



# DELAWARE 2021

DIVISION OF REVENUE F O R M  
PIT-NON  
DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



SECTION D - DEDUCTIONS			
31.	ENTER TOTAL ITEMIZED DEDUCTIONS (If Filing Status 3, See instructions)		31. \$ .00
32.	ENTER FOREIGN TAXES PAID (See instructions)		32. \$ .00
33.	ENTER CHARITABLE MILEAGE DEDUCTION (See instructions)		33. \$ .00
34.	TOTAL - Add Line 31 through Line 33		34. \$ 0 .00
35.	ENTER FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)		35. \$ .00
36.	Subtract Line 35 from Line 34. Enter here and on Line 38.		36. \$ 0 .00
SECTION E - CALCULATIONS			
37.	DELAWARE ADJUSTED GROSS INCOME - Enter amount from Line 30b here		37. \$ 0 .00
38.	If you elect the STANDARD DEDUCTION check here <input type="checkbox"/> a. Filing Statuses 1, 3, & 5 enter \$3250; Filing Status 2 enter \$6500; If you elect the DELAWARE ITEMIZED DEDUCTIONS check here <input type="checkbox"/> b. Enter amount from Line 36.		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"/> blind <input type="checkbox"/> Check box(es) - if YOU were: 65 or over <input type="checkbox"/> blind <input type="checkbox"/>		39. \$ .00
40.	TOTAL DEDUCTIONS - Add Line 38 to Line 39 and enter here		40. \$ 0 .00
41.	TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount		41. \$ 0 .00
42.	TAX LIABILITY COMPUTATION (See instructions) A. Line 30a 0 .00 B. Line 30b 0 .00 PRORATION DECIMAL (See instructions) Tax Liability from Tax Rate Table/ Schedule Amount = X .00		42. \$ 0 .00
43a.	PERSONAL CREDITS If you are Filing Status 3, see instructions. Enter number of exemptions listed on Federal return 0 x \$110 = 0 Multiply this amount by the proration decimal on Line 42 ( x 0 ) and enter total here		43a. \$ 0 .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 0 x \$110 = 0 Multiply this amount by the proration decimal on Line 42 ( x 0 ) and enter total here		43b. \$ 0 .00
44.	TAX IMPOSED BY STATE OF <input type="checkbox"/> Must attach copy of PIT-NNS and other state return - Part-Year Residents Only (See instructions)		44. \$ .00
45.	OTHER NON-REFUNDABLE CREDITS (See instructions)		45. \$ .00
46.	TOTAL NON-REFUNDABLE CREDITS - Add Line 43a through Line 45		46. \$ 0 .00
47.	BALANCE - Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter 0.		47. \$ 0 .00
48.	DELAWARE TAX WITHHELD - (Attach W-2s/1099s)		48. \$ .00
49.	ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS		49. \$ .00
50.	S CORP PAYMENTS (See instructions)		50. \$ .00
51.	REFUNDABLE BUSINESS CREDITS (See instructions)		51. \$ .00
52.	CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST)		52. \$ .00
53.	TOTAL REFUNDABLE CREDITS - Add Line 48 through Line 52		53. \$ 0 .00
54.	BALANCE DUE If Line 47 is greater than Line 53, Subtract Line 53 from Line 47 and enter here.		54. \$ .00
55.	OVERPAYMENT If Line 53 is greater than Line 47, Subtract Line 47 from Line 53 and enter here.		55. \$ .00
56.	CONTRIBUTIONS TO SPECIAL FUNDS (If electing a contribution, complete and attach PIT-NNS)	TOTAL	56. \$ .00
57.	AMOUNT OF LINE 55 TO BE APPLIED TO 2022 ESTIMATED TAX ACCOUNT	ENTER	57. \$ .00
58.	PENALTIES AND INTEREST DUE (If Line 54 is greater than \$800, see estimated tax instructions)	ENTER	58. \$ .00
59.	NET BALANCE DUE - Add Line 54, Line 56, and Line 58	PAY IN FULL	59. \$ 0 .00
60.	NET REFUND - Subtract Lines 56, 57, and 58 from Line 55	ZERO DUE/TO BE REFUNDED	60. \$ 0 .00

SECTION F - DIRECT DEPOSIT INFORMATION			If you would like your refund deposited directly to your checking or savings account, complete below. See instructions for details.	
ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER	Is this refund going to or through an account that is located outside of the United States?	
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			<input type="checkbox"/> YES	<input type="checkbox"/> NO

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

YOUR SIGNATURE	DATE
SPOUSE SIGNATURE	DATE
HOME PHONE NUMBER	BUSINESS PHONE NUMBER
@ EMAIL ADDRESS	

PAID PREPARER INFORMATION

PAID PREPARER SIGNATURE	DATE
ADDRESS	
CITY	STATE ZIP CODE
EIN, SSN or PTIN	PHONE NO.
@ EMAIL ADDRESS	