

Names:

[Empty text box for names]

Social Security Number:

[Empty grid for Social Security Number]

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

See the instructions and complete the worksheet on Page 11 prior to completing DE Schedule I.

Enter the credit in **HIGHEST** to **LOWEST** amount order.

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 Page 1, Line 44. You must attach a copy of the other state return(s) with your Delaware tax return			6	00

DE SCHEDULE II - This schedule does not apply to the Non-resident form. It is intentionally excluded.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

7. 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 Chld Fnd		00
D.	Breast Cancer Edu.		00	K.	Ovarian Cancer Fund		00	R.	Food Bank of DE		00
E.	Organ Donations		00	L.	21st Fund for Children		00	S.	Ssx Cty Hab for Hum		00
F.	Diabetes Education		00	M.	White Clay Creek		00	T.	Ctrl DE Hab for Hum		00
G.	Veterans Home		00	N.	Home of the Brave		00	U.	NCC Hab for Humanity		00

Enter the total Contribution amount here and on Non-Resident Return, Line 55 7 [Empty box] 00

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

