



DELAWARE 2021

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

Form PIT-UND

Spouse First Name

M.I.

Last Name

Suffix

Attached

Present Home Address (Number and Street)

Apartment #

City

State

Zip Code

Check if
FULL-YEAR
Non-Resident
in 2021

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 2021, give the dates you resided in Delaware:

mm-dd-yyyy

mm-dd-yyyy

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

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

SECTION B - ADDITIONS

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

SECTION C - SUBTRACTIONS

- INTEREST RECEIVED ON U.S. OBLIGATIONS
- PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)
- DELAWARE STATE TAX REFUND
- Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, etc.
- Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion
- TOTAL Add Line 22 through Line 26
- Subtract Line 27 from Line 21
- EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)

30a. COLUMN B- Subtract Line 29 from Line 28. This is your modified Delaware Source Income.

30b. COLUMN A - Subtract Line 29 from Line 28.
This is your Delaware Adjusted Gross Income.

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
18.	.00	18.	.00
19.	.00	19.	.00
20.	.00	20.	.00
21.	.00	21.	.00
22.	.00	22.	.00
23.	.00	23.	.00
24.	.00	24.	.00
25.	.00	25.	.00
26.	.00	26.	.00
27.	.00	27.	.00
28.	.00	28.	.00
29.	.00	29.	.00
30a.	.00	30a.	.00
30b.	.00	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 2021

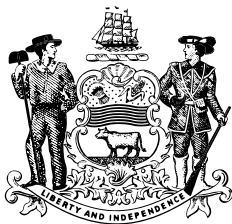
DIVISION OF REVENUE F O R M
PIT-NON
DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



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	PAY IN FULL	71.	.00
72.	NET REFUND - Subtract Line 69 and Line 70 from Line 68	ZERO DUE/TO BE REFUNDED	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