DELAWARE 2023 FORM PIT-RSS
DIVISION OF REVENUE
DELAWARE RESIDENT SCHEDULES

FIRST NAME	LAST NAME	TAXPAYER ID

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

DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE
Enter the credit in the highest to lowest amount order.

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

			Filing Status 4 ONLY Spouse Information COLUMN A	All other filing statuses You or You plus Spouse COLUMN B
1.	Tax imposed by State of	(Enter 2 character state name)	1. ____ .00	1. ____ .00
2.	Tax imposed by State of	(Enter 2 character state name)	2. ____ .00	2. ____ .00
3.	Tax imposed by State of	(Enter 2 character state name)	3. ____ .00	3. ____ .00
4.	Tax imposed by State of	(Enter 2 character state name)	4. ____ .00	4. ____ .00
5.	Tax imposed by State of	(Enter 2 character state name)	5. ____ .00	5. ____ .00
6.	Enter the total here and on Form PIT-RES Page 2, Line 27. **You must attach a copy of the other state return(s) with your Delaware tax return**		6. ____ .00	6. ____ .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 2023, a student, and younger than you (or your spouse, if filing jointly)?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
11. Was the child permanently and totally disabled during any part of 2023?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

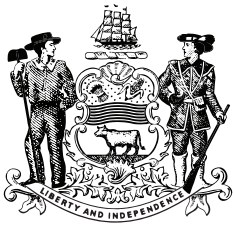| 12.	**DELAWARE STATE INCOME TAX LESS NON-REFUNDABLE CREDITS** – Enter the higher tax amount from Column A or Column B of Form PIT-RES Line 32	12. ____ .00
13.	**FEDERAL EARNED INCOME TAX CREDIT (EITC)** – Enter amount from IRS form 1040 or 1040-SR, Line 27	13. ____ .00
14.	**REFUNDABLE EITC CALCULATION** – **Multiply** Line 13 x 0.045 and enter here	14. ____ .00
15.	**NON-REFUNDABLE EITC CALCULATION** – **Multiply** Line 13 x 0.20 and enter here	15. ____ .00
16.	**REFUNDABLE EITC -** If Line 14 is greater than or equal to Line 12, enter the amount from Line 14 here and on Line 33 of Form PIT-RES and check the refundable box on Line 33 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	17. ____ .00

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS
See the instructions for ALL required documentation to attach.

See instructions for a description of each worthwhile fund listed below.

18.					
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 Child Fund	____ .00
D. Breast Cancer Edu.	____ .00	K. Ovarian Cancer Fndn	____ .00	R. Food Bank of DE	____ .00
E. Organ Donations	____ .00	L. *Intentionally left blank*		S. DE Hab For Humanity	____ .00
F. Diabetes Education	____ .00	M. White Clay Creek	____ .00	T. B+ Childhood Cancer	____ .00
G. Veterans Home	____ .00	N. Home of the Brave	____ .00	U. Combined Campaign for Justice	____ .00

19.	Enter the total Contribution amount here and on Form PIT-RES, Line 42	19. ____ .00

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

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
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						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