



Form ID: DE

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]
Beau Biden Foundation	____ [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: