

DELAWARE ^F₂ ^O₀ ^R₂ ^M₃
DIVISION OF REVENUE PIT-NON
DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



FOR AMENDED RETURNS ONLY

COLUMN B

61. TOTAL REFUNDABLE CREDITS - From Line 53	61.	
62. AMOUNT PAID ON ORIGINAL RETURN	62.	
63. SUBTOTAL. Add Lines 61 and 62	63.	
64. REFUND RECEIVED (If any, see instructions)	64.	
65. Estimated tax carryover and/or Special Funds contributions as shown on original return	65.	
66. Subtract Line 64 and Line 65 from Line 63	66.	
67. BALANCE DUE - If Line 47 is greater than Line 66, Subtract Line 66 from Line 47 and enter here	67.	
68. OVERPAYMENT - If Line 66 is greater than Line 47, Subtract Line 47 from Line 66 and enter here	68.	
69. AMOUNT OF LINE 68 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions)	69.	
70. PENALTIES AND INTEREST DUE	70.	
71. NET BALANCE DUE - Add Line 67 and Line 69 to Line 70	71.	PAY IN FULL
72. NET REFUND - Subtract Line 69 and Line 70 from Line 68	72.	ZERO DUE/TO BE REFUNDED
73. Is an amended Federal return being filed?	Yes	No
If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended.		
74. Has the Delaware Division of Revenue advised you your original return is being audited?	Yes	No
75. 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.		

NET BALANCE DUE WITH
PAYMENT ENCLOSED (LINE 71)
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 508, Wilmington, DE 19899-0508
Make check payable to: Delaware Division of Revenue

NET REFUND (LINE 72)
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 8710
Wilmington, DE 19899-8710

ALL OTHER RETURNS
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 8711
Wilmington, DE 19899-8711

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN