

2019 NR

DELAWARE INDIVIDUAL NON-RESIDENT
INCOME TAX RETURN - FORM 200-02

DO NOT WRITE OR STAPLE IN THIS AREA

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

Your Social Security No.

Spouse's Social Security No.

Your Last Name

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

KING

JOHN

Spouse's Last Name

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

Present Home Address (Number and Street)

Apt. #

200 FIRST STREET

City

State

Zip Code

ELKTON

MD

21921

Form DE2210

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

☒

in Delaware.

From

MM DD

2019

to

MM DD

2019

Check if
FULL-YEAR
Non-resident
in 2019☒

FILING STATUS (MUST CHECK ONE)

1. ☒Single, Divorced,
Widow(er)3. ☐Married & Filing Separate
Forms2. ☐

Joint

5. ☐

Head of Household

Attached

Month Day

Month Day

37.	DELAWARE ADJUSTED GROSS INCOME (Begin return on Page 2, Line 1, then enter the amount from Line 30B, Column 1 here >	37	541566	00
38.	(a) If you elect the STANDARD DEDUCTION check here a. <input type="checkbox"/> Filing Statuses 1, 3, & 5 - \$3250 Filing Status 2 - \$6500 (b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36..... b. <input checked="" type="checkbox"/>	38	19047	00
39.	ADDITIONAL STANDARD DEDUCTIONS (Not allowed with Itemized Deductions - see instructions) CHECK BOX(ES) If SPOUSE was 65 or over <input type="checkbox"/> and/or blind <input type="checkbox"/> If YOU were 65 or over <input type="checkbox"/> and/or blind <input type="checkbox"/>	39		00
40.	TOTAL DEDUCTIONS - Add Lines 38 & 39 and enter here	40	19047	00
41.	TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount	41	522519	00
42.	Tax Liability Computation A Line 30A 514747 00 B Line 30B 541566 00 = . 9 5 0 5 x 33470 00	42	31813	00
43.	PERSONAL CREDITS (If Filing Status 3, see instructions on page 10) Enter number of exemptions listed on Federal return 1 X \$110 = 110 Multiply this amount by the proration decimal on Line 42 (X) and enter total here	43a	105	00
43b.	CHECK BOX(ES) Spouse 60 or over (if filing status 2) <input type="checkbox"/> Self 60 or over <input type="checkbox"/> Enter number of boxes checked on Line 43b X \$110 = Multiply this amount by the proration decimal on Line 42 (X) and enter total here	43b		00
44.	Tax imposed by state of (Must attach copy of DE Sch I and other state return) (Part-Year Residents Only. See instructions, page 11)	44		00
45.	Other Non-Refundable Credits (see instructions, page 11)	45		00
46.	Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45	46	105	00
47.	BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero)	47	31708	00
48.	Delaware Tax Withheld (Attach W-2s/1099s)	48	19820	00
49.	Estimated Tax Paid & Payments with Extensions	49	5000	00
50.	S Corp Payments and Refundable Business Credits (See Instructions, Page 12)	50	2790	00
51.	Capital Gains Tax Payments (Attach Form 5403)	51		00
52.	TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, 50 and 51	52	27610	00
53.	If Line 47 is greater than Line 52, subtract 52 from 47 and enter here AMOUNT YOU OWE >	53	4098	00
54.	If Line 52 is greater than Line 47, subtract 47 from 52 and enter here OVERPAYMENT >	54		00
55.	CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III TOTAL >	55		00
56.	AMOUNT OF LINE 54 TO BE APPLIED TO 2020 ESTIMATED TAX ACCOUNT ENTER >	56		00
57.	PENALTIES AND INTEREST DUE. If Line 53 is greater than \$400, see estimated tax instructions ' ENTER >	57	111	00
58.	NET BALANCE DUE. Enter the amount due (Line 53 plus Lines 55 and 57) and pay in full PAY IN FULL >	58	4209	00
59.	NET REFUND. Subtract Lines 55, 56, and 57 from Line 54 ZERO DUE/TO BE REFUNDED >	59		00

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

Spouse's Signature (if filing joint)

Date

X

X

Home Phone:

Business Phone:

Email Address:

Signature of Paid Preparer

Date

Address of Paid Preparer

X

Business Phone

Email Address

EIN, SSN, or PTIN



DF20319019999



DF20319029999

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 on page 6)
- 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 Lines 1 through 14
16. Total Federal Adjustments (see instructions on Page 6)
17. Federal Adjusted Gross Income for Delaware purposes. Subtract Line 16 from 15

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

18. Interest received on obligations of any state other than Delaware
19. Fiduciary adjustment, oil depletion
20. TOTAL - Add Lines 18 & 19
21. Add Lines 17 & 20

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

22. Interest received on U.S. obligations
23. Pension/Retirement Exclusions **(For a definition of eligible income, see instructions on Page 7)**
24. Delaware State tax refund
25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward
26. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion
27. TOTAL - Add lines 22 through 26
28. Subtract Line 27 from Line 21 and enter here
29. Exclusion for certain persons 60 and over or disabled (see instructions on Page 8)
- 30A. Column 2. Subtract Line 29 from Line 28. This is your modified Delaware Source Income.....
Enter on front side Line 42, Box A
- 30B. Column 1. Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income.....
Enter on front side Line 37 and Line 42, Box B

SECTION D - ITEMIZED DEDUCTIONS (ATTACH DELAWARE SCHEDULE A)

31. Enter total Itemized Deductions **(If Filing Status 3, See instructions on Page 8)**
32. Enter Foreign Taxes Paid (See instructions on Page 8)
33. Enter Charitable Mileage Deduction (See instructions on Page 8)
34. TOTAL - Add Lines 31, 32, and 33
35. Enter Form 700 Tax Credit Adjustment (See instructions on Page 9)
36. Subtract Line 35 from Line 34. Enter here and on front, Line 38

SECTION E - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c, and d below. See instructions for details.

a. Routing Number

b. Type:

Checking ☐Savings ☐

c. Account Number

d. Is this refund going to or through an account that is located outside of the United states?

Yes ☐No ☐

	Federal COLUMN 1	Delaware Source Income/Loss COLUMN 2
1	347854 00	347854 00
2	90 00	2 00
3	17083 00	00
4	12625 00	8760 00
5	00	00
6	8042 00	8042 00
7a	26643 00	20000 00
7b	00	00
8	485 00	00
9	2655 00	00
10	146964 00	146964 00
11	00	00
12	00	00
13	00	00
14	00	00
15	562441 00	531622 00
16	10115 00	8115 00
17	552326 00	523507 00
	COLUMN 1	COLUMN 2
18	00	00
19	00	00
20	00	00
21	552326 00	523507 00
	COLUMN 1	COLUMN 2
22	00	00
23	2000 00	00
24	8760 00	8760 00
25	00	00
26	00	00
27	10760 00	8760 00
28	541566 00	514747 00
29	00	00
	30A	514747 00
30B	541566 00	
	COLUMN 1	
31	18972 00	
32	75 00	
33	00	
34	19047 00	
	00	
35	00	
36	19047 00	

NOTE: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to the address on your return.

BALANCE DUE W/PAYMENT ENCLOSED (LINE 58):

DELAWARE DIVISION OF REVENUE
P.O. BOX 508, WILMINGTON, DE 19899-0508

REFUND (LINE 59):

DELAWARE DIVISION OF REVENUE
P.O. BOX 8710, WILMINGTON, DE 19899-8710

ALL OTHER RETURNS:

DELAWARE DIVISION OF REVENUE
P.O. BOX 8711, WILMINGTON, DE 19899-8711

MAKE CHECK PAYABLE TO: DELAWARE DIVISION OF REVENUE. REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN, AND KEEP A COPY OF THE RETURN FOR YOUR RECORDS