

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.

**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. <b>You must attach a copy of the other state return(s) with your Delaware tax return.</b>			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		CHILD 2		CHILD 3	
10.	Was the child under age 24 at the end of 2017, a student, and younger than you (or your spouse, if filing jointly)? .....	10	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
11.	Was the child permanently and totally disabled during any part of 2017? .....	11	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> 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, Form 1040A, or Form 1040EZ.....	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	H.	DE National Guard				00	O.	Senior Trust Fund				00
	B.	U.S. Olympics				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 Fnd				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 Resident Return, Line 24 ..... 17

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

