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 .................................. .................................. 1
2. Tax imposed by State of .................................. .................................. 2
3. Tax imposed by State of .................................. .................................. 3
4. Tax imposed by State of .................................. .................................. 4
5. Tax imposed by State of .................................. .................................. 5

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

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 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 Child Fnd .................................. 00
   D. Breast Cancer Edu. .................................. 00 K. Ovarian Cancer Fund .................................. 00 R. Food Bank of DE .................................. 00
   E. Organ Donations .................................. 00 L. 21st Fund for Children .................................. 00 S. Sax 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 Non-Resident Return, Line 55 ................................................................. 7

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