

Signature of Person Preparing if Other Than Taxpayer

Print Name of Person Preparing if Other Than Taxpayer

Email Address

2020 INCOME FAX RETURN

INCOME TAX DEPARTMENT (740) 203-1225 P.O. BOX 496 DELAWARE, OHIO 43015-0496

POR TAX USE ONLY
AMOUNT PAID WITH THIS RETURN

CHECK CASH MONEY ORDER

Date

Daytime Phone #

ELAWARE	INCOME
INCOME TAX DEPARTMENT	TAX RETURN
*INCOME TAX DEPARTMENT *	IIII III OILI

	DUE ON OR BEFORE APRIL 15, 2021		CHECK NO.			
OUR SOCIAL SECURITY #	SPOUSE SOCIAL SECURITY#	_	MPLOYMENT INFORMATION IAL SHEET IF NECESSARY			
DELAWARE TAX I.D.		PART YEAR RESIDENT FROI	M TO			
		NAME OF EMPLOYER				
		CITY WHERE WORK PERFO	RMED			
		DATES EMPLOYED				
		NAME OF EMPLOYER				
		CITY WHERE WORK PERFO	RMED			
Name, Address and Email: Indicate change(s) by checking □Name □Address □Email Effe	ctive Date: DATES EMPLOYED				
CHECK ONLY ONE FILING STATUS	LIST OTHER PERSONS, 16 YEARS OR OLDER,	LIVING IN RESIDENCE DO YOU OWN RENTAL PROF	PERTY? YESNO			
SINGLE	Name Date of Birth	Social Security Number IF RENTING RESIDENCE, GIVE NAM	ME AND ADDRESS OF PROPERTY OWNER			
MARRIED FILING SEPARATELY						
MARRIED FILING SEPARATELY COMPLETE	E THIS SECTION IF ONLY INCOME IN 202	I 0 WAS NON-TAXABLE. SEE INSTRUCTION NO	D. 3.			
		ESERVE / ACTIVE MILITARY PAY UNEMPLOYMEN				
OTHER	NOTE: IF YOU HAD NO OTHE	R SOURCES OF INCOME IN 2020 – STOP HERE, SIGN,	DATE AND MAIL YOUR RETURN			
1. TOTAL W-2 WAGES (Use W-2 box	5 or box 18, whichever is higher) ATTACH ALL V	V-2s	\$			
		2, LINES 18-20				
		TACH ALL FEDERAL SCHEDULES OR 1099M				
•	• •					
 DELAWARE INCOME TAX (Multiply CREDITS 	y line 3 by .0185)		\$			
	ER FOR DELAWARE	\$				
B. CREDIT FOR TAX PAID OTHE	R CITIES (FROM DELAWARE TAX FORM, PAG	E 2, LINE 17) Residents Only \$				
		\$				
		\$				
7. PENALTY AND INTEREST - SEE IN	,		·			
		\$				
		\$ \$				
		OR CREDITED \$ (B)				
	O PAYMENT DUE, NO REFUND ISSUED OR CREDIT CA		TO NEXT TEAK ESTIMATE			
DECLARATION	OF ESTIMATED TAX DUE F	OR YEAR 2021 - SEE INSTRUCTIO	N NO. 12.			
COMPLETION OF THIS SECTION	ON IS REQUIRED IF WISH TO RECEIVE REM	IINDERS TO MAKE YOUR QUARTERLY ESTIMATE	D TAX PAYMENTS.			
10. ESTIMATED INCOME SUBJECT TO	O TAX \$ MULTIPLY B	Y TAX RATE OF 1.85% FOR TAX DUE OF	\$			
11. LESS EXPECTED CREDIT FOR DE	ELAWARE TAX TO BE WITHHELD OR TAX PAID	TO OTHER CITIES	\$			
		IARTERLY PAYMENTS ARE REQUIRED. SEE <u>INSTRUCTIONS FOR D</u>				
		SS LINE 13)				
	· · · · · · · · · · · · · · · · · · ·	REMIT PAYME TOTAL OF LINES				
I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENT(S) AND TO THE BEST OF MY KNOWLEDGE AND						
BELIEF IT IS TRUE, CORRECT AND COMPLETE. MAY THE CITY OF DELAWARE DISCUSS THIS RETURN WITH THE PREPARER SHOWN BELOW? YES NO						
W-2 INCOME ONLY FILERS: CHE NUMBER, EMAIL ADDRESS AND	CK HERE IF YOU WOULD LIKE THE TAX DEPA SIGNATURE BELOW. MUST BE POSTMARKEI	ARTMENT TO CALCULATE YOUR RETURN. ATTACH D BY MARCH 15TH. SEE INSTRUCTIONS.	w-25, PROVIDE YOUR PHONE			

Signature of Taxpayer

Signature of Spouse

Email Address

Date

Date

Daytime Phone #

40 OTHER TAYARI E INCOME	DEE INOTENIATION NO. 7			PROFI	T LOSS
16.OTHER TAXABLE INCOME. SEE INSTRUCTION NO. 7.					
	•		DULE(S) C)		
		,	ACH FEDERAL SCHEDULE(S)	´	
C. NET PROFIT/LOSS FROM	I NON-DELAWARE PARTNE	RSHIP (ATTACH FEDERA	L SCHEDULE(S) E AND K-1)		
,			.TION)		
REPORT NET PROFIT HERE	AND ON LINE 2 ON FRONT	OF FORM			
OR .00925 OF THE INCOME TOTAL TAX CREDIT ON LINE EXAMPLES: On an income of \$10,000.0 be \$92.50 (.00925 X \$10,000.0 on an income of \$10,000.0 be \$50.00 (.50 X \$100.00) CREDIT FOR TAX PAIR	TAXED BY THE OTHER CI 5B. USE BELOW DELAWAR 0 earned in a city with a 2.00° 00.00) NOT \$100.00 (.50 X \$2 0 earned in a city with a 1.00° NOT \$92.50 (.00925 X \$10,00° 0 OTHER MUNICIPALITIE 2S AND/OR OTHER CITY R	TY AND DELAWARE. YRE SCHEDULE 1 TO COM % earnings tax rate, the er 200.00). % earnings tax rate, the er 200.00). ES. PART-YEAR RE	OU MUST TAKE EACH W-2 AMPUTE CREDIT. Inployer should withhold \$200.00 Inployer should withhold \$100.00 ESIDENTS MUST PRORAT	O. The maximum allowable O. The maximum allowable E. CREDIT ON THE	THE TAX PAID TO THE OTHER CITY INDIVIDUALLY, THEN INSERT THE credit for Delaware in this case would credit for Delaware in this case would SAME BASIS AS PRORATED AX FROM ANOTHER CITY MUST (F) LESSER OF
MUNICIPALITY	TAXES BY OTHER CITY	COLUMN (B) X .00925		COLUMN (D) X .50	(C) OR (E)
TOTAL COLUMN F. ENTER	HERE AND CARRY TO LINE	5B ON FRONT			TOTAL
ENTER AMOUNT ON LINE 14 19. NON RESIDENT OVER-THE-I MULTIPLY YOUR QUALIFYIN	LE NOT A RESIDENT OF DE A ON FRONT OF FORM ROAD TRUCK DRIVERS G WAGE BY 90% (.90). EMP RSTATE TRUCK DRIVER RE- FORMATION.	LOYER MUST COMPLET	UND OF DELAWARE TAX WIT	HHELD EMPLOYER MUS	T PROVIDE SEPARATE
BOX BELOW IF ANY PORTION REGULAR PLACE OF WORK A. TOTAL QUALIFYING WAGG B. DIVIDE LINE A BY 260, TO C. ENTER NUMBER OF DAYS D. MULTIPLY B X C	AND WORK LOCATIONS MUNICIPAL WORK LOCATION IN BECAUSE OF COVID-19. YET FOR THE YEAR	JST BE ATTACHED. <u>EMI</u> FOR REFUIND IS RELAT OUR REFUND WILL NO	PLOYER MUST COMPLETE CE ED TO YOUR WORKING FROI T BE IMMEDIATELY ISSUED.	ERTIFICATION BELOW. N M HOME, OR ANOTHER L PLEASE READ GENERA	IOTE: YOU MUST CHECK THE LOCATION AWAY FROM YOUR L INSTRUCTION NUMBER 11.
CHECK HERE IF YOU WOR INSTRUCTION NUMBER 11.		AL PLACE OF WORK IN 2020	DUE TO COVID-19. YOUR REFU	ND WILL NOT BE IMMEDIATE	ELY ISSUED. PLEASE READ GENERAL
CERTIFICE EMPLOYER CERTIFICATION IS VALID WITHOUT A COMPLETED ADJUSTMENTS ON LINES 19 OF	REQUIRED TO CLAIM ADJU EMPLOYER CERTIFICATION	ISTMENTS ON LINES 19		ST FOR REFUND WILL N	IOT BE CONSIDERED
	CORPORATE LIMITS OF THE CI DJUSTMENT HAS BEEN OR WIL	TY OR CITY TAX WAS IMPRO L BE MADE IN REMITTING T	PERLY WITHHELD; THAT NO POR AXES WITHHELD TO THE CITY. N	TION OF THE TAX WITHHELI OTE: IF ANY PORTION OF T	
NAME OF EMPLOYER			EMPLOYER'S PHONE NO.	EMA	AIL
OFFICIAL'S SIGNATURE	DAT		OFFICIAL'S NAME PRINTED	LIVIP	
TITLE					