

# 2016 NR DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN - FORM 200-02

DO NOT WRITE OR STAPLE IN THIS AREA

For Fiscal year beginning MM | DD | YY and ending MM | DD | YY  
 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 \_\_\_\_\_  
 Form DE2210 If you were a part-year resident in 2016, give the dates you resided in Delaware.  
 Attached  From Month Day 2016 to Month Day 2016

Check if FULL-YEAR non-resident in 2016

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

37.	DELAWARE ADJUSTED GROSS INCOME (Begin return on Page 2, Line 1, then enter the 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 Proration Decimal Tax Liability from Tax Rate Table/Schedule Amount A Line 30 A <input type="text"/> 00 B Line 30 B <input type="text"/> 00 = <input type="text"/> x <input type="text"/>	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
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.	2016 Estimated Tax Paid & Payments with Extensions .....	49		00
50.	S Corp Payments and Refundable Business Credits (See Instructions, Page 12) .....	50		00
51.	2016 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 2017 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

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 \_\_\_\_\_ Spouse's Signature (if filing joint) \_\_\_\_\_ Date \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Signature of Paid Preparer \_\_\_\_\_ Date \_\_\_\_\_ Address of Paid Preparer \_\_\_\_\_  
 Business Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 EIN, SSN, or PTIN \_\_\_\_\_



DF20316019999

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE