

2014 NR DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN - FORM 200-02

DO NOT WRITE OR STAPLE IN THIS AREA

ATTACH LABEL HERE

or Fiscal Year beginning _____ and ending _____
 Your Social Security No. _____ Spouse's Social Sec. 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 _____

Check if FULL-YEAR non-resident in 2014

FILING STATUS (MUST CHECK ONE)

1. Single, Divorced, Widow(er) 3. Married or Entered into a Civil Union & Filing Separate Forms

2. Joint or Entered into a Civil Union 5. Head of Household

Form DE2210 Attached

If you were a part-year resident in 2014, give the dates you resided in Delaware.

From _____ 2014 To _____ 2014

Month Day Month Day

STAPLE W-2 FORMS HERE

37. DELAWARE ADJUSTED GROSS INCOME (Begin Return on Page 2, Line 1, then enter amount from Line 30B, Column 1 here >	37	00
38. (a) If you elect the STANDARD DEDUCTION check here a. <input type="checkbox"/>		
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. <input type="checkbox"/>	38	00
39. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See Instructions)		
CHECK BOX(ES) If SPOUSE was 65 or over <input type="checkbox"/> and/or Blind <input type="checkbox"/> If YOU were 65 or over <input type="checkbox"/> and/or Blind <input type="checkbox"/>	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 30B _____ 00 = _____ x _____ 00		
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) <input type="checkbox"/> Self 60 or Over <input type="checkbox"/>		
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
45. Other Non-Refundable Credits (See instructions, page 11).....	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
49. 2014 Estimated Tax Paid & Payments with Extensions.....	49	00
50. S Corp Payments and Refundable Business Credits (See Instructions, Page 12).....	50	00
51. 2014 Capital Gains Tax Payments (Attach Form 5403)	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 2015 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 _____ Date _____ Spouse's Signature (If filing joint) _____ Date _____

Home Phone: _____ Business Phone: _____ Email Address: _____

Signature of Paid Preparer _____ Date _____ Address of Paid Preparer _____

Business Phone _____ Email Address _____

EIN, SSN, or PTIN _____





DF2031402999

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

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

Table with 4 columns: Line number, Federal COLUMN 1, Delaware Source Income/Loss COLUMN 2, and a final column for 00.

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

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

Table with 4 columns: Line number, Federal COLUMN 1, Delaware Source Income/Loss COLUMN 2, and a final column for 00.

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

- 22. Interest received on U.S. Obligations
23. Pension/Retirement Exclusions
24. Delaware State tax refund
25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward
26. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion
27. TOTAL - Add Lines 22 through 26
28. Subtract Line 27 from Line 21 and enter here
29. Exclusion for certain persons 60 and over or disabled
30A. Column 2. Subtract Line 29 from Line 28. This is your modified Delaware Source Income.
30B. Column 1. Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income.

Table with 4 columns: Line number, Federal COLUMN 1, Delaware Source Income/Loss COLUMN 2, and a final column for 00.

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

- 31. Enter total Itemized Deductions
32. Enter Foreign Taxes Paid
33. Enter Charitable Mileage Deduction
34. TOTAL - Add Lines 31, 32, and 33
35a. Enter State Income Tax included in Line 31 above
35b. Enter Form 700 Tax Credit Adjustment
36. Subtract Line 35a and 35b from Line 34.

Table with 4 columns: Line number, Federal COLUMN 1, Delaware Source Income/Loss COLUMN 2, and a final column for 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 [grid]

b. Type: Checking [] Savings []

c. Account Number [grid]

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

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	<input type="text"/>	<input type="text"/>	00
2. Tax imposed by State of _____ (enter 2 character state name).....	2	<input type="text"/>	<input type="text"/>	00
3. Tax imposed by State of _____ (enter 2 character state name).....	3	<input type="text"/>	<input type="text"/>	00
4. Tax imposed by State of _____ (enter 2 character state name).....	4	<input type="text"/>	<input type="text"/>	00
5. Tax imposed by State of _____ (enter 2 character state name).....	5	<input type="text"/>	<input type="text"/>	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	<input type="text"/>		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	<input type="text"/>	<input type="text"/>	00	G. Veteran's Home	<input type="text"/>	<input type="text"/>	00	M. White Clay Creek	<input type="text"/>	<input type="text"/>	00
B. U.S. Olympics	<input type="text"/>	<input type="text"/>	00	H. DE National Guard	<input type="text"/>	<input type="text"/>	00	N. Home of the Brave	<input type="text"/>	<input type="text"/>	00
C. Emergency Housing	<input type="text"/>	<input type="text"/>	00	I. Juv. Diabetes Fund	<input type="text"/>	<input type="text"/>	00	O. Senior Trust Fund	<input type="text"/>	<input type="text"/>	00
D. Breast Cancer Educ.	<input type="text"/>	<input type="text"/>	00	J. Mult. Sclerosis Soc.	<input type="text"/>	<input type="text"/>	00	P. Veteran's Trust Fund	<input type="text"/>	<input type="text"/>	00
E. Organ Donations	<input type="text"/>	<input type="text"/>	00	K. Ovarian Cancer Fund	<input type="text"/>	<input type="text"/>	00	Q. Protecting DE's Children Fund	<input type="text"/>	<input type="text"/>	00
F. Diabetes Educ.	<input type="text"/>	<input type="text"/>	00	L. 21st Fund for Children	<input type="text"/>	<input type="text"/>	00				

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

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

