Schedule

Names:

2019 **R**

Social Security Number:

COLUMNS:

Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 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								Filing Status 4 ON Spouse Informatio COLUMN A	on You or `	All other filing statuses You or You plus Spouse COLUMN B	
See	the	instructions and complet	te the worksheet on I	Page 7 p	prior to compl	eting DE Sch	edule I.				
Ent 1.		ne credit in HIGHEST to LC ax imposed by State of		state name) 1							
2.		ix imposed by State of			state name)						
3.		ax imposed by State of	(enter 2 ch	naracter s	state name)		3				
4.	Та	x imposed by State of	(enter 2 ch	naracter s	state name)		4				
5.	Та	ax imposed by State of	state name)		5						
6.		nter the total here and on R her state return(s) with y									
DE	SCF	EDULE II - EARNED I	NCOME TAX CREE	DIT (EIT	C)						
Con	nplet	te the Earned Income Tax ng Child Information		•		Earned Incom	e Credit fo	or on your federal	return.		
7a.	Chil	d's First Name	7b. Child's Last N	ame		8. Child's	SSN	9.	of Birth		
					CHILD	1	CI	HLD 2	СН	ILD 3	
10.	a s	as the child under age 24 a student, and younger than younger, if filing jointly)?	you (or your	10	YES	NO	YES		YES	NO	
	spi		······ I	10							
11.		as the child permanently ar ring any part of 2019?		1	YES	NO	YE	S NO	YES	NO	
12.	De	laware State Income Tax fi	rom Page 1 Line 8 (er	nter hiah	er tax amount	from Column A	or B)	12			
13.		deral earned income credit	0	0			,				
10.								13			
14.		laware EITC Percentage (.20	
15.	Mu	Iltiply Line 13 by Line 14						15			
16.	En	ter the smaller of Line 12 o	or Line 15 above. Ente	r here ar	nd on Resident	Return, Line	14	16			
Soo	the	instructions on Page 8 for	or ALL required docu	ımontati	ion to attach						
		HEDULE III - CONTRIB									
		je 13 for a description of									
17.	A.	Non-Game Wildlife Beau Biden Fund	00 H.		ional Guard			O. Senior Trust Fur			
	В. С.	Emergency Housing	00 I. 00 J.		e Diabetes Fund			P. Veterans Trust F Q. Protect DE's Ch			
	C. D.	Breast Cancer Edu.	00 J. 00 K.		e Sclerosis Soc. n Cancer Fnd			Q. Protect DE's Ch R. Food Bank of D			
	E.	Organ Donations	00 K.		ind for Children			S. DE Hab For Hur			
	F.	Diabetes Education	00 L.		Clay Creek			T. B+ Childhood C	,		
	G.	Veterans Home	00 N.		of the Brave						
		-			-						

Enter the total Contribution amount here and on Resident Return, Line 24 17

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

