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 Foundation	_____[25]	_____[26]
SL24: Unlocke the Light Foundation	_____[27]	_____[28]
White Clay Creek	_____[29]	_____[30]
Home of the Brave	_____[33]	_____[34]
Veteran's Trust Fund	_____[35]	_____[36]
Protect Delaware's Child Fund	_____[37]	_____[38]
Food Bank of Delaware	_____[39]	_____[40]
DE Habitat for Humanity	_____[41]	_____[42]
B+ Childhood Cancer	_____[43]	_____[44]
Combined Campaign for Justice	_____[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: