



DELAWARE 2024

DIVISION OF REVENUE F O R M PIT-RSS

DELAWARE RESIDENT SCHEDULES



| | |
|------|-------------|
| NAME | TAXPAYER ID |
|------|-------------|

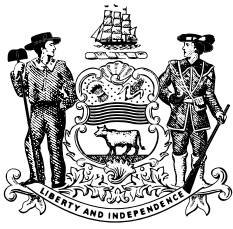
Columns: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See instructions for worksheet.) Taxpayers using filing statuses 1,2,3, or 5 are to complete Column B only.

| DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE Enter the credit in the highest to lowest amount order. | | | Filing Status 4 ONLY Spouse Information COLUMN A | All other filing statuses You or You plus Spouse COLUMN B | | | |
|---|--|--|---|--|----|----|-----|
| i See the instructions and complete the worksheet prior to completing DE Schedule I. | | | | | | | |
| 1. | Tax imposed by State of <input style="width: 80%;" type="text"/> (Enter 2 character state name) | | 1. \$ | .00 | 1. | \$ | .00 |
| 2. | Tax imposed by State of <input style="width: 80%;" type="text"/> (Enter 2 character state name) | | 2. | .00 | 2. | \$ | .00 |
| 3. | Tax imposed by State of <input style="width: 80%;" type="text"/> (Enter 2 character state name) | | 3. | .00 | 3. | \$ | .00 |
| 4. | Tax imposed by State of <input style="width: 80%;" type="text"/> (Enter 2 character state name) | | 4. | .00 | 4. | \$ | .00 |
| 5. | Tax imposed by State of <input style="width: 80%;" type="text"/> (Enter 2 character state name) | | 5. | .00 | 5. | \$ | .00 |
| 6. | Enter the total here and on Form PIT-RES Page 2, Line 28. 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 |
| | | | |
| | | | |

| | | | | |
|-----|---|--|--|--|
| 10. | Was the child under age 24 at the end of 2024, a student, and younger than you (or your spouse, if filing jointly)? | CHILD 1 | CHILD 2 | CHILD 3 |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11. | Was the child permanently and totally disabled during any part of 2024? | CHILD 1 | CHILD 2 | CHILD 3 |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 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 33 | | | 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 34 of Form PIT-RES and check the refundable box on Line 34 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 34 of Form PIT-RES, and check the non-refundable box on Line 34 of Form PIT-RES | | | 17. \$.00 |

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



DELAWARE 2024

DIVISION OF REVENUE FORM PIT-RSS
DELAWARE RESIDENT SCHEDULES



NAME

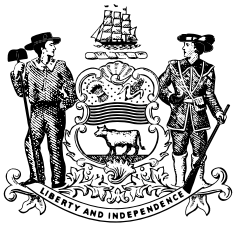
TAXPAYER ID

| DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS | | See instructions for a description of each worthwhile fund listed below. | |
|--|--|--|-----|
| 18A. | NON-GAME WILDLIFE | 18A. | .00 |
| 18B. | BEAU BIDEN FUND | 18B. | .00 |
| 18C. | EMERGENCY HOUSING | 18C. | .00 |
| 18D. | BREAST CANCER EDUCATION | 18D. | .00 |
| 18E. | ORGAN DONATIONS | 18E. | .00 |
| 18F. | DIABETES EDUCATION | 18F. | .00 |
| 18G. | VETERANS HOME | 18G. | .00 |
| 18H. | DELAWARE NATIONAL GUARD | 18H. | .00 |
| 18I. | JUVENILE DIABETES FUND | 18I. | .00 |
| 18J. | MULTIPLE SCLEROSIS SOCIETY | 18J. | .00 |
| 18K. | OVARIAN CANCER FOUNDATION | 18K. | .00 |
| 18L. | SL24: UNLOCKE THE LIGHT FOUNDATION FUND | 18L. | .00 |
| 18M. | WHITE CLAY CREEK | 18M. | .00 |
| 18N. | HOME OF THE BRAVE | 18N. | .00 |
| 18O. | SENIOR TRUST FUND | 18O. | .00 |
| 18P. | VETERANS TRUST FUND | 18P. | .00 |
| 18Q. | PROTECT DELAWARE'S CHILD FUND | 18Q. | .00 |
| 18R. | FOOD BANK OF DELAWARE | 18R. | .00 |
| 18S. | DELAWARE HABITAT FOR HUMANITY | 18S. | .00 |
| 18T. | B+ CHILDHOOD CANCER | 18T. | .00 |
| 18U. | COMBINED CAMPAIGN FOR JUSTICE | 18U. | .00 |
| 19. | TOTAL - Enter the total contribution amount here and on Form PIT-RES, Line 43 - Add Lines 18A through 18U | 19. | .00 |

See the instructions for ALL required documentation to attach.

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





DELAWARE 2024

DIVISION OF REVENUE FORM PIT-RSS

DELAWARE RESIDENT SCHEDULES



| | |
|------|-------------|
| NAME | TAXPAYER ID |
|------|-------------|

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 |
|--------------------|-----------------------|----------|-----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |