



# 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) <span style="float: right;">i</span>
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 <span style="float: right;">☰</span>
16.	TOTAL FEDERAL ADJUSTMENTS (See instructions) <span style="float: right;">i</span>
17.	FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15 <span style="float: right;">☰</span>

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

**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 <span style="float: right;">☰</span>
21.	Add Line 17 to Line 20 <span style="float: right;">☰</span>

18.	.00	18.	.00
19.	.00	19.	.00
20.	.00	20.	.00
21.	.00	21.	.00

**SECTION C - SUBTRACTIONS**

22.	INTEREST RECEIVED ON U.S. OBLIGATIONS
23.	PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions) <span style="float: right;">i</span>
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 <span style="float: right;">☰</span>
28.	Subtract Line 27 from Line 21 <span style="float: right;">☰</span>
29.	EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions) <span style="float: right;">i</span>

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.	COLUMN B- Subtract Line 29 from Line 28. This is your modified Delaware Source Income. <span style="float: right;">☰</span>	Enter on Page 2, Line 42, Box A	30a.	.00
30b.	COLUMN A - Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income. <span style="float: right;">☰</span>	Enter on Page 2, Line 37 and Line 42, Box B	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

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SECTION D - DEDUCTIONS					
31.	ENTER TOTAL ITEMIZED DEDUCTIONS (If Filing Status 3, See instructions)	i	31.	\$	.00
32.	ENTER FOREIGN TAXES PAID (See instructions)	i	32.	\$	.00
33.	ENTER CHARITABLE MILEAGE DEDUCTION (See instructions)	i	33.	\$	.00
34.	TOTAL - Add Line 31 through Line 33	calculator	34.	\$	.00
35.	ENTER FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	i	35.	\$	.00
36.	Subtract Line 35 from Line 34. Enter here and on Line 38.	calculator	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 <b>a.</b> <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>b.</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"/>	i	39.	\$	.00
40.	TOTAL DEDUCTIONS - Add Line 38 to Line 39 and enter here	calculator	40.	\$	.00
41.	TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount	calculator	41.	\$	.00
42.	TAX LIABILITY COMPUTATION (See instructions)				
	A. Line 30a <input type="text"/> .00	PRORATION DECIMAL (See instructions)			
	B. Line 30b <input type="text"/> .00	=		X	Tax Liability from Tax Rate Table/ Schedule Amount
			42.	\$	.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	calculator	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	calculator	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)	i	44.	\$	.00
45.	OTHER NON-REFUNDABLE CREDITS (See instructions)	i	45.	\$	.00
46.	TOTAL NON-REFUNDABLE CREDITS - Add Line 43a through Line 45	calculator	46.	\$	.00
47.	BALANCE - Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter 0.	calculator	47.	\$	.00
48.	DELAWARE TAX WITHHELD - (Attach W-2s/1099s)	calculator	48.	\$	.00
49.	ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	calculator	49.	\$	.00
50.	S CORP PAYMENTS (See instructions)	i	50.	\$	.00
51.	REFUNDABLE BUSINESS CREDITS (See instructions)	i	51.	\$	.00
52.	CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST)	calculator	52.	\$	.00
53.	TOTAL REFUNDABLE CREDITS - Add Line 48 through Line 52	calculator	53.	\$	.00
54.	BALANCE DUE If Line 47 is greater than Line 53, Subtract Line 53 from Line 47 and enter here.	calculator	54.	\$	.00
55.	OVERPAYMENT If Line 53 is greater than Line 47, Subtract Line 47 from Line 53 and enter here.	calculator	55.	\$	.00
56.	CONTRIBUTIONS TO SPECIAL FUNDS (If electing a contribution, complete and attach PIT-NNS)	calculator	56.	\$	.00
57.	AMOUNT OF LINE 55 TO BE APPLIED TO 2022 ESTIMATED TAX ACCOUNT	calculator	57.	\$	.00
58.	PENALTIES AND INTEREST DUE (If Line 54 is greater than \$800, see estimated tax instructions)	calculator	58.	\$	.00
59.	NET BALANCE DUE - Add Line 54, Line 56, and Line 58	calculator	59.	\$	.00
60.	NET REFUND - Subtract Lines 56, 57, and 58 from Line 55	calculator	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.

<input type="checkbox"/> CHECKING	ROUTING NUMBER	ACCOUNT NUMBER	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			

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

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

YOUR SIGNATURE	DATE
SPOUSE SIGNATURE	DATE
HOME PHONE NUMBER	BUSINESS PHONE NUMBER
@ EMAIL ADDRESS	

PAID PREPARER INFORMATION	
PAID PREPARER SIGNATURE	DATE
ADDRESS	
CITY	STATE
EIN, SSN or PTIN	PHONE NO.
@ EMAIL ADDRESS	



# DELAWARE 2021

DIVISION OF REVENUE FORM  
PIT-NON

## DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



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

