

DELAWARE BUSINESS INCOME OF NON-RESIDENT

TAXPAYER NAME TAXPAYER ID

BUSINESS NAME BUSINESS TAXPAYER ID

NOTE: Complete only if business has Federal Schedule C or Partnership income or loss derived from or connected with sources in Delaware and at least one other state.

	OSS REAL AND TANGIBLE PERSONAL COLUMN A PROPERTY Delaware Sourced			COLUMN B Total Sourced			
	FROFERIT	Beginning of Year	End of Year	Beginnin	g of Year	End of Year	
1.	Total real and tangible property owned	.00	.00		.00		.00
2.	Real tangible property rented (eight times annual rent paid)	.00	.00		.00		.00
3.	Total	.00	.00		.00		.00
4.	Total Columns A and B		.00				.00
5.	Average values. (Divide Line 4 by 2)		.00				.00
	WAGES, SALARIES, AND OTHER COMPENSATION PAID TO EMPLOYEES						
6.	Wages, Salaries and other Compensation of all emplo		.00			.00	
	GROSS RECE	EIPTS SUBJECT TO AF	PPORTIONMENT				
7.	Gross receipts from sales of tangible personal proper		.00			.00	
8.	Gross income from other sources (see instructions)		.00			.00	
9.	Total			.00			.00
DETERMINATION OF APPORTIONMENT PERCENTAGES							
10a.	Enter amount from Column A, Line 5			.00	40		
10b.	Enter amount from Column B, Line 5			.00 =	10.		
11a.	Enter amount from Column A, Line 6			.00 =	11.		
11b.	Enter amount from Column B, Line 6			.00	11.		
12a.	Enter amount from Column A, Line 9			.00 =	12.		
12b.	Enter amount from Column B, Line 9			.00	12.		
13.	Total						
14.	Apportionment percentage (see specific instructions)						
15.	Amount from Form PIT-NON, Page 1, Column A, Line	6 or Line 10					.00
16.	Multiply Line 15 by Line 14. Enter here and on Form	PIT-NON, Page 1, Colum	ın B, Line 6 or Line 10)			.00

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