

DELAWARE FORM 200-02-X

2020 NON-RESIDENT AMENDED PERSONAL INCOME TAX RETURN

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 Security No.

FILING STATUS (MUST CHECK ONE)

1. ☐ Single, Divorced,
Widow(er)

3. ☐ Married & Filing Separate
Forms

2. ☐ Joint

5. ☐ Head of
Household

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

☐ Check if FULL-
YEAR non-resident
in 2020

☐ Form DE2210 Attached

If you were a part-year resident in 2020, give the dates you resided
in Delaware.

From

MM

DD

2020

To

MM

DD

2020

Month Day

Month Day

COMPLETE ALL SECTIONS OF THIS RETURN. NAMES AND SSN'S MUST MATCH ORIGINAL RETURN.

CORRECTED AMOUNTS

1. DELAWARE ADJUSTED GROSS INCOME.....	1		00
2. (a) If you elect the STANDARD DEDUCTION check here..... <input type="checkbox"/> a. Filing Statuses 1, 3 & 5 - \$3250 Filing Status 2 - \$6500			
(b) If you elect to ITEMIZE DEDUCTIONS check here..... <input type="checkbox"/> b.	2		00
3. 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"/>	3		00
4. TOTAL DEDUCTIONS - ADD LINES 2 and 3 and enter here.....	4		00
5. TAXABLE INCOME - Subtract Line 4 from Line 1 and compute tax on this amount.....	5		00
6. Tax Liability Computation A Modified Delaware Sourced Income <input type="text"/> 00 = Proration Tax Liability from Tax B Delaware Adjusted Gross Income <input type="text"/> 00 = . <input type="text"/> X <input type="text"/> 00	6		00
7a. Personal Credits (See Instructions) Enter number of exemptions claimed on Federal return X \$110. = Multiply this amount by the proration decimal on Line 6 (X <input type="text"/>) and enter total here.....	7a		00
7b. 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 7b X \$110. = Multiply this amount by the proration decimal on Line 6 (X <input type="text"/>) and enter total here.....	7b		00
8. Tax imposed by State of (Part Year Residents only)..... 8	8		00
9. Other Non-Refundable Credits..... 9	9		00
10. Total Non-Refundable Credits (Add Lines 7a, 7b, 8 and 9).....	10		00
11. BALANCE (Subtract Line 10 from Line 6, cannot be less than ZERO).....	11		00
12. Delaware Tax Withheld (W-2's and or 1099's Required)..... 12	12		00
13. Estimated Tax Paid & Payments with Extensions..... 13	13		00
14. S Corp Payments and Refundable Business Credits..... 14	14		00
15. Capital Gains Tax Payments..... 15	15		00
16. Amount paid (if any, see instructions)..... 16	16		00
17. TOTAL Refundable Credits (Add Lines 12, 13, 14, 15 & 16).....	17		00
18. Refund received (if any, see instructions).....	18		00
19. Estimated Tax Carryover and/or Special Funds Contribution as shown on original return.....	19		00
20. Subtract Lines 18 and 19 from Line 17.....	20		00
21. BALANCE DUE. If Line 11 is more than Line 20, subtract 20 from 11 and enter here..... >	21		00
22. OVERPAYMENT. If Line 20 is more than Line 11, subtract 11 from 20 and enter here..... >	22		00
23. AMOUNT OF LINE 22 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions).....ENTER >	23		00
24. PENALTIES AND INTEREST DUE.....ENTER >	24		00
25. NET BALANCE DUE - Enter the amount due (Line 21 plus Lines 23 and 24) and pay in full.....PAY IN FULL >	25		00
26. NET REFUND - Subtract Lines 23 and 24 from Line 22.....TO BE REFUNDED/ZERO DUE >	26		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

TELEPHONE NUMBER

SPOUSE SIGNATURE (If Filing Joint)

SIGNATURE OF PREPARER

PREPARER'S EIN OR SSN

PREPARER'S PHONE

DATE

STREET ADDRESS OF PREPARER

CITY

STATE

ZIP

REMIT FORM TO: NET BALANCE DUE (LINE 25): P.O. BOX 508, WILMINGTON, DE 19899-0508
NET REFUND (LINE 26): P.O. BOX 8710, WILMINGTON, DE 19899-8710
ZERO DUE (LINE 26): P.O. BOX 8711, WILMINGTON, DE 19899-8711



NOTE: IF YOUR ORIGINAL RETURN WAS FILED USING TWO SEPARATE FORMS, YOU MUST FILE TWO SEPARATE AMENDED FORMS

IS AN AMENDED FEDERAL RETURN BEING FILED?..... ☐ YES ☐ NO
IF NO, PLEASE EXPLAIN. IF THE CHANGES PERTAIN TO THE DE RETURN ONLY, LIST THE LINE NUMBERS BEING AMENDED.

HAS THE DELAWARE DIVISION OF REVENUE ADVISED YOU YOUR ORIGINAL RETURN IS BEING AUDITED?..... ☐ YES ☐ NO
IS THIS AMENDED RETURN BEING FILED AS A PROTECTIVE CLAIM?..... ☐ YES ☐ NO

A DETAILED EXPLANATION OF ALL CHANGES MUST BE PROVIDED IN THIS SPACE. ALL SUPPORTING SCHEDULES AND/OR DOCUMENTATION MUST BE ATTACHED

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

27.	Wages, salaries, tips, etc.....	27		00		00
28.	Interest.....	28		00		00
29.	Dividends.....	29		00		00
30.	State refunds, credits or offsets of state & local income taxes.....	30		00		00
31.	Alimony received.....	31		00		00
32.	Business income or (loss) (See instructions).....	32		00		00
33a.	Capital gain or (loss).....	33a		00		00
33b.	Other gains or (losses).....	33b		00		00
34.	IRA distributions.....	34		00		00
35.	Taxable pensions and annuities.....	35		00		00
36.	Rents, royalties, partnerships, S corps, estates, trusts, etc.....	36		00		00
37.	Farm income or (loss).....	37		00		00
38.	Unemployment compensation (insurance).....	38		00		00
39.	Taxable Social Security Benefits.....	39		00		00
40.	Other income (state nature and source)	40		00		00
41.	Total income. Add Lines 27 through 40.....	41		00		00
42.	Total Federal Adjustments (See instructions).....	42		00		00
43.	Federal Adjusted Gross Income for Delaware purposes. Subtract Line 42 from 41.....	43		00		00

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

44. Interest received on obligations of any state other than Delaware.....	44		00		00
45. Fiduciary adjustment, oil depletion.....	45		00		00
46. TOTAL - Add Lines 44 & 45.....	46		00		00
47. Add Lines 43 & 46.....	47		00		00

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

48.	Interest received on U.S. Obligations.....	48		00		00
49.	Pension/Retirement Exclusions (See instructions)	49		00		00
50.	Delaware State tax refund.....	50		00		00
51.	Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward.....	51		00		00
52.	Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion.....	52		00		00
53.	TOTAL - Add Lines 48 through 52.....	53		00		00
54.	Subtract Line 53 from Line 47 and enter here.....	54		00		00
55.	Exclusion for certain persons 60 and over or disabled (See instructions).....	55		00		00

56A. Column 2. Subtract Line 55 from Line 54. This is your modified Delaware Source Income.

Enter on front side Line 6, Box A.

56B. **Column 1.** Subtract Line 55 from Line 54. This is your Delaware Adjusted Gross Income.

Enter on front side Line 1 and Line 6, Box B.

.....	56A		00
56B		00	

SECTION D - ITEMIZED DEDUCTIONS (ATTACH DELAWARE SCHEDULE A)

57. Enter total Itemized Deductions Delaware Sch A (PIT-NSA). (If Filing Status 3, see instructions)	57	
58. Enter Foreign Taxes Paid (See instructions).....	58	
59. Enter Charitable Mileage Deduction (See instructions).....	59	
60. TOTAL - Add Lines 57, 58, and 59	60	
61. Enter Form 700 Tax Credit Adjustment (See instructions).....	61	
62. Subtract Line 61 from Line 60. Enter here and on front, Line 2.....	62	