

Names:

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	(Enter 2 character state name) .....	1		00
2.	Tax imposed by State of	(Enter 2 character state name) .....	2		00
3.	Tax imposed by State of	(Enter 2 character state name) .....	3		00
4.	Tax imposed by State of	(Enter 2 character state name) .....	4		00
5.	Tax imposed by State of	(Enter 2 character state name) .....	5		00
6.	Enter the total here and on Page 1, Line 44. <b>You must attach a copy of the other state return(s) with your Delaware tax return</b> .....			6	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	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 Fund	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 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.**

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