

2013 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.

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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 2013, give the dates you resided in Delaware.

From MM/DD 2013 To MM/DD 2013

Attached

Month Day Month Day

Check if
FULL-YEAR
non-resident
in 2013

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 amount from Line 30B, Column 1 here > 37 0038. (a) If you elect the STANDARD DEDUCTION check here..... a. ☐ 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. ☐ 38 0039. **ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See Instructions)**CHECK BOX(ES) If SPOUSE was 65 or over ☐ and/or Blind ☐ If YOU were 65 or over ☐ and/or Blind ☐ 39 0040. **TOTAL DEDUCTIONS** - Add Lines 38 & 39 and enter here 40 0041. **TAXABLE INCOME** - Subtract Line 40 from Line 37, and Compute Tax on this Amount 41 00

42. Tax Liability Computation

	Proration Decimal (See instructions, page 10)	Tax Liability from Tax Rate Table/Schedule Amount
A Line 30A	00	
B Line 30B	00	
=		x
		00

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) ☐ Self 60 or Over ☐

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) 44 00 44

(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. 2013 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. 2013 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 2014 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
X	MM/DD/YY	X	MM/DD/YY
Home Phone:	Business Phone:	Email Address:	
Signature of Paid Preparer	Date	Address of Paid Preparer	
X	MM/DD/YY		
Business Phone	Email Address		
EIN, SSN, or PTIN			



**SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN**

1. Wages, salaries, tips, etc.....
2. Interest.....
3. Dividends.....
4. State refunds, credits or offsets of state & local income taxes.....
5. Alimony received.....
6. Business income or (loss) (See instructions on Page 6).....
- 7a. Capital gain or (loss).....
- 7b. Other gains or (losses).....
8. IRA distributions.....
9. Taxable pensions and annuities.....
10. Rents, royalties, partnerships, S corps, estates, trusts, etc.....
11. Farm income or (loss).....
12. Unemployment compensation (insurance).....
13. Taxable Social Security Benefits.....
14. Other income (state nature and source)
15. Total income. Add Lines 1 through 14.....
16. Total Federal Adjustments (See instructions on Page 6).....
17. Federal Adjusted Gross Income for Delaware purposes. Subtract Line 16 from 15.....

SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+)

18. Interest received on obligations of any state other than Delaware.....
19. Fiduciary adjustment, oil depletion.....
20. TOTAL - Add Lines 18 & 19.....
21. Add Lines 17 & 20.....

SECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-)

22. Interest received on U.S. Obligations.....
23. Pension/Retirement Exclusions **(For a definition of eligible income, see instructions on Page 7)**.....
24. Delaware State tax refund.....
25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward.....
26. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion.....
27. TOTAL - Add Lines 22 through 26.....
28. Subtract Line 27 from Line 21 and enter here.....
29. Exclusion for certain persons 60 and over or disabled (See instructions on Page 8).....
- 30A. **Column 2.** Subtract Line 29 from Line 28. This is your modified Delaware Source Income.
Enter on front side Line 42, Box A......
- 30B. **Column 1.** Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income.
Enter on front side Line 37 and Line 42, Box B......

SECTION D - ITEMIZED DEDUCTIONS (ATTACH FEDERAL SCHEDULE A, FORM 1040)

31. Enter total Itemized Deductions **(If Filing Status 3, see instructions on Page 8)**.....
32. Enter Foreign Taxes Paid (See instructions on Page 8).....
33. Enter Charitable Mileage Deduction (See instructions on Page 8).....
34. TOTAL - Add Lines 31, 32, and 33
- 35a. Enter State Income Tax included in Line 31 above (See Instructions on Page 8).....
- 35b. Enter Form 700 Tax Credit Adjustment (See instructions on Page 9).....
36. Subtract Line 35a and 35b from Line 34. Enter here and on front, Line 38.....

SECTION E - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c, and d below. See instructions for details.

a. Routing Number

c. Account Number

b. Type: Checking ☐ Savings ☐

d. Is this refund going to or through an account that is located outside of the United States?

Yes ☐ No ☐

Federal COLUMN 1		Delaware Source Income/Loss COLUMN 2	
1	00		00
2	00		00
3	00		00
4	00		00
5	00		00
6	00		00
7a	00		00
7b	00		00
8	00		00
9	00		00
10	00		00
11	00		00
12	00		00
13	00		00
14	00		00
15	00		00
16	00		00
17	00		00

COLUMN 1

COLUMN 2

18	00		00
19	00		00
20	00		00
21	00		00

COLUMN 1

COLUMN 2

22	00		00
23	00		00
24	00		00
25	00		00
26	00		00
27	00		00
28	00		00
29	00		00

30A			00
30B		00	

COLUMN 1

31	00
32	00
33	00
34	00
35a	00
35b	00
36	00

NOTE: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to the address on your return.

NET BALANCE DUE (LINE 58):

DELAWARE DIVISION OF REVENUE
P.O. BOX 8752, WILMINGTON, DE 19899-8752

NET REFUND (LINE 59):

DELAWARE DIVISION OF REVENUE
P.O. BOX 8772, WILMINGTON, DE 19899-8772

ZERO (LINE 59):

DELAWARE DIVISION OF REVENUE
P.O. BOX 8711, WILMINGTON, DE 19899-8711

MAKE CHECK PAYABLE TO : DELAWARE DIVISION OF REVENUE. REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN AND KEEP A COPY OF THE RETURN FOR YOUR RECORDS

(Rev 10/31/13)

Name(s):

Social Security Number:

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DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

See the instructions and complete the worksheet on Page 11 prior to completing DE Schedule I.

Enter the credit in **HIGHEST** to **LOWEST** amount order.

1. Tax imposed by State of _____ (enter 2 character state name).....	1		00
2. Tax imposed by State of _____ (enter 2 character state name).....	2		00
3. Tax imposed by State of _____ (enter 2 character state name).....	3		00
4. Tax imposed by State of _____ (enter 2 character state name).....	4		00
5. Tax imposed by State of _____ (enter 2 character state name).....	5		00
6. Enter the total here and on Page 1, Line 44. You must attach a copy of the other state return(s) with your Delaware tax return	6		00

DE SCHEDULE II - This schedule does not apply to the Non-resident form. It is intentionally excluded.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

7. A. Non-Game Wildlife		00	G. Veteran's Home		00	M. White Clay Creek		00
B. U.S. Olympics		00	H. DE National Guard		00	N. Home of the Brave		00
C. Emergency Housing		00	I. Juv. Diabetes Fund		00	O. Senior Trust Fund		00
D. Breast Cancer Educ.		00	J. Mult. Sclerosis Soc.		00	P. Veteran's Trust Fund		00
E. Organ Donations		00	K. Ovarian Cancer Fund		00			
F. Diabetes Educ.		00	L. 21st Fund for Children		00			

Enter the total Contribution amount here and on Non-Resident Return, Line 55 7

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This page MUST be sent in with your Delaware return if any of the Schedules (above) are completed.

