

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

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 Sec. No.

ATTACH LABEL HERE

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 If you were a part-year resident in 2014, give the dates you resided in Delaware.
Attached From MM/DD 2014 To MM/DD 2014
Month Day Month Day

Table with 3 columns: Line number, Description, Amount. Rows include: 37. DELAWARE ADJUSTED GROSS INCOME, 38. FILING STATUSES, 39. ADDITIONAL STANDARD DEDUCTIONS, 40. TOTAL DEDUCTIONS, 41. TAXABLE INCOME, 42. Tax Liability Computation, 43. PERSONAL CREDITS, 43b. CHECK BOX(ES), 44. Tax imposed by State of, 45. Other Non-Refundable Credits, 46. Total Non-Refundable Credits, 47. BALANCE, 48. Delaware Tax Withheld, 49. 2014 Estimated Tax Paid, 50. S Corp Payments, 51. 2014 Capital Gains Tax Payments, 52. TOTAL REFUNDABLE CREDITS, 53. AMOUNT YOU OWE, 54. OVERPAYMENT, 55. CONTRIBUTIONS TO SPECIAL FUNDS, 56. AMOUNT OF LINE 54 TO BE APPLIED TO 2015 ESTIMATED TAX ACCOUNT, 57. PENALTIES AND INTEREST DUE, 58. NET BALANCE DUE, 59. NET REFUND.

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 Spouse's Signature (If filing joint) Date
Home Phone: Business Phone: Email Address:
Signature of Paid Preparer Date Address of Paid Preparer

Business Phone EIN, SSN, or PTIN Email Address





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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 2 columns: Federal COLUMN 1, Delaware Source Income/Loss COLUMN 2. Rows 1-17.

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 2 columns: COLUMN 1, COLUMN 2. Rows 18-21.

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 2 columns: COLUMN 1, COLUMN 2. Rows 22-30B.

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 2 columns: COLUMN 1, COLUMN 2. Rows 31-36.

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.

Table with 6 rows for tax credits, including state names and amounts.

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.

Table listing 15 special funds (A-Q) with corresponding input boxes for amounts.

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.

