DELAWARE FORM 200-02-X

ATTACH LABEL

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

2020

NON-RESIDENT AMENDED PERSONAL INCOME TAX RETURN

Yo	Fiscal year beginning MM DD	and ending MIN							
	our Social Security No.	Spouse's Social Security	y No.	1.	Single, D Widow(e			ed & Filing Separa	
You Sp	ur Last Name First Name and Middle Initial, Jr., Sr., III., etc		, etc. 2.	2. Joint 5. Head of Household					
<u>.</u>							11005	enoid	
Sp	Spouse's Last Name Spouse's First Name, Jr., Sr., III., etc.			etc.					
:					Check if FULL- YEAR non-resident			Form DE2210 Attached	
Pre	Present Home Address (Number and Street) Apt. #				in 2020				
					ou were a p elaware.	art-year resider	nt in 2020	, give the dat	es you resided
Cit	ity	State Z	ip Code	1110	From	MM DD 2 onth Day	2020 T	o Month	DD 2020 Day
CC	OMPLETE ALL SECTIONS OF	THIS RETURN NAMES	S AND SSN'S	MUST MATO	CH ORIGI	NAI RETURN		CORREC	TED AMOUNTS
1.								1	00
2.									
	Filing Statuses 1, 3 & 5 - \$3250 Filing Status 2 - \$6500								
	(b) If you elect to ITEMIZE DEDUCTIONS check here b.							2	
3.	ADDITIONAL STANDARD DEDUCTIONS (Not allowed with Itemized Deductions - see instructions) CHECK BOX(ES)								
	If SPOUSE was 65 or over	and/or Blind	If YOU were 6	5 or over	and/or	Blind		3	
4.	TOTAL DEDUCTIONS - ADD LIN	NES 2 and 3 and enter here						4	
5.	TAXABLE INCOME - Subtract Li	ine 4 from Line 1 and compu	ite tax on this am	ount				5	
6.	Tax Liability Computation								
	A Modified Delaware Sourced In-	come	00 =	Proration	Rat	Liability from Ta e Table/Schedul	e		
	B Delaware Adjusted Gross Inco	me	00 = .		X			6	
7a.	a. Personal Credits (See Instruction	ons) Enter number of exemp	ptions claimed or	n Federal retui	rn	X \$110. =			
	Multiply this amount by the proration decimal on Line 6 (X) and enter total here								
, 7b.	c. CHECK BOX(ES) Spouse 60 or Over (if Filing status 2) Self 60 or Over								
į	Enter number of boxes checked on Line 7b X \$110. =								
:	Multiply this amount by the proration decimal on Line 6 (X) and enter total here								
8.	Tax imposed by State of	(Part Year Resider	nts only)	8				8	
9.	Other Non-Refundable Credits							-	
10.	Total Non-Refundable Credits (Add Lines 7a, 7b, 8 and 9)							9	
, 10.									
11.	,	dd Lines 7a, 7b, 8 and 9)						9	
l	. BALANCE (Subtract Line 10 from	dd Lines 7a, 7b, 8 and 9) n Line 6, cannot be less thar	ı ZERO)					9	
11. 12.	BALANCE (Subtract Line 10 from 2. Delaware Tax Withheld (W-2's a	dd Lines 7a, 7b, 8 and 9) n Line 6, cannot be less thar nd or 1099's Required)	n ZERO)	12				9 10 11	
	BALANCE (Subtract Line 10 from Delaware Tax Withheld (W-2's a Estimated Tax Paid & Payments	dd Lines 7a, 7b, 8 and 9) n Line 6, cannot be less thar nd or 1099's Required) with Extensions	1 ZERO)	12			00	9 10 11 12	
13. 14. 15	BALANCE (Subtract Line 10 from Delaware Tax Withheld (W-2's a Estimated Tax Paid & Payments S Corp Payments and Refundable	dd Lines 7a, 7b, 8 and 9) n Line 6, cannot be less thar nd or 1099's Required) with Extensions	ı ZERO)	12 13 14			00	9 10 11 12 13	
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13. 14. 15	BALANCE (Subtract Line 10 from Delaware Tax Withheld (W-2's a Estimated Tax Paid & Payments S Corp Payments and Refundable Capital Gains Tax Payments	dd Lines 7a, 7b, 8 and 9) n Line 6, cannot be less than nd or 1099's Required) with Extensions e Business Credits ons)	n ZERO)	12 13 14 15			00 00 00 00	9 10 11 12 13 14	000
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STREET ADDRESS OF PREPARER

REMIT FORM TO: NET BALANCE DUE (LINE 25): P.O. BOX 508, WILMINGTON, DE 19899-0508

NET REFUND (LINE 26): P.O. BOX 8710, WILMINGTON, DE 19899-8710

ZERO DUE (LINE 26): P.O. BOX 8711, WILMINGTON, DE 19899-8711

STATE

ZIP

FORM 200-02-X

2020 NON-RESIDENT AMENDED

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PERSONAL INCOMETAX RETURN NOTE: IF YOUR ORIGINAL RETURN WAS FILED USING TWO SEPARATE FORMS, YOU MUST FILE TWO SEPARATE AMENDED FORMS IS AN AMENDED FEDERAL RETURN BEING FILED?..... NO IF NO, PLEASE EXPLAIN. IF THE CHANGES PERTAIN TO THE DE RETURN ONLY, LIST THE LINE NUMBERS BEING AMENDED. YES NO HAS THE DELAWARE DIVISION OF REVENUE ADVISED YOU YOUR ORIGINAL RETURN IS BEING AUDITED?...... 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 Federal DESource Income/Loss SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN **COLUMN 1 COLUMN 2** Wages, salaries, tips, etc.... 00 00 Interest 00 00 28 29. 00 00 State refunds, credits or offsets of state & local income taxes..... 00 00 30. 31. 00 00 32. 00 00 00 00 00 00 34 00 00 35 00 00 Rents, royalties, partnerships, S corps, estates, trusts, etc..... 36 00 00 37. Farm income or (loss).... 00 00 38 00 00 39. 00 00 40 Other income (state nature and source) 40 00 00 41. Total income. Add Lines 27 through 40..... 00 00 42. Total Federal Adjustments (See instructions)..... 00 00 Federal Adjusted Gross Income for Delaware purposes. Subtract Line 42 from 41..... 43. 0.0 00 SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+) **COLUMN 1** COLUMN 2 Interest received on obligations of any state other than Delaware..... 00 00 Fiduciary adjustment, oil depletion..... 45 45 00 00 TOTAL - Add Lines 44 & 45..... 46 46 00 00 Add Lines 43 & 46..... 47. 00 00 SECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-) **COLUMN 1 COLUMN 2** 00 00 48. Interest received on U.S. Obligations..... 00 00 49. Pension/Retirement Exclusions (See instructions) 50. Delaware State t ax refund..... 00 00 51. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward...... 00 00 52. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion..... 00 00 TOTAL - Add Lines 48 through 52..... 53 00 00 Subtract Line 53 from Line 47 and enter here..... 54 00 00 Exclusion for certain persons 60 and over or disabled (See instructions)..... 00 00 56A. Column 2. Subtract Line 55 from Line 54. This is your modified Delaware Source Income. Enter on front side Line 6, Box A...... 00 56A **Column 1.** Subtract Line 55 from Line 54. This is your Delaware Adjusted Gross Income. 00 Enter on front side Line 1 and Line 6, Box B..... **COLUMN 1** SECTION D - ITEMIZED DEDUCTIONS (ATTACH DELAWARE SCHEDULE A) 00 Enter total Itemized Deductions from Delaware Sch A (PIT-NSA). (If Filing Status 3, see instructions) Enter Foreign Taxes Paid (See instructions).... 58. 00 Enter Charitable Mileage Deduction (See instructions)..... 00 TOTAL - Add Lines 57, 58, and 59 00 60 Enter Form 700 Tax Credit Adjustment (See instructions)..... 00 Subtract Line 61 from Line 60. Enter here and on front, Line 2..... 00