

2012 NR

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN FORM 200-02

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning and ending

Your Social Security No. Spouse's Social Security No.

(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS

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

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

Present Home Address (Number and Street) Apt. #

City State Zip Code

FILING STATUS (MUST CHECK ONE)

- 1. Single, Divorced, Widow(er) 2. Joint or Entered into a Civil Union 3. Married or Entered into a Civil Union & Filing Separate Forms 4. Head of Household

Check if FULL-YEAR non-resident in 2012 Form DE2210 Attached

If you were a part-year resident in 2012, give the dates you resided in Delaware. From 2012 To 2012

37. DELAWARE ADJUSTED GROSS INCOME (Enter amount from reverse side, Line 30B, Column 1) 37 00

38. (a) If you elect the STANDARD DEDUCTION check here... (b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36... 38 00

39. 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 39 00

40. TOTAL DEDUCTIONS - Add Lines 38 & 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 A Line 30A B Line 30 B Proration Decimal (See instructions, page 10) Tax Liability from Tax Rate Table/Schedule Amount 42 00

43a. PERSONAL CREDITS (If Filing Status 3, see instructions on page 10) Enter number of exemptions claimed on Federal return X \$110. = Multiply this amount by the proration decimal on Line 42 (X ) and enter total here 43a 00

43b. CHECK BOX(ES) Spouse 60 or Over (if filing status 2) Self 60 or Over Enter number of boxes checked on Line 43b X \$110. = Multiply this amount by the proration decimal on Line 42 (X ) and enter total here 43b 00

44. Tax imposed by State of (Must attach copy of DE Sch. I and other state return) (Part-Year Residents Only. See instructions, page 11) 44 00 44

45. Other Non-Refundable Credits (See instructions, page 11) 45 00 45

46. Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45 46 00

47. BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero) 47 00

48. Delaware Tax Withheld (Attach W-2s/1099s) 48 00 48

49. 2012 Estimated Tax Paid & Payments with Extensions 49 00 49

50. S Corp Payments and Refundable Business Credits (See Instructions, Page 12) 50 00 50

51. 2012 Capital Gains Tax Payments (Attach Form 5403) 51 00 51

52. TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, 50, and 51 52 00

53. If Line 47 is greater than Line 52, subtract 52 from 47 and enter here...AMOUNT YOU OWE > 53 00

54. If Line 52 is greater than Line 47, subtract 47 from 52 and enter here...OVERPAYMENT > 54 00

55. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III... TOTAL > 55 00

56. AMOUNT OF LINE 54 TO BE APPLIED TO 2013 ESTIMATED TAX ACCOUNT... ENTER > 56 00

57. PENALTIES AND INTEREST DUE. If Line 53 is greater than \$400, see estimated tax instructions... ENTER > 57 00

58. NET BALANCE DUE. Enter the amount due (Line 53 plus Lines 55 and 57) and pay in full... PAY IN FULL > 58 00

59. NET REFUND. Subtract Lines 55, 56 and 57 from Line 54... ZERO DUE/TO BE REFUNDED > 59 00

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.

Signature and Date fields for taxpayer, spouse, and preparer, along with EIN, SSN, PTIN, address, and phone information.



ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE



## 2012 DELAWARE NON-RESIDENT SCHEDULE

Name(s): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### **DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE**

**See the instructions and complete the worksheet on Page 11 prior to completing DE Schedule I.**

Enter the credit in **HIGHEST** to **LOWEST** amount order.

1. Tax imposed by State of _____ (enter 2 character state name).....	1		00
2. Tax imposed by State of _____ (enter 2 character state name).....	2		00
3. Tax imposed by State of _____ (enter 2 character state name).....	3		00
4. Tax imposed by State of _____ (enter 2 character state name).....	4		00
5. Tax imposed by State of _____ (enter 2 character state name).....	5		00
6. Enter the total here and on Page 1, Line 44. <b>You must attach a copy of the other state return(s) with your Delaware tax return</b> .....	6		00

**DE SCHEDULE II** - This schedule does not apply to the Non-resident form. It is intentionally excluded.

### **DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS**

See Page 13 for a description of each worthwhile fund listed below.

7.	A. Non-Game Wildlife	00	F. Diabetes Educ.	00	K. Ovarian Cancer Fund	00
	B. U.S. Olympics	00	G. Veteran's Home	00	L. 21st Fund for Children	00
	C. Emergency Housing	00	H. DE National Guard	00	M. White Clay Creek	00
	D. Breast Cancer Educ.	00	I. Juv. Diabetes Fund	00	N. Home of the Brave	00
	E. Organ Donations	00	J. Mult. Sclerosis Soc.	00	O. Senior Trust Fund	00

Enter the total Contribution amount here and on Non-Resident Return, Line 55..... 7   00

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

