



COMPOSITE PERSONAL INCOME TAX RETURN FORMERLY 200C

	For Fisca	l Year beginning		and ending	
Name of Business					Employer Identification Number or Taxpayer ID
Street Address					
City		State	Zip Code		
Delaware Address (if different than above)			✓ Check Applicable Box:		
					Initial Return
City		State	Zip Code		
					Final Return
State of Incorporation Date of Incorpora		on Non-Resident Partners/Shareh		ers	Amended Return
Nature of Business					
1. DELAWARE SOURCED INCOME (Non-residents only)					1.
2. TAX LIABILITY - Multiply Line 1 by .0660					2.
3. NON REFUNDABLE CREDITS (Must attach form PIT-CRS)					3.

4.	BALANCE - Subtract Line 3 from Line 2 (Enter 0 if Negative)	4.	.00
5.	ESTIMATED TAXES PAID (Include real estate taxes paid on this line)	5.	.00
6.	BALANCE DUE AND PAY IN FULL (If Line 5 is less than Line 4 Subtract Line 5 from Line 4)	6.	.00
7.	OVERPAYMENT AND REFUND (If Line 4 is less than Line 5 Subtract Line 4 from Line 5)	7.	.00

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN @

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. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

SIGNATURE OF OFFICER	⊞ DATE
TITLE OF OFFICER	
∂ PHONE NUMBER	
@ EMAIL ADDRESS	

PAID PREPARER INFORMATION

PAID PREPARER SIGNATURE	⊞ DATE		
ADDRESS			
CITY	STATE ZIP CODE		
EIN, SSN or PTIN	<i>∂</i> PHONE NUMBER		
@ EMAIL ADDRESS			



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