

2006 NR

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN FORM 200-02

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning and ending

Your Social Security No. Spouse's Social Security No.

(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS

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

FILING STATUS (MUST CHECK ONE)

- 1. Single, Divorced, Widow(er) 2. Joint 3. Married & Filing Separate Forms 4. Head of Household

Check if FULL-YEAR non-resident in 2006 Form DE2210 Attached

If you were a part-year resident in 2006, give the dates you resided in Delaware.

From Month Day 2006 To Month Day 2006

37. DELAWARE ADJUSTED GROSS INCOME (Enter amount from reverse side, Line 30B, Column 1) 37 00

38. (a) If you elect the STANDARD DEDUCTION check here... (b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36... 38 00

39. 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 00

40. TOTAL DEDUCTIONS - Add Lines 38 & 39 and enter here 40 00

41. TAXABLE INCOME - Subtract Line 40 from Line 37, and Compute Tax on this Amount 41 00

42. Tax Liability Computation A Line 30 A Proration Decimal (See instructions, page 10) Tax Liability from Tax Rate Table/Schedule Amount B Line 30 B = x 42 00

43a. PERSONAL CREDITS (See instructions, 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 Other State Return) (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 (W-2s and/or 1099s Required) 48 00 48

49. 2006 Estimated Tax Paid & Payments with Extensions 49 00 49

50. S Corporation Payments (Form 1100S/A-1 Required) 50 00 50

51. TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, & 50 51 00

52. If Line 47 is greater than Line 51, subtract 51 from 47 and enter here...AMOUNT YOU OWE > 52 00

53. If Line 51 is greater than Line 47, subtract 47 from 51 and enter here...OVERPAYMENT > 53 00

54. CONTRIBUTIONS TO SPECIAL FUNDS A. Non-Game Wildlife B. U.S. Olympics C. Emergency Housing D. Children's Trust E. Breast Cancer Educ. F. Organ Donations G. Diabetes Educ. H. Veteran's Home I. DE National Guard J. Juv. Diabetes Fund TOTAL > 54 00

55. AMOUNT OF LINE 53 TO BE APPLIED TO 2007 ESTIMATED TAX ACCOUNT ENTER > 55 00

56. PENALTIES AND INTEREST DUE. If Line 52 is greater than \$400, see estimated tax instructions ENTER > 56 00

57. NET BALANCE DUE. Enter the amount due (Line 52 plus Lines 54 and 56) and pay in full...PAY IN FULL > 57 00

58. NET REFUND. Subtract Lines 54, 55 and 56 from Line 53...ZERO DUE/TO BE REFUNDED > 58 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

Signature of Paid Preparer Date

Spouse's Signature (If filing joint) Date

Address-Zip Code

Home Phone Business Phone

Business Phone EIN, SSN, OR PTIN

E-Mail Address

E-Mail Address

ATTACH LABEL

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

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

	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

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

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

	COLUMN 1	COLUMN 2
18	00	00
19	00	00
20	00	00
21	00	00

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

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

	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	00
30B	00	00

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

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

	COLUMN 1
31	00
32	00
33	00
34	00
35a	00
35b	00
36	00

SECTION E - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete boxes a, b and c below. See instructions for details.

a. Routing Number b. Type: Checking Savings

c. Account Number

DATE OF DEATH	
SPOUSE	TAXPAYER
Month / Day / Year	Month / Day / Year

NET BALANCE DUE (LINE 57):
 DELAWARE DIVISION OF REVENUE
 P.O. BOX 8752
 WILMINGTON, DE 19899-8752

NET REFUND (LINE 58):
 DELAWARE DIVISION OF REVENUE
 P.O. BOX 8772
 WILMINGTON, DE 19899-8772

ZERO (LINE 58):
 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

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

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.....	6		00

This page MUST be sent in with your Delaware return if DE Schedule I (above) is completed.