



# DELAWARE

2021  
DIVISION OF REVENUE  
F O R M  
PIT-NNS  
DELAWARE NON-RESIDENT SCHEDULES



FIRST NAME

LAST NAME

TAXPAYER ID

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

## DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

Enter the credit in the highest to lowest amount order.

**i** See the instructions and complete the worksheet prior to completing DE Schedule I.

|    |   |                                |    |    |     |
|----|---|--------------------------------|----|----|-----|
| 1. | Tax imposed by State of   | (Enter 2 character state name) | 1. |    | .00 |
| 2. | Tax imposed by State of   | (Enter 2 character state name) | 2. |    | .00 |
| 3. | Tax imposed by State of   | (Enter 2 character state name) | 3. |    | .00 |
| 4. | Tax imposed by State of   | (Enter 2 character state name) | 4. |    | .00 |
| 5. | Tax imposed by State of   | (Enter 2 character state name) | 5. |    | .00 |
| 6. | Enter the total here and on PIT-NON, Page 2 Line 44. 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 the instructions for ALL required documentation to attach.

**i** See instructions for a description of each worthwhile fund listed below.

|    |    |                    |    |     |    |                         |    |     |    |                               |    |     |
|----|----|--------------------|----|-----|----|-------------------------|----|-----|----|-------------------------------|----|-----|
| 7. | A. | Non-Game Wildlife  | \$ | .00 | H. | DE National Guard       | \$ | .00 | O. | Senior Trust Fund             | \$ | .00 |
|    | B. | Beau Biden Fund    | \$ | .00 | I. | Juvenile Diabetes Fund  | \$ | .00 | P. | Veterans Trust Fund           | \$ | .00 |
|    | C. | Emergency Housing  | \$ | .00 | J. | Multiple Sclerosis Soc. | \$ | .00 | Q. | Protect DE's Child Fund       | \$ | .00 |
|    | D. | Breast Cancer Edu. | \$ | .00 | K. | Ovarian Cancer Fndn     | \$ | .00 | R. | Food Bank of DE               | \$ | .00 |
|    | E. | Organ Donations    | \$ | .00 | L. | 21st Fund for Children  | \$ | .00 | S. | DE Hab For Humanity           | \$ | .00 |
|    | F. | Diabetes Education | \$ | .00 | M. | White Clay Creek        | \$ | .00 | T. | B+ Childhood Cancer           | \$ | .00 |
|    | G. | Veterans Home      | \$ | .00 | N. | Home of the Brave       | \$ | .00 | U. | Combined Campaign for Justice | \$ | .00 |

Enter the total Contribution amount here and on PIT-NON, Line 56



8. \$ .00

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



# DELAWARE 2021

DIVISION OF REVENUE F O R M  
PIT-NNS

## DELAWARE NON-RESIDENT SCHEDULES



### 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                |
|------|---------------|----------------------|-------|-------------|-------------------|-----------------------------------|
|      |               |                      |       |             |                   | <input type="checkbox"/> Taxpayer |
|      |               |                      |       |             |                   | <input type="checkbox"/> Spouse   |
|      |               |                      |       |             |                   | <input type="checkbox"/> Taxpayer |
|      |               |                      |       |             |                   | <input type="checkbox"/> Spouse   |
|      |               |                      |       |             |                   | <input type="checkbox"/> Taxpayer |
|      |               |                      |       |             |                   | <input type="checkbox"/> Spouse   |
|      |               |                      |       |             |                   | <input type="checkbox"/> Taxpayer |
|      |               |                      |       |             |                   | <input type="checkbox"/> Spouse   |
|      |               |                      |       |             |                   | <input type="checkbox"/> Taxpayer |
|      |               |                      |       |             |                   | <input type="checkbox"/> Spouse   |
|      |               |                      |       |             |                   | <input type="checkbox"/> Taxpayer |
|      |               |                      |       |             |                   | <input type="checkbox"/> Spouse   |
|      |               |                      |       |             |                   | <input type="checkbox"/> Taxpayer |
|      |               |                      |       |             |                   | <input type="checkbox"/> Spouse   |
|      |               |                      |       |             |                   | <input type="checkbox"/> Taxpayer |
|      |               |                      |       |             |                   | <input type="checkbox"/> Spouse   |
|      |               |                      |       |             |                   | <input type="checkbox"/> Taxpayer |
|      |               |                      |       |             |                   | <input type="checkbox"/> 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 |
|--------------------|-----------------------|----------|-----------------------------|
|                    |                       |          |                             |
|                    |                       |          |                             |
|                    |                       |          |                             |
|                    |                       |          |                             |
|                    |                       |          |                             |
|                    |                       |          |                             |
|                    |                       |          |                             |
|                    |                       |          |                             |
|                    |                       |          |                             |