

2012 DELAWARE NON-RESIDENT SCHEDULE

Name(s): _____ 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 | F. Diabetes Educ. | | 00 | K. Ovarian Cancer Fund | | 00 |
| | B. U.S. Olympics | | 00 | G. Veteran's Home | | 00 | L. 21st Fund for Children | | 00 |
| | C. Emergency Housing | | 00 | H. DE National Guard | | 00 | M. White Clay Creek | | 00 |
| | D. Breast Cancer Educ. | | 00 | I. Juv. Diabetes Fund | | 00 | N. Home of the Brave | | 00 |
| | E. Organ Donations | | 00 | J. Mult. Sclerosis Soc. | | 00 | O. Senior Trust Fund | | 00 |

Enter the total Contribution amount here and on Non-Resident Return, Line 55..... 7 00

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

