

YOUR SOCIAL SECURITY # 286-15-8094	SPOUSE SOCIAL SECURITY # 036-99-9772	RESIDENCY AND EMPLOYMENT INFORMATION ATTACH ADDITIONAL SHEET IF NECESSARY PART YEAR RESIDENT FROM <u>01/01/2021</u> TO <u>12/31/2021</u> NAME OF EMPLOYER <u>Cardinal Health 5, LLC</u> CITY WHERE WORK PERFORMED _____ DATES EMPLOYED _____ NAME OF EMPLOYER _____ CITY WHERE WORK PERFORMED _____ DATES EMPLOYED _____
DELAWARE TAX I.D.		
Name, Address and Email: Indicate change(s) by checking <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Email Effective Date: _____		DO YOU OWN RENTAL PROPERTY? YES _____ NO _____ IF RENTING RESIDENCE, GIVE NAME AND ADDRESS OF PROPERTY OWNER _____
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 _____	

COMPLETE THIS SECTION IF ONLY INCOME IN 2021 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 2021 – 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	\$ <u>141,240</u>
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)	\$ <u>141,240</u>
4. DELAWARE INCOME TAX (Multiply line 3 by .0185)	\$ <u>2,612.94</u>
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	\$ <u>1306.47</u>
C. ESTIMATED TAX PAID AND PRIOR YEAR CREDITS AS OF 1/15/21	\$ _____
D. PAYMENTS MADE AFTER ABOVE DATE	\$ _____
E. TOTAL CREDITS (Add 5A through 5D)	\$ _____
6. TOTAL TAX DUE (Line 4 minus Line 5E)	\$ <u>1306.47</u>
7. PENALTY AND INTEREST - SEE INSTRUCTION NO. 10. PENALTY AND INTEREST, IF APPLICABLE, WILL BE BILLED TO YOU BY THE INCOME TAX DEPARTMENT.	
8. LINE 6 PLUS LINE 7 (IF APPLICABLE).....	2021 BALANCE DUE \$ <u>1306.47</u>
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 2022 - SEE INSTRUCTION NO. 12.

COMPLETION OF THIS SECTION IS REQUIRED IF YOU 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) <i>IF DECLARATION IS \$200 OR MORE QUARTERLY PAYMENTS ARE REQUIRED. SEE INSTRUCTIONS FOR DUE DATES</i>	\$ _____
13. LESS OVERPAYMENT FROM PRIOR YEAR(S)	\$ _____
14. AMOUNT DUE BY APRIL 18 2022 WITH THIS DECLARATION (25% OF LINE 12 LESS LINE 13).....	2022 AMOUNT DUE \$ _____
15. TOTAL 2021 BALANCE AND 2022 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 # _____

