

2015 NR DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN - FORM 200-02

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal Year beginning MM/DD/YY and ending MM/DD/YY
 Your Social Security No. _____ Spouse's Social Sec. No. _____

ATTACH LABEL HERE

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) 3. Married or Entered into a Civil Union & Filing Separate Forms
 2. Joint or Entered into a Civil Union 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/DD 2015 To MM/DD 2015
 Month Day Month Day

STAPLE W-2 FORMS HERE

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	a.	<input type="checkbox"/>		
Filing Statuses 1, 3 & 5 - \$3250 Filing Status 2 - \$6500				
(b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36.....	b.	<input type="checkbox"/>	38	00
39. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See Instructions)				
CHECK BOX(ES) If SPOUSE was 65 or over <input type="checkbox"/> and/or Blind <input type="checkbox"/> If YOU were 65 or over <input type="checkbox"/> and/or Blind <input type="checkbox"/>			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 <input type="text"/> 00	Proration Decimal (See instructions, page 10)	Tax Liability from Tax Rate Table/Schedule Amount		
B Line 30B <input type="text"/> 00	=	x	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) <input type="checkbox"/> Self 60 or Over <input type="checkbox"/>				
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. 2015 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. 2015 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 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 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 <u>MM/DD/YY</u>	Spouse's Signature (If filing joint) X	Date <u>MM/DD/YY</u>
Home Phone: _____	Business Phone: _____	Email Address: _____	
Signature of Paid Preparer X	Date <u>MM/DD/YY</u>	Address of Paid Preparer _____	

Business Phone _____	Email Address _____
EIN, SSN, or PTIN _____	



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