

DELAWARE FORM 200-02-X

2019 NON-RESIDENT AMENDED PERSONAL INCOME TAX RETURN

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning MM DD YY and ending MM DD YY

Your Social Security No. Spouse's Social Security No.

FILING STATUS (MUST CHECK ONE)

- 1. Single, Divorced, Widow(er) 3. Married & Filing Separate Forms
2. Joint 5. Head of Household

ATTACH LABEL

Your Last Name First Name and Middle Initial, Jr., Sr., III., etc.

Spouse's Last Name Spouse's First Name, Jr., Sr., III., etc.

Present Home Address (Number and Street) Apt. #

City State Zip Code

Check if FULL-YEAR non-resident in 2019 Form DE2210 Attached

If you were a part-year resident in 2019, give the dates you resided in Delaware.

From MM DD 2019 To MM DD 2019 Month Day Month Day

COMPLETE ALL SECTIONS OF THIS RETURN. NAMES AND SSN'S MUST MATCH ORIGINAL RETURN.

CORRECTED AMOUNTS

Table with 2 columns: Description and Corrected Amounts. Rows include Delaware Adjusted Gross Income, Deductions, Taxable Income, Tax Liability, Credits, and Balance Due.

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

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 TELEPHONE NUMBER SPOUSE SIGNATURE (If Filing Joint)

SIGNATURE OF PREPARER PREPARER'S EIN OR SSN PREPARER'S PHONE DATE

STREET ADDRESS OF PREPARER CITY STATE ZIP

REMIT FORM TO: NET BALANCE DUE (LINE 25): P.O. BOX 508, WILMINGTON, DE 19899-0508
NET REFUND (LINE 26): P.O. BOX 8765, WILMINGTON, DE 19899-8765
ZERO DUE (LINE 26): P.O. BOX 8711, WILMINGTON, DE 19899-8711



NOTE: IF YOUR ORIGINAL RETURN WAS FILED USING TWO SEPARATE FORMS, YOU MUST FILE TWO SEPARATE AMENDED FORMS

IS AN AMENDED FEDERAL RETURN BEING FILED? YES NO IF NO, PLEASE EXPLAIN. IF THE CHANGES PERTAIN TO THE DE RETURN ONLY, LIST THE LINE NUMBERS BEING AMENDED.

HAS THE DELAWARE DIVISION OF REVENUE ADVISED YOU YOUR ORIGINAL RETURN IS BEING AUDITED? YES NO 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

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

- 27. Wages, salaries, tips, etc.
28. Interest
29. Dividends
30. State refunds, credits or offsets of state & local income taxes
31. Alimony received
32. Business income or (loss) (See instructions)
33a. Capital gain or (loss)
33b. Other gains or (losses)
34. IRA distributions
35. Taxable pensions and annuities
36. Rents, royalties, partnerships, S corps, estates, trusts, etc.
37. Farm income or (loss)
38. Unemployment compensation (insurance)
39. Taxable Social Security Benefits
40. Other income (state nature and source)
41. Total income. Add Lines 27 through 40
42. Total Federal Adjustments (See instructions)
43. Federal Adjusted Gross Income for Delaware purposes. Subtract Line 42 from 41

Table with 4 columns: Line Number, Federal COLUMN 1, DE Source Income/Loss COLUMN 2, and a final column for values. Rows correspond to lines 27-43.

SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS ( + )

- 44. Interest received on obligations of any state other than Delaware
45. Fiduciary adjustment, oil depletion
46. TOTAL - Add Lines 44 & 45
47. Add Lines 43 & 46

Table with 4 columns: Line Number, COLUMN 1, COLUMN 2, and a final column for values. Rows correspond to lines 44-47.

SECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS ( - )

- 48. Interest received on U.S. Obligations
49. Pension/Retirement Exclusions (See instructions)
50. Delaware State tax refund
51. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward
52. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion
53. TOTAL - Add Lines 48 through 52
54. Subtract Line 53 from Line 47 and enter here
55. Exclusion for certain persons 60 and over or disabled (See instructions)

Table with 4 columns: Line Number, COLUMN 1, COLUMN 2, and a final column for values. Rows correspond to lines 48-55.

56A. Column 2. Subtract Line 55 from Line 54. This is your modified Delaware Source Income. Enter on front side Line 6, Box A

56B. Column 1. Subtract Line 55 from Line 54. This is your Delaware Adjusted Gross Income. Enter on front side Line 1 and Line 6, Box B

Table with 4 columns: Line Number, COLUMN 1, COLUMN 2, and a final column for values. Rows correspond to lines 56A and 56B.

SECTION D - ITEMIZED DEDUCTIONS (ATTACH FEDERAL SCHEDULE A, FORM 1040)

- 57. Enter total Itemized Deductions (If Filing Status 3, see instructions)
58. Enter Foreign Taxes Paid (See instructions)
59. Enter Charitable Mileage Deduction (See instructions)
60. TOTAL - Add Lines 57, 58, and 59
61a. Enter State Income Tax included in Line 57 above (See Instructions)
61b. Enter Form 700 Tax Credit Adjustment (See instructions)
62. Subtract Line 61a and 61b from Line 60. Enter here and on front, Line 2

Table with 4 columns: Line Number, COLUMN 1, and a final column for values. Rows correspond to lines 57-62.