



DELAWARE 2024

DIVISION OF REVENUE FORM
PIT-BIN

DELAWARE BUSINESS INCOME OF NON-RESIDENT



TAXPAYER NAME

TAXPAYER ID

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BUSINESS NAME

BUSINESS TAXPAYER ID

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i 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.

SCHEDULE A	GROSS REAL AND TANGIBLE PERSONAL PROPERTY	COLUMN A Delaware Sourced		COLUMN B Total Sourced	
		Beginning of Year	End of Year	Beginning 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	\$.00	\$.00
5.	Average values. (Divide Line 4 by 2)	\$.00	\$.00	\$.00	\$.00

SCHEDULE B	WAGES, SALARIES, AND OTHER COMPENSATION PAID TO EMPLOYEES
6.	Wages, Salaries and other Compensation of all employees
	\$.00

SCHEDULE C	GROSS RECEIPTS SUBJECT TO APPORTIONMENT
7.	Gross receipts from sales of tangible personal property
	\$.00
8.	Gross income from other sources (see instructions)
	\$.00
9.	Total
	\$.00

SCHEDULE D	DETERMINATION OF APPORTIONMENT PERCENTAGES	
10a.	Enter amount from Column A, Line 5	\$.00
10b.	Enter amount from Column B, Line 5	\$.00
11a.	Enter amount from Column A, Line 6	\$.00
11b.	Enter amount from Column B, Line 6	\$.00
12a.	Enter amount from Column A, Line 9	\$.00
12b.	Enter amount from Column B, Line 9	\$.00
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, Column B, Line 6 or Line 10	\$.00

