

## DELAWARE 2023 DIVISION OF REVENUE PIT-NON



### **DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN**

O,	AND INDEPENDENCE	For Fisca	l Year beginni	ing			and end	ding						Amended Return
You	Taxpayer ID		Spouse Taxpa	aver ID									•	Must include page 3
								Form			Filing Status (N		<b>/</b> c	
								PIT-UND Attached	1.		Single, Divorced, Widow(er)	3.		Married & Filing Separate Forms
Vari	- First Name		Last Name			Suffix		laimed as	_		laint	5.		Head of Household
You	First Name	M.I.	Last Name			Sullix		ependant	2.		Joint	э.		nead of nousefloid
Snoi	use First Name	M.I.	Last Name			Suffix		someone se's return						
Spor	13e i ii 3t ivairie	171.1.	Lastivallie			Julia	en:							
Pres	ent Home Address (Number	and Street	)	Aı	partm	ent #		Check if FULL-YEAR		If yo	u were a part-year re you reside			
	che nome / daress (ramber	and street,	,	, 1	partin	Cite "		on-Residen	t					
City			State	Zip Co	ode			in 2023			mm-dd-yyyy			mm-dd-yyyy
,														
											FEDERAL			DELAWARE SOURCE
\$	SECTION A - INCOME AND AL	JUSTMENTS	FROM FEDERA	AL RETURI	N						COLUMN A			INCOME/LOSS COLUMN B
1.	WAGES, SALARIES, TIPS, ETC.								1.	\$	.00	1.	\$	.00
2.	INTEREST								2.	\$	.00	2.	\$	.00
3.	DIVIDENDS								3.	\$	.00	3.	\$	.00
4.	STATE REFUNDS, CREDITS OR	OFFSETS OF	STATE & LOCA	L INCOM	E TAXE	ES			4.	\$	.00	4.	\$	.00
5.	ALIMONY RECEIVED								5.	\$	.00	5.	\$	.00
6.	BUSINESS INCOME OR (LOSS)	(See instruct	tions)					6	6.	\$	.00	6.	\$	.00
7a.	CAPITAL GAIN OR (LOSS)								7a.	\$	.00	7a.	\$	.00
7b.	OTHER GAINS OR (LOSSES)								7b.	\$	.00	7b.	\$	.00
8.	IRA DISTRIBUTIONS								8.	\$	.00	8.	\$	.00
9.	TAXABLE PENSIONS AND AN								9.	\$	.00	1	\$	.00
10.	RENTS, ROYALTIES, PARTNER	SHIPS, S COI	RPS, ESTATES, 1	TRUSTS, E	TC.				10.	Ş		10.	1	.00
11.	FARM INCOME OR (LOSS)								11.	Ş		11.	1	.00
12.	UNEMPLOYMENT COMPENSA	•	RANCE)						12.	\$		12.	1	.00
13.	TAXABLE SOCIAL SECURITY B								13.	\$ *		13.	1	.00
14.	OTHER INCOME (State nature								14.	<u>ې</u>		14.	1	.00
15.	TOTAL INCOME - Add Line 1 th								15.	\$ \$		15.	H:	.00
16. 17.	TOTAL FEDERAL ADJUSTMENT FEDERAL ADJUSTED GROSS IN	•		DDOCEC C	uhtrac	t Lino 16 f	rom Lino '		16. 17.			16. 17.	-	.00
	SECTION B - ADDITIONS	ICOME FOR	DELAWARE FO	KFO3E3 3	ubtiac	t Line 101	TOTTI LITTE	13	17.	Ą	.00	17.	Ş	.00
18.	INTEREST RECEIVED ON OBLI	GATIONS OF	ANY STATE O	ΓΗΕΝ ΤΗΔ	N DFL	ΔWARF			18.	\$	00	18.	\$	.00
19.	FIDUCIARY ADJUSTMENT, OIL									\$		19.	1	.00
20.	TOTAL - Add Line 18 to Line 19							■		\$		20.	H	.00
21	Add Line 17 to Line 20								21.			21.	-	.00
	SECTION C - SUBTRACTIONS												-	
22.	INTEREST RECEIVED ON U.S. O	BLIGATION	S						22.	\$	.00	22.	\$	.00
23.	PENSION/RETIREMENT EXCLU	<b>JSIONS</b> (For a	definition of eligible ir	come, see inst	tructions)	Miltary Pe	ension	1	23.	\$		23.	_	.00
24.	DELAWARE STATE TAX REFUN	ID							24.	\$	.00	24.	\$	.00
25.	Fiduciary Adjustment, Work	Opportunity	/ Credit, Delaw	are NOL	Carryf	orward, e	etc.		25.	\$	.00	25.	\$	.00
26a.	Taxable Social Security Bene	fits/Railroad	l						26a.	\$	.00	26a.	\$	.00
26b.	529 Contribution to Delaware	e-sponsored	Tuition Progra	am	or Al	BLE Progra	am		26b.	\$	.00	26b.	\$	.00
27.	TOTAL Add Line 22 through Lin	ne 26b						■	27.	\$		27.	-	.00
28.	<b>Subtract</b> Line 27 from Line 21								28.	\$		28.	-	.00
29.	EXCLUSION FOR CERTAIN PER									\$		29.	-	.00
30a.	COLUMN B- Subtract Line 29 f	rom Line 28.	This is your m	odified De	elaware	e Source Ir	ncome.	Ent	ter o	n Page	2, Line 42, Box A	30a.	\$	.00
30b.	COLUMN A - Subtract Line 29											1		
	This is your Delaware Adjusted	GLOSS ILICOM	ie.	Enter on	Page 2,	Line 37 and	Line 42, Bo	х В	30b.	\$	.00			

BALANCE DUE WITH
PAYMENT ENCLOSED (LINE 59)
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 508, Wilmington, DE 19899-0508
Make check payable to:
Delaware Division of Revenue
DFPITNON2023019999V1

Revision 20230924

REFUND (LINE 60)
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 8710
Wilmington, DE 19899-8710

ALL OTHER RETURNS
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 8711
Wilmington, DE 19899-8711



# DELAWARE 2 0 2 3 DIVISION OF REVENUE PIT-NON DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



≣	SECTION D - DEDUCTIONS			
31.	ENTER TOTAL ITEMIZED DEDUCTIONS (If Filing Status 3, See instructions)	31	1.	\$ .00
32.	ENTER FOREIGN TAXES PAID (See instructions)	4	- 1-	\$ .00
		4	- 1-	
33.	ENTER CHARITABLE MILEAGE DEDUCTION (See instructions)	4	- 1-	\$ .00
34.	TOTAL - Add Line 31 through Line 33		- 1-	\$ .00
35.	ENTER FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)		-	\$ .00
36.	<b>Subtract</b> Line 35 from Line 34. Enter here and on Line 38.	36	j.	\$ .00
	SECTION E - CALCULATIONS		H	
37.	<b>DELAWARE ADJUSTED GROSS INCOME -</b> Enter amount from Line 30b here	37	7.	\$ .00
38.	If you elect the STANDARD DEDUCTION check here a. Filing Statuses 1, 3, & 5 enter \$3250; Filing Status 2 enter \$6500;			
	If you elect the DELAWARE ITEMIZED DEDUCTIONS check here <b>b.</b> Enter amount from Line 36.	38	3.	\$ .00
39.	ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See instructions)			
	Check Box(es)- if SPOUSE was: 65 or over blind Check box(es) - if YOU were: 65 or over blind	39	).	\$ .00
40.	TOTAL DEDUCTIONS - Add Line 38 to Line 39 and enter here	40	).	\$ .00
41.	<b>TAXABLE INCOME</b> - Subtract Line 40 from Line 37, and compute tax on this amount	41	1.	\$ .00
42.	TAX LIABILITY COMPUTATION (See instructions) PRORATION DECIMAL Tax Liability from Tax Rate Table/			
	A. Line 30a .00 (See instructions) Schedule Amount			
	B. Line 30b .00 = X .00	42	2.	\$ .00
43a.	PERSONAL CREDITS         If you are Filing Status 3, see instructions.         Enter number of exemptions listed on Federal return         x \$110 =		ı	
	Multiply this amount by the proration decimal on Line 42 ( x ) and enter total here	43	a.	\$ .00
43b.	CHECK BOX(ES) SPOUSE 60 or over (if filing status 2) SELF 60 or over Enter number of boxes checked on Line 43b x \$110 =		ı	
	Multiply this amount by the proration decimal on Line 42 ( x	43	b.	\$ .00
44.	TAX IMPOSED BY STATE OF   Must attach copy of PIT-NNS and other state return - Part-Year Residents Only (See instructions)	44	<b>1</b> . [	\$ .00
45.	OTHER NON-REFUNDABLE CREDITS (See instructions)	45	j.	\$ .00
46.	TOTAL NON-REFUNDABLE CREDITS - Add Line 43a through Line 45	46	j.	\$ .00
47.	<b>BALANCE - Subtract</b> Line 46 from Line 42. If Line 46 is greater than Line 42, enter 0.		- 1-	\$ .00
48.	DELAWARE TAX WITHHELD - (Attach W-2s/1099s)		- 1-	\$ .00
49.	ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	49	- 1-	\$ .00
50.	S CORP PAYMENTS (See instructions)		- 1-	\$ .00
51.	REFUNDABLE BUSINESS CREDITS (See instructions)	4	- 1-	\$ .00
52.	CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST)		- 1-	\$ .00
53.	TOTAL REFUNDABLE CREDITS - Add Line 48 through Line 52		- 1-	\$ .00
54.	BALANCE DUE If Line 47 is greater than Line 53, Subtract Line 53 from Line 47 and enter here.		- 6	\$ .00
55.	OVERPAYMENT If Line 53 is greater than Line 47, Subtract Line 47 from Line 53 and enter here.		- 1-	\$ .00
56.	CONTRIBUTIONS TO SPECIAL FUNDS (If electing a contribution, complete and attach PIT-NNS)  TOTAL	-	- 1-	\$ .00
57.	AMOUNT OF LINE 55 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT  ENTER	57	- 1-	\$ .00
58.	PENALTIES AND INTEREST DUE (If Line 54 is greater than \$800, see estimated tax instructions)  ENTER		- 1-	\$ .00
		1	- 1	
59.		59	). ).	\$ .00 \$ .00
60.				
	SECTION F - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete below. See	HISTI	CUO	Is this refund going to or
A	COUNT TYPE CHECKING C			through an account that is
				located outside of the United
	SAVINGS			States?  YES NO
	PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN			ILS NO
Un	BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS  der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and  PAID PREPARER INFORMATION			
	believe it is true, correct and complete.			
Pa V	OUR SIGNATURE		_	<u> </u>
Lag I				⊞ DATE
<u></u>	ADDRESS CITY	CT.	TF	ZID CODE
	POUSE SIGNATURE	STA	.IE	ZIP CODE
<i>≥</i> / F	IOME PHONE NUMBER  BUSINESS PHONE NUMBER  BUSINESS PHONE NUMBER	10	_	
	EIN, SSN or PTIN	vU.		
	@ EMAIL ADDRESS @ EMAIL ADDRESS			
			_	

DFPITNON2023029999V1 Revision 20230924



# DELAWARE 2023 DIVISION OF REVENUE PIT-NON



## **DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN**

FO	R AMENDED RETURNS ONLY			cc	DLUMN B	
61.	TOTAL REFUNDABLE CREDITS - From Line 53		61.	\$		.00
62.	AMOUNT PAID ON ORIGINAL RETURN		62.	\$		.00
63.	SUBTOTAL - Add Lines 61 and 62		63.	\$		.00
64.	REFUND RECEIVED (If any, see instructions)	9	64.	\$		.00
65.	Estimated tax carryover and/or Special Funds contributions as shown on original return		65.	\$		.00
66.			66.	\$		.00
67.	BALANCE DUE - If Line 47 is greater than Line 66, Subtract Line 66 from Line 47 and enter here		67.	\$		.00
68.	<b>OVERPAYMENT -</b> If Line 66 is greater than Line 47, <b>Subtract</b> Line 47 from Line 66 and enter here		68.	\$		.00
69.	AMOUNT OF LINE 68 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions)	3	69.	\$		.00
70.	PENALTIES AND INTEREST DUE		70.	\$		.00
71.	<b>NET BALANCE DUE - Add</b> Line 67 and Line 69 to Line 70 <b>PAY IN FULL</b>		71.	\$		.00
72.	<b>NET REFUND - Subtract</b> Line 69 and Line 70 from Line 68 <b>ZERO DUE/TO BE REFUNDED</b>		72.	\$		.00
73.	Is an amended Federal return being filed?	Y	'es		No	
73.	Is an amended Federal return being filed?  If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended.	Y			No	
73.		Y			No	
73.		Y			No	
73.		Υ			No	
	If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended.		'es			
74.	If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended.  Has the Delaware Division of Revenue advised you your original return is being audited?	Y	'es		No	
73. 74. 75.	If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended.  Has the Delaware Division of Revenue advised you your original return is being audited?  Is this amended return being filed as a protective claim?	Y	'es 'es			
74.	If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended.  Has the Delaware Division of Revenue advised you your original return is being audited?	Y	'es 'es		No	
74.	If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended.  Has the Delaware Division of Revenue advised you your original return is being audited?  Is this amended return being filed as a protective claim?	Y	'es 'es		No	
74.	If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended.  Has the Delaware Division of Revenue advised you your original return is being audited?  Is this amended return being filed as a protective claim?	Y	'es 'es		No	
74.	If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended.  Has the Delaware Division of Revenue advised you your original return is being audited?  Is this amended return being filed as a protective claim?	Y	'es 'es		No	

NET BALANCE DUE WITH
PAYMENT ENCLOSED (LINE 71)
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 508, Wilmington, DE 19899-0508
Make check payable to: Delaware Division of Revenue



