DELAWARE FORM 200-02-X

2020 NON-RESIDENT AMENDED PERSONAL INCOME TAX RETURN

and ending

or Fiscal year beginning

Your Social Security No. Spouse's Social Security No. FILING STATUS (MUST CHECK ONE) 3.

1. Single, Divorced, Widow(er)

Check if FULL-

Married & Filing Separate

Your Last Name First Name and Middle Initial, Jr., Sr., III., etc.

5 Head of Joint

Spouse's Last Name

ATTACH LABEI

Spouse's First Name, Jr., Sr., III., etc.

Form DE2210 Attached

Present Home Address (Number and Street) Apt. # YEAR non-resident

State Zip Code

If you were a part-year resident in 2020, give the dates you resided in Delaware. 2020 То

City From Month Day Month COMPLETE ALL SECTIONS OF THIS RETURN. NAMES AND SSN'S MUST MATCH ORIGINAL RETURN. **CORRECTED AMOUNTS** DELAWARE ADJUSTED GROSS INCOME..... (a) If you elect the STANDARD DEDUCTION check here..... 2. Filing Status 2 - \$6500 Filing Statuses 1, 3 & 5 - \$3250 (b) If you elect to ITEMIZE DEDUCTIONS check here 2 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 65 or over and/or Blind 3 4 TOTAL DEDUCTIONS - ADD LINES 2 and 3 and enter here..... 4 TAXABLE INCOME - Subtract Line 4 from Line 1 and compute tax on this amount..... 5 6. Tax Liability Computation Tax Liability from Tax A Modified Delaware Sourced Income Proration Rate Table/Schedule B Delaware Adjusted Gross Income 00 =Х 6 Personal Credits (See Instructions) Enter number of exemptions claimed on Federal return X \$110. = 7a. Multiply this amount by the proration decimal on Line 6 (X) and enter total here..... 7b. CHECK BOX(ES) Spouse 60 or Over (if Filing status 2) Self 60 or Over Enter number of boxes checked on Line 7b X \$110. = DF21220019999 7b Multiply this amount by the proration decimal on Line 6 (X) and enter total here 8. Tax imposed by State of (Part Year Residents only)..... 8 8 9 Other Non-Refundable Credits..... 9. Total Non-Refundable Credits (Add Lines 7a, 7b, 8 and 9)..... BALANCE (Subtract Line 10 from Line 6, cannot be less than ZERO)..... 11. 12. 12 13 13. 14. 14 15. 15 16 16. TOTAL Refundable Credits (Add Lines 12, 13, 14, 15 & 16)..... 17 17. 18. 19. Estimated Tax Carryover and/or Special Funds Contribution as shown on original return 20. 21 22. 22 AMOUNT OF LINE 22 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions)......ENTER > 23 23. 24 24. PENALTIES AND INTEREST DUE.......ENTER > NET BALANCE DUE - Enter the amount due (Line 21 plus Lines 23 and 24) and pay in fullPAY IN FULL > 25 25. NET REFUND - Subtract Lines 23 and 24 from Line 22......TO BE REFUNDED/ZERO DUE > 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 TELEPHONE NUMBER SPOUSE SIGNATURE (If Filing Joint)

SIGNATURE OF PREPARER PREPARER'S EIN OR SSN PREPARER'S PHONE DATE

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

PERSONAL INCOME TAX RETURN

DE2122002000

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NOTE: IF YOUR ORIGINAL RETURN WAS FILED USING TWO SEPARATE FORMS, YOU MUST FILE TWO SEPARATE AMENDED FORMS

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN			Federal COLUMN 1		DESource Income/Loss COLUMN 2
27.	Wages, salaries, tips, etc	27			
28.	Interest	2.0			
29.	Dividends	29			
30.	State refunds, credits or offsets of state & local income taxes				
31.	Alimony received				
32.	Business income or (loss) (See instructions)				
33a.	Capital gain or (loss)				
33b.	Other gains or (losses)	33b			
34.	IRA distributions	34			
35.	Taxable pensions and annuities	35			
36.	Rents, royalties, partnerships, S corps, estates, trusts, etc	36			
37.	Farm income or (loss)	37			
38.	Unemployment compensation (insurance)	38			
39.	Taxable Social Security Benefits	39			
40.	Other income (state nature and source)	40			
41.	Total income. Add Lines 27 through 40	41			
42.	Total Federal Adjustments (See instructions)	42			
43.	Federal Adjusted Gross Income for Delaware purposes. Subtract Line 42 from 41	43			
SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+)			COLUMN 1		COLUMN 2
44.	Interest received on obligations of any state other than Delaware	44			
45.	Fiduciary adjustment, oil depletion	45			
46.	TOTAL - Add Lines 44 & 45	46			
47.	Add Lines 43 & 46	47			
SECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-)			COLUMN 1		COLUMN 2
48.	Interest received on U.S. Obligations	48			
49.	Pension/Retirement Exclusions (See instructions)	49			
50.	Delaware State t ax refund	50			
51.	Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward	51			
52.	Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion	52			
53.	TOTAL - Add Lines 48 through 52	53			
54.	Subtract Line 53 from Line 47 and enter here	•			
55.		55			
	Column 2. Subtract Line 55 from Line 54. This is your modified Delaware Source Income. Enter on front side Line 6, Box A			56A	
56B.	Column 1. Subtract Line 55 from Line 54. This is your Delaware Adjusted Gross Income. Enter on front side Line 1 and Line 6, Box B			00	
SECTION D - ITEMIZED DEDUCTIONS (ATTACH DELAWARE SCHEDULE A)			COLUMN 1		
57.	Enter total Itemized Deductions from Delaware Sch A (PIT-NSA). (If Filing Status 3, see instructions)	57			
58.	Enter Foreign Taxes Paid (See instructions)	58			
59.	Enter Charitable Mileage Deduction (See instructions)	59			
60.	TOTAL - Add Lines 57, 58, and 59	60			
61.	Enter Form 700 Tax Credit Adjustment (See instructions)	61			
62.	Subtract Line 61 from Line 60. Enter here and on front, Line 2	62			