



# 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 <b>a.</b> <input type="checkbox"/> Filing Statuses 1, 3, & 5 enter \$3250; Filing Status 2 enter \$6500; If you elect the DELAWARE ITEMIZED DEDUCTIONS check here <b>b.</b> <input type="checkbox"/> 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 <input type="text"/> 0 .00 B. Line 30b <input type="text"/> 0 .00 PRORATION DECIMAL (See instructions) <input type="text"/> X Tax Liability from Tax Rate Table/ Schedule Amount <input type="text"/> .00		42. \$ 0 .00
43a.	PERSONAL CREDITS If you are Filing Status 3, see instructions. Enter number of exemptions listed on Federal return <input type="text"/> x \$110 = <input type="text"/> 0 Multiply this amount by the proration decimal on Line 42 ( x <input type="text"/> 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 <input type="text"/> 0 x \$110 = <input type="text"/> 0 Multiply this amount by the proration decimal on Line 42 ( x <input type="text"/> 0 ) and enter total here		43b. \$ 0 .00
44.	TAX IMPOSED BY STATE OF <input type="text"/> 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			
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"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="text"/>	<input type="text"/>	
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	