DELAWARE FORM 200-02-X

2017

NON-RESIDENT AMENDED PERSONAL INCOME TAX RETURN

DO NOT WRITE OR STAPLE IN THIS AREA

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

ATTACH LABEL

Your Social Security No. | Spouse's Social Security 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) | Apt. #

City | State | Zip Code

FILING STATUS (MUST CHECK ONE)

1. ☐ Single, Divorced, Widow(er)
2. ☐ Joint
3. ☐ Married & Filing Separate Forms
5. ☐ Head of Household

☐ Check if FULL-YEAR non-resident in 2017

☐ Form DE2210 Attached

If you were a part-year resident in 2017, give the dates you resided in Delaware.

From MM DD 2017 (Month Day) To MM DD 2017 (Month Day)

COMPLETE ALL SECTIONS OF THIS RETURN. NAMES AND SSN'S MUST MATCH ORIGINAL RETURN.

					CORRECTED AMOUNTS
1.	**DELAWARE ADJUSTED GROSS INCOME**			1	00
2.	(a) If you elect the STANDARD DEDUCTION check here ☐ a. Filing Statuses 1, 3 & 5 - $3250 Filing Status 2 - $6500				
	(b) If you elect to ITEMIZE DEDUCTIONS check here ☐ b.			2	00
3.	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	00
4.	**TOTAL DEDUCTIONS** - ADD LINES 2 and 3 and enter here			4	00
5.	**TAXABLE INCOME** - Subtract Line 4 from Line 1 and compute tax on this amount			5	00
6.	Tax Liability Computation				
	A Modified Delaware Sourced Income 00 = Proration	Tax Liability from Tax Rate Table/Schedule			
	B Delaware Adjusted Gross Income 00 = . X 00			6	00
7a.	**Personal Credits** (See Instructions) Enter number of exemptions claimed on Federal return ____ X $110. = ____ Multiply this amount by the proration decimal on Line 6 (X ____) and enter total here			7a	00
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. = ____ Multiply this amount by the proration decimal on Line 6 (X ____) and enter total here			7b	00
8.	Tax imposed by State of ____ (**Part Year Residents only**)	8	00	8	
9.	Other Non-Refundable Credits	9	00	9	
10.	Total Non-Refundable Credits (Add Lines 7a, 7b, 8 and 9)			10	00
11.	**BALANCE** (Subtract Line 10 from Line 6, cannot be less than ZERO)			11	00
12.	Delaware Tax Withheld **(W-2's and or 1099's Required)**	12	00	12	
13.	Estimated Tax Paid & Payments with Extensions	13	00	13	
14.	S Corp Payments and Refundable Business Credits	14	00	14	
15.	2017 Capital Gains Tax Payments	15	00	15	
16.	Amount paid (if any, see instructions)	16	00	16	
17.	TOTAL Refundable Credits (Add Lines 12, 13, 14, 15 & 16)			17	00
18.	Refund received (if any, see instructions)			18	00
19.	Estimated Tax Carryover and/or Special Funds Contribution as shown on original return			19	00
20.	Subtract Lines 18 and 19 from Line 17			20	00
21.	**BALANCE DUE**. If Line 11 is more than Line 20, subtract 20 from 11 and enter here >			21	00
22.	**OVERPAYMENT**. If Line 20 is more than Line 11, subtract 11 from 20 and enter here >			22	00
23.	AMOUNT OF LINE 22 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions) ENTER >			23	00
24.	PENALTIES AND INTEREST DUE ENTER >			24	00
25.	NET BALANCE DUE - Enter the amount due (Line 21 plus Lines 23 and 24) and pay in full PAY IN FULL >			25	00
26.	NET REFUND - Subtract Lines 23 and 24 from Line 22 TO BE REFUNDED/ZERO DUE >			26	00

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

DF21217019999

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 | CITY | STATE | ZIP

REMIT FORM TO: **NET BALANCE DUE (LINE 25):** P.O. BOX 508, WILMINGTON, DE 19899-0508
NET REFUND (LINE 26): P.O. BOX 8765, WILMINGTON, DE 19899-8765
ZERO DUE (LINE 26): P.O. BOX 8711, WILMINGTON, DE 19899-8711

NON-RESIDENT AMENDED
PERSONAL INCOME TAX RETURN

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

IS AN AMENDED FEDERAL RETURN BEING FILED?..... YES NO

IF NO, PLEASE EXPLAIN. IF THE CHANGES PERTAIN TO THE DE RETURN ONLY, LIST THE LINE NUMBERS BEING AMENDED.

HAS THE DELAWARE DIVISION OF REVENUE ADVISED YOU YOUR ORIGINAL RETURN IS BEING AUDITED?..... YES NO

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

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN		Federal **COLUMN 1**	DESource Income/Loss **COLUMN 2**
27. Wages, salaries, tips, etc.	27	00	00
28. Interest	28	00	00
29. Dividends	29	00	00
30. State refunds, credits or offsets of state & local income taxes	30	00	00
31. Alimony received	31	00	00
32. Business income or (loss) (See instructions)	32	00	00
33a. Capital gain or (loss)	33a	00	00
33b. Other gains or (losses)	33b	00	00
34. IRA distributions	34	00	00
35. Taxable pensions and annuities	35	00	00
36. Rents, royalties, partnerships, S corps, estates, trusts, etc.	36	00	00
37. Farm income or (loss)	37	00	00
38. Unemployment compensation (insurance)	38	00	00
39. Taxable Social Security Benefits	39	00	00
40. Other income (state nature and source)	40	00	00
41. Total income. Add Lines 27 through 40	41	00	00
42. Total Federal Adjustments (See instructions)	42	00	00
43. Federal Adjusted Gross Income for Delaware purposes. Subtract Line 42 from 41	43	00	00

SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+)		**COLUMN 1**	**COLUMN 2**
44. Interest received on obligations of any state other than Delaware	44	00	00
45. Fiduciary adjustment, oil depletion	45	00	00
46. TOTAL - Add Lines 44 & 45	46	00	00
47. Add Lines 43 & 46	47	00	00

SECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-)		**COLUMN 1**	**COLUMN 2**
48. Interest received on U.S. Obligations	48	00	00
49. Pension/Retirement Exclusions **(See instructions)**	49	00	00
50. Delaware State t ax refund	50	00	00
51. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward	51	00	00
52. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion	52	00	00
53. TOTAL - Add Lines 48 through 52	53	00	00
54. Subtract Line 53 from Line 47 and enter here	54	00	00
55. Exclusion for certain persons 60 and over or disabled (See instructions)	55	00	00

56A. **Column 2.** Subtract Line 55 from Line 54. This is your modified Delaware Source Income. **Enter on front side Line 6, Box A** 56A 00

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** 56B 00

SECTION D - ITEMIZED DEDUCTIONS (ATTACH FEDERAL SCHEDULE A, FORM 1040)		**COLUMN 1**
57. Enter total Itemized Deductions **(If Filing Status 3, see instructions)**	57	00
58. Enter Foreign Taxes Paid (See instructions)	58	00
59. Enter Charitable Mileage Deduction (See instructions)	59	00
60. TOTAL - Add Lines 57, 58, and 59	60	00
61a. Enter State Income Tax included in Line 57 above (See Instructions)	61a	00
61b. Enter Form 700 Tax Credit Adjustment (See instructions)	61b	00
62. Subtract Line 61a and 61b from Line 60. Enter here and on front, Line 2	62	00