



# DELAWARE 2023

DIVISION OF REVENUE FORM

PIT-NNS

## DELAWARE NON-RESIDENT SCHEDULES



FIRST NAME

LAST NAME

TAXPAYER ID

### DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

Enter the credit in the highest to lowest amount order.

See the instructions and complete the worksheet prior to completing DE Schedule I.

- |    |  |                                |  |  |    |  |  |     |
|----|--|--------------------------------|--|--|----|--|--|-----|
| 1. | Tax imposed by State of <input style="width: 100px;" type="text"/>   | (Enter 2 character state name) |  |  | 1. | <input style="width: 100px;" type="text"/> | .00  |     |
| 2. | Tax imposed by State of <input style="width: 100px;" type="text"/>   | (Enter 2 character state name) |  |  | 2. | <input style="width: 100px;" type="text"/> | .00  |     |
| 3. | Tax imposed by State of <input style="width: 100px;" type="text"/>   | (Enter 2 character state name) |  |  | 3. | <input style="width: 100px;" type="text"/> | .00  |     |
| 4. | Tax imposed by State of <input style="width: 100px;" type="text"/>   | (Enter 2 character state name) |  |  | 4. | <input style="width: 100px;" type="text"/> | .00  |     |
| 5. | Tax imposed by State of <input style="width: 100px;" type="text"/>   | (Enter 2 character state name) |  |  | 5. | <input style="width: 100px;" type="text"/> | .00  |     |
| 6. | Enter the total here and on Form PIT-NON, Page 2 Line 44. You must attach a copy of the other state return(s) with your Delaware tax return. |                                |  |  |    | 6.   | <input style="width: 100px;" type="text"/> | .00 |

### DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

This schedule does not apply to the Non-Resident form. It is intentionally excluded.

### DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See the instructions for ALL required documentation to attach.

See instructions for a description of each worthwhile fund listed below.

- |    |   |  |     |   |  |     |   |  |     |    |  |     |
|----|---|--|-----|---|--|-----|---|--|-----|----|--|-----|
| 7. | A. Non-Game Wildlife <input style="width: 100px;" type="text"/>       |  | .00 | H. DE National Guard <input style="width: 100px;" type="text"/>       |  | .00 | O. Senior Trust Fund <input style="width: 100px;" type="text"/>             |  | .00 |    |  |     |
|    | B. Beau Biden Fund <input style="width: 100px;" type="text"/>         |  | .00 | I. Juvenile Diabetes Fund <input style="width: 100px;" type="text"/>  |  | .00 | P. Veterans Trust Fund <input style="width: 100px;" type="text"/>           |  | .00 |    |  |     |
|    | C. Emergency Housing <input style="width: 100px;" type="text"/>       |  | .00 | J. Multiple Sclerosis Soc. <input style="width: 100px;" type="text"/> |  | .00 | Q. Protect DE's Child Fund <input style="width: 100px;" type="text"/>       |  | .00 |    |  |     |
|    | D. Breast Cancer Edu. <input style="width: 100px;" type="text"/>      |  | .00 | K. Ovarian Cancer Fndn <input style="width: 100px;" type="text"/>     |  | .00 | R. Food Bank of DE <input style="width: 100px;" type="text"/>               |  | .00 |    |  |     |
|    | E. Organ Donations <input style="width: 100px;" type="text"/>         |  | .00 | L. <i>Intentionally left blank</i>                                    |  |     | S. DE Hab For Humanity <input style="width: 100px;" type="text"/>           |  | .00 |    |  |     |
|    | F. Diabetes Education <input style="width: 100px;" type="text"/>      |  | .00 | M. White Clay Creek <input style="width: 100px;" type="text"/>        |  | .00 | T. B+ Childhood Cancer <input style="width: 100px;" type="text"/>           |  | .00 |    |  |     |
|    | G. Veterans Home <input style="width: 100px;" type="text"/>           |  | .00 | N. Home of the Brave <input style="width: 100px;" type="text"/>       |  | .00 | U. Combined Campaign for Justice <input style="width: 100px;" type="text"/> |  | .00 |    |  |     |
| 8. | Enter the total Contribution amount here and on Form PIT-NON, Line 56 |  |     |   |  |     |   |  |     | 8. | <input style="width: 100px;" type="text"/> | .00 |

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.



**DELAWARE** **2023**  
 DIVISION OF REVENUE **F O R M**  
 PIT-NNS  
**DELAWARE NON-RESIDENT SCHEDULES**



**DE SCHEDULE IV - W-2 AND 1099-R INFORMATION**

Complete this Schedule listing all of your, and if applicable, your spouse's, forms W-2 and 1099-R showing Delaware Income Tax withheld. Forms W-2 and 1099-R showing income tax withheld must still be attached to the front of your return if you elect to file by paper. Failure to do so may delay the processing of your return.

TYPE	EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TAXPAYER OR SPOUSE
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse

**DE SCHEDULE V - DELAWARE S CORPORATION PAYMENTS**

Complete this Schedule by listing all estimated Delaware tax payments made by an S Corporation on behalf of you or your spouse. Failure to do so may delay the processing of your return.

S CORPORATION FEIN	NAME OF S CORPORATION	PAYEE ID	AMOUNT OF ESTIMATED PAYMENT