



DELAWARE 2024

DIVISION OF REVENUE FORM PIT-NON

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



NAME TAXPAYER ID

SECTION E - CALCULATIONS (continued)			
49.	DELAWARE TAX WITHHELD - (Attach W-2s/1099s)	49.	\$.00
50.	ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	50.	\$.00
51.	S CORP PAYMENTS (See instructions)	51.	\$.00
52.	REFUNDABLE BUSINESS CREDITS (See instructions)	52.	\$.00
53.	CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST)	53.	\$.00
54.	TOTAL REFUNDABLE CREDITS - Add Line 49 through Line 53	54.	\$.00
55.	BALANCE DUE If Line 48 is greater than Line 54, Subtract Line 54 from Line 48 and enter here.	55.	\$.00
56.	OVERPAYMENT If Line 54 is greater than Line 48, Subtract Line 48 from Line 54 and enter here.	56.	\$.00
57.	CONTRIBUTIONS TO SPECIAL FUNDS (If electing a contribution, complete and attach PIT-NNS)	TOTAL 57.	\$.00
58.	AMOUNT OF LINE 56 TO BE APPLIED TO 2025 ESTIMATED TAX ACCOUNT	ENTER 58.	\$.00
59.	PENALTIES AND INTEREST DUE (If Line 55 is greater than \$800, see estimated tax instructions)	ENTER 59.	\$.00
60.	NET BALANCE DUE - Add Line 55, Line 57, and Line 59	PAY IN FULL 60.	\$.00
61.	NET REFUND - Subtract Lines 57, 58, and 59 from Line 56	ZERO DUE/TO BE REFUNDED 61.	\$.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 <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ROUTING NUMBER <input style="width: 100%;" type="text"/>	ACCOUNT NUMBER <input style="width: 100%;" type="text"/>	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
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BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS
 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 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 _____	

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN