



NAME

TAXPAYER ID

## DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

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	(Enter 2 character state name)	1.	.00				
2.	Tax imposed by State of	(Enter 2 character state name)	2.	.00				
3.	Tax imposed by State of	(Enter 2 character state name)	3.	.00				
4.	Tax imposed by State of	(Enter 2 character state name)	4.	.00				
5.	Tax imposed by State of	(Enter 2 character state name)	5.	.00				
6.	Enter the total here and on Form PIT-NON, Page 2 Line 45. You must attach a copy of the other state return(s) with your Delaware tax return.			.00				

## **DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)**

This schedule does not apply to the Non-Resident form. It is intentionally excluded.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS Se		ee instructions for a description of each worthwhile fund listed below.		
7A.	NON-GAME WILDLIFE	7A.	.00	
7B.	BEAU BIDEN FUND	7B.	.00	
7C.	EMERGENCY HOUSING	7C.	.00	
7D.	BREAST CANCER EDUCATION	7D.	.00	
7E.	ORGAN DONATIONS	7E.	.00	
7F.	DIABETES EDUCATION	7F.	.00	
7G.	VETERANS HOME	7G.	.00	
7H.	DELAWARE NATIONAL GUARD	7H.	.00	
71.	JUVENILE DIABETES FUND	71.	.00	
7J.	MULTIPLE SCLEROSIS SOCIETY	7].	.00	
7K.	OVARIAN CANCER FOUNDATION	7К.	.00	
7L.	SL24: UNLOCKE THE LIGHT FOUNDATION FUND	7L.	.00	
7M.	WHITE CLAY CREEK	7M.	.00	
7N.	HOME OF THE BRAVE	7N.	.00	
70.	SENIOR TRUST FUND	70.	.00	
7P.	VETERANS TRUST FUND	7P.	.00	
7Q.	PROTECT DELAWARE'S CHILD FUND	7Q.	.00	
7R.	FOOD BANK OF DELAWARE	7R.	.00	
7S.	DELAWARE HABITAT FOR HUMANITY	<b>7</b> S.	.00	
7T.	B+ CHILDHOOD CANCER	7Т.	.00	
7U.	COMBINED CAMPAIGN FOR JUSTICE	7U.	.00	
8.	TOTAL - Enter the total Contribution amount here and on Form PIT-NON, Line	<b>7 - Add</b> Lines 7A through 7U <b>8.</b>	.00	

See the instructions for ALL required documentation to attach.

 ${\mathscr O}$  This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.





#### NAME

#### TAXPAYER ID

# **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.

ТҮРЕ	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
		TION DAVMENTS				

### **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