# 2015 NR

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

DO NOT WRITE OR STAPLE IN THIS AREA

Reset

Print Form

ATTACH LABEL HERE

or Fiscal Year beginning MM DD YY and ending MM DD YY

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

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)

City | State | Zip Code

Check if FULL-YEAR non-resident in 2015 ☐

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
5. ☐ Head of Household

Form DE2210 ☐ Attached

If you were a part-year resident in 2015, give the dates you resided in Delaware.

From MM (Month) DD (Day) 2015 To MM (Month) DD (Day) 2015

| | | | |
|---|---|---|---|
| 37. | **DELAWARE ADJUSTED GROSS INCOME** (Begin Return on Page 2, Line 1, then enter amount from Line 30B, Column 1 here) > | 37 | 00 |
| 38. | (a) If you elect the STANDARD DEDUCTION check here — Filing Statuses 1, 3 & 5 - $3250 Filing Status 2 - $6500 — a. ☐ | | |
| | (b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36 — b. ☐ | 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 30B = Proration Decimal (See instructions, page 10) x Tax Liability from Tax Rate Table/Schedule Amount | 42 | 00 |
| 43. | 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 |
| 45. | Other Non-Refundable Credits (See instructions, page 11) | 45 | 00 |
| 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 |
| 49. | 2015 Estimated Tax Paid & Payments with Extensions | 49 | 00 |
| 50. | S Corp Payments and Refundable Business Credits (See Instructions, Page 12) | 50 | 00 |
| 51. | 2015 Capital Gains Tax Payments **(Attach Form 5403)** | 51 | 00 |
| 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 **2016 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 |

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

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 X | Date MM DD YY | Spouse's Signature (If filing joint) X | Date MM DD YY

Home Phone: | Business Phone: | Email Address:

Signature of Paid Preparer X | Date MM DD YY | Address of Paid Preparer

Business Phone | Email Address

EIN, SSN, or PTIN

DF20315019999

# 2015 NR

2015 DELAWARE NON-RESIDENT FORM 200-02, PAGE 2

DF20315029999



**SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN**

| | | Federal COLUMN 1 | Delaware Source Income/Loss COLUMN 2 |
|---|---|---|---|
| 1. Wages, salaries, tips, etc. | 1 | 00 | 00 |
| 2. Interest | 2 | 00 | 00 |
| 3. Dividends | 3 | 00 | 00 |
| 4. State refunds, credits or offsets of state & local income taxes | 4 | 00 | 00 |
| 5. Alimony received | 5 | 00 | 00 |
| 6. Business income or (loss) (See instructions on Page 6) | 6 | 00 | 00 |
| 7a. Capital gain or (loss) | 7a | 00 | 00 |
| 7b. Other gains or (losses) | 7b | 00 | 00 |
| 8. IRA distributions | 8 | 00 | 00 |
| 9. Taxable pensions and annuities | 9 | 00 | 00 |
| 10. Rents, royalties, partnerships, S corps, estates, trusts, etc. | 10 | 00 | 00 |
| 11. Farm income or (loss) | 11 | 00 | 00 |
| 12. Unemployment compensation (insurance) | 12 | 00 | 00 |
| 13. Taxable Social Security Benefits | 13 | 00 | 00 |
| 14. Other income (state nature and source) | 14 | 00 | 00 |
| 15. Total income. Add Lines 1 through 14 | 15 | 00 | 00 |
| 16. Total Federal Adjustments (See instructions on Page 6) | 16 | 00 | 00 |
| 17. Federal Adjusted Gross Income for Delaware purposes. Subtract Line 16 from 15 | 17 | 00 | 00 |

**SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS ( + )**

| | | COLUMN 1 | COLUMN 2 |
|---|---|---|---|
| 18. Interest received on obligations of any state other than Delaware | 18 | 00 | 00 |
| 19. Fiduciary adjustment, oil depletion | 19 | 00 | 00 |
| 20. TOTAL - Add Lines 18 & 19 | 20 | 00 | 00 |
| 21. Add Lines 17 & 20 | 21 | 00 | 00 |

**SECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS ( - )**

| | | COLUMN 1 | COLUMN 2 |
|---|---|---|---|
| 22. Interest received on U.S. Obligations | 22 | 00 | 00 |
| 23. Pension/Retirement Exclusions **(For a definition of eligible income, see instructions on Page 7)** | 23 | 00 | 00 |
| 24. Delaware State tax refund | 24 | 00 | 00 |
| 25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward | 25 | 00 | 00 |
| 26. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion | 26 | 00 | 00 |
| 27. TOTAL - Add Lines 22 through 26 | 27 | 00 | 00 |
| 28. Subtract Line 27 from Line 21 and enter here | 28 | 00 | 00 |
| 29. Exclusion for certain persons 60 and over or disabled (See instructions on Page 8) | 29 | 00 | 00 |

30A. **Column 2.** Subtract Line 29 from Line 28. This is your modified Delaware Source Income. **Enter on front side Line 42, Box A** ..... 30A 00

30B. **Column 1.** Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income. **Enter on front side Line 37 and Line 42, Box B** ..... 30B 00

**SECTION D - ITEMIZED DEDUCTIONS (ATTACH FEDERAL SCHEDULE A, FORM 1040)**

| | | COLUMN 1 |
|---|---|---|
| 31. Enter total Itemized Deductions **(If Filing Status 3, see instructions on Page 8)** | 31 | 00 |
| 32. Enter Foreign Taxes Paid (See instructions on Page 8) | 32 | 00 |
| 33. Enter Charitable Mileage Deduction (See instructions on Page 8) | 33 | 00 |
| 34. TOTAL - Add Lines 31, 32, and 33 | 34 | 00 |
| 35a. Enter State Income Tax included in Line 31 above (See Instructions on Page 8) | 35a | 00 |
| 35b. Enter Form 700 Tax Credit Adjustment (See instructions on Page 9) | 35b | 00 |
| 36. Subtract Line 35a and 35b from Line 34. Enter here and on front, Line 38 | 36 | 00 |

**SECTION E - DIRECT DEPOSIT INFORMATION** If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c, and d below. See instructions for details.

a. Routing Number

b. Type: Checking ☐ Savings ☐

c. Account Number

d. Is this refund going to or through an account that is located outside of the United States?

Yes ☐ No ☐

**NOTE: If your refund is adjusted by $100.00 or more, a paper check will be issued and mailed to the address on your return.**

**BALANCE DUE W/PAYMENT ENCLOSED (LINE 58):**
DELAWARE DIVISION OF REVENUE
P.O. BOX 508, WILMINGTON, DE 19899-0508

**REFUND (LINE 59):**
DELAWARE DIVISION OF REVENUE
P.O. BOX 8710 WILMINGTON, DE 19899-8710

**ALL OTHER RETURNS:**
DELAWARE DIVISION OF REVENUE
P.O. BOX 8711, WILMINGTON, DE 19899-8711

**MAKE CHECK PAYABLE TO : DELAWARE DIVISION OF REVENUE. REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN AND KEEP A COPY OF THE RETURN FOR YOUR RECORDS**

# 2015 NR

**2015 DELAWARE NON-RESIDENT SCHEDULE** **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. **You must attach a copy of the other state return(s) with your Delaware tax return** ..... 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
- B. U.S. Olympics 00
- C. Emergency Housing 00
- D. Breast Cancer Educ. 00
- E. Organ Donations 00
- F. Diabetes Educ. 00
- G. Veteran's Home 00
- H. DE National Guard 00
- I. Juv. Diabetes Fund 00
- J. Mult. Sclerosis Soc. 00
- K. Ovarian Cancer Fund 00
- L. 21st Fund for Children 00
- M. White Clay Creek 00
- N. Home of the Brave 00
- O. Senior Trust Fund 00
- P. Veteran's Trust Fund 00
- Q. Protecting DE's Children 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.**