



DELAWARE 2021

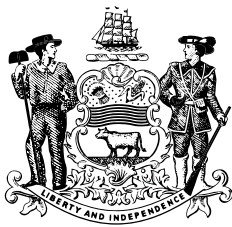
DIVISION OF REVENUE F O R M
PIT-NON
DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



| SECTION D - DEDUCTIONS | | | |
|--------------------------|--|-------------------------|-------------|
| 31. | ENTER TOTAL ITEMIZED DEDUCTIONS (If Filing Status 3, See instructions) | | 31. \$.00 |
| 32. | ENTER FOREIGN TAXES PAID (See instructions) | | 32. \$.00 |
| 33. | ENTER CHARITABLE MILEAGE DEDUCTION (See instructions) | | 33. \$.00 |
| 34. | TOTAL - Add Line 31 through Line 33 | | 34. \$.00 |
| 35. | ENTER FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions) | | 35. \$.00 |
| 36. | Subtract Line 35 from Line 34. Enter here and on Line 38. | | 36. \$.00 |
| SECTION E - CALCULATIONS | | | |
| 37. | DELAWARE ADJUSTED GROSS INCOME - Enter amount from Line 30b here | | 37. \$.00 |
| 38. | If you elect the STANDARD DEDUCTION check here a. <input type="checkbox"/> Filing Statuses 1, 3, & 5 enter \$3250; Filing Status 2 enter \$6500; If you elect the DELAWARE ITEMIZED DEDUCTIONS check here b. <input type="checkbox"/> Enter amount from Line 36. | | 38. \$.00 |
| 39. | ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See instructions) Check Box(es)- if SPOUSE was: 65 or over <input type="checkbox"/> blind <input type="checkbox"/> Check box(es) - if YOU were: 65 or over <input type="checkbox"/> blind <input type="checkbox"/> | | 39. \$.00 |
| 40. | TOTAL DEDUCTIONS - Add Line 38 to Line 39 and enter here | | 40. \$.00 |
| 41. | TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount | | 41. \$.00 |
| 42. | TAX LIABILITY COMPUTATION (See instructions) A. Line 30a <input type="text"/> .00 B. Line 30b <input type="text"/> .00 PRORATION DECIMAL (See instructions) <input type="text"/> Tax Liability from Tax Rate Table/ Schedule Amount <input type="text"/> | | 42. \$.00 |
| 43a. | PERSONAL CREDITS If you are Filing Status 3, see instructions. Enter number of exemptions listed on Federal return <input type="text"/> x \$110 = <input type="text"/> Multiply this amount by the proration decimal on Line 42 (x <input type="text"/>) and enter total here | | 43a. \$.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 <input type="text"/> x \$110 = <input type="text"/> Multiply this amount by the proration decimal on Line 42 (x <input type="text"/>) and enter total here | | 43b. \$.00 |
| 44. | TAX IMPOSED BY STATE OF <input type="text"/> Must attach copy of PIT-NNS and other state return - Part-Year Residents Only (See instructions) | | 44. \$.00 |
| 45. | OTHER NON-REFUNDABLE CREDITS (See instructions) | | 45. \$.00 |
| 46. | TOTAL NON-REFUNDABLE CREDITS - Add Line 43a through Line 45 | | 46. \$.00 |
| 47. | BALANCE - Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter 0. | | 47. \$.00 |
| 48. | DELAWARE TAX WITHHELD - (Attach W-2s/1099s) | | 48. \$.00 |
| 49. | ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS | | 49. \$.00 |
| 50. | S CORP PAYMENTS (See instructions) | | 50. \$.00 |
| 51. | REFUNDABLE BUSINESS CREDITS (See instructions) | | 51. \$.00 |
| 52. | CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST) | | 52. \$.00 |
| 53. | TOTAL REFUNDABLE CREDITS - Add Line 48 through Line 52 | | 53. \$.00 |
| 54. | BALANCE DUE If Line 47 is greater than Line 53, Subtract Line 53 from Line 47 and enter here. | | 54. \$.00 |
| 55. | OVERPAYMENT If Line 53 is greater than Line 47, Subtract Line 47 from Line 53 and enter here. | | 55. \$.00 |
| 56. | CONTRIBUTIONS TO SPECIAL FUNDS (If electing a contribution, complete and attach PIT-NNS) | TOTAL | 56. \$.00 |
| 57. | AMOUNT OF LINE 55 TO BE APPLIED TO 2022 ESTIMATED TAX ACCOUNT | ENTER | 57. \$.00 |
| 58. | PENALTIES AND INTEREST DUE (If Line 54 is greater than \$400, see estimated tax instructions) | ENTER | 58. \$.00 |
| 59. | NET BALANCE DUE - Add Line 54, Line 56, and Line 58 | PAY IN FULL | 59. \$.00 |
| 60. | NET REFUND - Subtract Lines 56, 57, and 58 from Line 55 | ZERO DUE/TO BE REFUNDED | 60. \$.00 |

| SECTION F - DIRECT DEPOSIT INFORMATION | | |
|---|----------------------|----------------------|
| ACCOUNT TYPE | ROUTING NUMBER | ACCOUNT NUMBER |
| <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS | <input type="text"/> | <input type="text"/> |
| PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN | | |
| Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

| BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS | | PAID PREPARER INFORMATION | |
|--|-----------------------|---------------------------|----------------|
| YOUR SIGNATURE | DATE | PAID PREPARER SIGNATURE | DATE |
| SPOUSE SIGNATURE | DATE | ADDRESS | |
| HOME PHONE NUMBER | BUSINESS PHONE NUMBER | CITY | STATE ZIP CODE |
| @ EMAIL ADDRESS | | EIN, SSN or PTIN | PHONE NO. |
| | | @ EMAIL ADDRESS | |



DELAWARE

2021
DIVISION OF REVENUE
PIT-NON
DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



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

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