

DELAWARE 2022

F O R M

DIVISION OF REVENUE 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

Spouse First Name M.I. Last Name Suffix

Present Home Address (Number and Street) Apartment #

City State Zip Code

Form PIT-UND

Attached

Check if
FULL-YEAR
Non-Resident
in 2022

Filing Status (Must check one)

- 1. Single, Divorced, Widow(er)
- 2. Joint
- 3. Married & Filing Separate Forms
- 5. Head of Household

If you were a part-year resident in 2022, give the dates you resided in Delaware:

[] mm-dd-yyyy [] mm-dd-yyyy

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)
- 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 Line 1 through Line 14
- 16. TOTAL FEDERAL ADJUSTMENTS (See instructions)
- 17. FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15

SECTION B - ADDITIONS

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

SECTION C - SUBTRACTIONS

- 22. INTEREST RECEIVED ON U.S. OBLIGATIONS
- 23. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)
- 24. DELAWARE STATE TAX REFUND
- 25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, etc.
- 26a. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion
- 26b. 529 Contribution to Delaware-sponsored Tuition Program or ABLE Program
- 27. TOTAL Add Line 22 through Line 26b
- 28. Subtract Line 27 from Line 21
- 29. 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
26a.		.00	26a.		.00
26b.		.00	26b.		.00
27.		.00	27.		.00
28.		.00	28.		.00
29.		.00	29.		.00

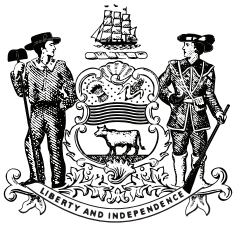
Enter on Page 2, Line 42, Box A 30a. [] .00

Enter on Page 2, Line 37 and Line 42, Box B 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 8711
Wilmington, DE 19899-8710

ALL OTHER RETURNS
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 8711
Wilmington, DE 19899-8711



DELAWARE 2022

DIVISION OF REVENUE FORM
PIT-NON

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



FOR AMENDED RETURNS ONLY

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

PAY IN FULL
 ZERO DUE/TO BE REFUNDED

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