

DELAWARE 2024 DIVISION OF REVENUE PIT-NON



DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN

For Fiscal Year beginning and ending Amended Return Must include page 4 Your Taxpayer ID Spouse Taxpayer ID Filing Status (Must **✓** check one) Form Single, Divorced, Widow(er) 3. Married & Filing Separate Forms PIT-UND Attached Claimed as M.I. Suffix Head of Household Your First Name Last Name loint Dependant on someone Suffix Spouse First Name M.I. Last Name else's return If you were a part-year resident in 2024, give the dates Check if you resided in Delaware: Present Home Address (Number and Street) Apartment # FULL-YEAR Non-Resident in 2024 City State Zip Code mm-dd-yyyy mm-dd-yyyy **DELAWARE SOURCE** FFDFRAI INCOME/LOSS COLUMN A SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN \$ COLUMN B WAGES, SALARIES, TIPS, ETC. 1. .00 1. .00 INTEREST .00 .00 2. 2. 2. 3. **DIVIDENDS** 3. .00 3. .00 STATE REFUNDS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAXES OΩ 4. 00 4. 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 7a. .00 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. .00 10. 10. .00 10. 11. **FARM INCOME OR (LOSS)** 11. .00 11. .00 **UNEMPLOYMENT COMPENSATION (INSURANCE)** 12. 12. .00 12. .00 13. **TAXABLE SOCIAL SECURITY BENEFITS** 13. .00 13. .00 OTHER INCOME (State nature and source) 00 14. 14. 00 14 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

BALANCE DUE WITH
PAYMENT ENCLOSED (LINE 60)
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 508, Wilmington, DE 19899-0508
Make check payable to:

Delaware Division of Revenue

TOTAL - Add Line 18 to Line 19

Add Line 17 to Line 20

20.

21

REFUND (LINE 61)
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

.00 20.

.00 21.

.00

.00

20.

21.

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NAME

DELAWARE 2 0 2 4 DIVISION OF REVENUE PIT-NON DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



TAXPAYER ID

NAME									
	FEDERAL SECTION C - SURTPACTIONS COLUMN A			DELAWARE SOURCE INCOME/LOSS					
22.	SECTION C-SUBTRACTIONS	.00 2	12	COLUMN B					
22.		.00 2		.00					
23.	PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions) If your Spouse had a Military Pension	.00 2	13	.00					
24.	DELAWARE STATE TAX REFUND 24.	.00 2		.00					
25.	Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, etc. 25.	.00 2		.00					
26a.	Taxable Social Security Benefits/Railroad 26a.	.00 26		.00					
26b.	529 Contribution to Delaware-sponsored Tuition Program or ABLE Program 26b.	.00 26	6b.	.00					
27.	TOTAL Add Line 22 through Line 26b 27.	.00 2	7.	.00					
28.	Subtract Line 27 from Line 21 28.	.00 2	8.	.00					
29.	EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions) 29.	.00 2	9.	.00					
30a.	COLUMN B- Subtract Line 29 from Line 28. This is your modified Delaware Source Income. Enter on Page 2, Line 43, Box	A 30	Da.	.00					
30b.	COLUMN A - Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income. Enter on Page 2, Line 38 and Line 43, Box B 30b.	.00							
∷	SECTION D - DEDUCTIONS								
31.	ENTER TOTAL ITEMIZED DEDUCTIONS (If Filing Status 3, See instructions)	3	31.	.00					
32.	ENTER FOREIGN TAXES PAID (See instructions)	3	32.	.00					
33.	ENTER CHARITABLE MILEAGE DEDUCTION (See instructions)	3	3.	.00					
34.	ACTIVE LABOR ORGANIZATION DUES (See instructions)	3	84.	.00					
35.	TOTAL - Add Line 31 through Line 34	3	5.	.00					
36.	ENTER FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	3	86.	.00					
37.	Subtract Line 36 from Line 35. Enter here and on Line 39.	3	37.	.00					
=	SECTION E - CALCULATIONS								
38.	DELAWARE ADJUSTED GROSS INCOME - Enter amount from Line 30b here	3	88.	.00					
39.	If you elect the STANDARD DEDUCTION check here a. Filing Statuses 1, 3, & 5 enter \$3250; Filing Status 2 enter \$6500;		_	.00					
	,								
40.	ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See instructions)								
44	Check Box(es) - if SPOUSE was: 65 or over blind Check box(es) - if YOU were: 65 or over blind		10.	.00					
41.	TOTAL DEDUCTIONS - Add Line 39 to Line 40 and enter here TAXABLE INCOME - Subtract Line 41 from Line 38, and compute tax on this amount		l1. l2.	.00					
42. 43.		4	12.	.00					
73.	A. Line 30a One Csee instructions) PRORATION DECIMAL Tax Liability from Tax Rate Table/ Schedule Amount								
	B. Line 30b .00 = X .00	4	13.	.00					
44a.	PERSONAL CREDITS If you are Filing Status 3, see instructions. Enter number of exemptions listed on Federal return x \$110 =	-							
	Multiply this amount by the proration decimal on Line 43 (x) and enter total here	44	4a.	.00					
44b.	CHECK BOX(ES) SPOUSE 60 or over (if filling status 2) SELF 60 or over Enter number of boxes checked on Line 44b x \$110 =								
	Multiply this amount by the proration decimal on Line 43 (x) and enter total here	44	4b.	.00					
45.	TAX IMPOSED BY STATE OF Must attach copy of PIT-NNS and other state return - Part-Year Residents Only (See instructions)	4	15.	.00					
46.	OTHER NON-REFUNDABLE CREDITS (See instructions)	4	16.	.00					
47.	TOTAL NON-REFUNDABLE CREDITS - Add Line 44a through Line 46	4	17.	.00					
48.	BALANCE - Subtract Line 47 from Line 43. If Line 47 is greater than Line 43, enter 0.	4	18.	.00					







NAME				TAXPAY	ER ID					
=	SECTION E - CALCULATIONS (continued)									
49.	DELAWARE TAX WITHHELD - (Attach W-2s/1099s)				49.	.00				
50.	ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS				50.	.00				
51.	S CORP PAYMENTS (See instructions)				51.	.00				
52.	REFUNDABLE BUSINESS CREDITS (See instructions)					.00				
53.	CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST)					.00				
54.	TOTAL REFUNDABLE CREDITS - Add Line 49 through Line	e 53			54.	.00				
55.	BALANCE DUE If Line 48 is greater than Line 54, Subtract		55.	.00						
56.	OVERPAYMENT If Line 54 is greater than Line 48, Subtra	56.	.00							
57.	CONTRIBUTIONS TO SPECIAL FUNDS (If electing a contr	57.	.00							
58.	AMOUNT OF LINE 56 TO BE APPLIED TO 2025 ESTIMAT	58.	.00							
59.	PENALTIES AND INTEREST DUE (If Line 55 is greater than	n \$800, see estimated	tax instructions)	ENTER	59.	.00				
60.	NET BALANCE DUE - Add Line 55, Line 57, and Line 59			PAY IN FULL	60.	.00				
61.	NET REFUND - Subtract Lines 57, 58, and 59 from Line 56	6	ZERO DUE/TO	BE REFUNDED	61.	.00				
\$ ==	SECTION F - DIRECT DEPOSIT INFORMATION	If you would like your refu	and deposited directly to your checking or savings accoun	t, complete below. Se	e instructions	s for details.				
AC	COUNT TYPE ROUTING NUMBER	ACCOUNT NUME	DED			Is this refund going to or				
	CHECKING	ACCOUNT NOME	DER			through an account that is located outside of the United				
	SAVINGS					States?				
						YES NO				
BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS										
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is										
	true, correct and complete.		PAID PREPARER INFORMATION	l						
□ • Y	DUR SIGNATURE	ATE	PAID PREPARER SIGNATURE							
	_		ADDRESS			_				
□ DATE		ATE	CITY		STATE	ZIP CODE				
→ HOME PHONE NUMBER → BUSINESS PHONE NUMBER										
			EIN, SSN or PTIN							
	@ EMAIL ADDRESS		@ EMAIL ADDRESS							

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN



NAME





TAXPAYER ID

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN

FOR AMENDED RETURNS ONLY COLUMN B **TOTAL REFUNDABLE CREDITS - From Line 54** 62. .00 62. AMOUNT PAID ON ORIGINAL RETURN 63. .00 63. 64. SUBTOTAL - Add Lines 62 and 63 .00 **REFUND RECEIVED** (If any, see instructions) 65. 65. 00 66. Estimated tax carryover and/or Special Funds contributions as shown on original return 66. .00 Subtract Line 65 and Line 66 from Line 64 67. 67. .00 BALANCE DUE - If Line 48 is greater than Line 67, Subtract Line 67 from Line 48 and enter here 68. 68. .00 **OVERPAYMENT** - If Line 67 is greater than Line 48, Subtract Line 48 from Line 67 and enter here 69. 69. .00 70. AMOUNT OF LINE 69 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions) 70. .00 71. **PENALTIES AND INTEREST DUE** 71. .00 NET BALANCE DUE - Add Line 68 and Line 70 to Line 71 **PAY IN FULL** 72. .00 72. 73. NET REFUND - Subtract Line 70 and Line 71 from Line 69 ZERO DUE/TO BE REFUNDED 73. .00 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. 75. Has the Delaware Division of Revenue advised you your original return is being audited? Yes No 76. 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 72)
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 508, Willmington, DE 19899-0508
Make check payable to: Delaware Division of Revenue

NET REFUND (LINE 73)
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

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