



# DELAWARE 2024

DIVISION OF REVENUE FORM  
PIT-RSS

## DELAWARE RESIDENT SCHEDULES



NAME	TAXPAYER ID
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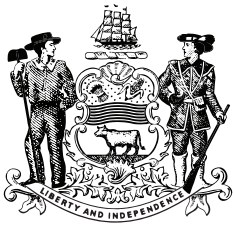
**Columns:** Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See instructions for worksheet.) Taxpayers using filing statuses 1,2,3, or 5 are to complete Column B only.

<b>DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE</b> Enter the credit in the highest to lowest amount order.			Filing Status 4 ONLY Spouse Information <b>COLUMN A</b>	All other filing statuses You or You plus Spouse <b>COLUMN B</b>
<i>i</i> See the instructions and complete the worksheet prior to completing DE Schedule I.				
1.	Tax imposed by State of <input style="width: 80%;" type="text"/> (Enter 2 character state name)		1. \$	1. \$ .00
2.	Tax imposed by State of <input style="width: 80%;" type="text"/> (Enter 2 character state name)		2. \$	2. \$ .00
3.	Tax imposed by State of <input style="width: 80%;" type="text"/> (Enter 2 character state name)		3. \$	3. \$ .00
4.	Tax imposed by State of <input style="width: 80%;" type="text"/> (Enter 2 character state name)		4. \$	4. \$ .00
5.	Tax imposed by State of <input style="width: 80%;" type="text"/> (Enter 2 character state name)		5. \$	5. \$ .00
6.	Enter the total here and on Form PIT-RES Page 2, Line 28. <b>You must attach a copy of the other state return(s) with your Delaware tax return</b>		6. \$	6. \$ .00

<b>DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)</b> 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 2024, 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 2024?	<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 33			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 34 of Form PIT-RES and check the refundable box on Line 34 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 34 of Form PIT-RES, and check the non-refundable box on Line 34 of Form PIT-RES			17. \$ .00

**This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.**



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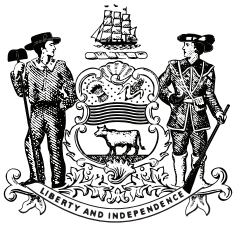
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DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS		See instructions for a description of each worthwhile fund listed below.	
18A.	NON-GAME WILDLIFE	18A.	\$.00
18B.	BEAU BIDEN FUND	18B.	\$.00
18C.	EMERGENCY HOUSING	18C.	\$.00
18D.	BREAST CANCER EDUCATION	18D.	\$.00
18E.	ORGAN DONATIONS	18E.	\$.00
18F.	DIABETES EDUCATION	18F.	\$.00
18G.	VETERANS HOME	18G.	\$.00
18H.	DELAWARE NATIONAL GUARD	18H.	\$.00
18I.	JUVENILE DIABETES FUND	18I.	\$.00
18J.	MULTIPLE SCLEROSIS SOCIETY	18J.	\$.00
18K.	OVARIAN CANCER FOUNDATION	18K.	\$.00
18L.	SL24: UNLOCKE THE LIGHT FOUNDATION FUND	18L.	\$.00
18M.	WHITE CLAY CREEK	18M.	\$.00
18N.	HOME OF THE BRAVE	18N.	\$.00
18O.	SENIOR TRUST FUND	18O.	\$.00
18P.	VETERANS TRUST FUND	18P.	\$.00
18Q.	PROTECT DELAWARE'S CHILD FUND	18Q.	\$.00
18R.	FOOD BANK OF DELAWARE	18R.	\$.00
18S.	DELAWARE HABITAT FOR HUMANITY	18S.	\$.00
18T.	B+ CHILDHOOD CANCER	18T.	\$.00
18U.	COMBINED CAMPAIGN FOR JUSTICE	18U.	\$.00
19.	TOTAL - Enter the total contribution amount here and on Form PIT-RES, Line 43 - Add Lines 18A through 18U	19.	\$.00

See the instructions for ALL required documentation to attach.

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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
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

