



**Taxpayer's Full Name:** \_\_\_\_\_ **Spouse's Full Name:** \_\_\_\_\_

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]
Ctrl DE Habitat for Humanity	_____[41]	_____[42]
B+ Childhood Cancer	_____[43]	_____[44]

**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	_____[45]	_____[47]
To	_____[46]	_____[48]

**NOTES/QUESTIONS:**