DELAWARE RESIDENT SCHEDULES

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| Name | S: | | | Social Sec | uritv Nu | mber: | | | |
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| COLU | | | se couples choosing filing statuses 1, 2, 3, or 5 are to co | | | eral totals to the a | approp | riate indiv | /idual. See |
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| See the | e instructions and complet | e the worksheet on F | age 7 prior to completin | g DE Schedule I. | | | | | |
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| | Tax imposed by State of | • | aracter state name) | | | | | | |
| 3. T | Tax imposed by State of | (enter 2 ch | aracter state name) | 3 | | | | | |
| | Tax imposed by State of | • | aracter state name) | | | | | | |
| | Tax imposed by State of | • | aracter state name) | | | | | | |
| | Enter the total here and on Rother state return(s) with yo | | | | | | | | |
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| | CHEDULE II - EARNED IN ete the Earned Income Tax | | ` ' | ed Income Credit | for or | Vour fodorel | 'efii | | |
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| _ | nild's First Name | 7b. Child's Last Na | ame | 8. Child's SSN | | a c | `hild'e | Date of I | Rirth |
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| 0 \^ | /as the child under acc 24 - | t the end of 2010 | CHILD 1 | | CHILD | | | CHILI | |
| а | /as the child under age 24 at student, and younger than y pouse, if filing jointly)? | ou (or your | YES | | CHILD 'ES | | | | |
| a sr 1. W | student, and younger than y | ou (or your10 | YES VES | NO Y | | 02 | | CHILI | D 3 |
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This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.

21st Fund for Children

White Clay Creek

Home of the Brave

00 L.

00 M.

00 N.



00 S. DE Hab for Humanity

00 T. B+ Childhood Cancer

E. Organ Donations

Diabetes Education

Veterans Home