

Cut on line before mailing

POST FILING COUPON

PFC

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REV 02/17/23 PRO

"Electronic calculation and processing of state tax liabilities serve as a convenience for Indiana taxpayers. The taxpayer remains responsible for providing accurate information and remains liable for payment of the correct amount of tax."

\*SSN 1 671 82 2176

\*SSN 2

Period End Date 12 31 2022

Date Due 04 18 2023

Tax Type IND

Mail and make check payable to  
INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 1674  
INDIANAPOLIS, IN 46206-1674

VINIT JADHAV

521 N KING ST 407

WILMINGTON DE 19801

Amount Due:

204.00

06000067182217602000010111231202207

**Indiana Part-Year or Full-Year Nonresident  
Individual Income Tax Return** **2022**

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from    to:

Due April 18, 2023  
Place "X" in box   
if amending

Your Social Security Number  671  82  2176

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name  VINIT  Initial  Last name  JADHAV  Suffix

If filing a joint return, spouse's first name  Initial  Last name  Suffix

Present address (number and street or rural route)  521 N KING ST 407  Place "X" in box if you are married filing separately.

City  WILMINGTON State  DE ZIP/Postal code  19801

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on Jan. 1, 2022.

County where you lived  79 County where you worked  00 County where spouse lived  County where spouse worked

**Round all entries**

1. Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose Schedule A \_\_\_\_\_ **Indiana Income**  1  6518.00
2. Enter amount from Schedule B, line 6, and enclose Schedule B \_\_\_\_\_ **Indiana Add-Backs**  2  .00
3. Add line 1 and line 2 \_\_\_\_\_  3  6518.00
4. Enter amount from Schedule C, line 12, and enclose Schedule C \_\_\_\_\_ **Indiana Deductions**  4  .00
5. Subtract line 4 from line 3 \_\_\_\_\_  5  6518.00
6. You must complete Schedule D. Enter amount from Schedule D, line 9, and enclose Schedule D \_\_\_\_\_ **Indiana Exemptions**  6  81.00
7. Subtract line 6 from line 5 \_\_\_\_\_ **Indiana Adjusted Gross Income**  7  6437.00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank)  8  208.00
9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank)  9  82.00
10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.)  10  .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back \_\_\_\_\_ **Indiana Taxes**  11  290.00



12. Enter credits from Schedule F, line 12 (enclose schedule) _____	12	86	.00	
13. Enter offset credits from Schedule G, line 8 (enclose schedule) _____	13		.00	
14. Add lines 12 and 13 _____ <b>Indiana Credits</b>	14	86	.00	
15. Enter amount from line 11 _____ <b>Indiana Taxes</b>	15	290	.00	
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16		.00	
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17		.00	
18. Subtract line 17 from line 16 _____ <b>Overpayment</b>	18		.00	
19. Amount from line 18 to be applied to your 2023 estimated tax account (see instructions).				
Enter your county code <input type="text"/> county tax to be applied __ \$	a		.00	
Spouse's county code <input type="text"/> county tax to be applied __ \$	b		.00	
Indiana adjusted gross income tax to be applied _____ \$	c		.00	
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____	19d		.00	
20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____	20		.00	
21. <b>Refund:</b> Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions <b>Your Refund</b>	21		.00	
22. <b>Direct Deposit</b> (see instructions)				
a. Routing Number <input type="text"/>				
b. Account Number <input type="text"/>				
c. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC				
d. Place an "X" in the box if refund will go to an account outside the United States <input type="checkbox"/>				
23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____	23	204	.00	
24. Penalty if filed after due date (see instructions) _____	24		.00	
25. Interest if filed after due date (see instructions) _____	25		.00	
26. <b>Amount Due:</b> Add lines 23, 24 and 25 _____ <b>Amount You Owe</b>	26	204	.00	

Do not send cash. Please make your check or money order payable to:  
Indiana Department of Revenue. See instructions if paying by credit card.

**Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).**

Your Signature	Date	Spouse's Signature	Date
----------------	------	--------------------	------

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



Name(s) shown on Form IT-40PNR

Your Social Security Number

VINIT JADHAV

671 82 2176

**Section 1: Income or (Loss)** Enter in Column A the same income or loss you reported on your 2022 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1 (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

	Column A			Column B		
	Income from Federal Return			Income Taxed by Indiana		
1. Your wages, salaries, tips, commissions, etc _____	1A	89031	.00	1B	6518	.00
2. Spouse's wages, salaries, tips, commissions, etc _____	2A		.00	2B		.00
3. Taxable interest income _____	3A		.00	3B		.00
4. Dividend income _____	4A		.00	4B		.00
5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____	5A		.00	5B		.00
6. Alimony received _____	6A		.00	6B		.00
7. Business income or loss from federal Schedule C _____	7A		.00	7B		.00
8. Capital gain or loss from sale or exchange of property from your federal return _____	8A		.00	8B		.00
9. Other gains or (losses) from Form 4797 _____	9A		.00	9B		.00
10. Taxable IRA distribution _____	10A		.00	10B		.00
11. Taxable pensions and annuities _____	11A		.00	11B		.00
12. Net rent or royalty income or loss reported on federal Schedule E _____	12A	-8748	.00	12B	0	.00
13. Income or loss from partnerships _____	13A		.00	13B		.00
14. Income or loss from trusts and estates _____	14A		.00	14B		.00
15. Income or loss from S corporations _____	15A		.00	15B		.00
16. Farm income or loss from federal Schedule F _____	16A		.00	16B		.00
17. Unemployment compensation _____	17A		.00	17B		.00
18. Taxable Social Security benefits _____	18A		.00	18B		.00
19. Indiana apportioned income from Schedule IT-40PNRA _____				19B		.00
20. Other income reported on your federal return _____	20A	225	.00	20B	0	.00
List source(s). (Do not include federal net operating loss in Column B. See instructions.)						
OTHER INCOME FROM FEDERAL						
21. Subtotal: add lines 1 through 20 _____	21A	80508	.00	21B	6518	.00



Proration Section See instructions.

21C. **Note:** Nonresident military personnel see special instructions and complete worksheet \_\_\_\_\_ 21C  .00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example: \$3,100 ÷ \$8,000 = .3875, which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 7 \_\_\_\_\_ 21D 0.081

**Section 2: Adjustments to Income** Note: Enter in Column A only those deductions claimed on your 2022 federal income tax return, Form 1040, Form 1040-SR, and Form 1040, Schedule 1, Part II. Round all entries.

	Column A Federal Adjustments		Column B Indiana Adjustments	
22. Educator expenses (see instructions) _____	22A	<input type="text"/> .00	22B	<input type="text"/> .00
23. Certain business expenses of reservists, performing artists, etc _____	23A	<input type="text"/> .00	23B	<input type="text"/> .00
24. Health savings account deduction _____	24A	<input type="text"/> .00	24B	<input type="text"/> .00
25. Moving expenses (see instructions) _____	25A	<input type="text"/> .00	25B	<input type="text"/> .00
26. Deductible part of self-employment tax _____	26A	<input type="text"/> .00	26B	<input type="text"/> .00
27. Self-employed, SEP, SIMPLE, and qualified plans _____	27A	<input type="text"/> .00	27B	<input type="text"/> .00
28. Self-employed health insurance deduction _____	28A	<input type="text"/> .00	28B	<input type="text"/> .00
29. Penalty on early withdrawal of savings _____	29A	<input type="text"/> .00	29B	<input type="text"/> .00
30. Alimony paid _____	30A	<input type="text"/> .00	30B	<input type="text"/> .00
31. IRA deduction _____	31A	<input type="text"/> .00	31B	<input type="text"/> .00
32. Student loan interest deduction (see instructions) _____	32A	<input type="text"/> .00	32B	<input type="text"/> .00
33. Reserved for future use _____	33A	<input type="text"/> .00	33B	<input type="text"/> .00
34. Other (see instructions) <input type="text"/>	34A	<input type="text"/> .00	34B	<input type="text"/> .00
35. Add lines 22 through 34 _____	35A	<input type="text"/> .00	35B	<input type="text"/> .00

**Section 3: Totals**

36. Subtract line 35 from line 21 of Section 1. Carry amount from line 36B to Form IT-40PNR, line 1 \_\_\_\_\_ 36A 80508 .00 36B 6518 .00

Name(s) shown on Form IT-40PNR

Your Social Security Number

VINIT JADHAV

671 82 2176

Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A: Adopted Dependent Information if you are claiming dependents on line 6 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000    1 1000 .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6  x \$1000   2  .00  
You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian;
  - who was under the age of 19 by Dec. 31, 2022; or
  - who is a full-time student who was under the age of 24 by Dec. 31, 2022; and
  - who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7.  x \$1500   3  .00

4. Place "X" in box(es) below if, by December 31, 2022

You were age 65 or older  and/or blind

Spouse was 65 or older  and/or blind

Total number of boxes with Xs  x \$1000   4  .00

5. If age 65 or older, enter amount from Schedule A, line 36A \$

- If filing as married filing separately and this amount is less than \$20,000, place "X" in the "You were age 65 or older" box below.
- For all other filers age 65 or older, if this amount is less than \$40,000, place "X" in appropriate box(es) below.

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs  x \$500   5  .00

6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6  x \$3000   6  .00  
You **MUST** enclose Schedule IN-DEP-A.

7. Add lines 1, 2, 3, 4, 5 and 6    7 1000 .00

8. Enter the number from Schedule A, Proration Section, line 21D   8 0.081

9. Multiply line 7 by line 8. Enter here and on Form IT-40PNR, line 6  **Total Exemptions**   9 81 .00

Name(s) shown on Form IT-40PNR

Your Social Security Number

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**Round all entries**

1. Indiana state tax withheld: See instructions _____	1		2	.00
2. Indiana county tax withheld: See instructions _____	2		84	.00
3. Estimated tax paid for 2022: include any extension payment made with Form IT-9 _____	3			.00
4. Unified tax credit for the elderly _____	4			.00
5. Earned income credit: see instructions Enter earned income credit from Schedule IN-EIC, line <b>A-3</b> _____ Box A				.00
Enter number from Schedule A, Proration Section, line 21D ____ Box B				
Multiply Box A by Box B, enter total here _____	5			.00
6. Lake County residential income tax credit _____	6			.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7			.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	8			.00
9. Headquarters relocation credit (refundable portion - see instructions) _____	9			.00
10. Adoption Credit _____	10			.00
11. 2022 Additional Automatic Taxpayer Refund: See instructions _____	11			.00
12. Add lines 1 through 11. Enter total here and on Form IT-40PNR, line 12 _____ <b>Total Credits</b>	12		86	.00

**Schedule IN-DONATE**

**Important:** The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name		code no.		1a		.00
b. Enter fund name		code no.		1b		.00
c. Enter fund name		code no.		1c		.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 <b>Total Donations</b>	2					.00

Name(s) shown on Form IT-40PNR

Your Social Security Number

VINIT JADHAV

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**Section 1: Residency Information**

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2022. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

**Example**

State of Residence	Date From (MM/DD)	Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
IL	01 01 2022	06 01 2022	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IN	06 02 2022	12 31 2022	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Your information**

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
1A	DE	07 01 2022	12 31 2022	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1B	IN	01 01 2022	06 30 2022	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1C				Yes <input type="checkbox"/> No <input type="checkbox"/>
1D				Yes <input type="checkbox"/> No <input type="checkbox"/>

**Spouse's information if married filing jointly**

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
2A				Yes <input type="checkbox"/> No <input type="checkbox"/>
2B				Yes <input type="checkbox"/> No <input type="checkbox"/>
2C				Yes <input type="checkbox"/> No <input type="checkbox"/>
2D				Yes <input type="checkbox"/> No <input type="checkbox"/>

Turn over to complete Section 2





Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2022? Place "X" in appropriate box. Yes  No

2. Extension of time to file

- a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.
- b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

3. Farm/Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.   
Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box.

5. Date of death

If any individual listed at the top of the IT-40PNR died during 2022, enter date of death (MM/DD).

Taxpayer's date of death   2022 Spouse's date of death   2022

Authorization: Sign Form IT-40PNR after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue (DOR) to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I grant permission to DOR to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime telephone number

Your email address

I authorize the Department to discuss my return with my personal representative.

Yes  No  If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State  ZIP Code

Paid Preparer: Firm's Name (or yours if self-employed)

IN-OPT on file with paid preparer if not filing electronically

PTIN

Address

City

State  ZIP Code

Preparer's signature



Name(s) shown on Form IT-40PNR

Your Social Security Number

VINIT JADHAV

671 82 2176

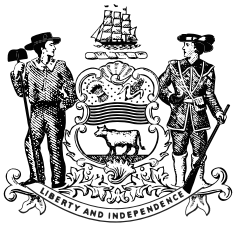
**SECTION 1: To be completed by those taxpayers who were residents of an Indiana county as of Jan. 1, 2022.**

	Column A - Yourself	Column B - Spouse's
1. Enter the amount from IT-40PNR, line 7 (see instructions if you lived in a reciprocal state but worked in Indiana). <b>Note:</b> If both you and your spouse lived in the same county on January 1, enter the entire amount on line 1A only (see instructions) _____	1A 6437.00	1B .00
2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2022 _____	2A .0128000	2B .
3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) _____	3A 82.00	3B .00
4. Add lines 3A and 3B. Enter the total here. <b>Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.</b> Otherwise, enter the total here and on line 7 below. _____	4 82.00	5 .00
5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____	6 .00	7 82.00
6. Multiply line 5 by .0181 and enter total here _____		
7. Enter total of line 4 minus line 6. Continue with Section 2 below if you are married filing jointly and you/spouse need to complete it. Otherwise, enter this amount on line 9 of Form IT-40PNR _____		

**SECTION 2: To be completed by those taxpayers who, on Jan. 1, 2022, were not residents of an Indiana county, but who worked in Indiana as of Jan. 1, 2022**

	Column A - Yourself	Column B - Spouse's
1. Enter your principal employment income (see instructions) _____	1A .00	1B .00
2. Enter deductions. See the complete list of allowable deductions in the instructions _____	2A .00	2B .00
3. Subtract line 2 from line 1 _____	3A .00	3B .00
4. Enter some or all of the exemptions from line 9 of Schedule D (see instructions) _____	4A .00	4B .00
5. Subtract line 4 from line 3 (if less than zero, leave blank) _____	5A .00	5B .00
6. Enter the county tax rate from the chart on the back of this schedule for the county where you worked on Jan. 1, 2022 _____	6A .	6B .
7. Multiply the income on line 5 by the rate on line 6 _____	7A .00	7B .00
8. Enter total of 7A plus 7B; carry to Form IT-40PNR, line 9. (If you have an amount on Section 1, line 7 above, combine that with the amount on line 8 and enter total on Form IT-40PNR, line 9) _____	8 .00	.00





# DELAWARE 2022

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



For Fiscal Year beginning \_\_\_\_\_ and ending \_\_\_\_\_ Amended Return  
Must include page 3

Your Taxpayer ID  
6 7 1 8 2 2 1 7 6

Spouse Taxpayer ID

**Filing Status (Must check one)**

1.  Single, Divorced, Widow(er) 3.  Married & Filing Separate Forms

Your First Name M.I. Last Name Suffix **Form PIT-UND**  
VINIT JADHAV  
Spouse First Name M.I. Last Name Suffix Attached

2.  Joint 5.  Head of Household

Present Home Address (Number and Street) Apartment #  
521 N KING ST 407  
City State Zip Code  
WILMINGTON DE 19801

If you were a part-year resident in 2022, give the dates you resided in Delaware:

07-01-2022 12-31-2022  
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.	89031.00	88971.00
2. INTEREST	.00	.00
3. DIVIDENDS	.00	.00
4. STATE REFUNDS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAXES	.00	.00
5. ALIMONY RECEIVED	.00	.00
6. BUSINESS INCOME OR (LOSS) (See instructions)	.00	.00
7a. CAPITAL GAIN OR (LOSS)	.00	.00
7b. OTHER GAINS OR (LOSSES)	.00	.00
8. IRA DISTRIBUTIONS	.00	.00
9. TAXABLE PENSIONS AND ANNUITIES	.00	.00
10. RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.	-8748.00	0.00
11. FARM INCOME OR (LOSS)	.00	.00
12. UNEMPLOYMENT COMPENSATION (INSURANCE)	.00	.00
13. TAXABLE SOCIAL SECURITY BENEFITS	.00	.00
14. OTHER INCOME (State nature and source) OTHER INCOME FROM FEDERAL	225.00	0.00
15. TOTAL INCOME - Add Line 1 through Line 14	80508.00	88971.00
16. TOTAL FEDERAL ADJUSTMENTS (See instructions)	.00	.00
17. FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15	80508.00	88971.00

**SECTION B - ADDITIONS**

18. INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE	.00	.00
19. FIDUCIARY ADJUSTMENT, OIL DEPLETION	.00	.00
20. TOTAL - Add Line 18 to Line 19	.00	.00
21. Add Line 17 to Line 20	80508.00	88971.00

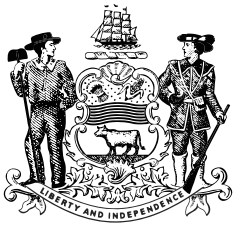
**SECTION C - SUBTRACTIONS**

22. INTEREST RECEIVED ON U.S. OBLIGATIONS	.00	.00
23. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)	.00	.00
24. DELAWARE STATE TAX REFUND	.00	.00
25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, etc.	.00	.00
26a. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion	.00	.00
26b. 529 Contribution to Delaware-sponsored Tuition Program or ABLE Program	.00	.00
27. TOTAL Add Line 22 through Line 26b	.00	.00
28. Subtract Line 27 from Line 21	80508.00	88971.00
29. EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)	.00	.00
30a. COLUMN B- Subtract Line 29 from Line 28. This is your modified Delaware Source Income. Enter on Page 2, Line 42, Box A	88971.00	88971.00
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	80508.00	80508.00

**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  
DFPITNON2022011555V1  
Revision 20221209

**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



# DELAWARE 2022

DIVISION OF REVENUE F O R M PIT-NON

## DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



### SECTION D - DEDUCTIONS

31. ENTER TOTAL ITEMIZED DEDUCTIONS (If Filing Status 3, See instructions)	31.	.00
32. ENTER FOREIGN TAXES PAID (See instructions)	32.	.00
33. ENTER CHARITABLE MILEAGE DEDUCTION (See instructions)	33.	.00
34. TOTAL - Add Line 31 through Line 33	34.	.00
35. ENTER FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	35.	.00
36. Subtract Line 35 from Line 34. Enter here and on Line 38.	36.	.00

### SECTION E - CALCULATIONS

37. DELAWARE ADJUSTED GROSS INCOME - Enter amount from Line 30b here	37.	80508 .00
38. If you elect the STANDARD DEDUCTION check here <b>a.</b> <input checked="" type="checkbox"/> Filing Statuses 1, 3, & 5 enter \$3250; Filing Status 2 enter \$6500; If you elect the DELAWARE ITEMIZED DEDUCTIONS check here <b>b.</b> Enter amount from Line 36.	38.	3250 .00
39. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See instructions) Check Box(es)- if SPOUSE was: 65 or over blind Check box(es)- if YOU were: 65 or over blind	39.	.00
40. TOTAL DEDUCTIONS - Add Line 38 to Line 39 and enter here	40.	3250 .00
41. TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount	41.	77258 .00
42. TAX LIABILITY COMPUTATION (See instructions)		
A. Line 30a 88971 .00	PRORATION DECIMAL (See instructions)	Tax Liability from Tax Rate Table/ Schedule Amount
B. Line 30b 80508 .00	= 1 . 0 0 0 0	X 4083 .00
43a. PERSONAL CREDITS If you are Filing Status 3, see instructions. Enter number of exemptions listed on Federal return 1 x \$110 = 110 Multiply this amount by the proration decimal on Line 42 ( x 1 . 0000 ) and enter total here	43a.	110 .00
43b. CHECK BOX(ES) SPOUSE 60 or over (if filing status 2) SELF 60 or over 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 PIT-NNS and other state return - Part-Year Residents Only (See instructions)	44.	.00
45. OTHER NON-REFUNDABLE CREDITS (See instructions)	45.	.00
46. TOTAL NON-REFUNDABLE CREDITS - Add Line 43a through Line 45	46.	110 .00
47. BALANCE - Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter 0.	47.	3973 .00
48. DELAWARE TAX WITHHELD - (Attach W-2s/1099s)	48.	5442 .00
49. ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	49.	.00
50. S CORP PAYMENTS (See instructions)	50.	.00
51. REFUNDABLE BUSINESS CREDITS (See instructions)	51.	.00
52. CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST)	52.	.00
53. TOTAL REFUNDABLE CREDITS - Add Line 48 through Line 52	53.	5442 .00
54. BALANCE DUE If Line 47 is greater than Line 53, Subtract Line 53 from Line 47 and enter here.	54.	.00
55. OVERPAYMENT If Line 53 is greater than Line 47, Subtract Line 47 from Line 53 and enter here.	55.	1469 .00
56. CONTRIBUTIONS TO SPECIAL FUNDS (If electing a contribution, complete and attach PIT-NNS)	TOTAL 56.	.00
57. AMOUNT OF LINE 55 TO BE APPLIED TO 2023 ESTIMATED TAX ACCOUNT	ENTER 57.	.00
58. PENALTIES AND INTEREST DUE (If Line 54 is greater than \$800, see estimated tax instructions)	ENTER 58.	.00
59. NET BALANCE DUE - Add Line 54, Line 56, and Line 58	PAY IN FULL 59.	.00
60. NET REFUND - Subtract Lines 56, 57, and 58 from Line 55	ZERO DUE/TO BE REFUNDED 60.	1469 .00

### SECTION F - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete below. See instructions for details.

ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER
<input checked="" type="checkbox"/> CHECKING		
<input type="checkbox"/> SAVINGS	0 7 4 0 0 0 1 0	8 6 1 0 7 3 7 2 1

Is this refund going to or through an account that is located outside of the United States?

YES  NO

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

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 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ BUSINESS PHONE NUMBER \_\_\_\_\_

\_\_\_\_\_ 765-714-6748

@ EMAIL ADDRESS \_\_\_\_\_

#### PAID PREPARER INFORMATION

SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/14/2023

PAID PREPARER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS 245 ROONEY CT E BRUNSWICK NJ

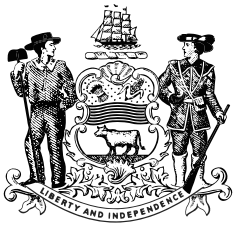
CITY STATE ZIP CODE

E BRUNSWICK NJ 08816

EIN, SSN or PTIN 843171965 PHONE NO. 678-965-9522

@ EMAIL ADDRESS \_\_\_\_\_

SYAM@GTAXFILE.COM



# DELAWARE 2022

DIVISION OF REVENUE FORM

## DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



**FOR AMENDED RETURNS ONLY**

COLUMN B

<b>61. TOTAL REFUNDABLE CREDITS</b> - From Line 53	<b>61.</b>		.00
<b>62. AMOUNT PAID ON ORIGINAL RETURN</b>	<b>62.</b>		.00
<b>63. SUBTOTAL</b> - Add Lines 61 and 62	<b>63.</b>		.00
<b>64. REFUND RECEIVED</b> (If any, see instructions)	<b>64.</b>		.00
<b>65. Estimated tax carryover and/or Special Funds contributions</b> as shown on original return	<b>65.</b>		.00
<b>66. Subtract</b> Line 64 and Line 65 from Line 63	<b>66.</b>		.00
<b>67. BALANCE DUE</b> - If Line 47 is greater than Line 66, Subtract Line 66 from Line 47 and enter here	<b>67.</b>		.00
<b>68. OVERPAYMENT</b> - If Line 66 is greater than Line 47, Subtract Line 47 from Line 66 and enter here	<b>68.</b>		.00
<b>69. AMOUNT OF LINE 68 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT</b> (See Instructions)	<b>69.</b>		.00
<b>70. PENALTIES AND INTEREST DUE</b>	<b>70.</b>		.00
<b>71. NET BALANCE DUE</b> - Add Line 67 and Line 69 to Line 70	<b>71.</b>	<b>PAY IN FULL</b>	.00
<b>72. NET REFUND</b> - Subtract Line 69 and Line 70 from Line 68	<b>72.</b>	<b>ZERO DUE/TO BE REFUNDED</b>	.00

**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:**

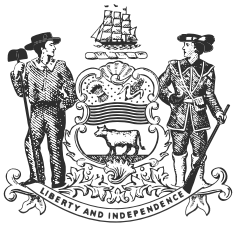
Delaware Division of Revenue  
PO Box 8710  
Wilmington, DE 19899-8710

**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**





# DELAWARE 2022

DIVISION OF REVENUE FORM  
PIT-NNS

## DELAWARE NON-RESIDENT SCHEDULES



FIRST NAME

LAST NAME

TAXPAYER ID

VINIT

JADHAV

6 7 1 8 2 2 1 7 6

### DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

Enter the credit in the highest to lowest amount order.

See the instructions and complete the worksheet prior to completing DE Schedule I.

1.	Tax imposed by State of (Enter 2 character state name)	1.	.00
2.	Tax imposed by State of (Enter 2 character state name)	2.	.00
3.	Tax imposed by State of (Enter 2 character state name)	3.	.00
4.	Tax imposed by State of (Enter 2 character state name)	4.	.00
5.	Tax imposed by State of (Enter 2 character state name)	5.	.00
6.	Enter the total here and on Form PIT-NON, Page 2 Line 44. You must attach a copy of the other state return(s) with your Delaware tax return.	6.	.00

### DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

This schedule does not apply to the Non-Resident form. It is intentionally excluded.

### DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See the instructions for ALL required documentation to attach.

See instructions for a description of each worthwhile fund listed below.

7.	A. Non-Game Wildlife .00	H. DE National Guard .00	O. Senior Trust Fund .00
	B. Beau Biden Fund .00	I. Juvenile Diabetes Fund .00	P. Veterans Trust Fund .00
	C. Emergency Housing .00	J. Multiple Sclerosis Soc. .00	Q. Protect DE's Child Fund .00
	D. Breast Cancer Edu. .00	K. Ovarian Cancer Fndn .00	R. Food Bank of DE .00
	E. Organ Donations .00	L. 21st Fund for Children .00	S. DE Hab For Humanity .00
	F. Diabetes Education .00	M. White Clay Creek .00	T. B+ Childhood Cancer .00
	G. Veterans Home .00	N. Home of the Brave .00	U. Combined Campaign for Justice .00
8.	Enter the total Contribution amount here and on Form PIT-NON, Line 56		8. .00

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



**DELAWARE** 2022  
 DIVISION OF REVENUE F O R M  
 PIT-NNS  
**DELAWARE NON-RESIDENT SCHEDULES**



**DE SCHEDULE IV - W-2 AND 1099-R INFORMATION**

Complete this Schedule listing all of your, and if applicable, your spouse's, forms W-2 and 1099-R showing Delaware Income Tax withheld. Forms W-2 and 1099-R showing income tax withheld must still be attached to the front of your return if you elect to file by paper. Failure to do so may delay the processing of your return.

TYPE	EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TAXPAYER OR SPOUSE
IRSW2	JP MORGAN CHASE BANK NATIONAL ASSOCIATION	134994650	DE	88971	5442	X Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse

**DE SCHEDULE V - DELAWARE S CORPORATION PAYMENTS**

Complete this Schedule by listing all estimated Delaware tax payments made by an S Corporation on behalf of you or your spouse. Failure to do so may delay the processing of your return.

S CORPORATION FEIN	NAME OF S CORPORATION	PAYEE ID	AMOUNT OF ESTIMATED PAYMENT
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