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
2. Tax imposed by State of ........................................... (enter 2 character state name) ........................................... 2
3. Tax imposed by State of ........................................... (enter 2 character state name) ........................................... 3
4. Tax imposed by State of ........................................... (enter 2 character state name) ........................................... 4
5. Tax imposed by State of ........................................... (enter 2 character state name) ........................................... 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 B. U.S. Olympics ........................................... 00 C. Emergency Housing ........................................... 00 D. Breast Cancer Edu. ........................................... 00 E. Organ Donations ........................................... 00 F. Diabetes Education ........................................... 00 G. Veterans Home ........................................... 00 H. DE National Guard ........................................... 00 I. Juvenile Diabetes Fund ........................................... 00 J. Multiple Sclerosis Soc. ........................................... 00 K. Ovarian Cancer Fund ........................................... 00 L. 21st Fund for Children ........................................... 00 M. White Clay Creek ........................................... 00 N. Home of the Brave ........................................... 00 O. Senior Trust Fund ........................................... 00 P. Veterans Trust Fund ........................................... 00 Q. Protect DE's Child Fnd ........................................... 00 R. Food Bank of DE ........................................... 00 S. Sax Cty Hab for Hum ........................................... 00 T. Ctrl DE Hab for Hum ........................................... 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.