

2009 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) 2. Joint 3. Married & Filing Separate Forms 4. Head of Household

Check if FULL-YEAR non-resident in 2009 Form DE2210 Attached

If you were a part-year resident in 2009, give the dates you resided in Delaware. From 2009 To 2009

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... 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...

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

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 B Line 30 B Proration Decimal (See instructions, page 10) Tax Liability from Tax Rate Table/Schedule Amount

43a. PERSONAL CREDITS (If Filing Status 3, see instructions on page 11) 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...

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...

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. 2009 Estimated Tax Paid & Payments with Extensions 49 00 49

50. S Corporation Payments (Form 1100S/A-1 Required) 50 00 50

51. TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, & 50 51 00

52. If Line 47 is greater than Line 51, subtract 51 from 47 and enter here...AMOUNT YOU OWE > 52 00

53. If Line 51 is greater than Line 47, subtract 47 from 51 and enter here...OVERPAYMENT > 53 00

54. CONTRIBUTIONS TO SPECIAL FUNDS A. Non-Game Wildlife B. U.S. Olympics C. Emergency Housing D. Children's Trust E. Breast Cancer Educ. F. Organ Donations G. Diabetes Educ. H. Veteran's Home I. DE National Guard J. Juv. Diabetes Fund K. Mult. Sclerosis Soc. L. Ovarian Cancer Fund M. 21st Fund for Children TOTAL > 54 00

55. AMOUNT OF LINE 53 TO BE APPLIED TO 2010 ESTIMATED TAX ACCOUNT ENTER > 55 00

56. PENALTIES AND INTEREST DUE. If Line 52 is greater than \$400, see estimated tax instructions ENTER > 56 00

57. NET BALANCE DUE. Enter the amount due (Line 52 plus Lines 54 and 56) and pay in full PAY IN FULL > 57 00

58. NET REFUND. Subtract Lines 54, 55 and 56 from Line 53 ZERO DUE/TO BE REFUNDED > 58 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 Date Signature of Paid Preparer Date EIN, SSN or PTIN

Spouse's Signature (If filing joint) 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	00	Delaware Source Income/Loss COLUMN 2	00
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	00	COLUMN 2	00
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, Delaware Lottery..... 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	00	COLUMN 2	00
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 9)..... 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	00
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.**

**NET BALANCE DUE (LINE 57):**

DELAWARE DIVISION OF REVENUE  
P.O. BOX 8752  
WILMINGTON, DE 19899-8752

**NET REFUND (LINE 58):**

DELAWARE DIVISION OF REVENUE  
P.O. BOX 8772  
WILMINGTON, DE 19899-8772

**ZERO (LINE 58):**

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**



2009 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. <b>You must attach a copy of the other state return(s) with your Delaware tax return</b> .....	6		00

**This page MUST be sent in with your Delaware return if DE Schedule I (above) is completed.**

