Schedule

Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B onty.         See SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE       Filing Status 4 ONLY OU on '100 Bits' DU DIAN' AND' OU ON '100 BITS' OU ON OU ON OU ON '100 BITS' OU ON '100 BITS' OU		:						Social Secu	rity Nı	umber:				
ESCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE       COLUMNA       COLUMNA       COLUMNA         ee the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I.       I.       Columna       COLUMNA       COLUMNA         infert the credit in HIGHEST to LOWEST amount order.       1       00       0       0       0         1. Tax imposed by State of (enter 2 character state name)	OLUN									eral totals to the a	ppropria	ate indiv	idual.	See
eet the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I.       Enter the credit in HiGHEST to LOWEST amount order.       1       000         1       Tax imposed by State of (enter 2 character state name)									Fili Sp	ing Status 4 ONLY	' All Yo	l other fi u or You	ling sta plus S	atuse
Enter the credit in HIGHEST to LOWEST amount order.  Tax imposed by State of (enter 2 character state name)										COLUMN A		COL	UMN E	3
1. Tax imposed by State of (enter 2 character state name)			-			ige 7 prior to completi	ng DE S	Schedule I.						
2. Tax imposed by State of (enter 2 character state name)						acter state name)		1						
1. Tax imposed by State of (enter 2 character state name)						,								
						,								
i. Tax imposed by State of						,								
other state return(s) with your Delaware tax return       6       00         E SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)       Domplete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.         ualifying Child Information       a. Child's First Name       7b. Child's Last Name       8. Child's SSN       9. Child's Date of Birth         a. Child's First Name       7b. Child's Last Name       8. Child's SSN       9. Child's Date of Birth         a. Child's First Name       7b. Child's Last Name       8. Child's SSN       9. Child's Date of Birth         a. Child's First Name       7b. Child's Last Name       8. Child's SSN       9. Child's Date of Birth         a. Child's First Name       7b. Child's Last Name       8. Child's SSN       9. Child's Date of Birth         b. Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)?       10       YES       NO       YES         c. Was the child permanently and totally disabled during any part of 2020?       11       YES       NO       YES         c. Delaware State Income Tax from Page 1, Line 8 (enter higher tax amount from Column A or B)       12       13       13         c. Delaware EITC Percentage (20%)       14       .20       13       .20         3. Enter the smaller of Line 12 or Line 15 above. Enter here and on Resident Return, Li	i. Ta	ax imposed by State	of (	enter 2	2 chai	acter state name)		5						
ESCHEDULE II - EARNED INCOME TAX CREDIT (EITC)   omplete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.   ualifying Child Information   a. Child's First Name 7b. Child's Last Name 8. Child's SSN 9. Child's Date of Birth   a. Child's First Name 7b. Child's Last Name 8. Child's SSN 9. Child's Date of Birth   a. Child's First Name 7b. Child's Last Name 8. Child's SSN 9. Child's Date of Birth   a. Child's First Name 7b. Child's Last Name 8. Child's SSN 9. Child's Date of Birth   a. Child's First Name 7b. Child's Last Name 8. Child's SSN 9. Child's Date of Birth   a. dudent, and younger than you (or your spouse, if filing jointly)? 10 YES N0 YES   10 YES N0 YES N0 YES N0   11 YES N0 YES N0 YES   2. Delaware State Income Tax from Page 1, Line 8 (enter higher tax amount from Column A or B) 12 13   2. Delaware State Income Tax from Page 1, Line 8 (enter higher tax amount from Column A or B) 12 14   3. Federal earned income credit from Federal Form 1040, Form 1040EZ 13   4. Delaware EITC Percentage (20%) 14 20   5. Multiply Line 13 by Line 14 16   6. Enter the smaller of Line 12 or Line 15 above. Enter here and on Resident Return, Line 14 16   6. Beau Biden Fund 00 1 Nutriple Schoot Soc.   6. A Non-Game Wildlife 00 </td <td></td>														
Child's Carl for each child YOU CLAIMED the Earned Income Credit for on your federal return.         Lai, Child's First Name       7b. Child's Last Name       8. Child's SSN       9. Child's Date of Birth         a, Child's First Name       7b. Child's Last Name       8. Child's SSN       9. Child's Date of Birth         a, Child's First Name       7b. Child's Last Name       8. Child's SSN       9. Child's Date of Birth         a, Student, and younger than you (or your spouse, if filing jointly)?       10       YES       NO       YES         10       YES       NO       YES       NO       YES       NO       YES         11       YES       NO       YES       NO       YES       NO       YES         20       Delaware State Income Tax from Page 1, Line 8 (enter higher tax amount from Column A or B)       12       13       13         3.       Federal earned income credit from Federal Form 1040, Form 1040A, or Form 1040EZ       13       14       20         3.       Enter the smaller of Line 12 or Line 15 above. Enter here and on Resident Return, Line 14       16       16       16         3.       Enter the smaller of Line 12 or Line 15 above. Enter here and on Resident Return, Line 14       6       9       9. Senior Trust Fund         4.       A.       Non-Game Wildlife       0	ot	ther state return(s)	with your Delawa	re tax	retur	n		6						
Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)?       10       YES       NO       YES       NO       YES         • Was the child permanently and totally disabled during any part of 2020?       11       YES       NO       YES       NO       YES         • Delaware State Income Tax from Page 1, Line 8 (enter higher tax amount from Column A or B)       12       13       13         • Delaware State Income credit from Federal Form 1040, Form 1040A, or Form 1040EZ       13       14       .20         • Multiply Line 13 by Line 14		-		d's Las	st Nar	ne	8. Ch	ild's SSN		9. C	hild's C	ate of	Birth	
Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)?       10       YES       NO       YES       NO       YES         Was the child permanently and totally disabled during any part of 2020?       11       YES       NO       YES       NO       YES         Delaware State Income Tax from Page 1, Line 8 (enter higher tax amount from Column A or B)       12       13       13         Federal earned income credit from Federal Form 1040, Form 1040A, or Form 1040EZ       13       14       .20         Multiply Line 13 by Line 14       15       14       .20         Multiply Line 13 by Line 14       15       16       16         See the instructions on Page 8 for ALL required documentation to attach.       16       16       16         ESCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS       20       0. Senior Trust Fund       17       17         Beau Biden Fund       00       I. Juvenile Diabetes Fund       00       P. Veterans Trust Fund       17       17         Breast Cancer Edu.       00       K. Ovarian Cancer Fnd       00       R. Food Bank of DE       21       13       14       22         Buseus Biden Fund       00       I. 21st Fund for Children       00       R. Food Bank of DE       16       16       16									ниг	) 2		СНШ	ז א	
during any part of 2020?       11       1ES       NO       1ES       1G	a s	student, and younger	than you (or your	-	10		NO							NC
<ul> <li>Federal earned income credit from Federal Form 1040, Form 1040A, or Form 1040EZ</li></ul>					11	YES	NO	Y	S	NO		YES		NO
Delaware EITC Percentage (20%)	. De	laware State Income	Tax from Page 1,	Line 8	(ente	er higher tax amount fro	m Colur	nn A or B)	12	2				
Multiply Line 13 by Line 14	. Fe	deral earned income	credit from Federa	al Forn	n 104	0, Form 1040A, or Forn	n 1040E	Z	13	3				
Multiply Line 13 by Line 14       15         Enter the smaller of Line 12 or Line 15 above. Enter here and on Resident Return, Line 14       16         The instructions on Page 8 for ALL required documentation to attach.       16         ESCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS       16         See Page 13 for a description of each worthwhile fund listed below.       00         A. Non-Game Wildlife       00         B. Beau Biden Fund       00         C. Emergency Housing       00         D. Breast Cancer Edu.       00         E. Organ Donations       00         F. Diabetes Education       00         Multiple Sclarcerek       00         Multiple Sclarcerek       00         M. White Clay Creek       00         T. B+ Childhood Cancer       00	. De	laware EITC Percen	tage (20%)						· 14	L		.2	0	
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E SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS         ee Page 13 for a description of each worthwhile fund listed below.         A. Non-Game Wildlife       00       H. DE National Guard       00       O. Senior Trust Fund         B. Beau Biden Fund       00       I. Juvenile Diabetes Fund       00       P. Veterans Trust Fund         C. Emergency Housing       00       J. Multiple Sclerosis Soc.       00       Q. Protect DE's Chld Fnd         D. Breast Cancer Edu.       00       K. Ovarian Cancer Fnd       00       R. Food Bank of DE         E. Organ Donations       00       M. White Clay Creek       00       T. B+ Childhood Cancer		instructions on Pa	ae 8 for ALL reau	ired de	ocum	entation to attach.								
A.       Non-Game Wildlife       00       H.       DE National Guard       00       O.       Senior Trust Fund         B.       Beau Biden Fund       00       I.       Juvenile Diabetes Fund       00       P.       Veterans Trust Fund         C.       Emergency Housing       00       J.       Multiple Sclerosis Soc.       00       Q.       Protect DE's Chld Fnd         D.       Breast Cancer Edu.       00       K.       Ovarian Cancer Fnd       00       R.       Food Bank of DE         E.       Organ Donations       00       M.       White Clay Creek       00       T.       B+ Childhood Cancer	e the													
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## This page <u>MUST</u> be sent in with your Delaware return if any of the schedules (above) are completed.



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