orl	Fiscal Year beginning MMDDY	and ending MMD							
	ur Social Security No.	Spouse's Social Sec. No.							
Yo	our Last Name	First Name and Middle Initial J	Ir., Sr., III, etc.						
# # 			,,,						
ALIACH LABEL HERE	pouse's Last Name	Spouse's First Name, J	r.,Sr.,III,etc.						
E PI	resent Home Address (Number and Street)	Apt. #							
<u> </u>	0				5" N.O. 0747110	/a at 1		IEOK ONE)	
<b>⋖</b> Ci	ty	State Zip Code		Check if FULL-YEAR	FILING STATUS  1. Single, Divorced, 3	•		HECK ONE) rried or Entered into a Civil	
- F	orm DE2210 If you were a part-year reside	ent in 2014, give the dates you re	sided in	non-resident in 2014	Widow(er)		Uni	on & Filing Separate Form	
	Delaware.	D 2014 To M M I	2014 To M M D D 2014		2. Joint or Entered 5. into a Civil Union			Head of Household	
	Attached Month Da	y Month	Day		Into a orvii oriion				
37	DELAWARE ADJUSTED GROSS INCO				B, Column 1 here	>	37		
38	(a) If you elect the STANDARD DEDUCTION				a.				
	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						38		
39	9. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See Instructions)								
40	CHECK BOX(ES) If SPOUSE was 65 or over			OU were 65 or over	and/or Blind		39		
	TOTAL DEDUCTIONS - Add Lines 38 &						40		
	TAXABLE INCOME - Subtract Line 40 from Line 37, and Compute Tax on this Amount     Tax Liability Computation     Proration Decimal Tax Liability from Tax Rate						41		
	. Tax Liability Computation A Line 30 A	Proration Decimal (See instructions, page 10)	T	able/Schedule					
	- 11 00-	=   .   .	x	Amount			42		
L 43							72		
<u> </u>	Enter number of exemptions claimed on		X \$110. =						
2							43a		
43						400			
- 40	Enter number of house sheeted on Line 42h								
43 43 43 44 44	Multiply this amount by the proration de	Αψ110 -		er total here			43b		
ـــــــــــــــــــــــــــــــــــــ	.,	st attach copy of DE Sch I	,				.02		
5	(Part-Year Residents Only. See instr			•	44		44		
45	5. Other Non-Refundable Credits (See instructions, page 11)						45		
46	6. Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45								
47	7. BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero)						47	(	
48	Delaware Tax Withheld (Attach W-2s/10	)99s)			48		48		
49	. 2014 Estimated Tax Paid & Payments with	Extensions			49		49		
50	S Corp Payments and Refundable Busines	ss Credits (See Instructions, Pag	ge 12)		50	00	50		
51							51		
52							52		
	3. If Line 47 is greater than Line 52, subtract 52 from 47 and enter here						53		
	. If Line 52 is greater than Line 47, subtract 47 from 52 and enter here						54		
55	. CONTRIBUTIONS TO SPECIAL FUNDS  If electing a contribution, complete and attach DE Schedule III								
EC	If electing a contribution, complete and atta						55		
							56		
	57. PENALTIES AND INTEREST DUE. If Line 53 is greater than \$400, see estimated tax instructions						57		
ΕO	9. NET REFUND. Subtract Lines 55, 56 and 57 from Line 54					58			
1 J9									
Un	der penalties of perjury, I declare that I have					, corr			
ú	our Signature	Date M M D D		oouse's Signature (If	Tiling Joint)			Date	
	ome Phone:	Business Phone:			Email Address:				
, i	ignature of Paid Preparer	Date		ddress of Paid Prepar					
S	· ·	M M D E		aarooo orr ala riepal	<b>~</b> .				
^	Business Phone	Email Address		118811181					
	EIN, SSN, or PTIN			1188(1181	DF20314019999	n 11 <b>6116</b>	101101101		