2014 R

2014 DELAWARE RESIDENT SCHEDULES

Schedule

Names: Social Security Number:

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

	Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B

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

See 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. Tax imposed by State of _____ (enter 2 character state name)..... 1 00 00
2. Tax imposed by State of _____ (enter 2 character state name)..... 2 00 00
3. Tax imposed by State of _____ (enter 2 character state name)..... 3 00 00
4. Tax imposed by State of _____ (enter 2 character state name)..... 4 00 00
5. Tax imposed by State of _____ (enter 2 character state name)..... 5 00 00
6. Enter the total here and on Resident Return, Line 10. **You must attach a copy of the other state return(s) with your Delaware tax return**..... 6 00 00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

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
CHILD 1				M M D D Y Y Y Y
CHILD 2				M M D D Y Y Y Y
CHILD 3				M M D D Y Y Y Y

		CHILD 1	CHILD 2	CHILD 3
10. Was the child under age 24 at the end of 2014, a student, and younger than you (or your spouse, if filing jointly)?.....	10	YES NO	YES NO	YES NO
11. Was the child permanently and totally disabled during any part of 2014?.....	11	YES NO	YES NO	YES NO

12. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B) 12 00
13. Federal earned income credit from Federal Form 1040, Line 66a; Form 1040A, Line 42a; or Form 1040EZ, Line 8a 13 00
14. Delaware EITC Percentage (20%)..... 14 .20
15. **Multiply Line 13 by Line 14**..... 15 00
16. Enter the Smaller of Line 12 or Line 15 above. Enter here and on Resident Return, Line 14..... 16 00

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

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

17.

A. Non-Game Wildlife	00	G. Veteran's Home	00	M. White Clay Creek	00
B. U.S. Olympics	00	H. DE National Guard	00	N. Home of the Brave	00
C. Emergency Housing	00	I. Juv. Diabetes Fund	00	O. Senior Trust Fund	00
D. Breast Cancer Educ.	00	J. Mult. Sclerosis Soc.	00	P. Veteran's Trust Fund	00
E. Organ Donations	00	K. Ovarian Cancer Fund	00	Q. Protecting DE's Children Fund	00
F. Diabetes Educ.	00	L. 21st Fund for Children	00		

Enter the total Contribution amount here and on Resident Return, Line 24 ..... 17 00

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