

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]
Food Bank of Delaware	____[39]	____[40]
Ssx City Habitat for Humanity	____[41]	____[42]
Ctrl DE Habitat for Humanity	____[43]	____[44]
NCC Habitat for Humanity	____[45]	____[46]

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	____[47]	____[49]
To	____[48]	____[50]

NOTES/QUESTIONS: