

DELAWARE 2022 DIVISION OF REVENUE PIT-NON



DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN

Amended Return For Fiscal Year beginning and ending Must include page 3 Your Taxpayer ID Spouse Taxpayer ID Filing Status (Must 🗸 check one) Single, Divorced, Widow(er) 3. Married & Filing Separate Forms Form PIT-UND Your First Name M.I. Suffix Head of Household Last Name loint Spouse First Name M.I. Last Name Suffix Attached If you were a part-year resident in 2022, give the dates you resided in Delaware: Present Home Address (Number and Street) Check if Apartment # FULL-YEAR Non-Resident City State Zip Code in 2022 mm-dd-yyyy mm-dd-yyyy **DELAWARE SOURCE** FFDFRAI INCOME/LOSS SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN COLUMN A \$ COLUMN B WAGES, SALARIES, TIPS, ETC. .00 .00 1. 1. INTEREST .00 .00 2. 2. 2. 3. **DIVIDENDS** 3. .00 3. .00 STATE REFUNDS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAXES 00 4. 4 00 4. 5. ALIMONY RECEIVED 5. .00 5. .00 BUSINESS INCOME OR (LOSS) (See instructions) 6. 6. .00 6. 00 7a. **CAPITAL GAIN OR (LOSS)** 7a. .00 .00 7a. 7b. OTHER GAINS OR (LOSSES) 7b. .00 7b. .00 8. **IRA DISTRIBUTIONS** 8. .00 8. .00 9. **TAXABLE PENSIONS AND ANNUITIES** 9. .00 9. .00 RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC. 10. 10. .00 10. .00 **FARM INCOME OR (LOSS)** 11. 11. .00 11. .00 12. **UNEMPLOYMENT COMPENSATION (INSURANCE)** 12. .00 12. .00 13. **TAXABLE SOCIAL SECURITY BENEFITS** 13. .00 13. .00 OTHER INCOME (State nature and source) 14. 14. 00 14 00 15. TOTAL INCOME - Add Line 1 through Line 14 15. .00 15. .00 TOTAL FEDERAL ADJUSTMENTS (See instructions) 16. 16. .00 16. .00 FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15 17. 17. .00 17. .00 Œ **SECTION B - ADDITIONS** INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE 18. 18. .00 18. .00 19. FIDUCIARY ADJUSTMENT, OIL DEPLETION 19. .00 19. .00 TOTAL - Add Line 18 to Line 19 20. 20. .00 20. .00 21 Add Line 17 to Line 20 21. 21. .00 **SECTION C - SUBTRACTIONS** 22. INTEREST RECEIVED ON U.S. OBLIGATIONS 22. .00 22. .00 PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions) 23. 23. 00 23 00 24. **DELAWARE STATE TAX REFUND** 24. .00 24. .00 25 Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, etc. 25. .00 25. .00 Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion 26a. .00 26a. .00 26a. 26b. 529 Contribution to Delaware-sponsored Tuition Program or ABLE Program 26b. .00 26b .00 TOTAL Add Line 22 through Line 26b 27. 27. .00 27. .00 28. Subtract Line 27 from Line 21 28. .00 28. .00 **EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)** .00 29. 29. .00 29.

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

DFPITNON2022019999V1 Revision 20221209

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

30a.

30b.

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

REFUND (LINE 60)
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 8710
Wilmington, DE 19899-8710

Enter on Page 2, Line 37 and Line 42, Box B



.00

30a.

.00

Enter on Page 2, Line 42, Box A

30b.



DELAWARE 2 0 2 2 DIVISION OF REVENUE PIT-NON DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



	THE INDE							
	SECTION D - DEDUCTIONS							
31.	ENTER TOTAL ITEMIZED DEDUCTION	IS (If Filing Status 3, S	ee instructions)			31.		.00
32.	ENTER FOREIGN TAXES PAID (See ins	structions)				32.		.00
33.	ENTER CHARITABLE MILEAGE DEDU	CTION (See instruction	ons)			33.		.00
34.	TOTAL - Add Line 31 through Line 33					34.		.00
35.	ENTER FORM PIT-CRS TAX CREDIT A	DJUSTMENT (See inst	tructions)			35.		.00
36.	Subtract Line 35 from Line 34. Enter	here and on Line 38.				36.		.00
	SECTION E - CALCULATIONS							
37.	DELAWARE ADJUSTED GROSS INCOM	ME - Enter amount fro	om Line 30b here			37.		.00
38.	If you elect the STANDARD DEDUCTION check here a. Filing Statuses 1, 3, & 5 enter \$3250; Filing Status 2 enter \$6500;							
	If you elect the DELAWARE ITEMIZED I	DEDUCTIONS check h	n ere b. Enter ar	mount from Line 36.		38.		.00
39.	ADDITIONAL STANDARD DEDUCTIO	NS (Not Allowed with	Itemized Deduction	is - See instructions)				
	Check Box(es)- if SPOUSE was: 65 (or over blin	d Check box(es) - if YOU were: 65 or over	blind	39.		.00
40.	TOTAL DEDUCTIONS - Add Line 38 to					40.		.00
41.	TAXABLE INCOME - Subtract Line 40		mpute tax on this ar	nount		41.		.00
42.	TAX LIABILITY COMPUTATION (See ins	i nois	ATION DECIMAL	Tax Liability from Tax Ra Schedule Amoun				
	A. Line 30a		ee instructions)					
	B. Line 30b	.00 =		X	.00	42.		.00
43a.	PERSONAL CREDITS If you are Filing Status				x \$110 =			
421	Multiply this amount by the proration	_	_) and enter total here	£110	43a.		.00
43b.	CHECK BOX(ES) SPOUSE 60 or over (if filing s Multiply this amount by the proration		_	boxes checked on Line 43b) and enter total here	x \$110 =	43b.		.00
44.	TAX IMPOSED BY STATE OF	_		eturn - Part-Year Residents Only (See inst	ructions)	44.		.00
45.	OTHER NON-REFUNDABLE CREDITS		of the involute state in	cturii - i art-rear Residents Only (See mst	ructions)	45.		.00
46.	TOTAL NON-REFUNDABLE CREDITS		th Line 45			46.		.00
47.	BALANCE - Subtract Line 46 from Lin			ter O		47.		.00
48.	DELAWARE TAX WITHHELD - (Attach	_	ater triair Line 42, eri	tel 0.		48.		.00
49.	ESTIMATED TAX PAID & PAYMENTS	•				49.		.00
50.	S CORP PAYMENTS (See instructions)					50.		.00
51.	REFUNDABLE BUSINESS CREDITS (Se	ee instructions)				51.		.00
52.	CAPITAL GAINS TAX PAYMENTS (Atta	ach form REW-EST)				52.		.00
53.	TOTAL REFUNDABLE CREDITS - Add Line 48 through Line 52							.00
54.	BALANCE DUE If Line 47 is greater than Line 53, Subtract Line 53 from Line 47 and enter here.							.00
55.	OVERPAYMENT If Line 53 is greater the	55.		.00				
56.	CONTRIBUTIONS TO SPECIAL FUND	S (If electing a contrib	oution, complete and	l attach PIT-NNS)	TOTAL	56.		.00
57.	AMOUNT OF LINE 55 TO BE APPLIED	TO 2023 ESTIMATE	D TAX ACCOUNT		ENTER	57.		.00
58.	PENALTIES AND INTEREST DUE (If Lin	ne 54 is greater than	\$800, see estimated	tax instructions)	ENTER	58.		.00
59.	NET BALANCE DUE - Add Line 54, Lin	e 56, and Line 58			PAY IN FULL	59.		.00
60.	NET REFUND - Subtract Lines 56, 57,	and 58 from Line 55		ZER	O DUE/TO BE REFUNDED	60.		.00
\$==	SECTION F - DIRECT DEPOSIT INFORM	MATION	If you would like your refu	and deposited directly to your checking or sa	ivings account, complete below. S	ee instruction		
AC	COUNT TYPE ROUTING NUMBER		ACCOUNT NUME	BER			Is this refund going to through an account tha	
	CHECKING						located outside of the Ur	
	SAVINGS						States? YES	NO
				PORTING SCHEDULES WHEN FILING	YOUR RETURN		115	NO
	BE SURE TO SIGN YOUR RETURN BELOW AN er penalties of perjury, I declare that I have examined this return	n, including accompanying schedule		PAID PREPARER INFORMATION	ON			
	believe it is true, correct	and complete.		TAIL THE TAKEN IN ONWANT				
□ ⁄ Y(OUR SIGNATURE	iii DA¹	TE	PAID PREPARER SIGNATURE			■ DATE	
				ADDRESS				
≧ ∕ SI	OUSE SIGNATURE	iii DA⁻	TE	CITY		STATE	ZIP CODE	
ÐН	DME PHONE NUMBER	∂ BUSINESS PHONE NU	MBER					
				EIN, SSN or PTIN	∂ PHONE	NO.		
	@ EMAIL ADDRESS			@ EMAIL ADDRESS				







DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN

FO	R AMENDED RETURNS ONLY		CC	DLUMN 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? If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being	ng amended.	Yes	4	No	
74.	Has the Delaware Division of Revenue advised you your original return is being audited?		Yes	Ų	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	d/or documentation mus	t be attach	ed.		

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



