

DELAWARE 2024

DIVISION OF REVENUE FORM
PIT-CRS

DELAWARE INCOME TAX CREDIT SCHEDULE



PART A - TAXPAYER INFORMATION

TAXPAYER ID

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TAXPAYER NAME

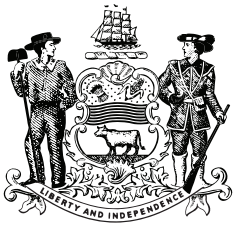
PART B – DELAWARE INCOME TAX CREDIT COMPUTATION



Non-refundable Income Tax Credits

Please see instructions and worksheets on how to calculate each applicable tax credit. On each line below, please enter the amount of approved or calculated tax credit.

A. NEIGHBORHOOD ASSISTANCE CREDIT 30 DEL. C. § 2001-2008		
Applications for this credit must be submitted to the Delaware State Housing Authority for approval in advance.		
1.	Credit Carryover from Previous Years	\$.00
2.	Current Year Approved Credit (50% of investment, up to \$50,000/year)	\$.00
3.	Total Neighborhood Assistance Credits (Add Line 1 and Line 2)	\$.00
B. ECONOMIC DEVELOPMENT CREDITS §§ 2010-2015		
4.	Credit Carryover from Previous Years	\$.00
5.	Current Year Approved Credit (complete Form 1100CR to compute the credit)	\$.00
6.	Total Economic Development Credits (Add Line 4 and Line 5)	\$.00
C. GREEN INDUSTRIES/BROWNFIELD CREDITS §§ 2020-2024, 2040		
7.	Credit Carryover from Previous Years	\$.00
8.	Current Year Approved Credit	\$.00
9.	Total Green Industries/Brownfield Credits (Add Line 7 and Line 8)	\$.00
D. RESEARCH AND DEVELOPMENT CREDITS (TAX YEARS BEFORE 2018) §§ 2070-2075		
10.	Credit Carryover from the Previous Years	\$.00
E. LAND AND HISTORIC RESOURCES CONSERVATION CREDITS §§ 1801-1807		
11.	Credit Carryover from Previous Years	\$.00
12.	Current Year Approved Credit	\$.00
13.	Total Land and Historic Resources Conservation Credits (Add Line 11 and Line 12)	\$.00
F. HISTORIC PRESERVATION CREDITS §§ 1112, 1811-1817		
Applications for this credit must be submitted to the Historic Preservation Office for approval in advance.		
14.	Credit Carryover from Previous Years	\$.00
15.	Current Year Approved Credit	\$.00
16.	Total Historic Preservation Credits (Add Line 14 and Line 15)	\$.00



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NAME _____

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G. AUTOMATIC EXTERNAL DEFIBRILLATORS

17.	Enter the number of automatic external defibrillators placed in service during the tax year			
18.	Total Automatic External Defibrillator Credit (Multiply Line 17 by \$100)	\$.00	.00

H. TOTAL DELAWARE NON-REFUNDABLE INCOME TAX CREDITS

19.	Total (Add Lines 3, 6, 9, 10, 13, 16 and 18)	\$.00
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I. CREDIT LIMITATION - INDIVIDUAL FILERS

20.	Enter the amount listed on Line 26 of Form PIT-RES or Line 43 of Form PIT-NON	\$.00
21.	Enter the total from Line 19, above	\$.00
22.	Enter current year credits from Line 23 from Delaware Form SCT-SSR (S Corporation) or Delaware Form PRT-PSI (Partnership), if any	\$.00
23.	Add Lines 21 and 22	\$.00
24.	Enter the lesser of Lines 20 & 23 (this is the total of the non-refundable tax credits to which the taxpayer is entitled) here and on Line 30 of Form PIT-RES or Line 46 of Form PIT-NON	\$.00

J. REFUNDABLE INCOME TAX CREDITS

Please see instructions and worksheets on how to calculate your tax credit. Enter on the appropriate line the amount of each calculated tax credit.

25.	Business Finder's Fee Credits	\$.00
26.	New Economy Jobs Program Credits	\$.00
27.	Organ and Bone Marrow Transplantation Tax Credit	\$.00
28.	Employer Tax Credit For Hiring Individuals with Disabilities	\$.00
29.	Research & Development Credits (see instructions)	\$	i	.00
30.	Total Refundable Income Tax Credits (Add Lines 25 through 29)	\$.00

INDIVIDUAL TAX FILERS Enter the amount from Line 30 on Line 38 of Form PIT-RES (Resident) or Line 52 of Form PIT-NON (Non-Resident)

Mail completed form to:
 Delaware Division of Revenue
 PO Box 2340
 Wilmington, DE 19899-2340

