DELAWARE, 2 0 2 3 M



DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

Col	umn A is for Spouse information, Filing status 4 only. All other filing status use Column B.	C	OLUMN A C	OLUMN B
25.	TOTAL TAX - Add Line 23 and Line 24	25.	25.	
26a.	PERSONAL CREDITS If you are Filing Status 3, see instructions. If you use Filing Status 4, enter the x \$110 total for each appropriate column. All others enter total in Column B.			
	On Line 26a, enter the number of exemptions for: Column A Column B	26a.	26a.	
26b.	CHECK BOXES Spouse 60 or over (Column A) Self 60 or over (Column B)			
	Enter number of boxes checked on Line 26b x \$110	26b.	26b.	
27.	TAX IMPOSED BY OTHER STATES (Must attach copy of PIT-RSS and other state return.)	27.	27.	
28.	VOLUNTEER FIREFIGHTER CO. # Spouse (Column A) Self (Column B) Enter credit amount	28.	28.	
29.	OTHER NON-REFUNDABLE CREDITS (See instructions)	29.	29.	
30.	CHILD CARE CREDIT. Must attach Form 2441. Enter 50% of Federal credit)	30.	30.	
31.	TOTAL NON-REFUNDABLE CREDITS (See instructions)	31.	31.	
32.	BALANCE - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0.	32.	32.	
33.	EARNED INCOME TAX CREDIT REFUNDABLE NON-REFUNDABLE (See instructions)	33.	33.	
34.	DELAWARE TAX WITHHELD (Attach W2s/1099s)	34.	34.	
35.	ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	35.	35.	
36.	S CORP PAYMENTS	36.	36.	
37.	REFUNDABLE BUSINESS CREDITS	37.	37.	
38.	CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST)	38.	38.	
39.	TOTAL REFUNDABLE CREDITS For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see instructions)	39.	39.	
40.	BALANCE DUE If Line 33 plus Line 39 is less than or equal to Line 32, Subtract the sum of Line 33 and Line 39 from Line 32.	40.	40.	
41.	OVERPAYMENT If Line 33 plus Line 39 is greater than Line 32, Subtract Line 32 from the sum of Line 33 and Line 39.	41.	41.	
42.	CONTRIBUTIONS TO SPECIAL FUNDS. If electing a contribution, complete and attach PIT-RSS.		42.	
43.	AMOUNT OF LINE 41 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT		43.	
44.	PENALTIES AND INTEREST DUE. If Line 40 is greater than \$800, see estimated tax instructions		44.	
45.	NET BALANCE DUE. For Filing Status 4, see instructions. For all other filing statuses Add Line 40, Line 42, and Line 44.		45.	
46.	NET REFUND. For Filing Status 4, see instructions. For all other filing statuses, Subtract Line 42, Line 43, and Line 44 from Line 41.		46.	

SECTION E - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete Section E below. See instructions for details.

ACCOUNT TYPE

CHECKING ROUTING NUMBER

SAVINGS

ACCOUNT NUMBER

Is this refund going to or through an account that is located outside of the United States?

YES

ES

NO

DMV STATE ID#

	ND KEEP A COPY FOR YOUR RECORDS we examined this return, including accompanying schedules and lieve it is true, correct and complete.	PAID PREPARER INFORMATION		
YOUR SIGNATURE	DATE	PAID PREPARER SIGNATURE ADDRESS	DATE	
SPOUSE SIGNATURE	DATE	CITY	STATE ZIP CODE	
HOME PHONE NUMBER	BUSINESS PHONE NUMBER	EIN, SSN or PTIN	PHONE NUMBER	
EMAIL ADDRESS		EMAIL ADDRESS		

BALANCE DUE WITH
PAYMENT ENCLOSED (LINE 45)
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 508, Wilmington, DE 19899-0508
Make check payable to: Delaware Division of Revenue

REFUND (LINE 46)
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 8710
Wilmington, DE 19899-8710

ALL OTHER RETURNS
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 8711
Wilmington, DE 19899-8711