DELaware form 200-02-X
Non-resident amended personal income tax return

Filing Status (Must check one)
1. Single, Divorced, Widow(er)
2. Joint
3. Married & Filing Separate Forms
4. Check if FULL-YEAR non-resident in 2017
5. Head of Household

Date
From Month Day Year To Month Day Year

Delaware adjusted gross income
1. Delaware Adjusted Gross Income

(a) If you elect the STANDARD DEDUCTION check here........................................................................................................ 1
   Filing Statuses 1, 3 & 5 - $3250
   Filing Status 2 - $6500
   (b) If you elect to ITEMIZE DEDUCTIONS check here...................................................................................................... 2

Additional standard deductions
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

Total deductions
4. TOTAL DEDUCTIONS - ADD LINES 2 and 3 and enter here.................................................................................................. 4

Taxable income
5. TAXABLE INCOME - Subtract Line 4 from Line 1 and compute tax on this amount............................................................ 5

Tax liability computation
6. Tax Liability Computation
   A Modified Delaware Sourced Income
   B Delaware Adjusted Gross Income
   Multiply this amount by the proration decimal on Line 6 (X
   and enter total here.................................................................................................................................................................. 6

Personal credits (See Instructions)
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

(check box(es) if spouse 60 or over (if filing status 2) self 60 or over
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

Tax imposed by State of
8. Tax imposed by State of (Part Year Residents only)

Other non-refundable credits
9. Other Non-Refundable Credits.........................................................

Total non-refundable credits
10. Total Non-Refundable Credits (Add Lines 7a, 7b, 8 and 9).................................................................

Balance (subtract line 10 from line 6, cannot be less than Zero)
11. BALANCE (Subtract Line 10 from Line 6, cannot be less than ZERO)

Delaware tax withheld (W-2's and or 1099's Required)
12. Delaware Tax Withheld (W-2's and or 1099's Required)

Estimated tax paid & payments with extensions
13. Estimated Tax Paid & Payments with Extensions

S Corp payments and refundable business credits
14. S Corp Payments and Refundable Business Credits

2017 capital gains tax payments
15. 2017 Capital Gains Tax Payments

Amount paid (if any, see instructions)
16. Amount paid (if any, see instructions)

Total refundable credits (add lines 12, 13, 14, 15 & 16)
17. TOTAL Refundable Credits (Add Lines 12, 13, 14, 15 & 16)

Refund received (if any, see instructions)
18. Refund received (if any, see instructions)

Estimated tax carryover and/or special funds contribution as shown on original return
19. Estimated Tax Carryover and/or Special Funds Contribution as shown on original return

Subtract lines 18 and 19 from line 17
20. Subtract Lines 18 and 19 from Line 17

Balance due. If line 11 is more than line 20, subtract 20 from 11 and enter here
21. Balance Due. If line 11 is more than line 20, subtract 20 from 11 and enter here

Overpayment. If line 20 is more than line 11, subtract 11 from 20 and enter here
22. Overpayment. If line 20 is more than line 11, subtract 11 from 20 and enter here

Amount of line 22 to be applied to your estimated tax account (see instructions)
23. Amount of line 22 to be applied to your estimated tax account (See Instructions)

Penalties and interest due
24. Penalties and Interest Due

Net balance due - enter the amount due (line 21 plus lines 23 and 24) and pay in full
25. Net Balance Due - Enter the amount due (Line 21 plus Lines 23 and 24) and pay in full

Net refund - subtract lines 23 and 24 from line 22
26. Net Refund - Subtract Lines 23 and 24 from Line 22

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 of preparer

Date

Telephone number

Spouse signature (If filing Joint)

Signature of preparer

Date

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
## SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Federal COLUMN 1</th>
<th>DE Source Income/Loss COLUMN 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Wages, salaries, tips, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Interest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Dividends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>State refunds, credits or offsets of state &amp; local income taxes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Alimony received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Business income or (loss) (See instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33a</td>
<td>Capital gain or (loss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33b</td>
<td>Other gains or (losses)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>IRA distributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Taxable pensions and annuities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Rents, royalties, partnerships, S corps, estates, trusts, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Farm income or (loss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Unemployment compensation (insurance)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Taxable Social Security Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Other income (state nature and source)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Total income. Add Lines 27 through 40.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Total Federal Adjustments (See instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Federal Adjusted Gross Income for Delaware purposes. Subtract Line 42 from 41.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Federal COLUMN 1</th>
<th>DE Source Income/Loss COLUMN 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>44</td>
<td>Interest received on obligations of any state other than Delaware</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>Fiduciary adjustment, oil depletion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>TOTAL - Add Lines 44 &amp; 45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>Add Lines 43 &amp; 46</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Federal COLUMN 1</th>
<th>DE Source Income/Loss COLUMN 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>48</td>
<td>Interest received on U.S. Obligations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Pension/Retirement Exclusions (See instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Delaware State tax refund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>TOTAL - Add Lines 48 through 52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>Subtract Line 53 from Line 47 and enter here</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>Exclusion for certain persons 60 and over or disabled (See instructions)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Column 2:

- Subtract Line 55 from Line 54. This is your modified Delaware Source Income.
- Enter on front side Line 6, Box A.

### 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.

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Federal COLUMN 1</th>
<th>DE Source Income/Loss COLUMN 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>57</td>
<td>Enter total Itemized Deductions (If Filing Status 3, see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>Enter Foreign Taxes Paid (See instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>Enter Charitable Mileage Deduction (See instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60</td>
<td>TOTAL - Add Lines 57, 58, and 59</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61a</td>
<td>Enter State Income Tax included in Line 57 above (See Instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61b</td>
<td>Enter Form 700 Tax Credit Adjustment (See instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>62</td>
<td>Subtract Line 61a and 61b from Line 60. Enter here and on front, Line 2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>