

DELAWARE FORM 200-02-X-I

NON-RESIDENT AMENDED DELAWARE PERSONAL INCOME TAX RETURN INSTRUCTIONS (FOR TAX YEARS BEGINNING 2006)

GENERAL INSTRUCTIONS

PURPOSE OF FORM:

Use Form 200-02-X to correct Form 200-02. File a separate Form 200-02-X for each year you are amending.

WHEN AND WHERE TO FILE:

File Form 200-02-X only after you have filed your original return. Generally, Form 200-02-X must be filed within three (3) years after the date the original return was due, or within two (2) years after the date the tax was paid, whichever is later.

A Form 200-02-X based on a net operating loss carry back must be filed within three (3) years after the date the return creating the net operating loss carry back is due. Therefore, even though the return the operating loss is being carried back to is out of statute, if the return creating the operating loss is still in statute, the carry back year becomes "in statute".

Form 200-02-X should be mailed to the Delaware Division of Revenue, P.O. Box 8752, Wilmington, Delaware 19899-8752.

WHO MUST FILE:

If your federal return is changed for any reason, it may affect your Delaware State income tax liability. This would include changes made as a result of an examination of your federal return by the IRS. You are required to report to the Division of Revenue such change within ninety (90) days after the final determination of such change and indicate your agreement with such determination or the grounds of your disagreement. Attach a copy of any federal adjustments to your Delaware amended return.

WHAT TO FILE:

1. Residents file Form 200-01-X, Resident Amended Delaware Personal Income Tax Return.
2. Non-Residents file Form 200-02-X, Non-Resident Amended Delaware Personal Income Tax Return.
3. Part-Year Residents may choose to file Form 200-01-X or Form 200-02-X.

ADDRESS CHANGE:

If you move after you file your amended return, you should notify the Division of Revenue of your address change. Please be sure to include your social security number (and, if applicable, your spouse's social security number) in any correspondence with the Division of Revenue, or you may change your address by calling the Address Change voice mailbox at (302) 577-8589. You may also call toll free 1-800-292-7826 (Delaware only).

FEDERAL PRIVACY ACT INFORMATION:

Social security numbers must be included on your amended return. The mandatory disclosure of your social security number is authorized by Section 306, Title 30, Delaware Code. Such numbers are used primarily to administer and enforce all tax laws, both civil and criminal, for which the Division of Revenue has statutory responsibility.

DETERMINING DELAWARE INCOME:

A non-resident individual's items of income, gain, loss and deduction derived from or connected with Delaware sources are the items attributable to:

1. Wages, salaries and other compensation (other than from pensions) received as an employee for personal services rendered or attributable to employment in Delaware. If, in connection with your Delaware employment, you are required to render services outside of Delaware, such income may be

excluded; but you must complete Schedule W and attach it to your return.

2. Severance pay, received by a non-resident from a Delaware source employer, must be included in Delaware source income subject to one of the following prorations:
 - Based on the number of years service rendered in Delaware to total number of years service, OR
 - The average of the percentages of Delaware source income to total income, for the last three (3) tax years, as adjusted on your Schedules W for these years.
3. A business, trade, profession, vocation or occupation conducted in Delaware.
4. The ownership or disposition of any interest in real or tangible personal property in Delaware.
5. Intangible personal property of a non-resident individual, including annuities, dividends, interest or losses from disposition of intangible personal property, to the extent attributable to property employed in a business, trade, profession, vocation or occupation carried on in Delaware.
6. Capital gains, capital losses and net operating losses, including the distributive share of income from partnerships, S Corporations, trusts and estates to the extent they are derived from or connected with sources in Delaware.

SPECIFIC INSTRUCTIONS

You can use this form if the return you are amending is for a fiscal year and the ending date of the fiscal year is 2005 or later.

NAME, ADDRESS AND SOCIAL SECURITY NUMBER:

If amending a joint return, list your names and social security numbers in the same order as shown on the original return. Ensure the social security numbers on your amended return match those on your original return.

If amending to change from a separate to a joint return, and your spouse did not file an original return, enter your name and social security number first.

FILING STATUS:

Check the appropriate filing status for your amended return. If amending to change your filing status, check your new filing status.

Full-Year Non-Residents – If you were a full-year non-resident of Delaware for the entire calendar year, check the box indicating full-year non-residency. If you were a part-year resident of Delaware, at any time during the calendar year, electing to file as a full-year non-resident, **DO NOT** check this box.

Part-Year Residents – If you were a part-year resident of Delaware during the calendar year, indicate the dates of your Delaware residency.

2210 Indicator – Check the "Form DE2210 Attached" box if you have calculated the Underpayment of Estimated taxes using Form DE2210.

LINE 1 – Enter your correct adjusted gross income.

NOTE: ANY CHANGE YOU MAKE TO YOUR ADJUSTED GROSS INCOME CAN CAUSE OTHER AMOUNTS TO INCREASE OR DECREASE. FOR EXAMPLE: IT MAY INCREASE THE ALLOWABLE DEDUCTION FOR CHARITABLE CONTRIBUTIONS AND CHILD CARE CREDIT OR DECREASE THE ALLOWABLE DEDUCTION FOR MISCELLANEOUS AND MEDICAL DEDUCTIONS.

CORRECTING WAGES – If you are correcting wages or other employee compensation, you must attach a copy of all additional or corrected Forms W-2 not filed with your original return.

LINE 2 – If you elect to take a **STANDARD DEDUCTION**, check box (a) and enter the appropriate amount as follows:

- \$3,250 – filing statuses 1, 3 and 5; or
- \$6,500 – filing status 2

If you elect to take **ITEMIZED DEDUCTIONS**, check box (b) and enter the correct allowable itemized deductions. You must attach a copy of Federal Schedule A if amending to change the amount or to elect itemized deductions.

NOTE: IF YOU HAVE ITEMIZED DEDUCTIONS GREATER THAN YOUR ALLOWABLE STANDARD DEDUCTION, YOU CAN ITEMIZE DEDUCTIONS ON YOUR DELAWARE RETURN EVEN THOUGH YOU DID NOT ELECT TO ITEMIZE DEDUCTIONS ON YOUR FEDERAL RETURN.

LINE 3 – The additional standard deductions are allowable only for those persons using a standard deduction on Line 2. If you and/or your spouse are 65 years of age or over and/or blind, use the worksheet provided on Page 2 of your amended return to compute your additional standard deduction(s). On Page 1, Line 3 of your amended return, be sure to check the appropriate boxes and enter the appropriate amount from the worksheet.

LINE 6 – Enter your correct Modified Delaware Sourced Income as indicated. Enter your correct Delaware Adjusted Gross Income as indicated.

To determine the proration decimal, divide the Modified Delaware Sourced Income by the Delaware Adjusted Gross Income. Carry out the computation to four decimal places, rounding off the fourth position.

Example:

$$\frac{\text{Modified Delaware Sourced Income}}{\text{Delaware Adjusted Gross Income}} = \frac{5,000}{12,000} = 0.41666$$

The 0.41666 rounded off equals **0.4167**.

The proration decimal may not exceed 1.000 or be less than zero.

Use the tax rate schedule to compute your tax for the amount on Line 5. Enter the amount of tax in the box provided on Line 6 and multiply this amount by your proration decimal.

Enter the result in the box provided for on Line 6. This is your computed tax liability.

LINE 7a – Enter the total number of personal exemptions claimed on your federal return in the space provided. Multiply the number of credits by \$110. Multiply this amount by the proration from Line 6 and enter the total on Line 7a.

LINE 7b – Check the appropriate box(es) on Line 7b if you and/or your spouse were 60 years of age or over. Multiply the number of boxes checked by \$110. Multiply this amount by the proration from Line 6 and enter the total on Line 7b.

LINE 8 – If you were a **part-year resident** of Delaware and pay income taxes to another state on income earned in the other state which is also included in your Delaware taxable income, the law allows a tax credit against your Delaware income tax.

LINE 8. CREDIT FOR TAXES PAID TO OTHER STATES WORKSHEET		
1.	Enter other state adjusted gross income	
2.	Delaware adjusted gross income (from Page 1, Line 1)	
3.	Enter income from other state while a Delaware resident	
4.	Enter total income from the other state	
5.	Enter amount from Page 1, Line 6, Delaware Tax.	
6.	Enter tax liability for the other state	
7.	Divide Line 1 of the worksheet by Line 2	
8.	Multiply Line 7 by Line 5	
9.	Divide Line 3 by Line 4	
10.	Multiply Line 9 by Line 6	
11.	Enter the lesser of lines 5, 8 and 10 here and on Line 8 of the return	

If amending to claim credit for taxes paid to more than one state, separate worksheets must be completed for each state. You must complete DE Schedule I and attach it to your return.

If amending to claim the tax credit, you must attach a signed copy of the other state income tax return to your Delaware amended return.

LINE 9 – Enter on Line 9 the total of any/all of the following credit(s) that you may be entitled to using Form 700:

- Blue Collar Credit**
- Green Industries Credit**
- Brownfield Credit**
- Land and Historic Resource Tax Credit**
- Historic Preservation Tax Credit**

Any taxpayer claiming any of these credits should complete Form 700 (available upon request from the Division of Revenue) and submit it with their Delaware return.

LINE 12 – Enter the Delaware income tax withheld as shown on your Forms W-2. **DO NOT** include city wage tax. If you are correcting income tax withholding, you must attach a copy of all additional or corrected Forms W-2 not filed with your original return.

LINE 13 – Enter the total quarterly estimated tax payments, any credit carryover from your return and any amount paid with Form 1027 (Automatic Extension).

LINE 14 – Enter the Delaware estimated tax payment made on your behalf by an S Corporation. Attach Form A-1 if amending your return to claim this credit.

LINE 15 – Enter the amount, if any, paid with your original return and/or any previous amended return(s). Include billed amounts paid. Exclude amounts paid for penalties and interest.

LINE 17 – Enter the amount, if any, refunded from your original return and/or any previous amended return(s). Use the actual amount(s) received.

LINE 18 – Enter the total of the amount, if any, applied to your estimated tax account and/or contributed to the Special Funds on your original return and/or any previous amended return(s).

LINE 20 – If Line 11 is greater than Line 19, subtract Line 19 from Line 11.

LINE 21 – If Line 19 is greater than Line 11, subtract Line 11 from Line 19.

LINE 22 – Enter the portion of your overpayment to be applied to your next year's estimated tax account. **Do NOT claim a carryover if the carryover year's return has already been processed.** Your overpayment will be refunded to you.

LINE 23 – You may choose to compute the amount of penalties and interest due or you may leave Line 23 blank and the Division of Revenue will calculate the amount for you and send you a bill. If you have a balance due on Line 20, calculate the interest due at a rate of one percent (1%) per month from the due date of the original return until the time the tax is paid. If you have calculated the Underpayment of Estimated taxes using Form DE2210, please check the "Form DE2210 Attached" box and include the amount due here.

LINE 24 – Add Lines 20, 22 and 23 and pay in full. Payment can be made by check or money order payable to the Delaware Division of Revenue.

LINE 25 – Subtract Lines 22 and 23 from Line 21. This is the amount of overpayment to be refunded to you.

COMPLETE PAGE 2 OF THE AMENDED RETURN. Provide a detailed explanation of the changes claimed on your amended return.

ATTACH ALL REQUIRED SCHEDULES AND FORMS.

SIGN AND DATE FORM 200-02-X. If filing a joint return, both spouses must sign. If the return is prepared by a person other than the taxpayer, the paid preparer must also sign the return.