



DELAWARE 2023
DIVISION OF REVENUE PIT-RES
DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



For Fiscal Year beginning and ending

Your Taxpayer ID: 8 6 3 2 6 9 7 9 0
Spouse Taxpayer ID: 1 3 8 7 7 4 4 3 1

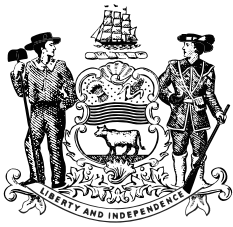
Amended Return
Must include page 3

Your First Name: ABHISHEK, Last Name: SARKAR
Spouse First Name: CHETNA, Last Name: PARAS
Present Home Address: 116 WEST 9TH ST, WILMINGTON, DE 19801

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

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

Table with 4 columns: Line Number, Description, Column A, Column B. Includes sections for Additions, Subtractions, Deductions, and Calculations.



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DIVISION OF REVENUE FORM
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.	3270	.00	25. 11330 .00
26a. PERSONAL CREDITS				
Enter number of exemptions 2 x \$110 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.				
On Line 26a, enter the number of exemptions for: Column A 1 Column B 1				
26b. CHECK BOXES Spouse 60 or over (Column A) Self 60 or over (Column B)	26a.	110	.00	26a. 110 .00
Enter number of boxes checked on Line 26b x \$110				
27. TAX IMPOSED BY OTHER STATES (Must attach copy of PIT-RSS and other state return.)	27.	.00	.00	.00
28. VOLUNTEER FIREFIGHTER CO. # Spouse (Column A) Self (Column B) Enter credit amount	28.	.00	.00	.00
29. OTHER NON-REFUNDABLE CREDITS (See instructions)	29.	.00	.00	0 .00
30. CHILD CARE CREDIT . Must attach Form 2441. (Enter 50% of Federal credit)	30.	.00	.00	.00
31. TOTAL NON-REFUNDABLE CREDITS (See instructions)	31.	110	.00	31. 110 .00
32. BALANCE - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0.	32.	3160	.00	32. 11220 .00
33. EARNED INCOME TAX CREDIT . REFUNDABLE NON-REFUNDABLE (See instructions)	33.	.00	.00	.00
34. DELAWARE TAX WITHHELD (Attach W2s/1099s)	34.	3312	.00	34. 10996 .00
35. ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	35.	.00	.00	.00
36. S CORP PAYMENTS	36.	.00	.00	.00
37. REFUNDABLE BUSINESS CREDITS	37.	.00	.00	0 .00
38. CAPITAL GAINS TAX PAYMENTS (Attach Form REW-EST)	38.	.00	.00	.00
39. TOTAL REFUNDABLE CREDITS For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see instructions)	39.	3312	.00	39. 10996 .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	.00	40. 224 .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.	152	.00	41. 0 .00
42. CONTRIBUTIONS TO SPECIAL FUNDS . If electing a contribution, complete and attach PIT-RSS.	42.	.00	.00	.00
43. AMOUNT OF LINE 41 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT	43.	.00	.00	.00
44. PENALTIES AND INTEREST DUE . If Line 40 is greater than \$800, see estimated tax instructions	44.	.00	.00	.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	.00	72 .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	.00	.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

SAVINGS

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

EMAIL ADDRESS

PAID PREPARER INFORMATION

SYAM PRIYA RAM SAGAR GUPTA 04/09/2024

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

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
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



DELAWARE 2023

DIVISION OF REVENUE FORM

PIT-RSS

DELAWARE RESIDENT SCHEDULES



FIRST NAME	LAST NAME	TAXPAYER ID
ABHISHEK & CHETNA	SARKAR, PARAS	8 6 3 2 6 9 7 9 0

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 COLUMN A	All other filing statuses You or You plus Spouse COLUMN 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. You must attach a copy of the other state return(s) with your Delaware tax return	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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		CHILD 1	CHILD 2	CHILD 3
10. Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse, if filing jointly)?	10.	Yes No	Yes No	Yes No
11. Was the child permanently and totally disabled during any part of 2023?	11.	Yes No	Yes No	Yes No
12. DELAWARE STATE INCOME TAX LESS NON-REFUNDABLE CREDITS - Enter the higher tax amount from Column A or Column B of Form PIT-RES Line 32	12.			.00
13. FEDERAL EARNED INCOME TAX CREDIT (EITC) - Enter amount from IRS form 1040 or 1040-SR, Line 27	13.			.00
14. REFUNDABLE EITC CALCULATION - Multiply Line 13 x 0.045 and enter here	14.			.00
15. NON-REFUNDABLE EITC CALCULATION - Multiply Line 13 x 0.20 and enter here	15.			.00
16. REFUNDABLE EITC - 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. NON-REFUNDABLE EITC - 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

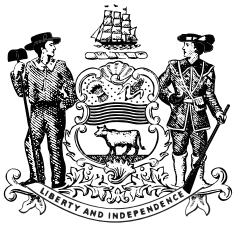
DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

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						Taxpayer
1099-R	JP MORGAN CHASE BANK, NATIONAL ASSOCIATION	134994650	DE	67690	3312	X Spouse
X W-2						X Taxpayer
1099-R	JP MORGAN CHASE BANK, NATIONAL ASSOCIATION	134994650	DE	188509	10996	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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