



DELAWARE 2023

DIVISION OF REVENUE F O R M
PIT-NON
DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



SECTION D - DEDUCTIONS	
31. ENTER TOTAL ITEMIZED DEDUCTIONS (If Filing Status 3, See instructions)	31. \$.00
32. ENTER FOREIGN TAXES PAID (See instructions)	32. \$.00
33. ENTER CHARITABLE MILEAGE DEDUCTION (See instructions)	33. \$.00
34. TOTAL - Add Line 31 through Line 33	34. \$.00
35. ENTER FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	35. \$.00
36. Subtract Line 35 from Line 34. Enter here and on Line 38.	36. \$.00
SECTION E - CALCULATIONS	
37. DELAWARE ADJUSTED GROSS INCOME - Enter amount from Line 30b here	37. \$.00
38. If you elect the STANDARD DEDUCTION check here <input type="checkbox"/> a. Filing Statuses 1, 3, & 5 enter \$3250; Filing Status 2 enter \$6500; If you elect the DELAWARE ITEMIZED DEDUCTIONS check here <input type="checkbox"/> b. Enter amount from Line 36.	38. \$.00
39. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See instructions) Check Box(es) - if SPOUSE was: 65 or over <input type="checkbox"/> blind <input type="checkbox"/> Check box(es) - if YOU were: 65 or over <input type="checkbox"/> blind <input type="checkbox"/>	39. \$.00
40. TOTAL DEDUCTIONS - Add Line 38 to Line 39 and enter here	40. \$.00
41. TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount	41. \$.00
42. TAX LIABILITY COMPUTATION (See instructions)	
A. Line 30a <input type="text" value="0.00"/> PRORATION DECIMAL (See instructions) Tax Liability from Tax Rate Table/ Schedule Amount	
B. Line 30b <input type="text" value="0.00"/> = <input type="text"/> X <input type="text" value="0.00"/>	42. \$.00
43a. PERSONAL CREDITS If you are Filing Status 3, see instructions. Enter number of exemptions listed on Federal return <input type="text"/> x \$110 = <input type="text"/> Multiply this amount by the proration decimal on Line 42 (x <input type="text"/>) and enter total here	43a. \$.00
43b. CHECK BOX(ES) SPOUSE 60 or over (if filing status 2) <input type="checkbox"/> SELF 60 or over <input type="checkbox"/> Enter number of boxes checked on Line 43b <input type="text"/> x \$110 = <input type="text"/> Multiply this amount by the proration decimal on Line 42 (x <input type="text"/>) and enter total here	43b. \$.00
44. TAX IMPOSED BY STATE OF <input type="text"/> Must attach copy of PIT-NNS and other state return - Part-Year Residents Only (See instructions)	44. \$.00
45. OTHER NON-REFUNDABLE CREDITS (See instructions)	45. \$.00
46. TOTAL NON-REFUNDABLE CREDITS - Add Line 43a through Line 45	46. \$.00
47. BALANCE - Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter 0.	47. \$.00
48. DELAWARE TAX WITHHELD - (Attach W-2s/1099s)	48. \$.00
49. ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	49. \$.00
50. S CORP PAYMENTS (See instructions)	50. \$.00
51. REFUNDABLE BUSINESS CREDITS (See instructions)	51. \$.00
52. CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST)	52. \$.00
53. TOTAL REFUNDABLE CREDITS - Add Line 48 through Line 52	53. \$.00
54. BALANCE DUE If Line 47 is greater than Line 53, Subtract Line 53 from Line 47 and enter here.	54. \$.00
55. OVERPAYMENT If Line 53 is greater than Line 47, Subtract Line 47 from Line 53 and enter here.	55. \$.00
56. CONTRIBUTIONS TO SPECIAL FUNDS (If electing a contribution, complete and attach PIT-NNS) TOTAL	56. \$.00
57. AMOUNT OF LINE 55 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT ENTER	57. \$.00
58. PENALTIES AND INTEREST DUE (If Line 54 is greater than \$800, see estimated tax instructions) ENTER	58. \$.00
59. NET BALANCE DUE - Add Line 54, Line 56, and Line 58 PAY IN FULL	59. \$.00
60. NET REFUND - Subtract Lines 56, 57, and 58 from Line 55 ZERO DUE/TO BE REFUNDED	60. \$.00

SECTION F - DIRECT DEPOSIT INFORMATION			If you would like your refund deposited directly to your checking or savings account, complete below. See instructions for details.
ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ROUTING NUMBER <input style="width: 100%;" type="text"/>	ACCOUNT NUMBER <input style="width: 100%;" type="text"/>	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

YOUR SIGNATURE _____	DATE _____
SPOUSE SIGNATURE _____	DATE _____
HOME PHONE NUMBER _____	BUSINESS PHONE NUMBER _____
@ EMAIL ADDRESS _____	

PAID PREPARER INFORMATION			
PAID PREPARER SIGNATURE _____		DATE _____	
ADDRESS _____			
CITY _____	STATE _____	ZIP CODE _____	
EIN, SSN or PTIN _____	PHONE NO. _____		
@ EMAIL ADDRESS _____			



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DIVISION OF REVENUE FORM PIT-NON

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FOR AMENDED RETURNS ONLY		COLUMN 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) +	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) +	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?** Yes No

If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended.

74. **Has the Delaware Division of Revenue advised you your original return is being audited?** Yes No

75. **Is this amended return being filed as a protective claim?** Yes No

A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached.

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

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

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

