



DELAWARE 2022
 DIVISION OF REVENUE F O R M
 PIT-NNS
DELAWARE NON-RESIDENT SCHEDULES



FIRST NAME

LAST NAME

TAXPAYER ID

[Redacted]

[Redacted]

[Redacted]

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

Enter the credit in the highest to lowest amount order.

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

- | | | | | | |
|---|------------|--------------------------------|----|------------|-----|
| 1. Tax imposed by State of | [Redacted] | (Enter 2 character state name) | 1. | [Redacted] | .00 |
| 2. Tax imposed by State of | [Redacted] | (Enter 2 character state name) | 2. | [Redacted] | .00 |
| 3. Tax imposed by State of | [Redacted] | (Enter 2 character state name) | 3. | [Redacted] | .00 |
| 4. Tax imposed by State of | [Redacted] | (Enter 2 character state name) | 4. | [Redacted] | .00 |
| 5. Tax imposed by State of | [Redacted] | (Enter 2 character state name) | 5. | [Redacted] | .00 |
| 6. Enter the total here and on Form PIT-NON, Page 2 Line 44. You must attach a copy of the other state return(s) with your Delaware tax return. | | | 6. | [Redacted] | .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.

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

- | | | | | | | | | |
|--|------------|-----|----------------------------|------------|-----|----------------------------------|------------|-----|
| 7. A. Non-Game Wildlife | [Redacted] | .00 | H. DE National Guard | [Redacted] | .00 | O. Senior Trust Fund | [Redacted] | .00 |
| B. Beau Biden Fund | [Redacted] | .00 | I. Juvenile Diabetes Fund | [Redacted] | .00 | P. Veterans Trust Fund | [Redacted] | .00 |
| C. Emergency Housing | [Redacted] | .00 | J. Multiple Sclerosis Soc. | [Redacted] | .00 | Q. Protect DE's Child Fund | [Redacted] | .00 |
| D. Breast Cancer Edu. | [Redacted] | .00 | K. Ovarian Cancer Fndn | [Redacted] | .00 | R. Food Bank of DE | [Redacted] | .00 |
| E. Organ Donations | [Redacted] | .00 | L. 21st Fund for Children | [Redacted] | .00 | S. DE Hab For Humanity | [Redacted] | .00 |
| F. Diabetes Education | [Redacted] | .00 | M. White Clay Creek | [Redacted] | .00 | T. B+ Childhood Cancer | [Redacted] | .00 |
| G. Veterans Home | [Redacted] | .00 | N. Home of the Brave | [Redacted] | .00 | U. Combined Campaign for Justice | [Redacted] | .00 |
| 8. Enter the total Contribution amount here and on Form PIT-NON, Line 56 | | | | | | 8. | [Redacted] | .00 |

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



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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
						Taxpayer
						Spouse
						Taxpayer
						Spouse
						Taxpayer
						Spouse
						Taxpayer
						Spouse
						Taxpayer
						Spouse
						Taxpayer
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						Taxpayer
						Spouse
						Taxpayer
						Spouse
						Taxpayer
						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