



DELAWARE 2025

DIVISION OF REVENUE FORM
PIT-NNS

DELAWARE NON-RESIDENT SCHEDULES



NAME	TAXPAYER ID
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DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE
Enter the credit in the highest to lowest amount order.

i See the instructions and complete the worksheet prior to completing DE Schedule I.

1.	Tax imposed by State of <input style="width: 50px;" type="text"/> (Enter 2 character state name)	1.	\$	.00
2.	Tax imposed by State of <input style="width: 50px;" type="text"/> (Enter 2 character state name)	2.	\$	.00
3.	Tax imposed by State of <input style="width: 50px;" type="text"/> (Enter 2 character state name)	3.	\$	.00
4.	Tax imposed by State of <input style="width: 50px;" type="text"/> (Enter 2 character state name)	4.	\$	.00
5.	Tax imposed by State of <input style="width: 50px;" type="text"/> (Enter 2 character state name)	5.	\$	.00
6.	Enter the total here and on Form PIT-NON, Page 2 Line 45. You must attach a copy of the other state return(s) with your Delaware tax return.	6.	\$	.00

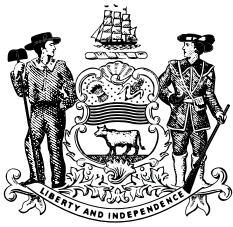
DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)
This schedule does not apply to the Non-Resident form. It is intentionally excluded.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS See instructions for a description of each worthwhile fund listed below.

7A.	NON-GAME WILDLIFE	7A.	\$	.00
7B.	BEAU BIDEN FUND	7B.	\$	.00
7C.	EMERGENCY HOUSING	7C.	\$	.00
7D.	BREAST CANCER EDUCATION	7D.	\$	.00
7E.	ORGAN DONATIONS	7E.	\$	.00
7F.	DIABETES EDUCATION	7F.	\$	.00
7G.	VETERANS HOME	7G.	\$	.00
7H.	DELAWARE NATIONAL GUARD	7H.	\$	.00
7I.	JUVENILE DIABETES FUND	7I.	\$	.00
7J.	MULTIPLE SCLEROSIS SOCIETY	7J.	\$	.00
7K.	OVARIAN CANCER FOUNDATION	7K.	\$	.00
7L.	SL24: UNLOCKE THE LIGHT FOUNDATION FUND	7L.	\$	.00
7M.	WHITE CLAY CREEK	7M.	\$	.00
7N.	HOME OF THE BRAVE	7N.	\$	.00
7O.	RESERVED FOR FUTURE USE	7O.	\$	.00
7P.	VETERANS TRUST FUND	7P.	\$	.00
7Q.	PROTECT DELAWARE'S CHILD FUND	7Q.	\$	.00
7R.	FOOD BANK OF DELAWARE	7R.	\$	.00
7S.	DELAWARE HABITAT FOR HUMANITY	7S.	\$	.00
7T.	B+ CHILDHOOD CANCER	7T.	\$	.00
7U.	COMBINED CAMPAIGN FOR JUSTICE	7U.	\$	.00
8.	TOTAL - Enter the total Contribution amount here and on Form PIT-NON, Line 57 - Add Lines 7A through 7U i	8.	\$	.00

i See the instructions for ALL required documentation to attach.

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



DELAWARE **2025**
 DIVISION OF REVENUE **F O R M**
 PIT-NNS
DELAWARE NON-RESIDENT SCHEDULES



NAME _____

TAXPAYER ID _____

DE SCHEDULE IV - W-2 AND 1099-R INFORMATION

Complete this Schedule listing all of your, and if applicable, your spouse's, forms W-2 and 1099-R showing Delaware Income Tax withheld. Forms W-2 and 1099-R showing income tax withheld must still be attached to the front of your return if you elect to file by paper. Failure to do so may delay the processing of your return.

TYPE		EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TAXPAYER OR SPOUSE
<input type="checkbox"/>	W-2						Taxpayer
<input type="checkbox"/>	1099-R						Spouse
<input type="checkbox"/>	W-2						Taxpayer
<input type="checkbox"/>	1099-R						Spouse
<input type="checkbox"/>	W-2						Taxpayer
<input type="checkbox"/>	1099-R						Spouse
<input type="checkbox"/>	W-2						Taxpayer
<input type="checkbox"/>	1099-R						Spouse
<input type="checkbox"/>	W-2						Taxpayer
<input type="checkbox"/>	1099-R						Spouse
<input type="checkbox"/>	W-2						Taxpayer
<input type="checkbox"/>	1099-R						Spouse
<input type="checkbox"/>	W-2						Taxpayer
<input type="checkbox"/>	1099-R						Spouse
<input type="checkbox"/>	W-2						Taxpayer
<input type="checkbox"/>	1099-R						Spouse
<input type="checkbox"/>	W-2						Taxpayer
<input type="checkbox"/>	1099-R						Spouse
<input type="checkbox"/>	W-2						Taxpayer
<input type="checkbox"/>	1099-R						Spouse

DE SCHEDULE V - DELAWARE S CORPORATION PAYMENTS

Complete this Schedule by listing all estimated Delaware tax payments made by an S Corporation on behalf of you or your spouse. Failure to do so may delay the processing of your return.

S CORPORATION FEIN	NAME OF S CORPORATION	PAYEE ID	AMOUNT OF ESTIMATED PAYMENT

