructions on page 6)
- 7a. Capital gain or (loss)
- 7b. Other gains or (losses)
8. IRA distributions
9. Taxable pensions and annuities
10. Rents, royalties, partnerships, S corps, estates, trusts, etc.
11. Farm income or (loss)
12. Unemployment compensation (insurance)
13. Taxable Social Security benefits
14. Other income (state nature and source)
15. Total income. Add Lines 1 through 14
16. Total Federal Adjustments (see instructions on Page 6)
17. Federal Adjusted Gross Income for Delaware purposes. Subtract Line 16 from 15

SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+)

18. Interest received on obligations of any state other than Delaware
19. Fiduciary adjustment, oil depletion
20. TOTAL - Add Lines 18 & 19
21. Add Lines 17 & 20

SECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-)

22. Interest received on U.S. obligations
23. Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 7)
24. Delaware State tax refund
25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward
26. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion
27. TOTAL - Add lines 22 through 26
28. Subtract Line 27 from Line 21 and enter here
29. Exclusion for certain persons 60 and over or disabled (see instructions on Page 8)
- 30A Column 2. Subtract Line 29 from Line 28. This is your modified Delaware Source Income.....
Enter on front side Line 42, Box A
- 30B Column 1. Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income.....
Enter on front side Line 37 and Line 42, Box B

SECTION D - ITEMIZED DEDUCTIONS (ATTACH FEDERAL SCHEDULE A, FORM 1040)

31. Enter total Itemized Deductions (If Filing Status 3, See instructions on Page 8)
32. Enter Foreign Taxes Paid (See instructions on Page 8)
33. Enter Charitable Mileage Deduction (See instructions on Page 8)
34. TOTAL - Add Lines 31, 32, and 33
- 35a Enter State Income Tax included in Line 31 above (see Instructions on Page 8)
- 35b Enter Form 700 Tax Credit Adjustment (See instructions on Page 9)
36. Subtract Line 35a and 35b from Line 34. Enter here and on front, Line 38

SECTION E - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c, and d below. See instructions for details.

a. Routing Number

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b. Type: Checking Savings

c. Account Number

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d. Is this refund going to or through an account that
is located outside of the United states?Yes No

NOTE: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to the address on your return.

BALANCE DUE W/PAYMENT ENCLOSED (LINE 58):

DELAWARE DIVISION OF REVENUE

P.O. BOX 508, WILMINGTON, DE 19899-0508

REFUND (LINE 59):

DELAWARE DIVISION OF REVENUE

P.O. BOX 8710, WILMINGTON, DE 19899-8710

ALL OTHER RETURNS:

DELAWARE DIVISION OF REVENUE

P.O. BOX 8711, WILMINGTON, DE 19899-8711

**MAKE CHECK PAYABLE TO: DELAWARE DIVISION OF REVENUE. REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING
YOUR RETURN, AND KEEP A COPY OF THE RETURN FOR YOUR RECORDS**

(Rev 03/2019)

Federal COLUMN 1	Delaware Source Income/Loss COLUMN 2
1 00	00
2 00	00
3 00	00
4 00	00
5 00	00
6 00	00
7a 00	00
7b 00	00
8 00	00
9 00	00
10 00	00
11 00	00
12 00	00
13 00	00
14 00	00
15 00	00
16 00	00
17 00	00

COLUMN 1	COLUMN 2
18 00	00
19 00	00
20 00	00
21 00	00

COLUMN 1	COLUMN 2
22 00	00
23 00	00
24 00	00
25 00	00
26 00	00
27 00	00
28 00	00
29 00	00

30A 00
 00

30B 00
 00

COLUMN 1
31 00
32 00
33 00
34 00
35a 00
35b 00
36 00

31 00
32 00
33 00
34 00
35a 00
35b 00
36 00

d. Is this refund going to or through an account that
is located outside of the United states?Yes No