



# DELAWARE 2023

DIVISION OF REVENUE FOR PIT-RSS

## DELAWARE RESIDENT SCHEDULES



FIRST NAME

LAST NAME

TAXPAYER ID

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**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			Filing Status 4 ONLY Spouse Information <b>COLUMN A</b>		All other filing statuses You or You plus Spouse <b>COLUMN B</b>			
Enter the credit in the highest to lowest amount order.								
See the instructions and complete the worksheet prior to completing DE Schedule I.								
1.	Tax imposed by State of <input style="width: 30px;" type="text"/>	(Enter 2 character state name)	1.	\$	.00	1.	\$	.00
2.	Tax imposed by State of <input style="width: 30px;" type="text"/>	(Enter 2 character state name)	2.	\$	.00	2.	\$	.00
3.	Tax imposed by State of <input style="width: 30px;" type="text"/>	(Enter 2 character state name)	3.	\$	.00	3.	\$	.00
4.	Tax imposed by State of <input style="width: 30px;" type="text"/>	(Enter 2 character state name)	4.	\$	.00	4.	\$	.00
5.	Tax imposed by State of <input style="width: 30px;" type="text"/>	(Enter 2 character state name)	5.	\$	.00	5.	\$	.00
6.	Enter the total here and on Form PIT-RES Page 2, Line 27. <b>You must attach a copy of the other state return(s) with your Delaware tax return</b>		6.	\$	.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 2023, a student, and younger than you (or your spouse, if filing jointly)?	<b>CHILD 1</b>	<b>CHILD 2</b>	<b>CHILD 3</b>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Was the child permanently and totally disabled during any part of 2023?	<b>CHILD 1</b>	<b>CHILD 2</b>	<b>CHILD 3</b>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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
13.	<b>FEDERAL EARNED INCOME TAX CREDIT (EITC)</b> – Enter amount from IRS form 1040 or 1040-SR, Line 27			13. \$ .00
14.	<b>REFUNDABLE EITC CALCULATION</b> – Multiply Line 13 x 0.045 and enter here			14. \$ .00
15.	<b>NON-REFUNDABLE EITC CALCULATION</b> – Multiply Line 13 x 0.20 and enter here			15. \$ .00
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 of Form PIT-RES and check the refundable box on Line 33 of Form PIT-RES			16. \$ .00
17.	<b>NON-REFUNDABLE EITC</b> – If Line 14 is less than Line 12, compare Line 12 to Line 15, enter the smaller amount here and on Line 33 of Form PIT-RES, and check the non-refundable box on Line 33 of Form PIT-RES			17. \$ .00

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS			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	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 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
19.	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.**



# DELAWARE 2023

DIVISION OF REVENUE FORM  
PIT-RSS

## 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.

TYPE	EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TAXPAYER OR SPOUSE
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						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





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**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross distribution		OMB No. 1545-0119		
		2a Taxable amount		<div style="font-size: 2em; font-weight: bold; text-align: center;">2023</div> Form <b>1099-R</b>		
PAYER'S TIN		RECIPIENT'S TIN				Total distribution <input type="checkbox"/>
		3 Capital gain (included in box 2a)		4 Federal income tax withheld		<b>Copy 1</b> For <b>State, City, or Local Tax Department</b>
RECIPIENT'S name		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
Street address (including apt. no.)		7 Distribution code(s)		8 Other		
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution		9b Total employee contributions		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement	14 State tax withheld	15 State/Payer's state no.	16 State distribution	
Account number (see instructions)	13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution		

22222		a Employee's social security number		OMB No. 1545-0008					
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld				
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld				
			5 Medicare wages and tips		6 Medicare tax withheld				
			7 Social security tips		8 Allocated tips				
d Control number			9		10 Dependent care benefits				
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans	12a C o d e		
						13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b C o d e
						14 Other	12c C o d e	12d C o d e	
f Employee's address and ZIP code									
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
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Form **W-2** Wage and Tax Statement  
Copy 1—For State, City, or Local Tax Department

2023

Department of the Treasury—Internal Revenue Service