

Tax Item (Identifier)	Source	Location	Description	Format
1	Official Header		Magic Code and Header Version	T1
2	Official Header		Developer Code	Assigned number from NACTP
3	State Specific		Jurisdiction	DE
4	State Specific DE PIT-RES p. 1	H	Form Type	DEPIT-RES
5	State Specific		Specification Version	2021V1.0
6	State Specific		Software/Form Version	
7	DE PIT-RES p. 1	H	Tax Year	2021
8	DE PIT-RES p. 1	H	Taxpayer Social Security Number	##### (9)
9	DE PIT-RES p. 1	H	Spouse Social Security Number	##### (9)
10	DE PIT-RES p. 1	H	Taxpayer First Name	Text
11	DE PIT-RES p. 1	H	Taxpayer Middle Initial	Text (1)
12	DE PIT-RES p. 1	H	Taxpayer Last Name	Text
13	DE PIT-RES p. 1	H	Taxpayer Suffix	Text
14	DE PIT-RES p. 1	H	Spouse First Name	Text
15	DE PIT-RES p. 1	H	Spouse Middle Initial	Text (1)
16	DE PIT-RES p. 1	H	Spouse Last Name	Text
17	DE PIT-RES p. 1	H	Spouse Suffix	Text
18	DE PIT-RES p. 1	H	Present Home Address Line 1	Number/text
19	DE PIT-RES p. 1	H	Present Home Address Line 2	Number/text
20	DE PIT-RES p. 1	H	City	Text
21	DE PIT-RES p. 1	H	State	Text
22	DE PIT-RES p. 1	H	Zip	##### (5) or ##### (9)
23	DE PIT-RES p. 1	H	Filing Status 1 - Only 1 of the filing status blocks should be checked.	X or blank
24	DE PIT-RES p. 1	H	Filing Status 2	X or blank
25	DE PIT-RES p. 1	H	Filing Status 3	X or blank
26	DE PIT-RES p. 1	H	Filing Status 4	X or blank
27	DE PIT-RES p. 1	H	Filing Status 5	X or blank
28	DE PIT-RES p. 1	H	Form PIT-UND Indicator	X or blank
29	DE PIT-RES p. 1	H	Part Year Residency Begin Date	MMDDYYYY
30	DE PIT-RES p. 1	H	Part Year Residency End Date	MMDDYYYY
31	DE PIT-RES p. 1	1A	Federal AGI Amount from Federal 1040	Number
32	DE PIT-RES p. 1	1B		Number
33	DE PIT-RES p. 1	2A	Interest on State & Local obligations other than Delaware	Number
34	DE PIT-RES p. 1	2B		Number
35	DE PIT-RES p. 1	3A	Fiduciary adjustment, oil depletion	Number
36	DE PIT-RES p. 1	3B		Number
37	DE PIT-RES p. 1	5A	Interest received on U.S. Obligations	Number
38	DE PIT-RES p. 1	5B		Number
39	DE PIT-RES p. 1	6A	Pension/Retirement Exclusions	Number
40	DE PIT-RES p. 1	6B		Number
41	DE PIT-RES p. 1	7A	Delaware State Tax Refund, fiduciary adjustment, work opportunity tax credit, Delaware NOL carry forward	Number
42	DE PIT-RES p. 1	7B		Number

Tax Item (Identifier)	Source	Location	Description	Format
43	DE PIT-RES p. 1	8A	Taxable SocSec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist.	Number
44	DE PIT-RES p. 1	8B		Number
45	DE PIT-RES p. 1	11A	Exclusion for certain persons 60 and over or disabled	Number
46	DE PIT-RES p. 1	11B		Number
47	DE PIT-RES p. 1	12A	Delaware AGI	Number
48	DE PIT-RES p. 1	12B		Number
49	DE PIT-RES p. 1	13A	Total Itemized Deductions	Number
50	DE PIT-RES p. 1	13B		Number
51	DE PIT-RES p. 1	14A	Enter Foreign Taxes Paid	Number
52	DE PIT-RES p. 1	14B		Number
53	DE PIT-RES p. 1	15A	Enter Charitable Mileage Deduction	Number
54	DE PIT-RES p. 1	15B		Number
55	DE PIT-RES p. 1	17A	Form PIT-CRS Tax Credit Adjustment	Number
56	DE PIT-RES p. 1	17B		Number
57	DE PIT-RES p. 1	18A	Net Itemized Deductions	Number
58	DE PIT-RES p. 1	18B		Number
59	DE PIT-RES p. 1	19a	Delaware Standard Deduction	X or blank
60	DE PIT-RES p. 1	19b	Delaware Itemized Deduction	X or blank
61	DE PIT-RES p. 1	19A	Deduction Amount	Number
62	DE PIT-RES p. 1	19B		Number
63	DE PIT-RES p. 1	20a	Spouse 65 or Over	X or blank
64	DE PIT-RES p. 1	20b	Spouse Blind	X or blank
65	DE PIT-RES p. 1	20c	Taxpayer 65 or Over	X or blank
66	DE PIT-RES p. 1	20d	Taxpayer Blind	X or blank
67	DE PIT-RES p. 1	20A	Additional Standard Deduction Amount	Number
68	DE PIT-RES p. 1	20B		Number
69	DE PIT-RES p. 1	22A	Taxable Income	Number
70	DE PIT-RES p. 1	22B		Number
71	DE PIT-RES p. 1	23A	Tax Liability	Number
72	DE PIT-RES p. 1	23B		Number
73	DE PIT-RES p. 1	24A	Tax on Lump Sum Distribution	Number
74	DE PIT-RES p. 1	24B		Number
75	DE PIT-RES p. 2	25A	Total Tax	Number
76	DE PIT-RES p. 2	25B		Number
77	DE PIT-RES p. 2	26a.a	Personal Credits Number of Exemptions	Number
78	DE PIT-RES p. 2	26a.b		Number
79	DE PIT-RES p. 2	26a.A	Personal Credits Exemption Amount	Number
80	DE PIT-RES p. 2	26a.B		Number
81	DE PIT-RES p. 2	26b.a	Check Boxes Spouse 60 or Over	X or blank
82	DE PIT-RES p. 2	26b.b	Taxpayer 60 or Over	X or blank
83	DE PIT-RES p. 2	26b.A	60 or Over Exemption Amount	Number
84	DE PIT-RES p. 2	26b.B		Number

Tax Item (Identifier)	Source	Location	Description	Format
85	DE PIT-RES p. 2	27A	Tax Imposed by Other State	Number
86	DE PIT-RES p. 2	27B		Number
87	DE PIT-RES p. 2	28	Volunteer Firefighter Company # - Spouse	## (2)
88	DE PIT-RES p. 2	28	Volunteer Firefighter Company # - Primary	## (2)
89	DE PIT-RES p. 2	28A	Volunteer Firefighter Credit	Number
90	DE PIT-RES p. 2	28B		Number
91	DE PIT-RES p. 2	29A	Other Non-Refundable Credits	Number
92	DE PIT-RES p. 2	29B		Number
93	DE PIT-RES p. 2	30A	Child-Care Credit	Number
94	DE PIT-RES p. 2	30B		Number
95	DE PIT-RES p. 2	33a	Check Boxes Refundable Earned Income Credit	X or blank
96	DE PIT-RES p. 2	33b	Non-Refundable Earned Income Credit	X or blank
97	DE PIT-RES p. 2	33A	Earned Income Tax Credit	Number
98	DE PIT-RES p. 2	33B		Number
99	DE PIT-RES p. 2	34A	Delaware Tax Withheld	Number
100	DE PIT-RES p. 2	34B		Number
101	DE PIT-RES p. 2	35A	Estimated Tax Paid	Number
102	DE PIT-RES p. 2	35B		Number
103	DE PIT-RES p. 2	36A	S Corporation Payments	Number
104	DE PIT-RES p. 2	36B		Number
105	DE PIT-RES p. 2	37A	Refundable Business Credits	Number
106	DE PIT-RES p. 2	37B		Number
107	DE PIT-RES p. 2	38A	Capital Gains Tax Payments	Number
108	DE PIT-RES p. 2	38B		Number
109	DE PIT-RES p. 2	39A	Total Refundable Credits	Number
110	DE PIT-RES p. 2	39B		Number
111	DE PIT-RES p. 2	42	Contributions to Special Funds	Number
112	DE PIT-RES p. 2	43	Amount of Refund to be Applied to Next Year	Number
113	DE PIT-RES p. 2	44	Penalty and Interest	Number
114	DE PIT-RES p. 2	45	Net Balance Due	Number
115	DE PIT-RES p. 2	46	Net Refund	Number
116	DD Info		State - Checking Acct.	X or blank
117	DD Info		State - Savings Acct.	X or blank
118	DD Info		State - Routing Transit	Number/text
119	DD Info		State - Deposit Acct. Number	Number/text
120	DD Info		IAT Indicator	X or blank
121	DE PIT-RES p. 2	F	DMV State ID #	Number/text
122	DE PIT-RES p. 2	F	Preparer Name	Text
123	DE PIT-RES p. 2	F	Date Prepared	MMDDYYYY
124	DE PIT-RES p. 2	F	Preparer Address	Number/text (separate each line with commas)
125	DE PIT-RES p. 2	F	Preparer City	Text
126	DE PIT-RES p. 2	F	Preparer State	Text
127	DE PIT-RES p. 2	F	Preparer Zip Code	##### (5) or ##### (9)
128	DE PIT-RES p. 2	F	Taxpayer Home Phone Number	##### (10)
129	DE PIT-RES p. 2	F	Preparer ID Number	PTIN, STIN or SSN

Tax Item (Identifier)	Source	Location	Description	Format
130	DE PIT-RES p. 2	F	Preparer Phone Number	##### (10)
131	DE PIT-RES p. 2	F	Taxpayer E-Mail Address	Text
132	DE PIT-RES p. 2	F	Preparer E-Mail Address	Text
133	DE Sched I	1	Other State name	Two letter state code
134	DE Sched I	1 Col A	Other State Tax credit Spouse	Number
135	DE Sched I	1 Col B	Other State Tax credit Primary	Number
136	DE Sched I	2	Other State name	Two letter state code
137	DE Sched I	2 Col A	Other State Tax credit Spouse	Number
138	DE Sched I	2 Col B	Other State Tax credit Primary	Number
139	DE Sched I	3	Other State name	Two letter state code
140	DE Sched I	3 Col A	Other State Tax credit Spouse	Number
141	DE Sched I	3 Col B	Other State Tax credit Primary	Number
142	DE Sched I	4	Other State name	Two letter state code
143	DE Sched I	4 Col A	Other State Tax credit Spouse	Number
144	DE Sched I	4 Col B	Other State Tax credit Primary	Number
145	DE Sched I	5	Other State name	Two letter state code
146	DE Sched I	5 Col A	Other State Tax credit Spouse	Number
147	DE Sched I	5 Col B	Other State Tax credit Primary	Number
148	DE Sched II	7.a.1	Child's First Name #1	Text
149	DE Sched II	7.b.1	Child's Last Name #1	Text
150	DE Sched II	8.1	Child's SSN #1	##### (9)
151	DE Sched II	9.1	Child's Date of Birth #1	MMDDYYYY
152	DE Sched II	10.1	YES - Child Under 24, a student and younger than taxpayer or spouse #1	X or blank. Leave blank if child is not used.
153	DE Sched II	10.1	NO - Child Under 24, a student and younger than taxpayer or spouse #1	X or blank. Leave blank if child is not used.
154	DE Sched II	11.1	YES - Child permanently and totally disabled during tax year #1	X or blank. Leave blank if child is not used.
155	DE Sched II	11.1	NO - Child permanently and totally disabled during tax year #1	X or blank. Leave blank if child is not used.
156	DE Sched II	7.a.2	Child's First Name #2	Text
157	DE Sched II	7.b.2	Child's Last Name #2	Text
158	DE Sched II	8.2	Child's SSN #2	##### (9)
159	DE Sched II	9.2	Child's Date of Birth #2	MMDDYYYY
160	DE Sched II	10.2	YES - Child Under 24, a student and younger than taxpayer or spouse #2	X or blank. Leave blank if child is not used.
161	DE Sched II	10.2	NO - Child Under 24, a student and younger than taxpayer or spouse #2	X or blank. Leave blank if child is not used.
162	DE Sched II	11.2	YES - Child permanently and totally disabled during tax year #2	X or blank. Leave blank if child is not used.
163	DE Sched II	11.2	NO - Child permanently and totally disabled during tax year #2	X or blank. Leave blank if child is not used.
164	DE Sched II	7.a.3	Child's First Name #3	Text
165	DE Sched II	7.b.3	Child's Last Name #3	Text
166	DE Sched II	8.3	Child's SSN #3	##### (9)
167	DE Sched II	9.3	Child's Date of Birth #3	MMDDYYYY
168	DE Sched II	10.3	YES - Child Under 24, a student and younger than taxpayer or spouse #3	X or blank. Leave blank if child is not used.
169	DE Sched II	10.3	NO - Child Under 24, a student and younger than taxpayer or spouse #3	X or blank. Leave blank if child is not used.

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170	DE Sched II	11.3	YES - Child permanently and totally disabled during tax year #3	X or blank. Leave blank if child is not used.
171	DE Sched II	11.3	NO - Child permanently and totally disabled during tax year #3	X or blank. Leave blank if child is not used.
172	DE Sched II	12	Delaware State Income Tax LESS Non-Refundable Credits	Number
173	DE Sched II	13	Earned Income Credit from Federal Form	Number
174	DE Sched II	14	REFUNDABLE EITC CALCULATION – Multiply Line 13 x 0.045	Number
175	DE Sched II	15	NON-REFUNDABLE EITC CALCULATION – Multiply Line 13 x 0.20	Number
176	DE Sched III	18a	Contributions to Non-Game Wildlife	Number
177	DE Sched III	18b	Contributions to Beau Biden Fund	Number
178	DE Sched III	18c	Contributions to Emergency Housing	Number
179	DE Sched III	18d	Contributions to Breast Cancer Education	Number
180	DE Sched III	18e	Contributions to Organ Donor Awareness	Number
181	DE Sched III	18f	Contributions to Diabetes Education	Number
182	DE Sched III	18g	Contributions to Veteran's Home	Number
183	DE Sched III	18h	Contributions to National Guard	Number
184	DE Sched III	18i	Contributions to Juvenile Diabetes Fund	Number
185	DE Sched III	18j	Contributions to Multiple Sclerosis	Number
186	DE Sched III	18k	Contributions to Ovarian Cancer	Number
187	DE Sched III	18l	Contributions to 21st Fund for Children	Number
188	DE Sched III	18m	Contributions to White Clay Creek	Number
189	DE Sched III	18n	Contributions to Home of the Brave Foundation Fund	Number
190	DE Sched III	18o	Contributions to Senior Trust Fund	Number
191	DE Sched III	18p	Contributions to Home of the Delaware Veterans Trust Fund	Number
192	DE Sched III	18q	Contributions to Protecting DE's Children Fund	Number
193	DE Sched III	18r	Contributions to the Food Bank of Delaware	Number
194	DE Sched III	18s	Contributions to the Delaware Habitat for Humanity	Number
195	DE Sched III	18t	Contributions to the B+ Childhood Cancer Fund	Number
196	DE Sched III	18u	Contributions to the Combined Campaign for Justice	Number
197	DE PIT-UND p. 1 Part 2	L	Short Method - Estimated Penalty	Number
198	DE PIT-UND p. 1 Part 4	30 col 1	Delaware Withholding, S Corp Payments, or Refundable Business Credits	Number
199	DE PIT-UND p. 1 Part 4	30 col 2		Number

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200	DE PIT-UND p. 1 Part 4	30 col 3		Number
201	DE PIT-UND p. 1 Part 4	30 col 4		Number
202	DE PIT-UND p. 2 Part 3	2 col 1	Delaware AGI from your 2019 Delaware Return	Number
203	DE PIT-UND p. 2 Part 3	2 col 2		Number
204	DE PIT-UND p. 2 Part 3	2 col 3		Number
205	DE PIT-UND p. 2 Part 3	2 col 4		Number
206	DE PIT-UND p. 2 Part 3	5 col 1	Delaware Itemized Deductions	Number
207	DE PIT-UND p. 2 Part 3	5 col 2		Number
208	DE PIT-UND p. 2 Part 3	5 col 3		Number
209	DE PIT-UND p. 2 Part 3	5 col 4		Number
210	DE PIT-UND p. 2 Part 3	8 col 1	Total Delaware Standard Deduction Amount	Number
211	DE PIT-UND p. 2 Part 3	8 col 2		Number
212	DE PIT-UND p. 2 Part 3	8 col 3		Number
213	DE PIT-UND p. 2 Part 3	8 col 4		Number
214	1 st W-2/1099-R		Form Type	W2 or 1099R
215	1 st W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
216	1 st W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
217	1 st W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
218	1 st W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
219	1 st W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
220	1 st W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
221	1 st W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
222	1 st W-2/1099-R		W2 State Name 2 Or 1099-R State Name 2	Two letter state code
223	1 st W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number

Tax Item (Identifier)	Source	Location	Description	Format
224	1 st W-2/1099-R		W2 State Withholding 2 Or 1099-R Withholding 2	Number
225	2nd W-2/1099-R		Form Type	W2 or 1099R
226	2nd W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
227	2nd W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
228	2nd W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
229	2nd W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
230	2nd W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
231	2nd W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
232	2nd W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
233	2nd W-2/1099-R		W2 State Name 2 Or 1099-R State Name 2	Two letter state code
234	2nd W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
235	2nd W-2/1099-R		W2 State Withholding 2 Or 1099-R Withholding 2	Number
236	3rd W-2/1099-R		Form Type	W2 or 1099R
237	3rd W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
238	3rd W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
239	3rd W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
240	3rd W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
241	3rd W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code

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242	3rd W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
243	3rd W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
244	3rd W-2/1099-R		W2 State Name 2 Or 1099-R State Name 2	Two letter state code
245	3rd W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
246	3rd W-2/1099-R		W2 State Withholding 2 Or 1099-R Withholding 2	Number
247	4th W-2/1099-R		Form Type	W2 or 1099R
248	4th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
249	4th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
250	4th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
251	4th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
252	4th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
253	4th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
254	4th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
255	4th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 2	Two letter state code
256	4th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
257	4th W-2/1099-R		W2 State Withholding 2 Or 1099-R Withholding 2	Number
258	5th W-2/1099-R		Form Type	W2 or 1099R
259	5th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)

Tax Item (Identifier)	Source	Location	Description	Format
260	5th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
261	5th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
262	5th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
263	5th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
264	5th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
265	5th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number
266	5th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 2	Two letter state code
267	5th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
268	5th W-2/1099-R		W2 State Withholding 2 Or 1099-R Withholding 2	Number
269	6th W-2/1099-R		Form Type	W2 or 1099R
270	6th W-2/1099-R		W2 Employer ID Or 1099-R Payer ID	##### (9)
271	6th W-2/1099-R		W2 Box #1 Wages/Tips/Salaries Or 1099-R Taxable Amount	Number
272	6th W-2/1099-R		W2 Employee SSN Or 1099-R Payee SSN	##### (9)
273	6th W-2/1099-R		W2 Employee Name Or 1099-R Payee Name	Text
274	6th W-2/1099-R		W2 State Name 1 Or 1099-R State Name 1	Two letter state code
275	6th W-2/1099-R		W2 State Wages 1 Or Blank for 1099-R	Number
276	6th W-2/1099-R		W2 State Withholding 1 Or 1099-R Withholding 1	Number

Tax Item (Identifier)	Source	Location	Description	Format
277	6th W-2/1099-R		W2 State Name 2 Or 1099-R State Name 2	Two letter state code
278	6th W-2/1099-R		W2 State Wages 2 Or Blank for 1099-R	Number
279	6th W-2/1099-R		W2 State Withholding 2 Or 1099-R Withholding 2	Number
280	Official Trailer		Trailer Static String	EOD*