

DELAWARE 2023
DIVISION OF REVENUE PIT-NON
DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



For Fiscal Year beginning

and ending

Amended Return
Must include page 3

Your Taxpayer ID

Spouse Taxpayer ID

Form

PIT-UND

1.

Single, Divorced, Widow(er)

3.

Married & Filing Separate Forms

Attached

Your First Name

M.I.

Last Name

Suffix

Claimed as

2.

Joint

5.

Head of Household

Dependant
on someone
else's return

Spouse First Name

M.I.

Last Name

Suffix

Present Home Address (Number and Street)

Apartment #

Check if
FULL-YEAR
Non-Resident
in 2023

If you were a part-year resident in 2023, give the dates
you resided in Delaware:

City

State

Zip Code

mm-dd-yyyy

mm-dd-yyyy



SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

FEDERAL
COLUMN A

DELAWARE SOURCE
INCOME/LOSS
COLUMN B

1. WAGES, SALARIES, TIPS, ETC.

1.

1.

2. INTEREST

2.

2.

3. DIVIDENDS

3.

3.

4. STATE REFUNDS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAXES

4.

4.

5. ALIMONY RECEIVED

5.

5.

6. BUSINESS INCOME OR (LOSS) (See instructions)

6.

6.

7a. CAPITAL GAIN OR (LOSS)

7a.

7a.

7b. OTHER GAINS OR (LOSSES)

7b.

7b.

8. IRA DISTRIBUTIONS

8.

8.

9. TAXABLE PENSIONS AND ANNUITIES

9.

9.

10. RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.

10.

10.

11. FARM INCOME OR (LOSS)

11.

11.

12. UNEMPLOYMENT COMPENSATION (INSURANCE)

12.

12.

13. TAXABLE SOCIAL SECURITY BENEFITS

13.

13.

14. OTHER INCOME (State nature and source)

14.

14.

15. TOTAL INCOME - Add Line 1 through Line 14

15.

15.

16. TOTAL FEDERAL ADJUSTMENTS (See instructions)

16.

16.

17. FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15

17.

17.



SECTION B - ADDITIONS

18. INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE

18.

18.

19. FIDUCIARY ADJUSTMENT, OIL DEPLETION

19.

19.

20. TOTAL - Add Line 18 to Line 19

20.

20.

21. Add Line 17 to Line 20

21.

21.



SECTION C - SUBTRACTIONS

22. INTEREST RECEIVED ON U.S. OBLIGATIONS

22.

22.

23. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)

If your Spouse had a Military Pension

If You had a Military Pension

23.

23.

24. DELAWARE STATE TAX REFUND

24.

24.

25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, etc.

25.

25.

26a. Taxable Social Security Benefits/Railroad

26a.

26a.

26b. 529 Contribution to Delaware-sponsored Tuition Program or ABLE Program

26b.

26b.

27. TOTAL Add Line 22 through Line 26b

27.

27.

28. Subtract Line 27 from Line 21

28.

28.

29. EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)

29.

29.

30a. COLUMN B - Subtract Line 29 from Line 28. This is your modified Delaware Source Income.

Enter on Page 2, Line 42, Box A

30a.

30b. COLUMN A - Subtract Line 29 from Line 28.
This is your Delaware Adjusted Gross Income.

Enter on Page 2, Line 37 and Line 42, Box B 30b.

BALANCE DUE WITH
PAYMENT ENCLOSED (LINE 59)
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 508, Wilmington, DE 19899-0508
Make check payable to:
Delaware Division of Revenue

REFUND (LINE 60)
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