2018 R

2018 DELAWARE RESIDENT SCHEDULES

Schedule

Names: _____   Social Security Number: _____

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

	Filing Status 4 ONLY Spouse Information COLUMN A	All other filing statuses You or You plus Spouse COLUMN B

DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

See the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I.

Enter the credit in **HIGHEST** to **LOWEST** amount order.

			COLUMN A	COLUMN B
1. Tax imposed by State of _____ (enter 2 character state name)	1		00	00
2. Tax imposed by State of _____ (enter 2 character state name)	2		00	00
3. Tax imposed by State of _____ (enter 2 character state name)	3		00	00
4. Tax imposed by State of _____ (enter 2 character state name)	4		00	00
5. Tax imposed by State of _____ (enter 2 character state name)	5		00	00
6. Enter the total here and on Resident Return, Line 10. **You must attach a copy of the other state return(s) with your Delaware tax return**	6		00	00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

Qualifying Child Information

7a. Child's First Name	7b. Child's Last Name	8. Child's SSN	9. Child's Date of Birth

		CHILD 1	CHILD 2	CHILD 3
10. Was the child under age 24 at the end of 2018, a student, and younger than you (or your spouse, if filing jointly)?	10	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
11. Was the child permanently and totally disabled during any part of 2018?	11	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

12. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B)	12	00
13. Federal earned income credit from Federal Form 1040, Form 1040A, or Form 1040EZ	13	00
14. Delaware EITC Percentage (20%)	14	**.20**
15. Multiply Line 13 by Line 14	15	00
16. Enter the smaller of Line 12 or Line 15 above. Enter here and on Resident Return, Line 14	16	00

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

17.								
A. Non-Game Wildlife		00	H. DE National Guard		00	O. Senior Trust Fund		00
B. Beau Biden Fund		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 Fnd		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 Resident Return, Line 24 .... 17 _____ 00

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

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