



DELAWARE 2021

DIVISION OF REVENUE FOR PIT-RSS

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.

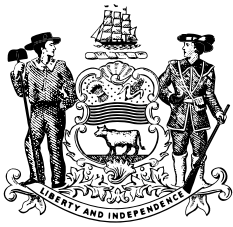
DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE Enter the credit in the highest to lowest amount order.				Filing Status 4 ONLY Spouse Information COLUMN A	All other filing statuses You or You plus Spouse COLUMN B
i See the instructions and complete the worksheet prior to completing DE Schedule I.					
1.	Tax imposed by State of <input style="width: 20px;" type="text"/>	(Enter 2 character state name)		1. \$ <input style="width: 40px;" type="text"/>	1. \$ <input style="width: 40px;" type="text"/>
2.	Tax imposed by State of <input style="width: 20px;" type="text"/>	(Enter 2 character state name)		2. \$ <input style="width: 40px;" type="text"/>	2. \$ <input style="width: 40px;" type="text"/>
3.	Tax imposed by State of <input style="width: 20px;" type="text"/>	(Enter 2 character state name)		3. \$ <input style="width: 40px;" type="text"/>	3. \$ <input style="width: 40px;" type="text"/>
4.	Tax imposed by State of <input style="width: 20px;" type="text"/>	(Enter 2 character state name)		4. \$ <input style="width: 40px;" type="text"/>	4. \$ <input style="width: 40px;" type="text"/>
5.	Tax imposed by State of <input style="width: 20px;" type="text"/>	(Enter 2 character state name)		5. \$ <input style="width: 40px;" type="text"/>	5. \$ <input style="width: 40px;" type="text"/>
6.	Enter the total here and on PIT-RES Page 2, Line 27. You must attach a copy of the other state return(s) with your Delaware tax return			6. \$ <input style="width: 40px;" type="text"/>	6. \$ <input style="width: 40px;" type="text"/>

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 2021, 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 2021?	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 PIT-RES Line 32			12. \$ <input style="width: 40px;" type="text"/>
13. FEDERAL EARNED INCOME TAX CREDIT (EITC) – Enter amount from IRS form 1040 or 1040-SR, Line 27			13. \$ <input style="width: 40px;" type="text"/>
14. REFUNDABLE EITC CALCULATION – Multiply Line 13 x 0.045 and enter here			14. \$ <input style="width: 40px;" type="text"/>
15. NON-REFUNDABLE EITC CALCULATION – Multiply Line 13 x 0.20 and enter here			15. \$ <input style="width: 40px;" type="text"/>
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. \$ <input style="width: 40px;" type="text"/>
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 PIT-RES, and check the non-refundable box on Line 33 of PIT-RES			17. \$ <input style="width: 40px;" type="text"/>

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS				See the instructions for ALL required documentation to attach.
i See instructions for a description of each worthwhile fund listed below.				
18.	A. Non-Game Wildlife	\$ <input style="width: 40px;" type="text"/>	H. DE National Guard	\$ <input style="width: 40px;" type="text"/>
	B. Beau Biden Fund	\$ <input style="width: 40px;" type="text"/>	I. Juvenile Diabetes Fund	\$ <input style="width: 40px;" type="text"/>
	C. Emergency Housing	\$ <input style="width: 40px;" type="text"/>	J. Multiple Sclerosis Soc.	\$ <input style="width: 40px;" type="text"/>
	D. Breast Cancer Edu.	\$ <input style="width: 40px;" type="text"/>	K. Ovarian Cancer Fndn	\$ <input style="width: 40px;" type="text"/>
	E. Organ Donations	\$ <input style="width: 40px;" type="text"/>	L. 21st Fund for Children	\$ <input style="width: 40px;" type="text"/>
	F. Diabetes Education	\$ <input style="width: 40px;" type="text"/>	M. White Clay Creek	\$ <input style="width: 40px;" type="text"/>
	G. Veterans Home	\$ <input style="width: 40px;" type="text"/>	N. Home of the Brave	\$ <input style="width: 40px;" type="text"/>
			O. Senior Trust Fund	\$ <input style="width: 40px;" type="text"/>
			P. Veterans Trust Fund	\$ <input style="width: 40px;" type="text"/>
			Q. Protect DE's Child Fund	\$ <input style="width: 40px;" type="text"/>
			R. Food Bank of DE	\$ <input style="width: 40px;" type="text"/>
			S. DE Hab For Humanity	\$ <input style="width: 40px;" type="text"/>
			T. B+ Childhood Cancer	\$ <input style="width: 40px;" type="text"/>
			U. Combined Campaign for Justice	\$ <input style="width: 40px;" type="text"/>
19.	Enter the total Contribution amount here and on PIT-RES, Line 42			19. \$ <input style="width: 40px;" type="text"/>

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



DELAWARE 2021

DIVISION OF REVENUE FORM 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
						Taxpayer
						Spouse
						Taxpayer
						Spouse
						Taxpayer
						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

