Prepare For Print | Reset | TY25-PIT-NON-FF-MNY-02

DELAWARE 2025 FORM PIT-NON
DIVISION OF REVENUE
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 _____

☒ Form PIT-UND Attached

Filing Status (Must ✓ check one)
1. ☐ Single, Divorced, Widow(er) 3. ☐ Married & Filing Separate Forms
2. ☒ Joint 5. ☐ Head of Household

Your First Name	M.I.	Last Name	Suffix
EMMA	T	HARRIS	

☒ Claimed as Dependant on someone else's return

Spouse First Name	M.I.	Last Name	Suffix
OLIVER	R	HARRIS	SR

Present Home Address (Number and Street)	Apartment #
200 HILLSTONE CIRCLE	

City	State	Zip Code
SOUDERTON	PA	18964

☒ Check if FULL-YEAR Non-Resident in 2025

If you were a part-year resident in 2025, give the dates you resided in Delaware:
_____ mm-dd-yyyy _____ mm-dd-yyyy

	SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN		FEDERAL COLUMN A		DELAWARE SOURCE INCOME/LOSS COLUMN B
1.	WAGES, SALARIES, TIPS, ETC.	1.	$ 9101 .00	1.	$ 6101 .00
2.	INTEREST	2.	$ 9201 .00	2.	$ 6201 .00
3.	DIVIDENDS	3.	$ 9301 .00	3.	$ 6301 .00
4.	STATE REFUNDS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAXES	4.	$ 9401 .00	4.	$ 6401 .00
5.	ALIMONY RECEIVED	5.	$ 9501 .00	5.	$ 6501 .00
6.	BUSINESS INCOME OR (LOSS) (See instructions)	6.	$ 9601 .00	6.	$ 6601 .00
7a.	CAPITAL GAIN OR (LOSS)	7a.	$ 9701 .00	7a.	$ 6701 .00
7b.	OTHER GAINS OR (LOSSES)	7b.	$ 9702 .00	7b.	$ 6702 .00
8.	IRA DISTRIBUTIONS	8.	$ 9801 .00	8.	$ 6801 .00
9.	TAXABLE PENSIONS AND ANNUITIES	9.	$ 9901 .00	9.	$ 6901 .00
10.	RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.	10.	$ 91010 .00	10.	$ 61010 .00
11.	FARM INCOME OR (LOSS)	11.	$ 91111 .00	11.	$ 61111 .00
12.	UNEMPLOYMENT COMPENSATION (INSURANCE)	12.	$ 91201 .00	12.	$ 61201 .00
13.	TAXABLE SOCIAL SECURITY BENEFITS	13.	$ 91301 .00	13.	$ 61301 .00
14.	OTHER INCOME (State nature and source)	14.	$ 91401 .00	14.	$ 61401 .00
15.	TOTAL INCOME - Add Line 1 through Line 14	15.	$ 551235 .00	15.	$ 371235 .00
16.	TOTAL FEDERAL ADJUSTMENTS (See instructions)	16.	$ 91601 .00	16.	$ 61601 .00
17.	FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15	17.	$ 459634 .00	17.	$ 309634 .00
	SECTION B - ADDITIONS				
18.	INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE	18.	$ 91801 .00	18.	$ 61801 .00
19.	FIDUCIARY ADJUSTMENT, OIL DEPLETION	19.	$ 91901 .00	19.	$ 51901 .00
20.	TOTAL - Add Line 18 to Line 19	20.	$ 183702 .00	20.	$ 113702 .00
21	Add Line 17 to Line 20	21.	$ 643336 .00	21.	$ 423336 .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

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

DELAWARE 2025 FORM PIT-NON

DIVISION OF REVENUE

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN

NAME EMMA HARRIS | TAXPAYER ID

			FEDERAL COLUMN A		DELAWARE SOURCE INCOME/LOSS COLUMN B
	SECTION C - SUBTRACTIONS				
22.	**INTEREST RECEIVED ON U.S. OBLIGATIONS**	22.	$ 92201 .00	22.	$ 62201 .00
23.	**PENSION/RETIREMENT EXCLUSIONS** (For a definition of eligible income, see instructions) If your Spouse had a Military Pension [X] If you had a Military Pension [X]	23.	$ 92301 .00	23.	$ 62301 .00
24.	**DELAWARE STATE TAX REFUND**	24.	$ 92424 .00	24.	$ 62401 .00
25.	**Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, etc.**	25.	$ 92589 .00	25.	$ 62501 .00
26a.	**Taxable Social Security Benefits/Railroad**	26a.	$ 92699 .00	26a.	$ 62601 .00
26b.	**529 Contribution to Delaware-sponsored Tuition Program** [X] **or ABLE Program** [X]	26b.	$ 92700 .00	26b.	$ 62602 .00
27.	**TOTAL** Add Line 22 through Line 26b	27.	$ 554914 .00	27.	$ 374607 .00
28.	**Subtract** Line 27 from Line 21	28.	$ 88422 .00	28.	$ 48729 .00
29.	**EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED** (See instructions)	29.	$ 2000 .00	29.	$ 2000 .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.	$ 46729 .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.	$ 86422 .00		
	SECTION D - DEDUCTIONS				
31.	**ENTER TOTAL ITEMIZED DEDUCTIONS** (If Filing Status 3, See instructions)			31.	$ .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			38.	$ 76422 .00
39.	If you elect the STANDARD DEDUCTION check here **a.** [X] Filing Statuses 1, 3, & 5 enter $3250; Filing Status 2 enter $6500; If you elect the DELAWARE ITEMIZED DEDUCTIONS check here **b.** [ ] Enter amount from Line 37.			39.	$ 6500 .00
40.	**ADDITIONAL STANDARD DEDUCTIONS** (Not Allowed with Itemized Deductions - See instructions) Check Box(es)- if SPOUSE was: 65 or over [X] blind [X] Check box(es) - if YOU were: 65 or over [X] blind [X]			40.	$ 10000 .00
41.	**TOTAL DEDUCTIONS - Add** Line 39 to Line 40 and enter here			41.	$ 16500 .00
42.	**TAXABLE INCOME - Subtract** Line 41 from Line 38, and compute tax on this amount			42.	$ 59922 .00
43.	**TAX LIABILITY COMPUTATION** (See instructions) A. Line 30a 46729 .00; B. Line 30b 86422 .00 = **PRORATION DECIMAL** (See instructions) 0.74231 X Tax Liability from Tax Rate Table/ Schedule Amount 2452 .00			43.	$ 1820 .00
44a.	**PERSONAL CREDITS** If you are Filing Status 3, see instructions. Enter number of exemptions listed on Federal return 2 x $110 = 220 **Multiply** this amount by the proration decimal on Line 43 (x 0.742310) and enter total here			44a.	$ 163 .00
44b.	**CHECK BOX(ES)** SPOUSE 60 or over (if filing status 2) [X] SELF 60 or over [X] Enter number of boxes checked on Line 44b 2 x $110 = 220 **Multiply** this amount by the proration decimal on Line 43 (x 0.742310) and enter total here			44b.	$ 163 .00
45.	**TAX IMPOSED BY STATE OF** PA Must attach copy of PIT-NNS and other state return - Part-Year Residents Only (See instructions)			45.	$ 515 .00
46.	**OTHER NON-REFUNDABLE CREDITS** (See instructions)			46.	$ 25 .00
47.	**TOTAL NON-REFUNDABLE CREDITS - Add** Line 44a through Line 46			47.	$ 866 .00
48.	**BALANCE - Subtract** Line 47 from Line 43. If Line 47 is greater than Line 43, enter 0.			48.	$ 954 .00

DELAWARE 2025 FORM
DIVISION OF REVENUE PIT-NON

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN

NAME	EMMA HARRIS	TAXPAYER ID	

SECTION E - CALCULATIONS (continued)

49.	**DELAWARE TAX WITHHELD -** (Attach W-2s/1099s)		49.	$ 1490 .00
50.	**ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS**		50.	$ 400 .00
51.	**S CORP PAYMENTS** (See instructions)		51.	$ 605 .00
52.	**REFUNDABLE BUSINESS CREDITS** (See instructions)		52.	$ 402 .00
53.	**CAPITAL GAINS TAX PAYMENTS** (Attach form REW-EST)		53.	$ 550 .00
54.	**TOTAL REFUNDABLE CREDITS - Add** Line 49 through Line 53		54.	$ 3447 .00
55.	**BALANCE DUE** If Line 48 is greater than Line 54, **Subtract** Line 54 from Line 48 and enter here.		55.	$ .00
56.	**OVERPAYMENT** If Line 54 is greater than Line 48, **Subtract** Line 48 from Line 54 and enter here.		56.	$ 2493 .00
57.	**CONTRIBUTIONS TO SPECIAL FUNDS** (If electing a contribution, complete and attach PIT-NNS)	TOTAL	57.	$ 2310 .00
58.	**AMOUNT OF LINE 56 TO BE APPLIED TO 2026 ESTIMATED TAX ACCOUNT**	ENTER	58.	$ 100 .00
59.	**PENALTIES AND INTEREST DUE** (If Line 55 is greater than $800, see estimated tax instructions)	ENTER	59.	$ 872 .00
60.	**NET BALANCE DUE - Add** Line 55, Line 57, and Line 59	PAY IN FULL	60.	$ 689 .00
61.	**NET REFUND - Subtract** Lines 57, 58, and 59 from Line 56	ZERO DUE/TO BE REFUNDED	61.	$ 0 .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

☐ CHECKING
☐ SAVINGS

ROUTING NUMBER

ACCOUNT NUMBER

Is this refund going to or through an account that is located outside of the United 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.

YOUR SIGNATURE — DATE: 01-31-2026

SPOUSE SIGNATURE — DATE: 01-31-2026

HOME PHONE NUMBER: 3024548545

BUSINESS PHONE NUMBER: 3024547474

@ EMAIL ADDRESS: TEST@TEST.COM

PAID PREPARER INFORMATION

PAID PREPARER SIGNATURE — DATE: 01-31-2026

ADDRESS: 820 FRENCH ST

CITY: WILMINGTON STATE: DE ZIP CODE: 19801

EIN, SSN or PTIN: 748496587 PHONE NO.: 3028557878

@ EMAIL ADDRESS: PPI@BOX.COM

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

DELAWARE 2025 FORM PIT-NON

DIVISION OF REVENUE

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN

NAME	EMMA HARRIS	TAXPAYER ID	

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 **PAY IN FULL**	72.	$ .00
73.	**NET REFUND - Subtract** Line 70 and Line 71 from Line 69 **ZERO DUE/TO BE REFUNDED**	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

DELAWARE 2025 FORM PIT-NNS

DIVISION OF REVENUE

DELAWARE NON-RESIDENT SCHEDULES

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NAME EMMA HARRIS | TAXPAYER ID

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	PA	(Enter 2 character state name)	1.	$ 101 .00
2.	Tax imposed by State of	MD	(Enter 2 character state name)	2.	$ 102 .00
3.	Tax imposed by State of	VA	(Enter 2 character state name)	3.	$ 103 .00
4.	Tax imposed by State of	NY	(Enter 2 character state name)	4.	$ 104 .00
5.	Tax imposed by State of	OH	(Enter 2 character state name)	5.	$ 105 .00
6.	Enter the total here and on Form PIT-NON, Page 2 Line 45. You must attach a copy of the other state return(s) with your Delaware tax return.			6.	$ 515 .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 instructions for a description of each worthwhile fund listed below.

7A.	NON-GAME WILDLIFE	7A.	$ 10 .00
7B.	BEAU BIDEN FUND	7B.	$ 20 .00
7C.	EMERGENCY HOUSING	7C.	$ 30 .00
7D.	BREAST CANCER EDUCATION	7D.	$ 40 .00
7E.	ORGAN DONATIONS	7E.	$ 50 .00
7F.	DIABETES EDUCATION	7F.	$ 60 .00
7G.	VETERANS HOME	7G.	$ 70 .00
7H.	DELAWARE NATIONAL GUARD	7H.	$ 80 .00
7I.	JUVENILE DIABETES FUND	7I.	$ 90 .00
7J.	MULTIPLE SCLEROSIS SOCIETY	7J.	$ 100 .00
7K.	OVARIAN CANCER FOUNDATION	7K.	$ 110 .00
7L.	SL24: UNLOCKE THE LIGHT FOUNDATION FUND	7L.	$ 120 .00
7M.	WHITE CLAY CREEK	7M.	$ 130 .00
7N.	HOME OF THE BRAVE	7N.	$ 140 .00
7O.	SENIOR TRUST FUND	7O.	$ 150 .00
7P.	VETERANS TRUST FUND	7P.	$ 160 .00
7Q.	PROTECT DELAWARE'S CHILD FUND	7Q.	$ 170 .00
7R.	FOOD BANK OF DELAWARE	7R.	$ 180 .00
7S.	DELAWARE HABITAT FOR HUMANITY	7S.	$ 190 .00
7T.	B+ CHILDHOOD CANCER	7T.	$ 200 .00
7U.	COMBINED CAMPAIGN FOR JUSTICE	7U.	$ 210 .00
8.	**TOTAL** - Enter the total Contribution amount here and on Form PIT-NON, Line 57 - **Add** Lines 7A through 7U	8.	$ 2310 .00

See the instructions for ALL required documentation to attach.

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

DELAWARE 2025 FORM
DIVISION OF REVENUE PIT-NNS

DELAWARE NON-RESIDENT SCHEDULES

NAME EMMA HARRIS | TAXPAYER ID

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
[X] W-2 [ ] 1099-R	TEST 1	312312001	DE	10580	20	[X] Taxpayer [ ] Spouse
[ ] W-2 [X] 1099-R	TEST 2	312312002	DE	10458	1020	[ ] Taxpayer [X] Spouse
[X] W-2 [ ] 1099-R	TEST 3	312312003	DE	10658	1025	[X] Taxpayer [ ] Spouse
[ ] W-2 [X] 1099-R	TEST 4	312312004	DE	6542	987	[ ] Taxpayer [X] Spouse
[X] W-2 [ ] 1099-R	TEST 5	312312005	DE	10000	1000	[X] Taxpayer [ ] Spouse
[ ] W-2 [X] 1099-R	TEST 6	312312006	DE	7522	750	[ ] Taxpayer [X] Spouse
[X] W-2 [ ] 1099-R	TEST 7	312312007	DE	7120	745	[X] Taxpayer [ ] Spouse
[ ] W-2 [X] 1099-R	TEST 8	312312008	DE	6550	687	[ ] Taxpayer [X] Spouse
[X] W-2 [ ] 1099-R	TEST 9	312312009	DE	13025	1305	[X] Taxpayer [ ] Spouse
[ ] W-2 [X] 1099-R	TEST 10	312312010	DE	18254	1548	[ ] Taxpayer [X] Spouse
[X] W-2 [ ] 1099-R	TEST 11	312312011	DE	1942	984	[X] 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
312312012	TEST 101		100
312312013	TEST 102		200
312312014	TEST 103		300
312312015	TEST 104		400
312312016	TEST 105		500
312312017	TEST 106		600
312312018	TEST 107		700
312312019	TEST 108		800

DELAWARE 2025 FORM PIT-NNS

DIVISION OF REVENUE

DELAWARE NON-RESIDENT SCHEDULES

NAME EMMA HARRIS

TAXPAYER ID

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
☐ W-2 ☒ 1099-R	TEST 12	312312012	DE	14785	147	☐ Taxpayer ☒ Spouse
☒ W-2 ☐ 1099-R	TEST 13	312312013	DE	4714	471	☒ Taxpayer ☐ Spouse
☐ W-2 ☒ 1099-R	TEST 14	312312014	DE	4896	896	☐ Taxpayer ☒ Spouse
☒ W-2 ☐ 1099-R	TEST 15	312312015	DE	3698	257	☒ Taxpayer ☐ Spouse
☐ W-2 ☒ 1099-R	TEST 16	312312016	DE	1447	147	☐ Taxpayer ☒ Spouse
☒ W-2 ☐ 1099-R	TEST 17	312312017	DE	74132	7485	☒ Taxpayer ☐ Spouse
☐ W-2 ☒ 1099-R	TEST 18	312312018	DE	10245	145	☐ Taxpayer ☒ Spouse
☒ W-2 ☐ 1099-R	TEST 19	312312019	DE	18745	254	☒ Taxpayer ☐ Spouse
☐ W-2 ☒ 1099-R	TEST 20	312312020	DE	14778	1478	☐ Taxpayer ☒ Spouse
☒ W-2 ☐ 1099-R	TEST 21	312312021	DE	4778	478	☒ Taxpayer ☐ Spouse
☐ W-2 ☒ 1099-R	TEST 22	312312022	DE	74859	740	☐ 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
312312020	TEST 109		900
312312021	TEST 110		1000
312312022	TEST 111		1100
312312023	TEST 112		1200
312312024	TEST 113		1300
312312025	TEST 114		1400
312312026	TEST 115		1500
312312027	TEST 116		1600

DELAWARE 2025 FORM PIT-NSA
DIVISION OF REVENUE

NON-RESIDENT SCHEDULE A - ITEMIZED DEDUCTIONS

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NAME EMMA HARRIS | TAXPAYER ID

MEDICAL AND DENTAL EXPENSES	1.	Medical and dental expenses	$ .00
	2.	Enter amount from **Federal Form 1040**, Line 11	$ .00
	3.	**Multiply** Line 2 by 7.5% (0.075)	$ .00
	4.	**Subtract** Line 3 from Line 1. If Line 3 is more than Line 1, enter 0.	$ .00
$ TAXES YOU PAID	5.	State and Local taxes	
		a. State and Local income taxes not claimed as a credit on Form PIT-NON (see instructions)	$ .00
		b. State and Local general sales taxes (you may include either income taxes or sales taxes, but not both). If you elect to include general sales taxes instead of income taxes, check this box. ☐	$ .00
		c. State and Local real estate taxes	$ .00
		d. State and Local personal property taxes	$ .00
		e. Add Line 5a through Line 5d	$ .00
		f. Enter the smaller of Line 5e or $10,000 ($5,000 if married filing separately)	$ .00
	6.	Other taxes. List type and amount:	$ .00
	7.	**Add** Line 5f and Line 6	$ .00
INTEREST YOU PAID **Caution:** Your mortgage interest deduction may be limited.	8.	Home mortgage interest and points. (If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, check this box.) ☐	
		a. Home mortgage interest and points reported to you on **Federal Form 1098**	$ .00
		b. Home mortgage interest not reported to you on **Federal Form 1098** (If paid to the person from whom you bought the home, show that person's name, identifying no., and address.)	$ .00
		c. Points not reported to you on **Federal Form 1098**	$ .00
		d. Reserved for future use	
		e. Add Line 8a through Line 8c	$ .00
	9.	Investment interest. Attach **Federal Form 4952**.	$ .00
	10.	**Add** Line 8e and Line 9	$ .00
GIFTS TO CHARITY If you made a gift and got a benefit for it, see **Federal Schedule A** instructions.	11.	Gifts by cash or check. If you made any gift of $250 or more, see instructions.	$ .00
	12.	Gifts other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach **Federal Form 8283** if over $500.	$ .00
	13.	Carryover from prior year	$ .00
	14.	**Add** Line 11 through Line 13	$ .00
CASUALTY AND THEFT LOSSES	15.	Casualty and Theft Loss(es) from a Federally Declared Disaster (other than net qualified disaster losses). (Attach **Federal Form 4684** and enter the amount from Line 18 of **Federal Form 4684**.)	$ .00
OTHER ITEMIZED DEDUCTIONS	16.	Other deductions. See list in **Federal Schedule A** instructions. List type and amount:	
			$ .00
TOTAL ITEMIZED DEDUCTIONS	17.	**Add** Line 4, Line 7, Line 10, Line 14, Line 15, and Line 16.	$ .00
		Enter amount from Line 17 on Form PIT-NON, Line 31 (see instructions)	
	18.	If you elect to itemize deductions even though they are less than your standard deduction, check here. ☐	

Attach this form to your Delaware State tax return.

DELAWARE 2025 FORM
DIVISION OF REVENUE PIT-CFR

CLAIM FOR REFUND DUE ON BEHALF OF DECEASED TAXPAYER

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DECEDENT INFORMATION

TAXPAYER ID

DATE OF DEATH: 04-25-2025

FIRST NAME: TOM | M.I.: R | LAST NAME: CAT

ADDRESS: 1500 N FRENCH ST

CITY: WILMINGTON | STATE: DE | ZIP CODE: 19801

ESTATE INFORMATION

TAXPAYER ID

ESTATE NAME: CAT TRUST

ADDRESS: 1500 N FRENCH ST

CITY: WILMINGTON | STATE: DE | ZIP CODE: 19801

PART 1

CHECK THE BOX THAT APPLIES TO YOU (CHECK ONLY ONE BOX). MAKE SURE TO SIGN AND DATE IN PART 3 BELOW

A. [X] Personal representative appointed or certified by court. You MUST attach a court certificate showing your appointment.

B. [ ] Person, other than A, claiming refund for the decedent's estate. Complete Part 2 and attach a copy of the death certificate or proof of death.

PART 2

COMPLETE THIS PART ONLY IF YOU CHECKED BOX B ABOVE	YES	NO
1. Did the decedent leave a will?	X	
2a. Has a personal representative been appointed by a court for the estate of the decedent?	X	
2b. If "NO", will one be appointed? **If 2a or 2b is answered "YES", the personal representative must file for the refund.**	X	
3. As the person claiming the refund for the decedent's estate, will you pay out the refund according to the laws of the state where the decedent was a legal resident?	X	

If the answer to question 3 is "No", a refund cannot be made until you submit a court certificate showing your appointment as personal representative.

PART 3

SIGNATURE AND VERIFICATION (All filers must complete this part)

I request a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct, and complete.

YOUR SIGNATURE

DATE: 01-31-2026

Form to be submitted with the tax return seeking the refund.

DELAWARE 2025 FORM PIT-CRS

DIVISION OF REVENUE

DELAWARE INCOME TAX CREDIT SCHEDULE

Prepare For Print | Reset

PART A - TAXPAYER INFORMATION

TAXPAYER ID

TAXPAYER NAME

EMMA HARRIS

PART B – DELAWARE INCOME TAX CREDIT COMPUTATION

Non-refundable Income Tax Credits
Please see instructions and worksheets on how to calculate each applicable tax credit. On each line below, please enter the amount of approved or calculated tax credit.

A.	**NEIGHBORHOOD ASSISTANCE CREDIT 30 DEL. C. § 2001-2008** Applications for this credit must be submitted to the Delaware State Housing Authority for approval in advance.		
1.	Credit Carryover from Previous Years	$	1001 .00
2.	Current Year Approved Credit (50% of investment, up to $50,000/year)	$	202 .00
3.	Total Neighborhood Assistance Credits (**Add** Line 1 and Line 2)	$	187819 .00
B.	**ECONOMIC DEVELOPMENT CREDITS §§ 2010-2015**		
4.	Credit Carryover from Previous Years	$	1004 .00
5.	Current Year Approved Credit (complete Form BUS-DED to compute the credit)	$	105 .00
6.	Total Economic Development Credits (**Add** Line 4 and Line 5)	$	453 .00
C.	**GREEN INDUSTRIES/BROWNFIELD CREDITS §§ 2020-2024, 2040**		
7.	Credit Carryover from Previous Years	$	1007 .00
8.	Current Year Approved Credit	$	108 .00
9.	Total Green Industries/Brownfield Credits (**Add** Line 7 and Line 8)	$	54341 .00
D.	**RESEARCH AND DEVELOPMENT CREDITS (TAX YEARS BEFORE 2018) §§ 2070-2075**		
10.	Credit Carryover from the Previous Years	$	1010 .00
E.	**LAND AND HISTORIC RESOURCES CONSERVATION CREDITS §§ 1801-1807**		
11.	Credit Carryover from Previous Years	$	110 .00
12.	Current Year Approved Credit	$	111 .00
13.	Total Land and Historic Resources Conservation Credits (**Add** Line 11 and Line 12)	$	221 .00
F.	**HISTORIC PRESERVATION CREDITS §§ 1112, 1811-1817** Applications for this credit must be submitted to the Historic Preservation Office for approval in advance.		
14.	Credit Carryover from Previous Years	$	140 .00
15.	Current Year Approved Credit	$	150 .00
16.	Total Historic Preservation Credits (**Add** Line 14 and Line 15)	$	290 .00

DELAWARE 2025 FORM
DIVISION OF REVENUE PIT-CRS

DELAWARE INCOME TAX CREDIT SCHEDULE

NAME EMMA HARRIS | TAXPAYER ID

G. AUTOMATIC EXTERNAL DEFIBRILLATORS

17.	Enter the number of automatic external defibrillators placed in service during the tax year	170
18.	Total Automatic External Defibrillator Credit (**Multiply** Line 17 by $100)	$ 17000 .00

H. TOTAL DELAWARE NON-REFUNDABLE INCOME TAX CREDITS

19.	Total (**Add** Lines 3, 6, 9, 10, 13, 16 and 18)	$ 21948 .00

I. CREDIT LIMITATION - INDIVIDUAL FILERS

20.	Enter the amount listed on Line 26 of Form PIT-RES or Line 43 of Form PIT-NON	$ 2549 .00
21.	Enter the total from Line 19, above	$ 21948 .00
22.	Enter current year credits from Line 23 from Delaware Form SCT-SSR (S Corporation) or Delaware Form PRT-PSI (Partnership), if any	$ 222 .00
23.	**Add** Lines 21 and 22	$ 22170 .00
24.	Enter the lesser of Lines 20 & 23 (this is the total of the non-refundable tax credits to which the taxpayer is entitled) here and on Line 30 of Form PIT-RES or Line 46 of Form PIT-NON	$ 2549 .00

J. REFUNDABLE INCOME TAX CREDITS

Please see instructions and worksheets on how to calculate your tax credit. Enter on the appropriate line the amount of each calculated tax credit.

25.	Business Finder's Fee Credits	$ 250 .00
26.	New Economy Jobs Program Credits	$ 260 .00
27.	Organ and Bone Marrow Transplantation Tax Credit	$ 270 .00
28.	Employer Tax Credit For Hiring Individuals with Disabilities	$ 280 .00
29.	Research & Development Credits (see instructions)	$ 290 .00
30.	Total Refundable Income Tax Credits (**Add** Lines 25 through 29)	$ 1350 .00

INDIVIDUAL TAX FILERS Enter the amount from Line 30 on Line 38 of Form PIT-RES (Resident) or Line 52 of Form PIT-NON (Non-Resident)

Mail completed form to:
Delaware Division of Revenue
PO Box 2340
Wilmington, DE 19899-2340

TY25-PIT-NON-FF-MNY-02

DELAWARE 2025 FORM
DIVISION OF REVENUE PIT-UND

DELAWARE UNDERPAYMENT OF ESTIMATED TAXES

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NAME EMMA HARRIS | TAXPAYER ID

☐ TAXPAYER IS A FARMER OR FISHERMAN ☐ TAXPAYER IS USING THE ANNUALIZATION OF INCOME METHOD

PART 1 REQUIRED ANNUAL PAYMENT

A.	**Enter** 90% of 2025 Delaware tax liability (Line 33 Form PIT-RES **minus** Line 34 Form PIT-RES, or Line 48 Form PIT-NON)	A.	20010
B.	**Enter** 100% or 110% of 2024 Delaware tax liability (Line 32 PIT-RES **minus** Line 33 PIT-RES, or Line 47 PIT-NON). (See instructions)	B.	21458
C.	**Enter** the smaller of Line "A" or Line "B". This is your Required Annual Amount.	C.	20010
D.	**Delaware Withholding**	D.	330
E.	**Subtract** Line "D" from Line "C". If $800 or less, stop here. You do not owe the penalty.	E.	19680

PART 2 SHORT METHOD (See instructions)

F.	**Enter** the amount of Estimated Tax Payments, S Corp Payments or Refundable Business Credit	F.	1100
G.	**Delaware Withholding**	G.	458
H.	**Add** Line "F" and Line "G" and enter here	H.	1558
I.	**TOTAL UNDERPAYMENT - Subtract** Line "H" from Line "C". If zero or less, stop here.	I.	18452
J.	**Multiply** Line "I" by 12% (times 0.12)	J.	2214
K.	If the amount on Line "I" was paid on or after April 30, 2026, enter zero (0). If it was paid before April 30, 2026, **Multiply** the number of days from the date Line "I" was paid before April 30, 2026, times .05% (.0005) times the amount on Line "I".	K.	500
L.	**ESTIMATED PENALTY - Subtract** Line "K" from Line "J" and enter here	L.	1714

PART 4 COMPUTING THE OVER/UNDER PAYMENT

			TIME PERIOD			
			1/1/25 - 4/30/25	5/1/25 - 6/15/25	6/16/25 - 9/15/25	9/16/25 - 1/15/26
28.	**Enter** amount from Part 3, Line 27	28.	281	282	283	284
29.	**Enter** the amount of Estimated, S Corp, Capital Gain Tax payments, or Refundable Business Credits	29.	291	292	293	294
30.	**Delaware Withholding**	30.	301	302	303	304
31.	**Add** Line 29 and Line 30	31.	592	594	596	598
32.	**Enter** amount, if any, from Line 38 of the previous column of this schedule (i.e., Column 2 equals Line 38 Column 1, Column 3 equals Line 38 Column 2, etc.)	32.	[redacted]	322	323	324
33.	**Add** Line 31 and Line 32	33.	[redacted]	332	333	334
34.	**Sum** amounts from Line 36 and Line 37 of the previous column of this schedule (i.e., Column 2 equals Line 36 Column 1 plus Line 37 Column 1, etc.)	34.	[redacted]	342	343	344
35.	**Subtract** Line 34 from Line 33. If zero or less, enter zero (0). For Column 1 only, enter the amount from Line 31.	35.	351	352	353	354
36.	If Line 35 equals zero, then **Subtract** Line 33 from Line 34. Otherwise, enter zero (0).	36.	[redacted]	362	363	[redacted]
37.	**UNDERPAYMENT.** If Line 28 is equal to or larger than Line 35, **Subtract** Line 35 from Line 28. Then go to Line 32 of the next column. Otherwise, go to Line 38.	37.	371	372	373	374
38.	**OVERPAYMENT**. If Line 35 is larger than Line 28, **Subtract** Line 28 from Line 35. Then go to Line 32 of the next column.	38.	381	382	383	384

DELAWARE 2025 FORM
DIVISION OF REVENUE PIT-UND
DELAWARE UNDERPAYMENT OF ESTIMATED TAXES

NAME EMMA HARRIS | TAXPAYER ID

PART 5 COMPUTING THE PENALTY (See instructions)

		39.	PAYMENT DUE 5/1/25	6/16/25	9/15/25	1/15/26
40.	**Enter** number of days from date on Line 39 to when payment was made	40.	401	402	403	404
41.	**Multiply** Line 40 by .05% (times .0005)	41.	0.2005	0.201	0.2015	0.202
42.	**PENALTY FOR PERIOD - Multiply** Line 37 by Line 41	42.	74	75	75	76
43.	**Add** penalties from each Column on Line 42 to determine the Total Penalty (i.e., Line 42 Column 1 plus Line 42 Column 2, etc.)	43.	300			

CHECK HERE IF YOU USED A NON-RESIDENT RETURN ☐

PART 3 ANNUALIZED INSTALLMENT METHOD

		1.	TIME PERIOD 1/1/25 - 3/31/25	1/1/25 - 5/31/25	1/1/25 - 8/31/25	1/1/25 - 12/31/25
2.	**Enter** Delaware AGI from your 2025 Delaware Return (Line 12 - Form PIT-RES, or Line 38 - Form PIT-NON) for period	2.	201	202	203	204
3.	**MULTIPLIER**	3.	4	2.4	1.5	1
4.	**ANNUALIZED AGI - Multiply** Line 2 by Line 3.	4.	804	485	305	204
5.	**Enter Delaware Itemized Deductions** (Line 20 - Form PIT-RES, Line 40 - Form PIT-NON) for period. Enter zero (0) if you didn't itemize.	5.	501	502	503	504
6.	**MULTIPLIER**	6.	4	2.4	1.5	1
7.	**ANNUALIZED ITEMIZED DEDUCTIONS - Multiply** Line 5 by Line 6	7.	10	20	30	40
8.	**Enter** the Total Delaware Standard Deduction Amount. (See Instructions) Enter zero (0) if you itemized.	8.	801	802	803	804
9.	**DELAWARE DEDUCTIONS -** Enter amount from Line 7 if you itemized, or from Line 8 if you used the standard deduction	9.	901	902	903	904
10.	**DELAWARE TAXABLE INCOME - Subtract** Line 9 from Line 4	10.	-97	-417	-599	-700
11.	**TAX LIABILITY -** Using the tax table or tax schedule, figure the amount of tax due on the amounts from Line 10	11.	111	112	113	114
12.	**TAX ON LUMP SUM** (See Instructions)	12.	121	122	123	124
13.	**TOTAL TAX - Add** Line 11 to Line 12	13.	232	234	236	238
14.	**NON-RESIDENT FILERS ONLY - Multiply** Line 13 by the proration percentage on Line 43 of Form PIT-NON	14.	141	142	143	144

DELAWARE 2025 FORM
DIVISION OF REVENUE PIT-UND
DELAWARE UNDERPAYMENT OF ESTIMATED TAXES

NAME EMMA HARRIS

TAXPAYER ID

PART 3 **ANNUALIZED INSTALLMENT METHOD (continued)**

			TIME PERIOD			
		1.	1/1/25 - 3/31/25	1/1/25 - 5/31/25	1/1/25 - 8/31/25	1/1/25 - 12/31/25
15.	**TOTAL PERSONAL CREDIT AMOUNT** (See Instructions)	15.	151	152	153	154
16.	**NON-RESIDENT FILERS ONLY - Multiply** Line 15 by the proration percentage on Line 44 of Form PIT-NON	16.	161	162	163	164
17.	**OTHER NON-REFUNDABLE CREDITS - Add** Lines 28, 29, 30, 31, & 34 (if non-refundable) of Form PIT-RES or Lines 45 & 46 of Form PIT-NON and enter here	17.	171	172	173	174
18.	**RESIDENTS - Subtract** Line 15 and Line 17 from Line 13. **NON-RESIDENTS - Subtract** Line 16 and Line 17 from Line 14.	18.	181	182	183	184
19.	**MULTIPLIER**	19.	.225	.450	.675	.900
20.	**Multiply** Line 18 by Line 19	20.	40.725	81.9	123.525	165.6
21.	**Sum** all previous columns from Line 27 (i.e., Column 2 equals Line 27 Column 1, Column 3 equals Line 27 Column 1 plus Line 27 Column 2, etc.)	21.		212	213	214
22.	**Subtract** Line 21 from Line 20. If zero or less, enter zero (0).	22.	221	222	223	224
23.	**Enter** 1/4 of the total from Part 1, Line "C", in each column	23.	231	232	233	234
24.	**Enter** the amount from Line 26 of the previous column of this schedule (i.e., Column 2 equals Line 26, Column 1, Column 3 equals Line 26, Column 2, etc.)	24.		242	243	244
25.	**Add** Line 23 to Line 24	25.	251	252	253	254
26.	**Subtract** Line 22 from Line 25. If zero or less, enter zero (0)	26.	261	262	263	
27.	**Enter** the smaller of Line 22 or Line 25 here and on Line 28	27.	221	222	223	224

DELAWARE 2025 FORM PIT-SCW
DIVISION OF REVENUE

DELAWARE SCHEDULE W APPORTIONMENT WORKSHEET

Reset | Prepare For Print

NAME EMMA HARRIS | TAXPAYER ID

If income of non-resident taxpayers derived from Delaware sourced employment includes income earned while working outside of the State of Delaware, an allowance will be permitted for those days worked outside of the State. The allowance will be equivalent to the ratio of days worked outside of the State versus the total number of Delaware sourced employment working days. Any allowance claimed must be based on necessity of work outside the State of Delaware in performance of duties for the employer, as opposed to solely for the convenience of the employee. Working from an office out of your home does not satisfy the requirements of "necessity" of duties for your employer and is considered for the convenience of the employee unless working from home is a requirement of employment with your employer.

SEVERANCE PAY

Severance Pay is payment for the cancellation (involuntary separation) of an employee's employment contract by the employer. Severance pay can be paid in a lump sum or in payments over a period of time.

Severance Pay is taxable in the year it is received and must be included in your gross income. It is based on the total service time rendered to the employer. If your total service time for the employer in previous calendar years was conducted in more than one state, your severance pay may be prorated. If in previous years you were not assigned to work outside the State of Delaware by your employer, Schedule W does not apply and you cannot prorate your severance pay. Employer verification must be submitted to prorate your severance pay.

Example 1: If John White worked for XYZ Company for 10 years - 5 years in Maryland and 5 years in Delaware - then only 50% of his severance pay would be included as Delaware Source Income.
Example 2: If John White was a non-resident of Delaware, had worked for a Delaware employer and filed his previous years' returns using a Schedule W to determine the portion of his wages that were Delaware source income, John White may be eligible to prorate his severance pay. If your situation is similar to Example 2, please contact the Division of Revenue at (302) 577-8200 to discuss the rules specific to your situation with one of our representatives.

1.	**WAGES, SALARIES, TIPS, ETC.** (To be apportioned)		1.	$ 187454 .00
2.	**TOTAL DAYS IN YEAR EMPLOYED BY EMPLOYER** (365 or actual number of days employed)		2.	365
3.	**NON-WORKING DAYS**			
	3a.	Saturdays and Sundays	3a.	52
	3b.	Holidays	3b.	15
	3c.	Sick Days	3c.	15
	3d.	Vacation	3d.	20
	3e.	Other Non-Working Days	3e.	0
	3f.	Total Non-Working Days (**Sum** of Lines 3a through 3e above)	3f.	102
4.	**TOTAL DAYS WORKED IN YEAR** (**Subtract** Line 3f from Line 2)		4.	263
5.	**TOTAL DAYS WORKED OUTSIDE DELAWARE** (from Page 2 of this form)		5.	190
6.	**TOTAL DAYS WORKED IN DELAWARE** (**Subtract** Line 5 from Line 4)		6.	515

7. DELAWARE SOURCED INCOME:

Line 6		Line 4			Line 1		
515	÷	263	=	(0.277567)	x	$ 187454 .00	= $ 52031 .00

If you only have one (1) source of employment in Delaware, enter the Delaware sourced income (Line 7) onto Form PIT-NON, Page 1, Column B, Line 1. If you have more than one (1) source of employment in Delaware, add the Delaware sourced income amounts from Lines 7 (one form per Delaware source), and enter the total Delaware sourced income on Form PIT-NON, Page 1, Column B, Line 1.

DELAWARE 2025 FORM
DIVISION OF REVENUE PIT-SCW

DELAWARE SCHEDULE W
DAYS WORKED OUTSIDE DELAWARE

TY25-PIT-NON-FF-MNY-02

NAME EMMA HARRIS **TAXPAYER ID**

The location of employment must be identified with complete address, including city and state. If the location is outside the U.S., then identify the country. List the purpose of the out-of-state business for each day. (For example: client meeting, seminar, etc.)

DATE	LOCATION	PURPOSE OF OUT-OF-STATE BUSINESS
01-05-2025	HOME	WORK FROM HOME
01-19-2025	HOME	WORK FROM HOME
01-20-2025	HOME	WORK FROM HOME
02-10-2025	HOME	WORK FROM HOME
02-12-2025	HOME	WORK FROM HOME
02-13-2025	HOME	WORK FROM HOME
02-28-2025	HOME	WORK FROM HOME
03-05-2025	HOME	WORK FROM HOME
03-13-2025	HOME	WORK FROM HOME
03-20-2025	HOME	WORK FROM HOME
04-10-2025	HOME	WORK FROM HOME
04-15-2025	HOME	WORK FROM HOME
04-29-2025	HOME	WORK FROM HOME
05-02-2025	HOME	WORK FROM HOME
05-03-2025	HOME	WORK FROM HOME
05-04-2025	HOME	WORK FROM HOME
06-06-2025	HOME	WORK FROM HOME

TOTAL NUMBER OF DAYS WORKED OUTSIDE DELAWARE = 190

DELAWARE 2025 FORM
DIVISION OF REVENUE PIT-SCW

DELAWARE SCHEDULE W
DAYS WORKED OUTSIDE DELAWARE

TY25-PIT-NON-FF-MNY-02

NAME EMMA HARRIS **TAXPAYER ID**

The location of employment must be identified with complete address, including city and state. If the location is outside the U.S., then identify the country. List the purpose of the out-of-state business for each day. (For example: client meeting, seminar, etc.)

DATE	LOCATION	PURPOSE OF OUT-OF-STATE BUSINESS
06-08-2025	HOME	WORK FROM HOME
06-09-2025	HOME	WORK FROM HOME
07-10-2025	HOME	WORK FROM HOME
07-12-2025	HOME	WORK FROM HOME
07-21-2025	HOME	WORK FROM HOME
07-22-2025	HOME	WORK FROM HOME
08-23-2025	HOME	WORK FROM HOME
08-24-2025	HOME	WORK FROM HOME
08-25-2025	HOME	WORK FROM HOME
09-26-2025	HOME	WORK FROM HOME
09-27-2025	HOME	WORK FROM HOME
10-28-2025	HOME	WORK FROM HOME
10-31-2025	HOME	WORK FROM HOME
11-29-2025	HOME	WORK FROM HOME
12-13-2025	HOME	WORK FROM HOME
12-20-2025	HOME	WORK FROM HOME
12-27-2025	HOME	WORK FROM HOME

TOTAL NUMBER OF DAYS WORKED OUTSIDE DELAWARE = 190

22222

a Employee's social security number

OMB No. 1545-0029

TY25-PIT-NON-FF-MNY-02

b Employer identification number (EIN)
32-1321002

1 Wages, tips, other compensation
478545.00

2 Federal income tax withheld
4785.00

c Employer's name, address, and ZIP code
TEST 105 820 N FRENCH ST WILMINGTON DE 19802

3 Social security wages
478454.00

4 Social security tax withheld
457.00

5 Medicare wages and tips
478454.00

6 Medicare tax withheld
4572.00

7 Social security tips
474.00

8 Allocated tips
147.00

d Control number
147852369

9

10 Dependent care benefits
25

e Employee's first name and initial
EMMA

Last name
HARRIS

Suff.

11 Nonqualified plans
TEST

12a Code

200 HILLSTONE CIRCLE SOUDERTON PA 18964

13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐

12b Code

14 Other

12c Code

12d Code

f Employee's address and ZIP code

15 State	Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name
DE	15631311211	45678.00	8547.00	9876.00		
PA	145412145	47856.00	3574.00	4712.00		

Form W-2 Wage and Tax Statement 2025

Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

☐ VOID ☐ CORRECTED

TY25-PIT-NON-FF-MNY-02

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PRUDENTIAL INSURANCE CO OF AMERICA PO BOX 7390 PHILADELPHIA PA 19176	$ 23119.00	2025	
	2a Taxable amount $ 23119.00	Form 1099-R	
	2b Taxable amount not determined ☑ Total distribution ☑		Copy 1 For State, City, or Local Tax Department

PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a)	4 Federal income tax withheld
221211670		$ 47851.25	$ 451.25

RECIPIENT'S name	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities
OLIVER HARRIS	$ 14753.00	$ 1574.00
Street address (including apt. no.) 200 HILLSTONE CIRCLE	7 Distribution code(s) / IRA/SEP/SIMPLE ☐	8 Other $ %
City or town, state or province, country, and ZIP or foreign postal code SOUDERTON PA 18964	9a Your percentage of total distribution 6 %	9b Total employee contributions $ 16454.00

10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement	14 State tax withheld	15 State/Payer's state no.	16 State distribution
$		☐	$ 4715.00	DE 1221211670001	$
			$ 9321.00	PA 1251241160301	$

Account number (see instructions)	13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution
		$		$
		$		$