



DELAWARE 2021

DIVISION OF REVENUE F O R M PIT-NON
DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



For Fiscal Year beginning _____ and ending _____

Amended Return
Must include page 3

Your Taxpayer ID

Spouse Taxpayer ID

Your First Name M.I. Last Name Suffix Form PIT-UND

Spouse First Name M.I. Last Name Suffix Attached

Present Home Address (Number and Street) Apartment #

City State Zip Code

Check if **FULL-YEAR** Non-Resident in 2021

Filing Status (Must check one)

1. Single, Divorced, Widow(er) 3. Married & Filing Separate Forms

2. Joint 5. Head of Household

If you were a part-year resident in 2021, give the dates you resided in Delaware:

mm-dd-yyyy mm-dd-yyyy

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN	
1.	WAGES, SALARIES, TIPS, ETC.
2.	INTEREST
3.	DIVIDENDS
4.	STATE REFUNDS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAXES
5.	ALIMONY RECEIVED
6.	BUSINESS INCOME OR (LOSS) (See instructions) i
7a.	CAPITAL GAIN OR (LOSS)
7b.	OTHER GAINS OR (LOSSES)
8.	IRA DISTRIBUTIONS
9.	TAXABLE PENSIONS AND ANNUITIES
10.	RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.
11.	FARM INCOME OR (LOSS)
12.	UNEMPLOYMENT COMPENSATION (INSURANCE)
13.	TAXABLE SOCIAL SECURITY BENEFITS
14.	OTHER INCOME (State nature and source)
15.	TOTAL INCOME - Add Line 1 through Line 14 ⊞
16.	TOTAL FEDERAL ADJUSTMENTS (See instructions) i
17.	FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15 ⊞
SECTION B - ADDITIONS	
18.	INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE
19.	FIDUCIARY ADJUSTMENT, OIL DEPLETION
20.	TOTAL - Add Line 18 to Line 19 ⊞
21.	Add Line 17 to Line 20 ⊞
SECTION C - SUBTRACTIONS	
22.	INTEREST RECEIVED ON U.S. OBLIGATIONS
23.	PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions) i
24.	DELAWARE STATE TAX REFUND
25.	Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, etc.
26.	Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion
27.	TOTAL Add Line 22 through Line 26 ⊞
28.	Subtract Line 27 from Line 21 ⊞
29.	EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions) i
30a.	COLUMN B- Subtract Line 29 from Line 28. This is your modified Delaware Source Income. ⊞
30b.	COLUMN A - Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income. ⊞

FEDERAL COLUMN A		DELAWARE SOURCE INCOME/LOSS COLUMN B	
1.	.00	1.	.00
2.	.00	2.	.00
3.	.00	3.	.00
4.	.00	4.	.00
5.	.00	5.	.00
6.	.00	6.	.00
7a.	.00	7a.	.00
7b.	.00	7b.	.00
8.	.00	8.	.00
9.	.00	9.	.00
10.	.00	10.	.00
11.	.00	11.	.00
12.	.00	12.	.00
13.	.00	13.	.00
14.	.00	14.	.00
15.	.00	15.	.00
16.	.00	16.	.00
17.	.00	17.	.00
18.	.00	18.	.00
19.	.00	19.	.00
20.	.00	20.	.00
21.	.00	21.	.00
22.	.00	22.	.00
23.	.00	23.	.00
24.	.00	24.	.00
25.	.00	25.	.00
26.	.00	26.	.00
27.	.00	27.	.00
28.	.00	28.	.00
29.	.00	29.	.00
30a.	.00	30a.	.00
30b.	.00		

BALANCE DUE WITH PAYMENT ENCLOSED (LINE 59) 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 60) 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 2021

DIVISION OF REVENUE F O R M
PIT-NON
DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



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. TOTAL - Add Line 31 through Line 33	34. \$.00
35. ENTER FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	35. \$.00
36. Subtract Line 35 from Line 34. Enter here and on Line 38.	36. \$.00
SECTION E - CALCULATIONS	
37. DELAWARE ADJUSTED GROSS INCOME - Enter amount from Line 30b here	37. \$.00
38. 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 36.	38. \$.00
39. 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"/>	39. \$.00
40. TOTAL DEDUCTIONS - Add Line 38 to Line 39 and enter here	40. \$.00
41. TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount	41. \$.00
42. TAX LIABILITY COMPUTATION (See instructions)	42. \$.00
A. Line 30a <input type="text" value="0.00"/> PRORATION DECIMAL (See instructions) Tax Liability from Tax Rate Table/ Schedule Amount	
B. Line 30b <input type="text" value="0.00"/> = <input type="text"/> X <input type="text" value="0.00"/>	
43a. PERSONAL CREDITS If you are Filing Status 3, see instructions. Enter number of exemptions listed on Federal return <input type="text"/> x \$110 = <input type="text"/> Multiply this amount by the proration decimal on Line 42 (x <input type="text"/>) and enter total here	43a. \$.00
43b. 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 43b <input type="text"/> x \$110 = <input type="text"/> Multiply this amount by the proration decimal on Line 42 (x <input type="text"/>) and enter total here	43b. \$.00
44. TAX IMPOSED BY STATE OF <input type="text"/> <input type="checkbox"/> Must attach copy of PIT-NNS and other state return - Part-Year Residents Only (See instructions)	44. \$.00
45. OTHER NON-REFUNDABLE CREDITS (See instructions)	45. \$.00
46. TOTAL NON-REFUNDABLE CREDITS - Add Line 43a through Line 45	46. \$.00
47. BALANCE - Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter 0.	47. \$.00
48. DELAWARE TAX WITHHELD - (Attach W-2s/1099s)	48. \$.00
49. ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	49. \$.00
50. S CORP PAYMENTS (See instructions)	50. \$.00
51. REFUNDABLE BUSINESS CREDITS (See instructions)	51. \$.00
52. CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST)	52. \$.00
53. TOTAL REFUNDABLE CREDITS - Add Line 48 through Line 52	53. \$.00
54. BALANCE DUE If Line 47 is greater than Line 53, Subtract Line 53 from Line 47 and enter here.	54. \$.00
55. OVERPAYMENT If Line 53 is greater than Line 47, Subtract Line 47 from Line 53 and enter here.	55. \$.00
56. CONTRIBUTIONS TO SPECIAL FUNDS (If electing a contribution, complete and attach PIT-NNS) TOTAL	56. \$.00
57. AMOUNT OF LINE 55 TO BE APPLIED TO 2022 ESTIMATED TAX ACCOUNT ENTER	57. \$.00
58. PENALTIES AND INTEREST DUE (If Line 54 is greater than \$800, see estimated tax instructions) ENTER	58. \$.00
59. NET BALANCE DUE - Add Line 54, Line 56, and Line 58 PAY IN FULL	59. \$.00
60. NET REFUND - Subtract Lines 56, 57, and 58 from Line 55 ZERO DUE/TO BE REFUNDED	60. \$.00

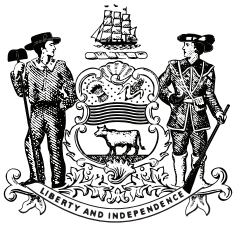
SECTION F - DIRECT DEPOSIT INFORMATION		If you would like your refund deposited directly to your checking or savings account, complete below. See instructions for details.
ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN		
		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

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

YOUR SIGNATURE _____	DATE _____
SPOUSE SIGNATURE _____	DATE _____
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 _____	DATE _____
ADDRESS <input style="width: 100%;" type="text"/>	
CITY <input style="width: 50%;" type="text"/>	STATE <input style="width: 20%;" type="text"/>
ZIP CODE <input style="width: 30%;" type="text"/>	
EIN, SSN or PTIN <input style="width: 50%;" type="text"/>	PHONE NO. <input style="width: 50%;" type="text"/>
@ EMAIL ADDRESS <input style="width: 100%;" type="text"/>	



DELAWARE 2021

DIVISION OF REVENUE FORM PIT-NON
DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



FOR AMENDED RETURNS ONLY		COLUMN B
61.	TOTAL REFUNDABLE CREDITS - From Line 53	.00
62.	AMOUNT PAID ON ORIGINAL RETURN	.00
63.	SUBTOTAL - Add Lines 61 and 62	.00
64.	REFUND RECEIVED (If any, see instructions) i	.00
65.	Estimated tax carryover and/or Special Funds contributions as shown on original return	.00
66.	Subtract Line 64 and Line 65 from Line 63 ☰	.00
67.	BALANCE DUE - If Line 47 is greater than Line 66, Subtract Line 66 from Line 47 and enter here ☰	.00
68.	OVERPAYMENT - If Line 66 is greater than Line 47, Subtract Line 47 from Line 66 and enter here ☰	.00
69.	AMOUNT OF LINE 68 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions) i	.00
70.	PENALTIES AND INTEREST DUE	.00
71.	NET BALANCE DUE - Add Line 67 and Line 69 to Line 70 ☰ PAY IN FULL	.00
72.	NET REFUND - Subtract Line 69 and Line 70 from Line 68 ☰ ZERO DUE/TO BE REFUNDED	.00

73. 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.

74. Has the Delaware Division of Revenue advised you your original return is being audited? Yes No

75. 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 71)
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 72)
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