





DELAWARE RESIDENT SCHEDULES

FIRST NAME	LAST NAME	TAXPAYER ID

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.				Filing Status 4 ONLY Spouse Information			All other filing statuses You or You plus Spouse	
	See the instructions and com	plete the worksheet p	rior to completing DE Schedule I.		COLUMN A			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 or copy of the other state re		Line 27. You must attach a elaware tax return	6.		.00	6.		.0

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 S	SN	9. CH	IILD'S DATE OF	BIRTH
40	Was the child under age 24 at the end of 202	22, a student, and younger than		CHILD 1	CHILD 2	2	СНІ	LD 3
10.	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 2022?			CHILD 1	CHILD 2	2	CHIL	D 3
	was the crind permanently and totally disab	Yes		No	Yes	No	Yes	No
12.	DELAWARE STATE INCOME TAX LESS NON-REFUNDABLE CREDITS – Enter the higher tax amount from							
	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 – Multip	ly Line 13 x 0.045 and enter here				14.		.00
15.	. NON-REFUNDABLE EITC CALCULATION – Multiply Line 13 x 0.20 and enter here							.00
16.	REFUNDABLE EITC - If Line 14 is greater tha of Form PIT-RES and check the refundable b		ount from	ine 14 here and o	on Line 33	16.		.00
17.	NON-REFUNDABLE EITC – If Line 14 is less t and on Line 33 of Form PIT-RES, and check t				unt here	17.		.00

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

Enter the total Contribution amount here and on Form PIT-RES, Line 42

See the instructions for ALL required documentation to attach.

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

		see instructions for a desc	cription of eac	III VV	orti	iwille fund listed below.				
18.	A.	Non-Game Wildlife		.00	Н.	DE National Guard	.00	Ο.	Senior Trust Fund	.00
	В.	Beau Biden Fund		.00	I.	Juvenile Diabetes Fund	.00	Ρ.	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.	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	U.	Combined Campaign for Justice	.00

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







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.



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