

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

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

Your Social Security No.

Spouse's Social Security No.

Grid for Social Security Number

Grid for Spouse's Social Security Number

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

Check if FULL-YEAR non-resident in 2017

FILING STATUS (MUST CHECK ONE)

- 1. Single, Divorced, Widow(er) 3. Married & Filing Separate Forms
2. Joint 5. Head of Household

Form DE2210 If you were a part-year resident in 2017, give the dates you resided in Delaware.

Attached From Month Day 2017 to Month Day 2017

Table with 3 columns: Line number, Description, Amount. Includes lines 37-59 for income, deductions, credits, and tax liability.

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.

Signature and Date fields for taxpayer, spouse, and preparer.

Business Phone, Email Address, EIN, SSN, or PTIN fields.

