2016 NR

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

DO NOT WRITE OR STAPLE IN THIS AREA

ATTACH LABEL HERE

For Fiscal year beginning MM DD YY and ending MM DD YY

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

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

Form DE2210 Attached

If you were a part-year resident in 2016, give the dates you resided in Delaware.
From Month Day 2016 to Month Day 2016

Check if FULL-YEAR non-resident in 2016

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

37. DELAWARE ADJUSTED GROSS INCOME (Begin return on Page 2, Line 1, then enter the amount from Line 30B, Column 1 here ..... > 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 = Proration Decimal (See instructions, Page 10) . x Tax Liability from Tax Rate Table/Schedule Amount 42 00

43. 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

STAPLE W-2 FORMS HERE

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. 2016 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. 2016 Capital Gains Tax Payments **(Attach Form 5403)** 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 2017 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 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 X | Date | Spouse's Signature (if filing joint) X | Date

Home Phone: | Business Phone: | Email Address:

Signature of Paid Preparer X | Date | Address of Paid Preparer

Business Phone | Email Address

EIN, SSN, or PTIN

DF20316019999

DF20316029999

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. Subract 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 ☐

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.

BALANCE DUE W/PAYMENT ENCLOSED (LINE 58):
DELAWARE DIVISION OF REVENUE
P.O. BOX 508, WILMINGTON, DE 19899-0508

REFUND (LINE 59):
DELAWARE DIVISION OF REVENUE
P.O. BOX 8710, WILMINGTON, DE 19899-8710

ALL OTHER RETURNS:
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