

FIRST NAME

## DELAWARE 2 0 2 2 DIVISION OF REVENUE PIT-RSS



TAXPAYER ID

## **DELAWARE RESIDENT SCHEDULES**

LAST NAME

												L		
	Co	olumns: Column A is res	served for the spou	se of	hose co	uples choosing filing	g status 4. (Re	econcile	your	Federal totals to	the a	ppro	opriate individua	al. See
	in	structions for workshee	t.) Taxpayers using	filing	statuses	1,2,3, or 5 are to co	mplete Colu	mn B o	nĺy.					
	<b>D</b> E	COUEDINE L. CDE	DIT FOR INCOL	45.7	AVEC	DAID TO ANOT	UED CTAT	_						
		SCHEDULE I - CRE er the credit in the highes				PAID TO ANOT	HEKSIAI	E		ng Status 4 ONLY ouse Information				ing statuses plus Spouse
0	See	the instructions and cor	nplete the workshe	et pri	or to con	npleting DE Schedul	e I.		,	COLUMN A			COLU	JMN B
1.	Τā	ax imposed by State of		(Enter 2 character state name			ne)	1.	\$		.00	1.	\$	.00
2.	Ta	ax imposed by State of		(Enter 2 character state name)			ne)	2.	\$		.00	2.	\$	.00
3.	Ta	ax imposed by State of		(Enter 2 character state name)			ne)	3.	\$		.00	3.	\$	.00
4.	Ta	ax imposed by State of		(Enter 2 character state name)			ne)	4.	\$		.00	4.	\$	.00
5.	Ta	ax imposed by State of		(Enter 2 character state name)			5.	\$		.00	5.	\$	.00	
6.				RES Page 2, Line 27. <b>You must attach a</b> i <b>th your Delaware tax return</b>			6.	<u>.</u>		.00	6.	Ś	.00	
									<u> </u>				<u> </u>	
		SCHEDULE II - EAR					Income Cred	lit for o	n voui	r federal return.				
						ALIFYING CHILD IN			,					
7a	7a. CHILD'S FIRST NAME				CHILD'S	LAST NAME		8. 0	8. CHILD'S SSN			9. CHILD'S DATE OF BIRT		OF BIRTH
							_						_	
10.		Was the child under age 24 at the end of 202 you (or your spouse, if filing jointly)?			udent, a	nd younger than		HILD 1			D 2			HILD 3
	yc	you (or your spouse, if filing jointly)?					Yes		10	Yes	No	4	Yes	No
11.	W	as the child permanentl	y and totally disable	ed du	ring any	part of 2022?	Yes	HILD 1	10	CHII Yes	ש. No		Yes	No
	_	F! AWARE STATE IN SO.	45 TAV   566 NON			CDEDITO Formula					NO		162	INU
12.	<b>DELAWARE STATE INCOME TAX LESS NON-REFUNDABLE CREDITS –</b> Enter the Column B of Form PIT-RES Line 32					e nigner tax a	_				12.	Ċ	.00	
13.	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								Ś	.00				
14.		REFUNDABLE EITC CALCULATION – Multiply Line 13 x 0.045 and enter here						,				14.	Ś	.00
15.	NON-REFUNDABLE EITC CALCULATION – Multiply Line 13 x 0.20 and enter here											15.	Ś	.00
4.0	RI	EFUNDABLE EITC - If Lin	e 14 is greater thar	or e	gual to Li	ine 12, enter the am	ount from Li	ine 14 h	iere ai	nd on Line 33				
16.	of	Form PIT-RES and chec	k the refundable bo	x on	Line 33 o	of Form PIT-RES					:::	16.	\$	.00
17.		NON-REFUNDABLE EITC – If Line 14 is less than Line 12, compare Line 12 to Line 15, enter the smaller amount here and on Line 33 of Form PIT-RES, and check the non-refundable box on Line 33 of Form PIT-RES												
	ar	nd on Line 33 of Form Pl	T-RES, and check th	e nor	ı-refunda	able box on Line 33	of Form PIT-	RES			##1	17.	\$	.00
					- N = - 1 +									
		SCHEDULE III - CO						e the in:	struct	ions for ALL requi	red do	cun	nentation to atta	ich.
18.	A.	See instructions for a Non-Game Wildlife	description of eac			ational Guard	<u> </u>	.00	0.	Senior Trust Fur	nd		Ċ	00
	B.	Beau Biden Fund	Ċ Ċ	_		nile Diabetes Fund	<del>'</del>	.00		Veterans Trust F			÷ ċ	.00.
	С.	Emergency Housing	Ś			iple Sclerosis Soc.	<u> </u>	.00		Protect DE's Chi		nd	÷ c	.00
	D.	Breast Cancer Edu.	Ś	_		ian Cancer Fndn	5	.00					Š	.00
	E.	Organ Donations	Š	_		Fund for Children		.00		DE Hab For Hun		,	Š	.00
	F.	Diabetes Education	Š	_		e Clay Creek	5	.00					Ś	.00
	G.	Veterans Home	Š	_		-	5	.00		Combined Cam			ustice \$	.00
	J.		*				T						- T	
19.	Er	nter the total Contributi	ion amount here a	nd on	Form PI	T-RES, Line 42						19.	\$	.00



# DELAWARE 2 0 2 2 NO 1 VISION OF REVENUE PIT-RSS



### **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

#### **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