



## **DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN**

FOR AMENDED RETURNS ONLY		C	OLUMN A	COLUMN B
47.	TOTAL REFUNDABLE CREDITS - Add Line 39 and any EITC on Line 33.	47.	47.	
48.	AMOUNT PAID ON ORIGINAL RETURN	48.	48.	
49.	SUBTOTAL. Add Lines 47 and 48.	49.	49.	
50.	REFUND RECEIVED (If any, see instructions)	50.	50.	
51.	Estimated tax carryover and/or Special Funds contributions as shown on original return	51.	51.	
52.	Subtract Line 50 and Line 51 from Line 49.	52.	52.	
53.	BALANCE DUE. If Line 32 is greater than Line 52, Subtract 52 from 32.	53.	53.	
54.	OVERPAYMENT. If Line 52 is greater than Line 32, Subtract 32 from 52.	54.	54.	
55.	. AMOUNT OF LINE 54 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See instructions)			
56.	PENALTIES AND INTEREST DUE		56.	
57.	NET BALANCE DUE For Filing Status 4, see instructions. For all other filing statuses Add Line 53, Line 55, and Line	e 56.	57.	
58.	NET REFUND For Filing Status 4, see instructions. For all other filing statuses, Subtract Line 55 and Line 56 from Line 5	54.	58.	
59.	Is an amended Federal return being filed?		Yes	No
	If no, please explain. If the changes pertain to the DE return only, list the line numbers being amended.			
60.	Has the Delaware Division of Revenue advised you your original return is being audit	ted?	Yes	No
61.	Is this amended return being filed as a protective claim?		Yes	No
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A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached.

NET BALANCE DUE WITH
PAYMENT ENCLOSED (LINE 57)
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 508, Wilmington, DE 19899-0508
Make check payable to: Delaware Division of Revenue

NET REFUND (LINE 58)
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