

DELAWARE POR PIT-NON



DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN

•	AND INDEPENDEN	For Fisca	ıl Year beginr	ning		and ending						Amended Return Must include page 3
You	r Taxpayer ID		Spouse Taxp	ayer ID					<u></u>		4.	
						Form	1		g Status (M		c h	
						PIT-UND Attached	'	• Single, Divorc	ed, Widow(er)	3.		Married & Filing Separate Forms
Υοιι	r First Name	M.I.	Last Name		Suffix	Claimed as	2	. Joint		5.		Head of Household
Tou	THISCHAINE	141111	Lastitaine		Janux	Dependant		,,,,,				
Spo	use First Name	M.I.	Last Name		Suffix	on someone else's return						
Ċ								If you were a n	art-vear res	ident	in 20	023, give the dates
Pres	sent Home Address (Number	and Street	:)	Ap	partment #	Check if FULL-YEAR	1		you resided			
						Non-Reside in 2023	nt					
City			State	Zip Co	ode	111 2023		mm-dd-y	ууу			mm-dd-yyyy
								FEDERA				DELAWARE SOURCE INCOME/LOSS
\$	SECTION A - INCOME AND AD	JUSTMENT	S FROM FEDER	RAL RETURN	N			COLUMI	N A			COLUMN B
1.	WAGES, SALARIES, TIPS, ETC.						1.	\$.00	1.	\$.00
2.	INTEREST						2.	\$.00	2.	\$.00
3.	DIVIDENDS						3.	Ş	.00		\$.00
4.	STATE REFUNDS, CREDITS OR	OFFSETS O	F STATE & LOC	AL INCOM	E TAXES		4.	\$.00	4.	\$.00
5.	ALIMONY RECEIVED	<i>(</i> 2					5.	\$.00	5.	\$.00
6.	BUSINESS INCOME OR (LOSS)	(See instruc	tions)			i	6.	\$ ċ	.00	6.	<u>ې</u>	.00
7a.	CAPITAL GAIN OR (LOSS)						7a. 7b.	ې د	.00		\$.00
7b. 8.	OTHER GAINS OR (LOSSES) IRA DISTRIBUTIONS						7b. 8.	۶ خ	.00	7D. 8.	\$.00
9.	TAXABLE PENSIONS AND ANN	JIJITIFS					9.	ب خ	.00		\$.00
10. RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.						10.	\$.00		5	.00	
11.	FARM INCOME OR (LOSS)	J 5, 5 CO	0, 2017.120,	11(0515, 21			11.	Ś		11.	Ś	.00
12.	UNEMPLOYMENT COMPENSA	TION (INSU	IRANCE)				12.	Ś	.00			.00
13.	TAXABLE SOCIAL SECURITY BE	•	- ,				13.	\$.00			.00
14.	OTHER INCOME (State nature a	and source)					14.	\$.00	14.	\$.00
15.	TOTAL INCOME - Add Line 1 th	rough Line	14				15.	\$.00	15.	\$.00
16.	TOTAL FEDERAL ADJUSTMENT	S (See instr	uctions)			6	16.	\$.00	16.	\$.00
17.	FEDERAL ADJUSTED GROSS IN	COME FOR	DELAWARE PU	JRPOSES Su	ubtract Line 16 f	rom Line 15 🔢	17.	\$.00	17.	\$.00
	SECTION B - ADDITIONS											
18.	INTEREST RECEIVED ON OBLIC	SATIONS O	F ANY STATE C	THER THAI	N DELAWARE		18.	\$.00	18.	\$.00
19.	FIDUCIARY ADJUSTMENT, OIL	DEPLETION	ı				19.	\$.00		-	.00
20.	TOTAL - Add Line 18 to Line 19					<u> </u>	20.	\$.00		1	.00
21	Add Line 17 to Line 20					H	21.	\$.00	21.	\$.00
	SECTION C - SUBTRACTIONS							<u> </u>			_	
22.	INTEREST RECEIVED ON U.S. C						22.	\$.00	22.	5	.00
23.	PENSION/RETIREMENT EXCLU If your Spouse had a Miltary Pen		If You had a			A	23.	ċ	00	23.	ė	00
24.	DELAWARE STATE TAX REFUN		II TOU Hau a	willtary Feris	SIOTI			\$.00	24.		.00
25.	Fiduciary Adjustment, Work (v Credit Dela	ware NOL (Carryforward e	tc	25.	Ċ	.00		-	.00
25. 26a.	Taxable Social Security Benef	• •	•	a.c NOL	carry for ward, t		25. 26a.	Ś		25. 26a.	1	.00
26b.	529 Contribution to Delaware			ram	or ABLE Prog	ram	26b.			26b.	1	.00
27.	TOTAL Add Line 22 through Lin	•					27.			27.	-	.00
28.	Subtract Line 27 from Line 21	.0 200				A	28.	\$			\$.00
29.	EXCLUSION FOR CERTAIN PER	SONS 60 AI	ND OVER OR D	ISABLED (S	ee instructions)		29.				\$.00
30a.	COLUMN B- Subtract Line 29 f					icome. Er	iter o	n Page 2, Line 42,	Box A 🔢	30a.	\$.00
201-	COLUMN A - Subtract Line 29 f											
30b.	This is your Delaware Adjusted			Enter on l	Page 2, Line 37 and	Line 42, Box B	30b.	\$.00			

PAYMENT ENCLOSED (LINE 59)
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 508, Wilmingston, DE 19899–508
Make check payable to:
Delaware Division of Revenue

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



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≣	SECTION D - DE							
31.	ENTER TOTAL IT	EMIZED DEDUCTIONS (If Filing Status 3, See instructions))	31.	.00			
32.	ENTER FOREIGN			32.	.00			
33.	ENTER CHARITA	BLE MILEAGE DEDUCTION (See instructions)	3	33.	.00			
34.	TOTAL - Add Line	TOTAL - Add Line 31 through Line 33						
35.	ENTER FORM PI	i	35.	.00				
36.	Subtract Line 35		36.	.00				
	SECTION E - CAI	CULATIONS						
37.	DELAWARE ADJU	ISTED GROSS INCOME - Enter amount from Line 30b here		37.	.00			
38.	If you elect the S							
	If you elect the D		38.	.00				
39.	ADDITIONAL ST	3						
	Check Box(es)- if	SPOUSE was: 65 or over blind Check box(es) - if YOU were: 65 or over blind		39.	.00			
40.	TOTAL DEDUCTI			40.	.00			
41.	TAXABLE INCOM	IE - Subtract Line 40 from Line 37, and compute tax on this amount		41.	.00			
42.	TAX LIABILITY C	DMPUTATION (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.	.00			
43a.	PERSONAL CREE	ITS If you are Filing Status 3, see instructions. Enter number of exemptions listed on Federal return x \$110 =	٦					
	Multiply this am	ount by the proration decimal on Line 42 (x) and enter total here		43a.	.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 =						
	Multiply this am	ount by the proration decimal on Line 42 (x	1	13b.	.00			
44.	TAX IMPOSED B	Y STATE OF OMES Attach copy of PIT-NNS and other state return - Part-Year Residents Only (See instructions)	9	44.	.00			
45.	OTHER NON-RE	CUNDABLE CREDITS (See instructions)	5	45.	.00			
46.	TOTAL NON-REF	UNDABLE CREDITS - Add Line 43a through Line 45	1	46.	.00			
47.	BALANCE - Subt			47.	.00			
48.	DELAWARE TAX		_	48.	.00			
49.		PAID & PAYMENTS WITH EXTENSIONS		49.	.00			
50.	S CORP PAYMEN	TS (See instructions)	3	50.	.00			
51.		JSINESS CREDITS (See instructions)	5	51.	.00			
52.				52.	.00			
53.				53.	.00			
54.			_	54.	.00			
55.				55.	.00			
56.			_	56.	.00			
57.		IE 55 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT ENTER		57.	.00			
58.				58.	.00			
59.		UE - Add Line 54, Line 56, and Line 58		59.				
60.		ubtract Lines 56, 57, and 58 from Line 55 ZERO DUE/TO BE REFUNDED		60.	.00			
\$==	SECTION F - DIRE	CT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete below. Se	e ins	struction	ns for details.			
A	COUNT TYPE				Is this refund going to or			
	CHECKING	ROUTING NUMBER ACCOUNT NUMBER			through an account that is			
	SAVINGS				located outside of the United States?			
			_		YES NO			
		DUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS						
Under p	penalties of perjury, I declare th	at I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete. PAID PREPARER INFORMATION						
□ • Y	OUR SIGNATURE	■ DATE		_	■ DATE			
	-	ADDRESS			_			
<u>_</u>	POUSE SIGNATURE	■ DATE CITY	S.	TATE	ZIP CODE			
	- 11-	EIN, SSN or PTIN	NO		-			
	@ EMAIL AD							



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)	Ð	64.	\$.00
65.	Estimated tax carryover and/or Special Funds contributions as shown on original return		65.	\$.00
66.	Subtract Line 64 and Line 65 from Line 63		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.	OVERPAYMENT - If Line 66 is greater than Line 47, Subtract 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.	NET BALANCE DUE - Add Line 67 and Line 69 to Line 70 PAY IN FULL		71.	\$.00
72.	NET REFUND - Subtract Line 69 and Line 70 from Line 68 ZERO DUE/TO BE REFUNDED		72.	\$.00
73.	Is an amended Federal return being filed?	Υ	'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	'es		No	
73.		Y	'es		No	
73.		Y	'es		No	
73.		Υ	'es		No	
	If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended.					
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

NET REFUND (LINE 72)
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 8710
Wilmington, DE 19899-8710

