

DELAWARE 2024

DIVISION OF REVENUE F O R M PIT-NON

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



NAME _____ TAXPAYER ID _____

SECTION C - SUBTRACTIONS

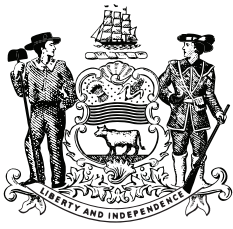
	FEDERAL COLUMN A		DELAWARE SOURCE INCOME/LOSS COLUMN B
22. INTEREST RECEIVED ON U.S. OBLIGATIONS	.00	22.	.00
23. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions) If your Spouse had a Military Pension <input type="checkbox"/> If you had a Military Pension <input type="checkbox"/>	.00	23.	.00
24. DELAWARE STATE TAX REFUND	.00	24.	.00
25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, etc.	.00	25.	.00
26a. Taxable Social Security Benefits/Railroad	.00	26a.	.00
26b. 529 Contribution to Delaware-sponsored Tuition Program <input type="checkbox"/> or ABL Program <input type="checkbox"/>	.00	26b.	.00
27. TOTAL Add Line 22 through Line 26b	.00	27.	.00
28. Subtract Line 27 from Line 21	.00	28.	.00
29. EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)	.00	29.	.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		30a.	.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	.00	30b.	.00

SECTION D - DEDUCTIONS

31. ENTER TOTAL ITEMIZED DEDUCTIONS (If Filing Status 3, See instructions)			.00
32. ENTER FOREIGN TAXES PAID (See instructions)		32.	.00
33. ENTER CHARITABLE MILEAGE DEDUCTION (See instructions)		33.	.00
34. ACTIVE LABOR ORGANIZATION DUES (See instructions)		34.	.00
35. TOTAL - Add Line 31 through Line 34		35.	.00
36. ENTER FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)		36.	.00
37. Subtract Line 36 from Line 35. Enter here and on Line 39.		37.	.00

SECTION E - CALCULATIONS

38. DELAWARE ADJUSTED GROSS INCOME - Enter amount from Line 30b here			.00
39. If you elect the STANDARD DEDUCTION check here a. <input type="checkbox"/> Filing Statuses 1, 3, & 5 enter \$3250; Filing Status 2 enter \$6500; If you elect the DELAWARE ITEMIZED DEDUCTIONS check here b. <input type="checkbox"/> Enter amount from Line 37.		39.	.00
40. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See instructions) Check Box(es)- if SPOUSE was: 65 or over <input type="checkbox"/> blind <input type="checkbox"/> Check box(es) - if YOU were: 65 or over <input type="checkbox"/> blind <input type="checkbox"/>		40.	.00
41. TOTAL DEDUCTIONS - Add Line 39 to Line 40 and enter here		41.	.00
42. TAXABLE INCOME - Subtract Line 41 from Line 38, and compute tax on this amount		42.	.00
43. TAX LIABILITY COMPUTATION (See instructions)	PRORATION DECIMAL (See instructions)	Tax Liability from Tax Rate Table/ Schedule Amount	
A. Line 30a <input type="checkbox"/> .00			
B. Line 30b <input type="checkbox"/> .00	=	X	.00
44a. PERSONAL CREDITS If you are Filing Status 3, see instructions. Enter number of exemptions listed on Federal return <input type="checkbox"/> x \$110 =		44a.	.00
Multiply this amount by the proration decimal on Line 43 (x <input type="checkbox"/>) and enter total here			
44b. CHECK BOX(ES) SPOUSE 60 or over (if filing status 2) <input type="checkbox"/> SELF 60 or over <input type="checkbox"/> Enter number of boxes checked on Line 44b <input type="checkbox"/> x \$110 =		44b.	.00
Multiply this amount by the proration decimal on Line 43 (x <input type="checkbox"/>) and enter total here			
45. TAX IMPOSED BY STATE OF <input type="checkbox"/> Must attach copy of PIT-NNS and other state return - Part-Year Residents Only (See instructions)		45.	.00
46. OTHER NON-REFUNDABLE CREDITS (See instructions)		46.	.00
47. TOTAL NON-REFUNDABLE CREDITS - Add Line 44a through Line 46		47.	.00
48. BALANCE - Subtract Line 47 from Line 43. If Line 47 is greater than Line 43, enter 0.		48.	.00



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DIVISION OF REVENUE FORM

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



NAME TAXPAYER ID

SECTION E - CALCULATIONS (continued)

49. DELAWARE TAX WITHHELD - (Attach W-2s/1099s)	49.	<input style="width: 100%;" type="text"/>	.00
50. ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	50.	<input style="width: 100%;" type="text"/>	.00
51. S CORP PAYMENTS (See instructions)	51.	<input style="width: 100%;" type="text"/>	.00
52. REFUNDABLE BUSINESS CREDITS (See instructions)	52.	<input style="width: 100%;" type="text"/>	.00
53. CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST)	53.	<input style="width: 100%;" type="text"/>	.00
54. TOTAL REFUNDABLE CREDITS - Add Line 49 through Line 53	54.	<input style="width: 100%;" type="text"/>	.00
55. BALANCE DUE If Line 48 is greater than Line 54, Subtract Line 54 from Line 48 and enter here.	55.	<input style="width: 100%;" type="text"/>	.00
56. OVERPAYMENT If Line 54 is greater than Line 48, Subtract Line 48 from Line 54 and enter here.	56.	<input style="width: 100%;" type="text"/>	.00
57. CONTRIBUTIONS TO SPECIAL FUNDS (If electing a contribution, complete and attach PIT-NNS)	TOTAL 57.	<input style="width: 100%;" type="text"/>	.00
58. AMOUNT OF LINE 56 TO BE APPLIED TO 2025 ESTIMATED TAX ACCOUNT	ENTER 58.	<input style="width: 100%;" type="text"/>	.00
59. PENALTIES AND INTEREST DUE (If Line 55 is greater than \$800, see estimated tax instructions)	ENTER 59.	<input style="width: 100%;" type="text"/>	.00
60. NET BALANCE DUE - Add Line 55, Line 57, and Line 59	PAY IN FULL 60.	<input style="width: 100%;" type="text"/>	.00
61. NET REFUND - Subtract Lines 57, 58, and 59 from Line 56	ZERO DUE/TO BE REFUNDED 61.	<input style="width: 100%;" type="text"/>	.00

SECTION F - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete below. See instructions for details.

ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER	
<input type="checkbox"/> CHECKING	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> SAVINGS	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

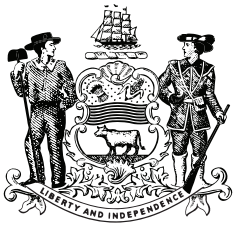
BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

YOUR SIGNATURE <input style="width: 95%;" type="text"/>	DATE <input style="width: 15%;" type="text"/>
SPOUSE SIGNATURE <input style="width: 95%;" type="text"/>	DATE <input style="width: 15%;" type="text"/>
HOME PHONE NUMBER <input style="width: 100%;" type="text"/>	BUSINESS PHONE NUMBER <input style="width: 100%;" type="text"/>
@ EMAIL ADDRESS <input style="width: 100%;" type="text"/>	

PAID PREPARER INFORMATION

PAID PREPARER SIGNATURE <input style="width: 95%;" type="text"/>	DATE <input style="width: 15%;" type="text"/>
ADDRESS <input style="width: 100%;" type="text"/>	
CITY <input style="width: 40%;" type="text"/>	STATE <input style="width: 15%;" type="text"/>
ZIP CODE <input style="width: 45%;" type="text"/>	
EIN, SSN or PTIN <input style="width: 30%;" type="text"/>	PHONE NO. <input style="width: 30%;" type="text"/>
@ EMAIL ADDRESS <input style="width: 100%;" type="text"/>	

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN



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DIVISION OF REVENUE FORM

PIT-NON

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



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FOR AMENDED RETURNS ONLY		COLUMN B
62. TOTAL REFUNDABLE CREDITS - From Line 54	62.	.00
63. AMOUNT PAID ON ORIGINAL RETURN	63.	.00
64. SUBTOTAL - Add Lines 62 and 63	64.	.00
65. REFUND RECEIVED (If any, see instructions)	65.	.00
66. Estimated tax carryover and/or Special Funds contributions as shown on original return	66.	.00
67. Subtract Line 65 and Line 66 from Line 64	67.	.00
68. BALANCE DUE - If Line 48 is greater than Line 67, Subtract Line 67 from Line 48 and enter here	68.	.00
69. OVERPAYMENT - If Line 67 is greater than Line 48, Subtract Line 48 from Line 67 and enter here	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
72. NET BALANCE DUE - Add Line 68 and Line 70 to Line 71	72.	.00
73. NET REFUND - Subtract Line 70 and Line 71 from Line 69	73.	.00

74. **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, Wilmington, 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