



DELAWARE 2022
DIVISION OF REVENUE F O R M
PIT-VCH
ELECTRONIC FILER PAYMENT VOUCHER



YOUR TAXPAYER ID

1 1 4 8 5 3 9 2 7

SECONDARY TAXPAYER ID (if joint return)

3. AMOUNT OF THE PAYMENT

215

YOUR FIRST NAME

ROHIN KUMAR

SECONDARY FIRST NAME

YOUR LAST NAME

GATTI

SECONDARY LAST NAME

STREET ADDRESS

24 GOLF VIEW DR, APT. #D6

CITY

NEWARK

STATE

DE

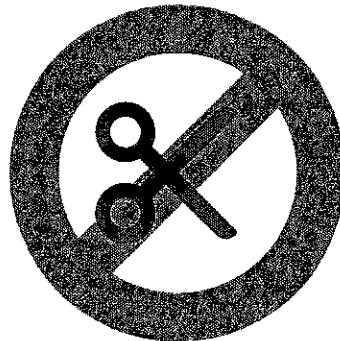
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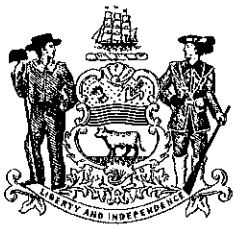
19702

Make your check or money order payable to
"Delaware Division of Revenue".
Do not send cash.

Mail completed form to:
Delaware Division of Revenue
PO Box 830
Wilmington, DE 19899-0830

DO NOT CUT THIS PAGE





DELAWARE 2022

DIVISION OF REVENUE F O R M
PIT-RES
DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



For Fiscal Year beginning _____ and ending _____

Your Taxpayer ID
1 1 4 8 5 3 9 2 7

Spouse Taxpayer ID

Amended Return
Must include page 3

Your First Name M.I. Last Name Suffix
ROHIN KUMAR
Spouse First Name M.I. Last Name Suffix

- Filing Status (Must check one)**
1. Single, Divorced, Widower) 2. Joint 3. Married & Filing Separate Forms
4. Married & Filing Combined Separate on this form 5. Head of Household

Present Home Address (Number and Street) Apartment # Form PIT-UND
24 GOLF VIEW DR #D6
City State Zip Code Attached
NEWARK DE 19702
mm-dd-yyyy mm-dd-yyyy

If you were a part-year resident in 2022, give the dates you resided in Delaware:

Column A is for Spouse information, Filing status 4 only. All other filing status use Column B.

	COLUMN A	COLUMN B
SECTION A - ADDITIONS		
1. FEDERAL AGI AMOUNT FROM FEDERAL FORM 1040	1. .00	1. 14595 .00
2. INTEREST ON STATE & LOCAL OBLIGATIONS OTHER THAN DELAWARE	2. .00	2. .00
3. FIDUCIARY ADJUSTMENT, OIL DEPLETION	3. .00	3. .00
4. TOTAL - Add Lines 1 through 3	4. .00	4. 14595 .00
SECTION B - SUBTRACTIONS		
5. INTEREST RECEIVED ON U.S. OBLIGATIONS	5. .00	5. .00
6. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)	6. .00	6. .00
7. DELAWARE STATE TAX REFUND, FIDUCIARY ADJUSTMENT, WORK OPPORTUNITY TAX CREDIT, DELAWARE NOL CARRYFORWARD, ETC. (See instructions)	7. .00	7. .00
8a. TAXABLE SOCIAL SECURITY/RR RETIREMENT BENEFITS/HIGHER EDUCATION EXCLUSION/CERTAIN LUMP SUM DISTRIBUTIONS (See instructions)	8a. .00	8a. .00
8b. 529 CONTRIBUTION TO DELAWARE-SPONSORED TUITION PROGRAM OR ABLE PROGRAM	8b. .00	8b. .00
9. Add Lines 5 through 8b	9. .00	9. .00
10. Subtract Line 9 from Line 4	10. .00	10. 14595 .00
11. EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)	11. .00	11. .00
12. DELAWARE ADJUSTED GROSS INCOME. Subtract Line 11 from Line 10, Enter here.	12. .00	12. 14595 .00
SECTION C - DEDUCTIONS		
If columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.		
13. TOTAL ITEMIZED DEDUCTIONS FROM DELAWARE SCHEDULE A (Must attach PIT-RSA)	13. .00	13. .00
14. FOREIGN TAXES PAID (See instructions)	14. .00	14. .00
15. CHARITABLE MILEAGE DEDUCTION (See instructions)	15. .00	15. .00
16. SUBTOTAL - Add Line 13 through Line 15	16. .00	16. .00
17. FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	17. .00	17. .00
18. NET ITEMIZED DEDUCTIONS - Subtract Line 17 from Line 16. Enter here and on Line 19 (See instructions)	18. .00	18. .00
19. If you elect the DELAWARE STANDARD DEDUCTION check here a. <input checked="" type="checkbox"/> Filing Statuses 1, 3, & 5 enter \$3250 in Column B; Filing Status 2 enter \$6500 in Column B; Filing Status 4 enter \$3250 in Column A and in Column B	If you elect DELAWARE ITEMIZED DEDUCTIONS check here b. Filing Statuses 1, 2, 3, and 5, enter itemized deductions from Line 18 in Column B; Filing Status 4 enter itemized deductions from Line 18 in Columns A and B	
	19. .00	19. 3250 .00
20. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions) Multiply the number of boxes checked below by \$2500. If you are filing a combined separate return (filing status 4), enter the total for each appropriate column. All others enter total in Column B. Column A - if Spouse was: 65 or over blind Column B - if You were: 65 or over blind	20. .00	20. .00
21. TOTAL DEDUCTIONS - Add Line 19 and Line 20 and enter here.	21. .00	21. 3250 .00
SECTION D - CALCULATIONS		
22. TAXABLE INCOME - Subtract Line 21 from Line 12, and compute tax on this amount	22. .00	22. 11345 .00
23. TAX LIABILITY FROM TAX RATE TABLE/SCHEDULE (See instructions)	23. .00	23. 325 .00
24. TAX ON LUMP SUM DISTRIBUTION (Form PIT-STC)	24. .00	24. .00



DELAWARE 2022

DIVISION OF REVENUE F O R M PIT-RES
DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



Column A is for Spouse information, Filing status 4 only. All other filing status use Column B.

	COLUMN A		COLUMN B
25. TOTAL TAX - Add Line 23 and Line 24	25.	.00	25. 325 .00
26a. PERSONAL CREDITS If you are Filing Status 3, see instructions. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.			
Enter number of exemptions 1 x \$110			
On Line 26a, enter the number of exemptions for: Column A Column B 1	26a.	.00	26a. 110 .00
26b. CHECK BOXES Spouse 60 or over (Column A) Self 60 or over (Column B)			
Enter number of boxes checked on Line 26b x \$110	26b.	.00	26b. .00
27. TAX IMPOSED BY OTHER STATES (Must attach copy of PIT-RSS and other state return.)	27.	.00	27. .00
28. VOLUNTEER FIREFIGHTER CO. # Spouse (Column A) Self (Column B) Enter credit amount	28.	.00	28. .00
29. OTHER NON-REFUNDABLE CREDITS (See instructions)	29.	.00	29. 0 .00
30. CHILD CARE CREDIT. Must attach Form 2441. (Enter 50% of Federal credit)	30.	.00	30. .00
31. TOTAL NON-REFUNDABLE CREDITS (See instructions)	31.	.00	31. 110 .00
32. BALANCE - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0.	32.	.00	32. 215 .00
33. EARNED INCOME TAX CREDIT. REFUNDABLE NON-REFUNDABLE (See instructions)	33.	.00	33. .00
34. DELAWARE TAX WITHHELD (Attach W2s/1099s)	34.	.00	34. .00
35. ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	35.	.00	35. .00
36. S CORP PAYMENTS	36.	.00	36. .00
37. REFUNDABLE BUSINESS CREDITS	37.	.00	37. .00
38. CAPITAL GAINS TAX PAYMENTS (Attach Form REW-EST)	38.	.00	38. .00
39. TOTAL REFUNDABLE CREDITS For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see instructions)	39.	.00	39. .00
40. BALANCE DUE If Line 33 plus Line 39 is less than or equal to Line 32, Subtract the sum of Line 33 and Line 39 from Line 32.	40.	.00	40. 215 .00
41. OVERPAYMENT If Line 33 plus Line 39 is greater than Line 32, Subtract Line 32 from the sum of Line 33 and Line 39.	41.	.00	41. 0 .00
42. CONTRIBUTIONS TO SPECIAL FUNDS. If electing a contribution, complete and attach PIT-RSS.	42.	.00	42. .00
43. AMOUNT OF LINE 41 TO BE APPLIED TO 2023 ESTIMATED TAX ACCOUNT	43.	.00	43. .00
44. PENALTIES AND INTEREST DUE. If Line 40 is greater than \$800, see estimated tax instructions	44.	.00	44. .00
45. NET BALANCE DUE. For Filing Status 4, see instructions. For all other filing statuses Add Line 40, Line 42, and Line 44.	45.	.00	45. 215 .00
46. NET REFUND. For Filing Status 4, see instructions. For all other filing statuses, Subtract Line 42, Line 43, and Line 44 from Line 41.	46.	.00	46. .00

SECTION E - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete Section E below. See instructions for details.

ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER	
CHECKING			Is this refund going to or through an account that is located outside of the United States? YES NO
SAVINGS			

DMV STATE ID #

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

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.

Robin Kumar Gatti 03/16/2023
 YOUR SIGNATURE DATE

 SPOUSE SIGNATURE DATE

HOME PHONE NUMBER BUSINESS PHONE NUMBER
 _____ 217-208-1223

EMAIL ADDRESS

PAID PREPARER INFORMATION

VENKATA SAI PAVAN KUMAR DUDIPALLI 03/14/2023
 PAID PREPARER SIGNATURE DATE

ADDRESS
 245 ROONEY CT
 CITY STATE ZIP CODE
 E BRUNSWICK NJ 08816
 EIN, SSN or PTIN PHONE NUMBER
 882145487 678-965-9522
 EMAIL ADDRESS
 SYAM@GTAXFILE.COM

BALANCE DUE WITH PAYMENT ENCLOSED (LINE 45)
 MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 508, Wilmington, DE 19899-0508
 Make check payable to: Delaware Division of Revenue

REFUND (LINE 46)
 MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 8710
 Wilmington, DE 19899-8710

ALL OTHER RETURNS
 MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 8711
 Wilmington, DE 19899-8711

PLEASE REMEMBER TO ATTACH W-2, 1099-R AND APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN



DELAWARE 2022

DIVISION OF REVENUE F O R M
PIT-RES
DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



FOR AMENDED RETURNS ONLY

	COLUMN A		COLUMN B
47. TOTAL REFUNDABLE CREDITS - Add Line 39 and any EITC on Line 33.	47.	.00	47.00
48. AMOUNT PAID ON ORIGINAL RETURN	48.	.00	48.00
49. SUBTOTAL. Add Lines 47 and 48.	49.	.00	49.00
50. REFUND RECEIVED (If any, see instructions)	50.	.00	50.00
51. Estimated tax carryover and/or Special Funds contributions as shown on original return	51.	.00	51.00
52. Subtract Line 50 and Line 51 from Line 49.	52.	.00	52.00
53. BALANCE DUE. If Line 32 is greater than Line 52, Subtract 52 from 32.	53.	.00	53.00
54. OVERPAYMENT. If Line 52 is greater than Line 32, Subtract 32 from 52.	54.	.00	54.00
55. AMOUNT OF LINE 54 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See instructions)		55.	.00
56. PENALTIES AND INTEREST DUE		56.	.00
57. NET BALANCE DUE For Filing Status 4, see instructions. For all other filing statuses Add Line 53, Line 55, and Line 56.		57.	.00
58. NET REFUND For Filing Status 4, see instructions. For all other filing statuses, Subtract Line 55 and Line 56 from Line 54.		58.	.00
59. Is an amended Federal return being filed? Yes No			
If no, please explain. If the changes pertain to the DE return only, list the line numbers being amended.			
60. Has the Delaware Division of Revenue advised you your original return is being audited? Yes No			
61. Is this amended return being filed as a protective claim? Yes No			
A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached.			

**NET BALANCE DUE WITH
PAYMENT ENCLOSED (LINE 57)**
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 508, Wilmington, DE 19899-0508
Make check payable to: Delaware Division of Revenue

NET REFUND (LINE 58)
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 8710
Wilmington, DE 19899-8710

ALL OTHER RETURNS
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 8711
Wilmington, DE 19899-8711

PLEASE REMEMBER TO ATTACH W-2, 1099-R AND APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN