

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

- FILING STATUS (MUST CHECK ONE)
1. Single, Divorced, Widow(er)
2. Joint
3. Married & Filing Separate Forms
4. Head of Household

ATTACH LABEL

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

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 2017 To 2017
Month Day Month Day

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

Table with 2 columns: Line Number and Corrected Amounts. Rows include Delaware Adjusted Gross Income, Deductions, Taxable Income, Tax Liability, Credits, and Balance Due.

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 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



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<br>COLUMN 1 | DESource Income/Loss<br>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                            |
| <b>SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS ( + )</b>  | <b>COLUMN 1</b>     | <b>COLUMN 2</b>                  |
| 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                            |
| <b>SECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS ( - )</b>   | <b>COLUMN 1</b>     | <b>COLUMN 2</b>                  |
| 48. Interest received on U.S. Obligations.....   | 48                  | 00 00                            |
| 49. Pension/Retirement Exclusions (See instructions).....  | 49                  | 00 00                            |
| 50. Delaware State tax 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. <b>Column 2.</b> Subtract Line 55 from Line 54. This is your modified Delaware Source Income.<br><b>Enter on front side Line 6, Box A</b> .....           | 56A                 | 00 00                            |
| 56B. <b>Column 1.</b> Subtract Line 55 from Line 54. This is your Delaware Adjusted Gross Income.<br><b>Enter on front side Line 1 and Line 6, Box B</b> ..... | 56B                 | 00 00                            |
| <b>SECTION D - ITEMIZED DEDUCTIONS (ATTACH FEDERAL SCHEDULE A, FORM 1040)</b>  | <b>COLUMN 1</b>     |                                  |
| 57. Enter total Itemized Deductions (If Filing Status 3, see instructions).....  | 57                  | 00 00                            |
| 58. Enter Foreign Taxes Paid (See instructions).....   | 58                  | 00 00                            |
| 59. Enter Charitable Mileage Deduction (See instructions).....   | 59                  | 00 00                            |
| 60. TOTAL - Add Lines 57, 58, and 59.....  | 60                  | 00 00                            |
| 61a. Enter State Income Tax included in Line 57 above (See Instructions).....  | 61a                 | 00 00                            |
| 61b. Enter Form 700 Tax Credit Adjustment (See instructions).....  | 61b                 | 00 00                            |
| 62. Subtract Line 61a and 61b from Line 60. Enter here and on front, Line 2.....   | 62                  | 00 00                            |