



DELAWARE 2023

DIVISION OF REVENUE FORM PIT-NON

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



For Fiscal Year beginning and ending Amended Return
Must include page 3

Your Taxpayer ID Spouse Taxpayer ID

Your First Name M.I. Last Name Suffix

Spouse First Name M.I. Last Name Suffix

Present Home Address (Number and Street) Apartment #

City State Zip Code

Form PIT-UND Attached

Claimed as Dependant on someone else's return

Check if FULL-YEAR Non-Resident in 2023

Filing Status (Must check one)

1. Single, Divorced, Widow(er) 3. Married & Filing Separate Forms

2. Joint 5. Head of Household

If you were a part-year resident in 2023, give the dates you resided in Delaware:

mm-dd-yyyy mm-dd-yyyy

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

1. WAGES, SALARIES, TIPS, ETC.
2. INTEREST
3. DIVIDENDS
4. STATE REFUNDS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAXES
5. ALIMONY RECEIVED
6. BUSINESS INCOME OR (LOSS) (See instructions)
- 7a. CAPITAL GAIN OR (LOSS)
- 7b. OTHER GAINS OR (LOSSES)
8. IRA DISTRIBUTIONS
9. TAXABLE PENSIONS AND ANNUITIES
10. RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.
11. FARM INCOME OR (LOSS)
12. UNEMPLOYMENT COMPENSATION (INSURANCE)
13. TAXABLE SOCIAL SECURITY BENEFITS
14. OTHER INCOME (State nature and source)
15. TOTAL INCOME - Add Line 1 through Line 14
16. TOTAL FEDERAL ADJUSTMENTS (See instructions)
17. FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15

FEDERAL COLUMN A		DELAWARE SOURCE INCOME/LOSS COLUMN B	
1.	.00	1.	.00
2.	.00	2.	.00
3.	.00	3.	.00
4.	.00	4.	.00
5.	.00	5.	.00
6.	.00	6.	.00
7a.	.00	7a.	.00
7b.	.00	7b.	.00
8.	.00	8.	.00
9.	.00	9.	.00
10.	.00	10.	.00
11.	.00	11.	.00
12.	.00	12.	.00
13.	.00	13.	.00
14.	.00	14.	.00
15.	.00	15.	.00
16.	.00	16.	.00
17.	.00	17.	.00

SECTION B - ADDITIONS

18. INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE
19. FIDUCIARY ADJUSTMENT, OIL DEPLETION
20. TOTAL - Add Line 18 to Line 19
21. Add Line 17 to Line 20

18.	.00	18.	.00
19.	.00	19.	.00
20.	.00	20.	.00
21.	.00	21.	.00

SECTION C - SUBTRACTIONS

22. INTEREST RECEIVED ON U.S. OBLIGATIONS
23. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)
If your Spouse had a Military Pension If You had a Military Pension
24. DELAWARE STATE TAX REFUND
25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, etc.
- 26a. Taxable Social Security Benefits/Railroad
- 26b. 529 Contribution to Delaware-sponsored Tuition Program or ABLE Program
27. TOTAL Add Line 22 through Line 26b
28. Subtract Line 27 from Line 21
29. EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)

22.	.00	22.	.00
23.	.00	23.	.00
24.	.00	24.	.00
25.	.00	25.	.00
26a.	.00	26a.	.00
26b.	.00	26b.	.00
27.	.00	27.	.00
28.	.00	28.	.00
29.	.00	29.	.00

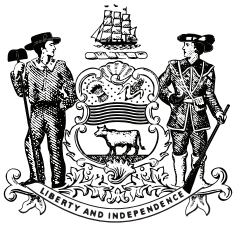
30a. **COLUMN B** - Subtract Line 29 from Line 28. This is your modified Delaware Source Income. Enter on Page 2, Line 42, Box A 30a. .00

30b. **COLUMN A** - Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income. Enter on Page 2, Line 37 and Line 42, Box B 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

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 2023

DIVISION OF REVENUE FORM

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



FOR AMENDED RETURNS ONLY

	COLUMN B	
61. TOTAL REFUNDABLE CREDITS - From Line 53		.00
62. AMOUNT PAID ON ORIGINAL RETURN		.00
63. SUBTOTAL - Add Lines 61 and 62		.00
64. REFUND RECEIVED (If any, see instructions)		.00
65. Estimated tax carryover and/or Special Funds contributions as shown on original return		.00
66. Subtract Line 64 and Line 65 from Line 63		.00
67. BALANCE DUE - If Line 47 is greater than Line 66, Subtract Line 66 from Line 47 and enter here		.00
68. OVERPAYMENT - If Line 66 is greater than Line 47, Subtract Line 47 from Line 66 and enter here		.00
69. AMOUNT OF LINE 68 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions)		.00
70. PENALTIES AND INTEREST DUE		.00
71. NET BALANCE DUE - Add Line 67 and Line 69 to Line 70		.00
72. NET REFUND - Subtract Line 69 and Line 70 from Line 68		.00

PAY IN FULL
 ZERO DUE/TO BE REFUNDED

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