

FIRST NAME

DELAWARE 2 0 2 1 DIVISION OF REVENUE PIT-RSS



TAXPAYER ID

DELAWARE RESIDENT SCHEDULES

LAST NAME

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					ose couples choosing filin atuses 1,2,3, or 5 are to c				Federal totals t	to the a	ppr	opriate indi	vidual	. See	
		SCHEDULE I - CRED er the credit in the highest			XES PAID TO ANOT	HER STATE			ng Status 4 ONI ouse Informatio			You or	You p	g statuses lus Spouse	
0	See	the instructions and com	plete the workshee	t prior	to completing DE Schedu	le I.			COLUMN A			C	COLUN	IN B	
1.	Ta	ax imposed by State of		(E	Enter 2 character state na	me)	1.	\$.00	1.	\$.00	1
2.	Та	ax imposed by State of		(E	nter 2 character state na	me)	2.	\$.00	2.	\$.00]
3.	Ta	ax imposed by State of		(E	nter 2 character state na	me)	3.	\$.00	3.	\$.00]
4.	Ta	ax imposed by State of		(1	Enter 2 character state na	me)	4.	\$.00	4.	\$.00]
5.	Ta	ax imposed by State of		(1	Enter 2 character state na	me)	5.	\$.00	5.	\$.00	
6.		nter the total here and on PIT-RES Page 2, Line 27. You must attach a copy of he other state return(s) with your Delaware tax return			6.	\$.00	6.	\$.00]		
		SCHEDULE II - EARI pplete the Earned Income			REDIT (EITC) YOU CLAIMED the Earned	Income Credi	t for o	n you	r federal return						
					QUALIFYING CHILD I	NFORMATION									l
7a	. CH	IILD'S FIRST NAME		7b. CI	HILD'S LAST NAME		8. 0	CHILD	o'S SSN		9.	. CHILD'S D	ATE OF BIRTH		
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															ł
															J
						CI	JII D 4		CL	III D 2			CH	II D 2	i
10.		as the child under age 24 (or your spouse, if filing		, a stu	dent, and younger than		HILD 1			IILD 2		Va		ILD 3	ı
	<i>y</i> 0	ou (or your spouse, ir ming	5 Jonnery).			Yes	HILD 1	lo	Yes	No IILD 2	,	Ye	CHII	No	ł
11.	W	as the child permanently	and totally disable	d durii	ng any part of 2021?	Yes		lo	Yes	NC		Ye		No No	
		F! AWARE STATE IN SOLA			ADI E CREDITO E SUCUL					INC		16	5	INO	l
12.	DELAWARE STATE INCOME TAX LESS NON-REFUNDATE COlumn B of PIT-RES Line 32			JABLE CREDITS – Enter the higher tax amount			it from Column A or		12	Ċ		.00	1		
13.	11 1 1 1 1 1 1 1 1							.00	ł						
14.		REFUNDABLE EITC CALCULATION – Multiply Line 13 x 0.045 and enter here					51, 2	27		:::	14.	T		.00	1
15.	NON-REFUNDABLE EITC CALCULATION - Multiply Line 13 x 0.045 and enter here										15.	1		.00	l
					al to Line 12, enter the an		ne 14 h	ere a	nd on Line 33			Ψ			
16.		Form PIT-RES and check							5 2 55		16.	\$.00	1
17.					e 12, compare Line 12 to L able box on Line 33 of Pl		he sma	aller a	mount here		17.	Ċ		.00	1
		·								111	17.	7		.00	J
	DE	SCHEDULE III - CON	NTRIBUTIONS	TO S	PECIAL FUNDS	See	the in:	struct	ions for ALL req	uired d	ocur	mentation to	o attac	h	ĺ
					nwhile fund listed below										
18.	A.	Non-Game Wildlife	\$	00 H.	DE National Guard	\$.00	0.	Senior Trust F	und		\$.00	1
	В.	Beau Biden Fund	\$.	00 I.	Juvenile Diabetes Fund	\$.00	P.	Veterans Trus	t Fund		\$.00	1
	C.	Emergency Housing	\$	00 J.	Multiple Sclerosis Soc.	\$.00	Q.	Protect DE's C	hild Fur	nd	\$.00	1
	D.	Breast Cancer Edu.	\$.	00 K.	Ovarian Cancer Fndn	\$.00	R.	Food Bank of	DE		\$.00	J
	E.	Organ Donations	\$.	00 L.	21st Fund for Children	\$.00	S.	DE Hab For Hi	umanity	/	\$.00	J
	F.	Diabetes Education	\$	00 M.	White Clay Creek	\$.00	T.	B+ Childhood	Cancer		\$.00	J
	G.	Veterans Home	\$	00 N.	Home of the Brave	\$.00	U.	Combined Car	mpaign	for	Justice \$.00	
19.	Er	nter the total Contributio	n amount here an	d on P	IT-RES, Line 42						19.	\$.00	



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DELAWARE RESIDENT SCHEDULES

DE SCHEDULE IV - W-2 AND 1099-R INFORMATION

Complete this Schedule listing all of your, and if applicable, your spouse's, forms W-2 and 1099-R showing Delaware Income Tax withheld. Forms W-2 and 1099-R showing income tax withheld must still be attached to the front of your return if you elect to file by paper. Failure to do so may delay the processing of your return.

TYPE	EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TAXPAYER OR SPOUSE	
						Taxpayer	
						Spouse	
						Taxpayer	
						Spouse	
						Taxpayer	
						Spouse	
						Taxpayer	
						Spouse	
						Taxpayer	
						Spouse	
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						Spouse	
						Taxpayer	
						Spouse	
						Taxpayer	
						Spouse	

DE SCHEDULE V - DELAWARE S CORPORATION PAYMENTS

Complete this Schedule by listing all estimated Delaware tax payments made by an S Corporation on behalf of you or your spouse. Failure to do so may delay the processing of your return.

S CORPORATION FEIN	NAME OF S CORPORATION	PAYEE ID	AMOUNT OF ESTIMATED PAYMENT