

YOUR SOCIAL SECURITY #  DELAWARE TAX I.D.	SPOUSE SOCIAL SECURITY #  	<b>RESIDENCY AND EMPLOYMENT INFORMATION</b> <b>ATTACH ADDITIONAL SHEET IF NECESSARY</b> PART YEAR RESIDENT FROM _____ TO _____ NAME OF EMPLOYER _____ CITY WHERE WORK PERFORMED _____ DATES EMPLOYED _____ NAME OF EMPLOYER _____ CITY WHERE WORK PERFORMED _____ DATES EMPLOYED _____
Name, Address and Email: Indicate change(s) by checking <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Email Effective Date: _____		
CHECK ONLY ONE FILING STATUS ____ SINGLE ____ MARRIED FILING JOINTLY ____ MARRIED FILING SEPARATELY	LIST OTHER PERSONS, 16 YEARS OR OLDER, LIVING IN RESIDENCE Name _____ Date of Birth _____ Social Security Number _____	DO YOU OWN RENTAL PROPERTY? YES _____ NO _____ IF RENTING RESIDENCE, GIVE NAME AND ADDRESS OF PROPERTY OWNER _____

**COMPLETE THIS SECTION IF ONLY INCOME IN 2020 WAS NON-TAXABLE. SEE INSTRUCTION NO. 3.**

**TYPE OF NON-TAXABLE INCOME:**  RETIRED - SOCIAL SECURITY / PENSION  RESERVE / ACTIVE MILITARY PAY  UNEMPLOYMENT  PERMANENT DISABILITY  
 OTHER \_\_\_\_\_ NOTE: IF YOU HAD NO OTHER 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 W-2s** ..... \$ \_\_\_\_\_  
A. ADJUSTMENTS TO TAXABLE WAGES FROM DELAWARE TAX FORM, PAGE 2, LINES 18-20 ..... \$ \_\_\_\_\_
2. OTHER TAXABLE INCOME FROM DELAWARE TAX FORM, PAGE 2, LINE 16 **ATTACH ALL FEDERAL SCHEDULES OR 1099M** ..... \$ \_\_\_\_\_
3. TOTAL TAXABLE INCOME (Line 1 minus Line 1A plus line 2) ..... \$ \_\_\_\_\_
4. DELAWARE INCOME TAX (Multiply line 3 by .0185) ..... \$ \_\_\_\_\_
5. CREDITS  
A. TAX WITHHELD BY EMPLOYER FOR DELAWARE ..... \$ \_\_\_\_\_  
B. CREDIT FOR TAX PAID OTHER CITIES (**FROM DELAWARE TAX FORM, PAGE 2, LINE 17**) Residents Only ..... \$ \_\_\_\_\_  
C. ESTIMATED TAX PAID AND PRIOR YEAR CREDITS AS OF ..... \$ \_\_\_\_\_  
D. PAYMENTS MADE AFTER ABOVE DATE ..... \$ \_\_\_\_\_  
E. TOTAL CREDITS (Add 5A through 5D) ..... \$ \_\_\_\_\_
6. TOTAL TAX DUE (Line 4 minus Line 5E) ..... \$ \_\_\_\_\_
7. PENALTY AND INTEREST - SEE INSTRUCTION NO. 10.  
A. 15% PENALTY FOR LATE PAYMENT OF TAXES ..... \$ \_\_\_\_\_  
B. .58% PER MONTH INTEREST FOR LATE PAYMENT OF TAXES ..... \$ \_\_\_\_\_  
C. \$25 PER MONTH LATE FILING PENALTY (CAPPED AT \$150) ..... \$ \_\_\_\_\_  
D. TOTAL PENALTY AND INTEREST CHARGES (Add 7A through 7C) ..... \$ \_\_\_\_\_
8. LINE 6 PLUS LINE 7D ..... **2020 BALANCE DUE** \$ \_\_\_\_\_
9. IF LINE 5E IS GREATER THAN LINE 4, OVERPAYMENT TO BE REFUNDED \$ (A) \_\_\_\_\_ OR CREDITED \$ (B) \_\_\_\_\_ TO NEXT YEAR ESTIMATE  
(IF LINE 8 OR 9 IS \$10.00 OR LESS, NO PAYMENT DUE, NO REFUND ISSUED OR CREDIT CARRY FORWARD)

**DECLARATION OF ESTIMATED TAX DUE FOR YEAR 2021 - SEE INSTRUCTION NO. 12.**

**COMPLETION OF THIS SECTION IS REQUIRED IF WISH TO RECEIVE REMINDERS TO MAKE YOUR QUARTERLY ESTIMATED TAX PAYMENTS.**

10. ESTIMATED INCOME SUBJECT TO TAX \$ \_\_\_\_\_ MULTIPLY BY TAX RATE OF 1.85% FOR TAX DUE OF ..... \$ \_\_\_\_\_
11. LESS EXPECTED CREDIT FOR DELAWARE TAX TO BE WITHHELD OR TAX PAID TO OTHER CITIES ..... \$ \_\_\_\_\_
12. DECLARATION FOR 2021 (LINE 10 LESS LINE 11) IF DECLARATION IS \$200 OR MORE QUARTERLY PAYMENTS ARE REQUIRED. SEE INSTRUCTIONS FOR DUE DATES \$ \_\_\_\_\_
13. LESS OVERPAYMENT FROM PRIOR YEAR(S) ..... \$ \_\_\_\_\_
14. AMOUNT DUE BY APRIL 15 2021 WITH THIS DECLARATION (25% OF LINE 12 LESS LINE 13) ..... **2021 AMOUNT DUE** \$ \_\_\_\_\_
15. TOTAL 2020 BALANCE AND 2021 ESTIMATED TAXES DUE (LINE 8 PLUS LINE 14) ..... **REMIT PAYMENT TOTAL OF LINES 8 & 14** \$ \_\_\_\_\_

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: CHECK HERE IF YOU WOULD LIKE THE TAX DEPARTMENT TO CALCULATE YOUR RETURN. ATTACH W-2S, PROVIDE YOUR PHONE NUMBER, EMAIL ADDRESS AND SIGNATURE BELOW. MUST BE POSTMARKED BY MARCH 15TH. SEE INSTRUCTIONS.**

Signature of Person Preparing if Other Than Taxpayer	Date	Signature of Taxpayer	Date
Print Name of Person Preparing if Other Than Taxpayer	Date	Signature of Spouse	Date
Email Address	Daytime Phone #	Email Address	Daytime Phone #

