2011 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**

ATTACH LABEL HERE

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
5. ☐ Head of Household

Check if FULL-YEAR non-resident in 2011 ☐

Form DE2210 Attached ☐

If you were a part-year resident in 2011, give the dates you resided in Delaware.

From ____ ____ 2011 To ____ ____ 2011
Month Day Month Day

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 ☐ 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	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 ____ 00 B Line 30 B ____ 00 = ___ . ___ x Tax Liability from Tax Rate Table/Schedule Amount ____ 00 Proration Decimal (See instructions, page 10)	42	00
43a	**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)** **(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.	2011 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.	2011 Real Estate Estimated Payments 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 **2012 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

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		

2011 DELAWARE NON-RESIDENT FORM 200-02, PAGE 2

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

			Federal COLUMN 1		Delaware Source Income/Loss COLUMN 2	
1.	Wages, salaries, tips, etc.	1		00		00
2.	Interest	2		00		00
3.	Dividends	3		00		00
4.	State refunds, credits or offsets of state & local income taxes	4		00		00
5.	Alimony received	5		00		00
6.	Business income or (loss) (See instructions on Page 6)	6		00		00
7a.	Capital gain or (loss)	7a		00		00
7b.	Other gains or (losses)	7b		00		00
8.	IRA distributions	8		00		00
9.	Taxable pensions and annuities	9		00		00
10.	Rents, royalties, partnerships, S corps, estates, trusts, etc.	10		00		00
11.	Farm income or (loss)	11		00		00
12.	Unemployment compensation (insurance)	12		00		00
13.	Taxable Social Security Benefits	13		00		00
14.	Other income (state nature and source)	14		00		00
15.	Total income. Add Lines 1 through 14	15		00		00
16.	Total Federal Adjustments (See instructions on Page 6)	16		00		00
17.	Federal Adjusted Gross Income for Delaware purposes. Subtract Line 16 from 15	17		00		00

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

			COLUMN 1		COLUMN 2	
18.	Interest received on obligations of any state other than Delaware	18		00		00
19.	Fiduciary adjustment, oil depletion	19		00		00
20.	TOTAL - Add Lines 18 & 19	20		00		00
21.	Add Lines 17 & 20	21		00		00

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

			COLUMN 1		COLUMN 2	
22.	Interest received on U.S. Obligations	22		00		00
23.	Pension/Retirement Exclusions **(For a definition of eligible income, see instructions on Page 7)**	23		00		00
24.	Delaware State tax refund	24		00		00
25.	Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward	25		00		00
26.	Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion	26		00		00
27.	TOTAL - Add Lines 22 through 26	27		00		00
28.	Subtract Line 27 from Line 21 and enter here	28		00		00
29.	Exclusion for certain persons 60 and over or disabled (See instructions on Page 8)	29		00		00
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				00
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		00		

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

			COLUMN 1	
31.	Enter total Itemized Deductions **(If Filing Status 3, see instructions on Page 8)**	31		00
32.	Enter Foreign Taxes Paid (See instructions on Page 8)	32		00
33.	Enter Charitable Mileage Deduction (See instructions on Page 8)	33		00
34.	TOTAL - Add Lines 31, 32, and 33	34		00
35a.	Enter State Income Tax included in Line 31 above (See Instructions on Page 8)	35a		00
35b.	Enter Form 700 Tax Credit Adjustment (See instructions on Page 9)	35b		00
36.	Subtract Line 35a and 35b from Line 34. Enter here and on front, Line 38	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, c and d below. See instructions for details.

a. Routing Number ☐☐☐☐☐☐☐☐☐ b. Type: ☐ Checking ☐ Savings

c. Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

d. Is this refund going to or through an account that is located outside of the United States? ☐ Yes ☐ No

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

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

2011 DELAWARE NON-RESIDENT SCHEDULE

Name(s): _____ Social Security Number: _____

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	F. Diabetes Educ.		00	K. Ovarian Cancer Fund	00
B. U.S. Olympics		00	G. Veteran's Home		00	L. 21st Fund for Children	00
C. Emergency Housing		00	H. DE National Guard		00	M. White Clay Creek	00
D. Breast Cancer Educ.		00	I. Juv. Diabetes Fund		00		
E. Organ Donations		00	J. Mult. Sclerosis Soc.		00		

Enter the total Contribution amount here and on Non-Resident Return, Line 55 ..... 7 _____ 00

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