

Tax Item (Identifier)	Source	Location	Description	Format
1	Official Header		Magic Code and Header Version	T1
2	Official Header		Developer Code	Assigned number from NACTP
3	State Specific		Jurisdiction	DE
4	State Specific		Barcode Type Description	DEPITBC6
5	State Specific		Specification Version	2023V2.0
6	State Specific		Software/Form Version	
7	DE PIT-UND p. 1		Form Type Constant	PIT-UND
8	DE PIT-UND p. 1	H	Tax Year	2023
9	DE PIT-UND p. 1	H	Taxpayer First Name	Text
10	DE PIT-UND p. 1	H	Taxpayer Last Name	Text
11	DE PIT-UND p. 1	H	Taxpayer Social Security Number	##### (9)
12	DE PIT-UND p. 1	H	Farmer or Fisherman Indicator	X or Blank
13	DE PIT-UND p. 1	H	Annualization of Income Method Indicator	X or Blank
14	DE PIT-UND p. 1	A	Enter 90% of 2023 Delaware tax liability	Number
15	DE PIT-UND p. 1	B	Enter 100% or 110% of 2022 Delaware tax liability	Number
16	DE PIT-UND p. 1	C	Required Annual Amount	Number
17	DE PIT-UND p. 1	D	Delaware Withholding	Number
18	DE PIT-UND p. 1	E	Subtract Line "D" from Line "C"	Number
19	DE PIT-UND p. 1	F	SHORT METHOD - Estimated Tax Payments, S Corp Payments or Refundable Business Credit	Number
20	DE PIT-UND p. 1	G	SHORT METHOD - Delaware Withholding	Number
21	DE PIT-UND p. 1	H	SHORT METHOD - Add Line "F" and Line "G"	Number
22	DE PIT-UND p. 1	I	SHORT METHOD - TOTAL UNDERPAYMENT	Number
23	DE PIT-UND p. 1	J	SHORT METHOD - Multiply Line "I" by 12%	Number
24	DE PIT-UND p. 1	K	SHORT METHOD - If the amount on Line "I" was paid on or after April 30, 2024, enter zero (0). If it was paid before April 30, 2024, Multiply the number of days from the date Line "I" was paid before April 30, 2024, times .05% (.0005) times the amount on Line "I".	Number
25	DE PIT-UND p. 1	L	SHORT METHOD - ESTIMATED PENALTY	Number
26	DE PIT-UND p. 1	Line 29 Col 1	Estimated, S Corp, Capital Gain Tax payments, or Refundable Business Credits	Number
27	DE PIT-UND p. 1	Line 29 Col 2		Number
28	DE PIT-UND p. 1	Line 29 Col 3		Number
29	DE PIT-UND p. 1	Line 29 Col 4		Number
30	DE PIT-UND p. 1	Line 30 Col 1	Delaware Withholding	Number
31	DE PIT-UND p. 1	Line 30 Col 2		Number
32	DE PIT-UND p. 1	Line 30 Col 3		Number
33	DE PIT-UND p. 1	Line 30 Col 4		Number
34	DE PIT-UND p. 1	Line 37 Col 1	UNDERPAYMENT. If Line 28 is equal to or larger than Line 35, Subtract Line 35 from Line 28.	Number
35	DE PIT-UND p. 1	Line 37 Col 2		Number

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36	DE PIT-UND p. 1	Line 37 Col 3		Number
37	DE PIT-UND p. 1	Line 37 Col 4		Number
38	DE PIT-UND p. 1	Line 38 Col 1	OVERPAYMENT. If Line 35 is larger than Line 28, Subtract Line 28 from Line 35.	Number
39	DE PIT-UND p. 1	Line 38 Col 2		Number
40	DE PIT-UND p. 1	Line 38 Col 3		Number
41	DE PIT-UND p. 1	Line 38 Col 4		Number
42	DE PIT-UND p. 1	Line 43	Add penalties from each Column on Line 42 to determine the Total Penalty	Number
43	DE PIT-UND p. 2	H	IF YOU USED A NON-RESIDENT RETURN Indicator	X or Blank
44	DE PIT-UND p. 2	Line 2 Col 1	Delaware AGI from your 2023 Delaware Return	Number
45	DE PIT-UND p. 2	Line 2 Col 2		Number
46	DE PIT-UND p. 2	Line 2 Col 3		Number
47	DE PIT-UND p. 2	Line 2 Col 4		Number
48	DE PIT-UND p. 2	Line 5 Col 1	Delaware Itemized Deductions (Line 18 - Form PIT-RES, Line 38 - Form PIT-NON) for period, if applicable.	Number
49	DE PIT-UND p. 2	Line 5 Col 2		Number
50	DE PIT-UND p. 2	Line 5 Col 3		Number
51	DE PIT-UND p. 2	Line 5 Col 4		Number
52	DE PIT-UND p. 2	Line 8 Col 1	Total Delaware Standard Deduction Amount, if applicable.	Number
53	DE PIT-UND p. 2	Line 8 Col 2		Number
54	DE PIT-UND p. 2	Line 8 Col 3		Number
55	DE PIT-UND p. 2	Line 8 Col 4		Number
56	DE PIT-UND p. 2	Line 15 Col 1	Total Personal Credit Amount	Number
57	DE PIT-UND p. 2	Line 15 Col 2		Number
58	DE PIT-UND p. 2	Line 15 Col 3		Number
59	DE PIT-UND p. 2	Line 15 Col 4		Number
60	DE PIT-UND p. 2	Line 27 Col 1	Enter the smaller of Line 22 or Line 25 here	Number
61	DE PIT-UND p. 2	Line 27 Col 2		Number
62	DE PIT-UND p. 2	Line 27 Col 3		Number
63	DE PIT-UND p. 2	Line 27 Col 4		Number
64	DE PIT-UND p. 1		Form Type Constant	PIT-CRS
65	DE PIT-CRS p. 1	Part A	Taxpayer ID	##### (9)
66	DE PIT-CRS p. 1	Part B Line A.1	NEIGHBORHOOD ASSISTANCE CREDIT 30 DEL. C. § 2001-2008 - Credit Carryover from Previous Years	Number

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67	DE PIT-CRS p. 1	Part B Line A.2	NEIGHBORHOOD ASSISTANCE CREDIT 30 DEL. C. § 2001-2008 - Current Year Approved Credit	Number
68	DE PIT-CRS p. 1	Part B Line A.3	NEIGHBORHOOD ASSISTANCE CREDIT 30 DEL. C. § 2001-2008 - Total	Number
69	DE PIT-CRS p. 1	Part B Line B.4	ECONOMIC DEVELOPMENT CREDITS §§ 2010-2015 - Credit Carryover from Previous Years	Number
70	DE PIT-CRS p. 1	Part B Line B.5	ECONOMIC DEVELOPMENT CREDITS §§ 2010-2015 - Current Year Approved Credit	Number
71	DE PIT-CRS p. 1	Part B Line B.6	ECONOMIC DEVELOPMENT CREDITS §§ 2010-2015 - Total	Number
72	DE PIT-CRS p. 1	Part B Line C.7	GREEN INDUSTRIES/BROWNFIELD CREDITS §§ 2020-2024, 2040 - Credit Carryover from Previous Years	Number
73	DE PIT-CRS p. 1	Part B Line C.8	GREEN INDUSTRIES/BROWNFIELD CREDITS §§ 2020-2024, 2040 - Current Year Approved Credit	Number
74	DE PIT-CRS p. 1	Part B Line C.9	GREEN INDUSTRIES/BROWNFIELD CREDITS §§ 2020-2024, 2040 - Total	Number
75	DE PIT-CRS p. 1	Part B Line D.10	RESEARCH AND DEVELOPMENT CREDITS (TAX YEARS BEFORE 2018) §§ 2070-2075 - Credit Carryover from Previous Years	Number
76	DE PIT-CRS p. 1	Part B Line E.11	LAND AND HISTORIC RESOURCES CONSERVATION CREDITS §§ 1801- 1807 - Credit Carryover from Previous Years	Number
77	DE PIT-CRS p. 1	Part B Line E.12	LAND AND HISTORIC RESOURCES CONSERVATION CREDITS §§ 1801- 1807 - Current Year Approved Credit	Number
78	DE PIT-CRS p. 1	Part B Line E.13	LAND AND HISTORIC RESOURCES CONSERVATION CREDITS §§ 1801- 1807 - Total	Number
79	DE PIT-CRS p. 1	Part B Line F.14	HISTORIC PRESERVATION CREDITS §§ 1112, 1811-1817 - Credit Carryover from Previous Years	Number
80	DE PIT-CRS p. 1	Part B Line F.15	HISTORIC PRESERVATION CREDITS §§ 1112, 1811-1817 - Current Year Approved Credit	Number
81	DE PIT-CRS p. 1	Part B Line F.16	HISTORIC PRESERVATION CREDITS §§ 1112, 1811-1817 - Total	Number
82	DE PIT-CRS p. 1	Part B Line G.17	AUTOMATIC EXTERNAL DEFIBRILLATORS - Number of AED placed in service during the tax year.	Number
83	DE PIT-CRS p. 1	Part B Line G.18	AUTOMATIC EXTERNAL DEFIBRILLATORS - Total Credit	Number
84	DE PIT-CRS p. 1	Part B Line H.19	TOTAL DELAWARE NON- REFUNDABLE INCOME TAX CREDITS	Number
85	DE PIT-CRS p. 2	Part B Line I.20	The amount listed on Line 25 of Form PIT-RES or Line 42 of Form PIT-NON	Number
86	DE PIT-CRS p. 2	Part B Line I.21	The total from Line 19.	Number
87	DE PIT-CRS p. 2	Part B Line I.22	Current year credits from Line 23 from Delaware Form SCT-SSR (S Corporation) or Delaware Form PRT-PSI (Partnership)	Number
88	DE PIT-CRS p. 2	Part B Line I.23	Add Lines 21 and 22	Number

Tax Item (Identifier)	Source	Location	Description	Format
89	DE PIT-CRS p. 2	Part B Line I.24	The lesser of Lines 20 & 23 (this is the total of the non-refundable tax credits to which the taxpayer is entitled)	Number
90	DE PIT-CRS p. 2	Part B Line J.25	Business Finder's Fee Credits	Number
91	DE PIT-CRS p. 2	Part B Line J.26	New Economy Jobs Program Credits	Number
92	DE PIT-CRS p. 2	Part B Line J.27	Organ and Bone Marrow Transplantation Tax Credit	Number
93	DE PIT-CRS p. 2	Part B Line J.28	Employer Tax Credit For Hiring Individuals with Disabilities	Number
94	DE PIT-CRS p. 2	Part B Line J.29	Research & Development Credits	Number
95	DE PIT-CRS p. 2	Part B Line J.30	Angel Investor Job Creation and Innovation Act credit	Number
96	DE PIT-CRS p. 2	Part B Line J.31	Total Refundable Income Tax Credits	Number
97	DE PIT-UND p. 1		Form Type Constant	PIT-CFR
98	DE PIT-CFR p. 1	H	Decedent Taxpayer ID	##### (9)
99	DE PIT-CFR p. 1	H	Decedent Date of Death	MMDDYYYY
100	DE PIT-CFR p. 1	H	Decedent Taxpayer First Name	Text
101	DE PIT-CFR p. 1	H	Decedent Taxpayer Middle Initial	Text (1)
102	DE PIT-CFR p. 1	H	Decedent Taxpayer Last Name	Text
103	DE PIT-CFR p. 1	H	Decedent Taxpayer Address	Text
104	DE PIT-CFR p. 1	H	Decedent Taxpayer City	Text
105	DE PIT-CFR p. 1	H	Decedent Taxpayer State	Text
106	DE PIT-CFR p. 1	H	Decedent Taxpayer ZIP	##### (5) or ##### (9)
107	DE PIT-CFR p. 1	H	Estate Taxpayer ID	##### (9)
108	DE PIT-CFR p. 1	H	Estate Name	Text
109	DE PIT-CFR p. 1	H	Estate Address	Text
110	DE PIT-CFR p. 1	H	Estate City	Text
111	DE PIT-CFR p. 1	H	Estate State	Text
112	DE PIT-CFR p. 1	H	Estate ZIP	##### (5) or ##### (9)
113	DE PIT-CFR p. 1	Part 1 Line A	Indicator - Personal representative appointed or certified by court.	X or Blank
114	DE PIT-CFR p. 1	Part 1 Line B	Indicator - Person, other than A, claiming refund for the decedent's estate.	X or Blank
115	DE PIT-CFR p. 1	Part 2 Line 1	Yes - Did the decedent leave a will?	X or Blank
116	DE PIT-CFR p. 1	Part 2 Line 1	No - Did the decedent leave a will?	X or Blank
117	DE PIT-CFR p. 1	Part 2 Line 2a	Yes - Has a personal representative been appointed by a court for the estate of the decedent?	X or Blank
118	DE PIT-CFR p. 1	Part 2 Line 2a	No - Has a personal representative been appointed by a court for the estate of the decedent?	X or Blank
119	DE PIT-CFR p. 1	Part 2 Line 2b	Yes - If 2a is "NO", will a personal representative be appointed.	X or Blank
120	DE PIT-CFR p. 1	Part 2 Line 2b	No - If 2a is "NO", will a personal representative be appointed.	X or Blank
121	DE PIT-CFR p. 1	Part 2 Line 3	Yes - As the person claiming the refund for the decedent's estate, will you pay out the refund according to the laws of the state where the decedent was a legal resident?	X or Blank
122	DE PIT-CFR p. 1	Part 2 Line 3	No - As the person claiming the refund for the decedent's estate, will you pay out the refund according to the laws of the state where the decedent was a legal resident?	X or Blank
123	1 st W-2/1099-R		Form Type Constant	W2 or 1099R

Tax Item (Identifier)	Source	Location	Description	Format
124	1 st W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
125	1 st W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
126	1 st W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
127	1 st W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
128	1 st W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
129	1 st W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
130	1 st W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
131	1 st W-2/1099-R		W2 State Name 2 Or 1099-R State Name 2	Two letter state code
132	1 st W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
133	1 st W-2/1099-R		W2 State Withholding 2 Or 1099-R Withholding 2	Number
134	2nd W-2/1099-R		Form Type Constant	W2 or 1099R
135	2nd W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
136	2nd W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
137	2nd W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
138	2nd W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
139	2nd W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
140	2nd W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
141	2nd W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
142	2nd W-2/1099-R		W2 State Name 2 Or 1099-R State Name 2	Two letter state code
143	2nd W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
144	2nd W-2/1099-R		W2 State Withholding 2 Or 1099-R Withholding 2	Number
145	3rd W-2/1099-R		Form Type Constant	W2 or 1099R
146	3rd W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)

Tax Item (Identifier)	Source	Location	Description	Format
147	3rd W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
148	3rd W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
149	3rd W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
150	3rd W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
151	3rd W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
152	3rd W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
153	3rd W-2/1099-R		W2 State Name 2 Or 1099-R State Name 2	Two letter state code
154	3rd W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
155	3rd W-2/1099-R		W2 State Withholding 2 Or 1099-R Withholding 2	Number
156	4th W-2/1099-R		Form Type Constant	W2 or 1099R
157	4th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
158	4th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
159	4th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
160	4th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
161	4th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
162	4th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
163	4th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
164	4th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 2	Two letter state code
165	4th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
166	4th W-2/1099-R		W2 State Withholding 2 Or 1099-R Withholding 2	Number
167	5th W-2/1099-R		Form Type Constant	W2 or 1099R
168	5th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
169	5th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number

Tax Item (Identifier)	Source	Location	Description	Format
170	5th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
171	5th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
172	5th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
173	5th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
174	5th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
175	5th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 2	Two letter state code
176	5th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
177	5th W-2/1099-R		W2 State Withholding 2 Or 1099-R Withholding 2	Number
178	6th W-2/1099-R		Form Type Constant	W2 or 1099R
179	6th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
180	6th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
181	6th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
182	6th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
183	6th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
184	6th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
185	6th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
186	6th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 2	Two letter state code
187	6th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
188	6th W-2/1099-R		W2 State Withholding 2 Or 1099-R Withholding 2	Number
189	7th W-2/1099-R		Form Type Constant	W2 or 1099R
190	7th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
191	7th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
192	7th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)

Tax Item (Identifier)	Source	Location	Description	Format
193	7th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
194	7th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
195	7th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
196	7th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
197	7th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 2	Two letter state code
198	7th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
199	7th W-2/1099-R		W2 State Withholding 2 Or 1099-R Withholding 2	Number
200	8th W-2/1099-R		Form Type Constant	W2 or 1099R
201	8th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
202	8th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
203	8th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
204	8th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
205	8th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
206	8th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
207	8th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
208	8th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 2	Two letter state code
209	8th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
210	8th W-2/1099-R		W2 State Withholding 2 Or 1099-R Withholding 2	Number
211	9th W-2/1099-R		Form Type Constant	W2 or 1099R
212	9th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
213	9th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
214	9th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
215	9th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text

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216	9th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
217	9th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
218	9th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
219	9th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 2	Two letter state code
220	9th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
221	9th W-2/1099-R		W2 State Withholding 2 Or 1099-R Withholding 2	Number
222	10th W-2/1099-R		Form Type Constant	W2 or 1099R
223	10th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
224	10th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
225	10th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
226	10th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
227	10th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
228	10th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
229	10th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
230	10th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 2	Two letter state code
231	10th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
232	10th W-2/1099-R		W2 State Withholding 2 Or 1099-R Withholding 2	Number
233	Official Trailer		Trailer Static String	EOD*