

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**

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) 3. Married & Filing Separate Forms
2. Joint 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 30A _____ 00 Proration Decimal (See instructions, page 10) Tax Liability from Tax Rate Table/Schedule Amount
B Line 30 B _____ 00 = . x _____ 00 42 _____ 00

PERSONAL CREDITS (If Filing Status 3, see instructions on page 10)
43a 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 _____ 00

45. Other Non-Refundable Credits (See instructions, page 11)..... 45 _____ 00 45 _____ 00

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 _____ 00

49. 2011 Estimated Tax Paid & Payments with Extensions..... 49 _____ 00 49 _____ 00

50. S Corp Payments and Refundable Business Credits (See Instructions, Page 12)..... 50 _____ 00 50 _____ 00

51. 2011 Real Estate Estimated Payments..... 51 _____ 00 51 _____ 00

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

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



ATTACH LABEL HERE

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 on Page 6)..... 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 on Page 6)..... 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/Retirement Exclusions **(For a definition of eligible income, see instructions on Page 7)**..... 23
- 24. Delaware State tax refund..... 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 on Page 8)..... 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 **(If Filing Status 3, see instructions on Page 8)**..... 31
- 32. Enter Foreign Taxes Paid (See instructions on Page 8)..... 32
- 33. Enter Charitable Mileage Deduction (See instructions on Page 8)..... 33
- 34. TOTAL - Add Lines 31, 32, and 33..... 34
- 35a. Enter State Income Tax included in Line 31 above (See Instructions on Page 8)..... 35a
- 35b. Enter Form 700 Tax Credit Adjustment (See instructions on Page 9)..... 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, 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	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.

If a 2D barcode (black and white box) appears in the upper right hand corner of page 1 of this form, send the return to one of the following addresses:

- MAKE CHECKS PAYABLE AND MAIL TO:** DELAWARE DIVISION OF REVENUE, P.O. BOX 8753, WILMINGTON, DELAWARE 19899-8753
- MAIL REFUND DUE RETURNS TO:** DELAWARE DIVISION OF REVENUE, P.O. BOX 8710, WILMINGTON, DELAWARE 19899-8710
- MAIL ZERO DUE RETURNS TO:** DELAWARE DIVISION OF REVENUE, P.O. BOX 8711, WILMINGTON, DELAWARE 19899-8711

If a 2D barcode (black and white box) DOES NOT appear in the upper right hand corner of page 1 of this form, send the return to one of the following addresses:

- MAKE CHECKS PAYABLE AND MAIL TO:** DELAWARE DIVISION OF REVENUE, P.O. BOX 8752, WILMINGTON, DELAWARE 19899-8752
- MAIL REFUND DUE RETURNS TO:** DELAWARE DIVISION OF REVENUE, P.O. BOX 8772, WILMINGTON, DELAWARE 19899-8772
- MAIL ZERO DUE RETURNS TO:** DELAWARE DIVISION OF REVENUE, P.O. BOX 8711, WILMINGTON, DELAWARE 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.

