

## Delaware General Information

	Taxpayer	Spouse
Mark if totally disabled	____ [1]	____ [2]
Volunteer firefighter Fire Company number (Resident only)	____ [3]	____ [4]

## Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Non-Game Wildlife	_____ [5]	_____ [6]
US Olympics	_____ [7]	_____ [8]
Emergency Housing	_____ [9]	_____ [10]
Breast Cancer Education	_____ [11]	_____ [12]
Organ Donations	_____ [13]	_____ [14]
Diabetes Education	_____ [15]	_____ [16]
Veteran's Home	_____ [17]	_____ [18]
Delaware National Guard	_____ [19]	_____ [20]
Juvenile Diabetes Fund	_____ [21]	_____ [22]
Multiple Sclerosis Society	_____ [23]	_____ [24]
Ovarian Cancer Fund	_____ [25]	_____ [26]
21st Fund for Children	_____ [27]	_____ [28]
White Clay Creek	_____ [29]	_____ [30]
Home of the Brave	_____ [31]	_____ [32]
Senior Trust Fund	_____ [33]	_____ [34]
Veteran's Trust Fund	_____ [35]	_____ [36]
Protecting Delaware's Children Fund	_____ [37]	_____ [38]

## Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Delaware

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [39]	_____ [41]
To	_____ [40]	_____ [42]

**NOTES/QUESTIONS:**