

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 Numbers

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 2019

FILING STATUS (MUST CHECK ONE) 1. Single, Divorced, Widow(er) 2. Joint 3. Married & Filing Separate Forms 5. Head of Household

Form DE2210 If you were a part-year resident in 2019, give the dates you resided in Delaware. From MM | DD | 2019 to MM | DD | 2019

Attached Month Day Month Day

Main table with 3 columns: Description, Amount, and Total. Rows include DELAWARE ADJUSTED GROSS INCOME, DEDUCTIONS, TAXABLE INCOME, TAX LIABILITY COMPUTATION, PERSONAL CREDITS, and NET BALANCE DUE.

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 and Spouse, and Signature and Date for Paid Preparer.

Business Phone and Email Address fields for Paid Preparer.



ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE