



# DELAWARE 2024

DIVISION OF REVENUE FORM  
PIT-NNS

## DELAWARE NON-RESIDENT SCHEDULES



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: 50%; border: none;" type="text"/> (Enter 2 character state name)	1.	.00
2.	Tax imposed by State of <input style="width: 50%; border: none;" type="text"/> (Enter 2 character state name)	2.	.00
3.	Tax imposed by State of <input style="width: 50%; border: none;" type="text"/> (Enter 2 character state name)	3.	.00
4.	Tax imposed by State of <input style="width: 50%; border: none;" type="text"/> (Enter 2 character state name)	4.	.00
5.	Tax imposed by State of <input style="width: 50%; border: none;" type="text"/> (Enter 2 character state name)	5.	.00
6.	Enter the total here and on Form PIT-NON, Page 2 Line 45. You must attach a copy of the other state return(s) with your Delaware tax return.	6.	.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 instructions for a description of each worthwhile fund listed below.

7A.	<b>NON-GAME WILDLIFE</b>	7A.	.00
7B.	<b>BEAU BIDEN FUND</b>	7B.	.00
7C.	<b>EMERGENCY HOUSING</b>	7C.	.00
7D.	<b>BREAST CANCER EDUCATION</b>	7D.	.00
7E.	<b>ORGAN DONATIONS</b>	7E.	.00
7F.	<b>DIABETES EDUCATION</b>	7F.	.00
7G.	<b>VETERANS HOME</b>	7G.	.00
7H.	<b>DELAWARE NATIONAL GUARD</b>	7H.	.00
7I.	<b>JUVENILE DIABETES FUND</b>	7I.	.00
7J.	<b>MULTIPLE SCLEROSIS SOCIETY</b>	7J.	.00
7K.	<b>OVARIAN CANCER FOUNDATION</b>	7K.	.00
7L.	<b>SL24: UNLOCKE THE LIGHT FOUNDATION FUND</b>	7L.	.00
7M.	<b>WHITE CLAY CREEK</b>	7M.	.00
7N.	<b>HOME OF THE BRAVE</b>	7N.	.00
7O.	<b>SENIOR TRUST FUND</b>	7O.	.00
7P.	<b>VETERANS TRUST FUND</b>	7P.	.00
7Q.	<b>PROTECT DELAWARE'S CHILD FUND</b>	7Q.	.00
7R.	<b>FOOD BANK OF DELAWARE</b>	7R.	.00
7S.	<b>DELAWARE HABITAT FOR HUMANITY</b>	7S.	.00
7T.	<b>B+ CHILDHOOD CANCER</b>	7T.	.00
7U.	<b>COMBINED CAMPAIGN FOR JUSTICE</b>	7U.	.00
8.	<b>TOTAL</b> - Enter the total Contribution amount here and on Form PIT-NON, Line 57 - Add Lines 7A through 7U	8.	.00

See the instructions for ALL required documentation to attach.

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



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<b>NAME</b>	<b>TAXPAYER ID</b>
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### 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

