DELAWARE
FORM 200-02-X

DO NOT WRITE OR STAPLE IN THIS AREA

TAX YEAR 2010
NON-RESIDENT AMENDED
DELAWARE PERSONAL INCOME TAX RETURN

or Fiscal year beginning _____ and ending _____

ATTACH LABEL

Your Social Security No.	Spouse's Social Security No.	
Your Last Name	Your 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, Town or Post Office	State	Zip Code

FILING STATUS (MUST CHECK ONE)

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

☐ Check if a full year non-resident in the tax year

☐ Form DE2210 Attached

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

From _____ Month _____ Day _____ Year To _____ Month _____ Day _____ Year

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

DEDUCTIONS FROM INCOME

			CORRECTED AMOUNTS		
1.	**DELAWARE ADJUSTED GROSS INCOME**	1			00
2.	(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 ☐ b.	2			00
3.	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 ☐	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 _____ 00 = Proration B Delaware Adjusted Gross Income _____ 00 = ___ . ___ X Tax Liability from Tax Rate Table/Schedule _____ 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) and enter total here	7a			00
7b.	**CHECK BOX(ES)** Spouse 60 or Over (if Filing status 2) ☐ Self 60 or Over ☐ Enter number of boxes checked on Line 7b _____ X $110. = _____ Multiply this amount by the proration decimal on Line 6 (X _____) and enter total here	7b			00
8.	Tax imposed by State of _____ (**Part Year Residents only**) 8			00	8
9.	Other Non-Refundable Credits 9			00	9
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			00	12
13.	Estimated Tax Paid & Payments with Extensions 13			00	13
14.	S Corp Payments and Refundable Business Credits 14			00	14
15.	Amount paid (if any, see instructions) 15			00	15
16.	TOTAL Refundable Credits (Add Lines 12, 13, 14, & 15)	16			00
17.	Refund received (if any, see instructions)	17			00
18.	Estimated Tax Carryover and/or Special Funds Contribution as shown on original return	18			00
19.	Subtract Lines 17 and 18 from Line 16	19			00
20.	**BALANCE DUE**. If Line 11 is more than Line 19, subtract 19 from 11 and enter here >	20			00
21.	**OVERPAYMENT**. If Line 19 is more than Line 11, subtract 11 from 19 and enter here >	21			00
22.	AMOUNT OF LINE 21 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions) ENTER >	22			00
23.	PENALTIES AND INTEREST DUE ENTER >	23			00
24.	NET BALANCE DUE - Enter the amount due (Line 20 plus Lines 22 and 23) and pay in full PAY IN FULL >	24			00
25.	NET REFUND - Subtract Lines 22 and 23 from Line 21 TO BE REFUNDED/ZERO DUE >	25			00

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

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	EIN,SSN or PTIN
X		X		
Spouse's Signature (If filing joint)	Date	Address	Zip Code	
X				
Home Phone	Business Phone	Business Phone		
Email Address		Email Address		

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

		Federal COLUMN 1		DE SourceIncome/Loss COLUMN 2	
26. Wages, salaries, tips, etc.	26		00		00
27. Interest	27		00		00
28. Dividends	28		00		00
29. State refunds, credits or offsets of state & local income taxes	29		00		00
30. Alimony received	30		00		00
31. Business income or (loss) (See instructions)	31		00		00
32a. Capital gain or (loss)	32a		00		00
32b. Other gains or (losses)	32b		00		00
33. IRA distributions	33		00		00
34. Taxable pensions and annuities	34		00		00
35. Rents, royalties, partnerships, S corps, estates, trusts, etc.	35		00		00
36. Farm income or (loss)	36		00		00
37. Unemployment compensation (insurance)	37		00		00
38. Taxable Social Security Benefits	38		00		00
39. Other income (state nature and source) _____	39		00		00
40. Total income. Add Lines 26 through 39	40		00		00
41. Total Federal Adjustments (See instructions)	41		00		00
42. Federal Adjusted Gross Income for Delaware purposes. Subtract Line 41 from 40	42		00		00

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

		COLUMN 1		COLUMN 2	
43. Interest received on obligations of any state other than Delaware	43		00		00
44. Fiduciary adjustment, oil depletion	44		00		00
45. TOTAL - Add Lines 43 & 44	45		00		00
46. Add Lines 42 & 45	46		00		00

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

		COLUMN 1		COLUMN 2	
47. Interest received on U.S. Obligations	47		00		00
48. Pension/Retirement Exclusions **(See instructions)**	48		00		00
49. Delaware State tax refund	49		00		00
50. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward	50		00		00
51. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion	51		00		00
52. TOTAL - Add Lines 47 through 51	52		00		00
53. Subtract Line 52 from Line 46 and enter here	53		00		00
54. Exclusion for certain persons 60 and over or disabled (See instructions)	54		00		00
55A. **Column 2.** Subtract Line 54 from Line 53. This is your modified Delaware Source Income. **Enter on front side Line 6, Box A**	55A				00
55B. **Column 1.** Subtract Line 54 from Line 53. This is your Delaware Adjusted Gross Income. **Enter on front side Line 1 and Line 6, Box B**	55B		00		

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

		COLUMN 1	
56. Enter total Itemized Deductions **(If Filing Status 3, see instructions)**	56		00
57. Enter Foreign Taxes Paid (See instructions)	57		00
58. Enter Charitable Mileage Deduction (See instructions)	58		00
59. TOTAL - Add Lines 56, 57, and 58	59		00
60a. Enter State Income Tax included in Line 56 above (See Instructions)	60a		00
60b. Enter Form 700 Tax Credit Adjustment (See instructions)	60b		00
61. Subtract Line 60a and 60b from Line 59. Enter here and on front, Line 2	61		00

Toll-free telephone number (Delaware only) 1-800-292-7826