2020 R DELAWARE RESIDENT SCHEDULES Schedule

Names: MATTHEW & MEGAN ANDERSON

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

See the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I.

Enter the credit in **HIGHEST** to **LOWEST** amount order.

				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 PA	(enter 2 character state name)	1		00	1842	00
2.	Tax imposed by State of	(enter 2 character state name)	2		00		00
3.	Tax imposed by State of	(enter 2 character state name)	3		00		00
4.	Tax imposed by State of	(enter 2 character state name)	4		00		00
5.	Tax imposed by State of	(enter 2 character state name)	5		00		00
6.	Enter the total here and on Resident Return, Page 1 Line 10. **You must attach a copy of the other state return(s) with your Delaware tax return**		6	0	00	1842	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

			CHILD 1	CHILD 2	CHILD 3
10.	Was the child under age 24 at the end of 2020, 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 2020?	11	YES NO	YES NO	YES NO

12.	Delaware State Income Tax from Page 1, Line 8 (enter higher tax amount from Column A or B)	12		00
13.	Federal earned income credit from Federal Form 1040, Form 1040A, or Form 1040EZ	13		00
14.	Delaware EITC Percentage (20%)	14	.20	
15.	Multiply Line 13 by Line 14	15	0	00
16.	Enter the smaller of Line 12 or Line 15 above. Enter here and on Resident Return, Line 14	16	0	00

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

17.									
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 Chld Fnd	00
D.	Breast Cancer Edu.	00	K.	Ovarian Cancer Fnd	00	R.	Food Bank of DE	00
E.	Organ Donations	00	L.	21st Fund for Children	00	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			

Enter the total Contribution amount here and on Resident Return, Line 24 ..... 17 0 00

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