

# DELAWARE 2023

DIVISION OF REVENUE F O R M PIT-RES

## DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



For Fiscal Year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Your Taxpayer ID  
5 1 6 6 9 0 0 9 9

Spouse Taxpayer ID

Amended Return  
Must include page 3

**Filing Status (Must check one)**

1.  Single, Divorced, Widow(er)    2.  Joint    3.  Married & Filing Separate Forms  
 4.  Married & Filing Combined Separate on this form    5.  Head of Household

Your First Name                      M.I.    Last Name                      Suffix  
 JUNAID UR RAHMAN                                           MOHAMMED

Spouse First Name                      M.I.    Last Name                      Suffix

Present Home Address (Number and Street)                      Apartment #  
 2512 CEDAR TREE DR                      3C

City                      State    Zip Code  
 WILMINGTON                      DE    19810

Form PIT-UND Attached  
  
 Claimed as Dependant on someone else's return

If you were a part-year resident in 2023, give the dates you resided in Delaware:

mm-dd-yyyy

mm-dd-yyyy

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

		COLUMN A		COLUMN B
<b>+</b> SECTION A - ADDITIONS				
1. FEDERAL AGI AMOUNT FROM FEDERAL FORM 1040	1.	.00	1.	55562 .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.	55562 .00
<b>-</b> 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. Column A if Spouse had a Military Pension                      Column B if You had a Military Pension	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. Column A if Spouse 529 ABLE                      Column B if You 529 ABLE	8b.	.00	8b.	.00
9. Add Lines 5 through 8b	9.	.00	9.	.00
10. Subtract Line 9 from Line 4	10.	.00	10.	55562 .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.	55562 .00
<b>≡</b> 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				
b. If you elect DELAWARE ITEMIZED DEDUCTIONS check here				
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)				
<b>Multiply</b> 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
<b>▣</b> SECTION D - CALCULATIONS				
22. TAXABLE INCOME - Subtract Line 21 from Line 12, and compute tax on this amount	22.	.00	22.	52312 .00
23. TAX LIABILITY FROM TAX RATE TABLE/SCHEDULE (See instructions)	23.	.00	23.	2518 .00
24. TAX ON LUMP SUM DISTRIBUTION (Form PIT-STC)	24.	.00	24.	.00



# DELAWARE 2023

DIVISION OF REVENUE 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. <b>TOTAL TAX</b> - Add Line 23 and Line 24	25.	.00	2518 .00
26a. <b>PERSONAL CREDITS</b> Enter number of exemptions 1 x \$110 On Line 26a, enter the number of exemptions for: Column A      Column B      1	26a.	.00	110 .00
26b. <b>CHECK BOXES</b> Spouse 60 or over (Column A)      Self 60 or over (Column B) Enter number of boxes checked on Line 26b      x \$110	26b.	.00	.00
27. <b>TAX IMPOSED BY OTHER STATES</b> (Must attach copy of PIT-RSS and other state return.)	27.	.00	.00
28. <b>VOLUNTEER FIREFIGHTER CO. #</b> Spouse (Column A)      Self (Column B)      Enter credit amount	28.	.00	.00
29. <b>OTHER NON-REFUNDABLE CREDITS</b> (See instructions)	29.	.00	0 .00
30. <b>CHILD CARE CREDIT</b> . Must attach Form 2441. (Enter 50% of Federal credit)	30.	.00	.00
31. <b>TOTAL NON-REFUNDABLE CREDITS</b> (See instructions)	31.	.00	110 .00
32. <b>BALANCE</b> - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0.	32.	.00	2408 .00
33. <b>EARNED INCOME TAX CREDIT</b> . <b>REFUNDABLE</b> <b>NON-REFUNDABLE</b> (See instructions)	33.	.00	.00
34. <b>DELAWARE TAX WITHHELD</b> (Attach W2s/1099s)	34.	.00	3178 .00
35. <b>ESTIMATED TAX PAID &amp; PAYMENTS WITH EXTENSIONS</b>	35.	.00	.00
36. <b>S CORP PAYMENTS</b>	36.	.00	.00
37. <b>REFUNDABLE BUSINESS CREDITS</b>	37.	.00	.00
38. <b>CAPITAL GAINS TAX PAYMENTS</b> (Attach Form REW-EST)	38.	.00	.00
39. <b>TOTAL REFUNDABLE CREDITS</b> For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see instructions)	39.	.00	3178 .00
40. <b>BALANCE DUE</b> If Line 33 plus Line 39 is less than or equal to Line 32, <b>Subtract</b> the sum of Line 33 and Line 39 from Line 32.	40.	.00	0 .00
41. <b>OVERPAYMENT</b> If Line 33 plus Line 39 is greater than Line 32, <b>Subtract</b> Line 32 from the sum of Line 33 and Line 39.	41.	.00	770 .00
42. <b>CONTRIBUTIONS TO SPECIAL FUNDS</b> . If electing a contribution, complete and attach PIT-RSS.	42.	.00	.00
43. <b>AMOUNT OF LINE 41 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT</b>	43.	.00	.00
44. <b>PENALTIES AND INTEREST DUE</b> . If Line 40 is greater than \$800, see estimated tax instructions	44.	.00	.00
45. <b>NET BALANCE DUE</b> . For Filing Status 4, see instructions. For all other filing statuses <b>Add</b> Line 40, Line 42, and Line 44.	45.	.00	.00
46. <b>NET REFUND</b> . For Filing Status 4, see instructions. For all other filing statuses, <b>Subtract</b> Line 42, Line 43, and Line 44 from Line 41.	46.	.00	770 .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
<input checked="" type="checkbox"/> CHECKING		
<input type="checkbox"/> SAVINGS	0 1 1 0 0 0 1 3 8	4 6 6 0 1 2 3 1 1 2 9 5

Is this refund going to or through an account that is located outside of the United States?  
 YES  NO

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.

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ BUSINESS PHONE NUMBER 617-505-8136

EMAIL ADDRESS \_\_\_\_\_

**PAID PREPARER INFORMATION**

SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/15/2024

PAID PREPARER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS

245 ROONEY CT

CITY STATE ZIP CODE

E BRUNSWICK NJ 08816

EIN, SSN or PTIN PHONE NUMBER

843171965 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 2023

DIVISION OF REVENUE FORM  
PIT-RES

## DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



**FOR AMENDED RETURNS ONLY**

COLUMN A

COLUMN B

<b>47. TOTAL REFUNDABLE CREDITS</b> - Add Line 39 and any EITC on Line 33.	<b>47.</b>	.00		47.		.00
<b>48. AMOUNT PAID ON ORIGINAL RETURN</b>	<b>48.</b>	.00		48.		.00
<b>49. SUBTOTAL.</b> Add Lines 47 and 48.	<b>49.</b>	.00		49.		.00
<b>50. REFUND RECEIVED</b> (If any, see instructions)	<b>50.</b>	.00		50.		.00
Estimated tax carryover and/or Special Funds contributions as shown on original return	<b>51.</b>	.00		51.		.00
<b>52. Subtract</b> Line 50 and Line 51 from Line 49.	<b>52.</b>	.00		52.		.00
<b>53. BALANCE DUE.</b> If Line 32 is greater than Line 52, Subtract 52 from 32.	<b>53.</b>	.00		53.		.00
<b>54. OVERPAYMENT.</b> If Line 52 is greater than Line 32, Subtract 32 from 52.	<b>54.</b>	.00		54.		.00
<b>55. AMOUNT OF LINE 54 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT</b> (See instructions)				55.		.00
<b>56. PENALTIES AND INTEREST DUE</b>				56.		.00
<b>57. NET BALANCE DUE</b> For Filing Status 4, see instructions. For all other filing statuses <b>Add</b> Line 53, Line 55, and Line 56.				57.		.00
<b>58. NET REFUND</b> For Filing Status 4, see instructions. For all other filing statuses, <b>Subtract</b> 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**



# DELAWARE 2023

DIVISION OF REVENUE F O R M  
PIT-RSS

## DELAWARE RESIDENT SCHEDULES



FIRST NAME	LAST NAME	TAXPAYER ID
JUNAID UR RAHMAN	MOHAMMED	5 1 6 6 9 0 0 9 9

**Columns:** Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See instructions for worksheet.) Taxpayers using filing statuses 1,2,3, or 5 are to complete Column B only.

### DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

Enter the credit in the highest to lowest amount order.

See the instructions and complete the worksheet prior to completing DE Schedule I.

		Filing Status 4 ONLY Spouse Information <b>COLUMN A</b>		All other filing statuses You or You plus Spouse <b>COLUMN B</b>
1. Tax imposed by State of (Enter 2 character state name)	1.	.00	1.	.00
2. Tax imposed by State of (Enter 2 character state name)	2.	.00	2.	.00
3. Tax imposed by State of (Enter 2 character state name)	3.	.00	3.	.00
4. Tax imposed by State of (Enter 2 character state name)	4.	.00	4.	.00
5. Tax imposed by State of (Enter 2 character state name)	5.	.00	5.	.00
6. Enter the total here and on Form PIT-RES Page 2, Line 27. <b>You must attach a copy of the other state return(s) with your Delaware tax return</b>	6.	.00	6.	.00

### DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

#### QUALIFYING CHILD INFORMATION

7a. CHILD'S FIRST NAME	7b. CHILD'S LAST NAME	8. CHILD'S SSN	9. CHILD'S DATE OF BIRTH
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		<b>CHILD 1</b>		<b>CHILD 2</b>		<b>CHILD 3</b>
10. Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse, if filing jointly)?	Yes	No	Yes	No	Yes	No
11. Was the child permanently and totally disabled during any part of 2023?	Yes	No	Yes	No	Yes	No
12. <b>DELAWARE STATE INCOME TAX LESS NON-REFUNDABLE CREDITS</b> - Enter the higher tax amount from Column A or Column B of Form PIT-RES Line 32					12.	.00
13. <b>FEDERAL EARNED INCOME TAX CREDIT (EITC)</b> - Enter amount from IRS form 1040 or 1040-SR, Line 27					13.	.00
14. <b>REFUNDABLE EITC CALCULATION</b> - Multiply Line 13 x 0.045 and enter here					14.	.00
15. <b>NON-REFUNDABLE EITC CALCULATION</b> - Multiply Line 13 x 0.20 and enter here					15.	.00
16. <b>REFUNDABLE EITC</b> - If Line 14 is greater than or equal to Line 12, enter the amount from Line 14 here and on Line 33 of Form PIT-RES and check the refundable box on Line 33 of Form PIT-RES					16.	.00
17. <b>NON-REFUNDABLE EITC</b> - If Line 14 is less than Line 12, compare Line 12 to Line 15, enter the smaller amount here and on Line 33 of Form PIT-RES, and check the non-refundable box on Line 33 of Form PIT-RES					17.	.00

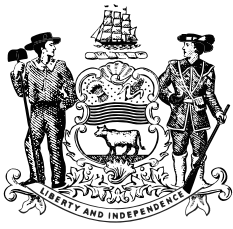
### DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See instructions for a description of each worthwhile fund listed below.

See the instructions for ALL required documentation to attach.

18. A. Non-Game Wildlife	.00	H. DE National Guard	.00	O. Senior Trust Fund	.00
B. Beau Biden Fund	.00	I. Juvenile Diabetes Fund	.00	P. Veterans Trust Fund	.00
C. Emergency Housing	.00	J. Multiple Sclerosis Soc.	.00	Q. Protect DE's Child Fund	.00
D. Breast Cancer Edu.	.00	K. Ovarian Cancer Fndn	.00	R. Food Bank of DE	.00
E. Organ Donations	.00	L. <i>Intentionally left blank</i>		S. DE Hab For Humanity	.00
F. Diabetes Education	.00	M. White Clay Creek	.00	T. B+ Childhood Cancer	.00
G. Veterans Home	.00	N. Home of the Brave	.00	U. Combined Campaign for Justice	.00
19. Enter the total Contribution amount here and on Form PIT-RES, Line 42				19.	.00

**This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.**



**DELAWARE** 2023  
 DIVISION OF REVENUE F O R M  
 PIT-RSS  
**DELAWARE RESIDENT SCHEDULES**



**DE SCHEDULE IV - W-2 AND 1099-R INFORMATION**

Complete this Schedule listing all of your, and if applicable, your spouse's, forms W-2 and 1099-R showing Delaware Income Tax withheld. Forms W-2 and 1099-R showing income tax withheld must still be attached to the front of your return if you elect to file by paper. Failure to do so may delay the processing of your return.

	TYPE	EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TAXPAYER OR SPOUSE
X	W-2	VASTEK INC	474047975	DE	64800	3178	X Taxpayer
	1099-R						Spouse
	W-2						Taxpayer
	1099-R						Spouse
	W-2						Taxpayer
	1099-R						Spouse
	W-2						Taxpayer
	1099-R						Spouse
	W-2						Taxpayer
	1099-R						Spouse
	W-2						Taxpayer
	1099-R						Spouse
	W-2						Taxpayer
	1099-R						Spouse
	W-2						Taxpayer
	1099-R						Spouse
	W-2						Taxpayer
	1099-R						Spouse
	W-2						Taxpayer
	1099-R						Spouse

**DE SCHEDULE V - DELAWARE S CORPORATION PAYMENTS**

Complete this Schedule by listing all estimated Delaware tax payments made by an S Corporation on behalf of you or your spouse. Failure to do so may delay the processing of your return.

S CORPORATION FEIN	NAME OF S CORPORATION	PAYEE ID	AMOUNT OF ESTIMATED PAYMENT
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