

DELAWARE FORM 200-02-X

2013 NON-RESIDENT AMENDED PERSONAL INCOME TAX RETURN

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning MM/DD/YY and ending MM/DD/YY

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

ATTACH LABEL

Your Last Name First Name and Middle Initial, Jr., Sr., Ill., etc.

Spouse's Last Name Spouse's First Name, Jr., Sr., Ill., etc.

Present Home Address (Number and Street) Apt. #

City State Zip Code

FILING STATUS (MUST CHECK ONE)

- 1. Single, Divorced, Widow(er)
2. Joint or Entered into a Civil Union
3. Married or Entered into a Civil Union & Filing Separate Forms
4. Head of Household

Check if FULL-YEAR non-resident in 2013 Form DE2210 Attached

If you were a part-year resident in 2013, give the dates you resided in Delaware.

From MM/DD 2013 To MM/DD 2013
Month Day Month Day

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

CORRECTED AMOUNTS

Table with 26 rows and 3 columns: Line Number, Description, and Amount. Includes sections for Delaware Adjusted Gross Income, Deductions, Taxable Income, and Credits.

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 TELEPHONE NUMBER SPOUSE SIGNATURE (If Filing Joint)

SIGNATURE OF PREPARER PREPARER'S EIN OR SSN PREPARER'S PHONE DATE

STREET ADDRESS OF PREPARER

CITY

STATE

ZIP

REMIT FORM TO: NET BALANCE DUE (LINE 25): P.O. BOX 8752, WILMINGTON, DE 19899-8752
NET REFUND / ZERO DUE (LINE 26): P.O. BOX 8772, WILMINGTON, DE 19899-8772



NON-RESIDENT AMENDED PERSONAL INCOME TAX RETURN

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

- 27. Wages, salaries, tips, etc..... 27
28. Interest..... 28
29. Dividends..... 29
30. State refunds, credits or offsets of state & local income taxes..... 30
31. Alimony received..... 31
32. Business income or (loss) (See instructions)..... 32
33a. Capital gain or (loss)..... 33a
33b. Other gains or (losses)..... 33b
34. IRA distributions..... 34
35. Taxable pensions and annuities..... 35
36. Rents, royalties, partnerships, S corps, estates, trusts, etc..... 36
37. Farm income or (loss)..... 37
38. Unemployment compensation (insurance)..... 38
39. Taxable Social Security Benefits..... 39
40. Other income (state nature and source)..... 40
41. Total income. Add Lines 27 through 40..... 41
42. Total Federal Adjustments (See instructions)..... 42
43. Federal Adjusted Gross Income for Delaware purposes. Subtract Line 42 from 41..... 43

Table with 4 columns: Federal COLUMN 1, DE Source Income/Loss COLUMN 2, and two sub-columns for each. Rows 27-43.

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

- 44. Interest received on obligations of any state other than Delaware..... 44
45. Fiduciary adjustment, oil depletion..... 45
46. TOTAL - Add Lines 44 & 45..... 46
47. Add Lines 43 & 46..... 47

Table with 4 columns: COLUMN 1, COLUMN 2, and two sub-columns for each. Rows 44-47.

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

- 48. Interest received on U.S. Obligations..... 48
49. Pension/Retirement Exclusions (See instructions) 49
50. Delaware State tax refund..... 50
51. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward..... 51
52. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion..... 52
53. TOTAL - Add Lines 48 through 52..... 53
54. Subtract Line 53 from Line 47 and enter here..... 54
55. Exclusion for certain persons 60 and over or disabled (See instructions)..... 55

Table with 4 columns: COLUMN 1, COLUMN 2, and two sub-columns for each. Rows 48-55.

56A. Column 2. Subtract Line 55 from Line 54. This is your modified Delaware Source Income. Enter on front side Line 6, Box A..... 56A

56B. Column 1. Subtract Line 55 from Line 54. This is your Delaware Adjusted Gross Income. Enter on front side Line 1 and Line 6, Box B..... 56B

Table with 4 columns: COLUMN 1, COLUMN 2, and two sub-columns for each. Rows 56A, 56B.

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

- 57. Enter total Itemized Deductions (If Filing Status 3, see instructions) 57
58. Enter Foreign Taxes Paid (See instructions)..... 58
59. Enter Charitable Mileage Deduction (See instructions)..... 59
60. TOTAL - Add Lines 57, 58, and 59 60
61a. Enter State Income Tax included in Line 57 above (See Instructions)..... 61a
61b. Enter Form 700 Tax Credit Adjustment (See instructions)..... 61b
62. Subtract Line 61a and 61b from Line 60. Enter here and on front, Line 2..... 62

Table with 4 columns: COLUMN 1, and two sub-columns for each. Rows 57-62.