

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 <input type="text"/> (enter 2 character state name).....	1	<input type="text"/>	<input type="text"/>	00
2. Tax imposed by State of <input type="text"/> (enter 2 character state name).....	2	<input type="text"/>	<input type="text"/>	00
3. Tax imposed by State of <input type="text"/> (enter 2 character state name).....	3	<input type="text"/>	<input type="text"/>	00
4. Tax imposed by State of <input type="text"/> (enter 2 character state name).....	4	<input type="text"/>	<input type="text"/>	00
5. Tax imposed by State of <input type="text"/> (enter 2 character state name).....	5	<input type="text"/>	<input type="text"/>	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	<input type="text"/>		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	<input type="text"/>	00	G. Veteran's Home	<input type="text"/>	00	M. White Clay Creek	<input type="text"/>	00
B. U.S. Olympics	<input type="text"/>	00	H. DE National Guard	<input type="text"/>	00	N. Home of the Brave	<input type="text"/>	00
C. Emergency Housing	<input type="text"/>	00	I. Juv. Diabetes Fund	<input type="text"/>	00	O. Senior Trust Fund	<input type="text"/>	00
D. Breast Cancer Educ.	<input type="text"/>	00	J. Mult. Sclerosis Soc.	<input type="text"/>	00	P. Veteran's Trust Fund	<input type="text"/>	00
E. Organ Donations	<input type="text"/>	00	K. Ovarian Cancer Fund	<input type="text"/>	00	Q. Protecting DE's Children Fund	<input type="text"/>	00
F. Diabetes Educ.	<input type="text"/>	00	L. 21st Fund for Children	<input type="text"/>	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.

