



## **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.

	<b>DE SCHEDULE I - CREDIT FOR INCOME</b> Enter the credit in the highest to lowest amount ord		Filing Status 4 ONLY Spouse Information		All other filing statuses You or You plus Spouse	
	See the instructions and complete the worksheet $\mid$		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 on Form PIT-RES Page 2, Line 27. You must attach a copy of the other state return(s) with your Delaware tax return			.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

10.	Was the child under age 24 at the end of 2022, a student, and younger than you (or your spouse, if filing jointly)?		CHILD 1		CHILD 2		HILD 3		
10.			No	Yes	No	Yes	No		
11.	Was the child permanently and totally disabled during any part of 2022?		CHILD 1		CHILD 2		CHILD 3		
11.			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	0				
13.	FEDERAL EARNED INCOME TAX CREDIT (EITC) – Enter amount from IRS form 10	13.		.00	0				
14.	<b>REFUNDABLE EITC CALCULATION – Multiply</b> Line 13 x 0.045 and enter here	14.		.00	0				
15.	NON-REFUNDABLE EITC CALCULATION – Multiply Line 13 x 0.20 and enter here	15.		.00	0				
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								
10.	of Form PIT-RES and check the refundable box on Line 33 of Form PIT-RES	16.		.00	0				
17.	NON-REFUNDABLE EITC – If Line 14 is less than Line 12, compare Line 12 to Line 15, enter the smaller amount here								
17.	and on Line 33 of Form PIT-RES, and check the non-refundable box on Line 33 of	17.		.00	0				
<b>DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS</b> See the instructions for ALL required documentation to attach.									
	See instructions for a description of each worthwhile fund listed below.								

18.	A.	Non-Game Wildlife	.00	Н.	DE National Guard	.00	Ο.	Senior Trust Fund	.00
	В.	Beau Biden Fund	.00	١.	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

9. 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.





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### **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
						Taxpayer
						Spouse
						Taxpayer
						Spouse
						Taxpayer
						Spouse
						Taxpayer
						Spouse
						Taxpayer
						Spouse
						Taxpayer
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						Spouse
						Taxpayer
						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