



**DELAWARE** 2023  
 DIVISION OF REVENUE F O R M  
 PIT-VCH  
**ELECTRONIC FILER PAYMENT VOUCHER**



YOUR TAXPAYER ID

SECONDARY TAXPAYER ID (if joint return)

AMOUNT OF THE PAYMENT

6 5 0 8 2 6 8 5 8

76

YOUR FIRST NAME

YOUR LAST NAME

YASHWANTH

VEMULA

SECONDARY FIRST NAME

SECONDARY LAST NAME

STREET ADDRESS

7825 FOX HORN DR

CITY

STATE

ZIP CODE

IRVING

TX

75063

Make your check or money order payable to  
 "Delaware Division of Revenue".  
 Do not send cash.

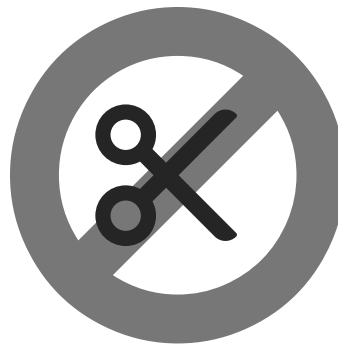


**Mail completed form to:**

Delaware Division of Revenue  
 PO Box 830  
 Wilmington, DE 19899-0830



DO NOT CUT THIS PAGE





# DELAWARE 2023

DIVISION OF REVENUE F O R M 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 5 0 8 2 6 8 5 8

Spouse Taxpayer ID

**Filing Status (Must check one)**  
 Form PIT-UND Attached **1. X** Single, Divorced, Widow(er) **3.** Married & Filing Separate Forms

Your First Name **M.I.** Last Name Suffix  
 YASHWANTH VEMULA  
 Spouse First Name **M.I.** Last Name Suffix

Claimed as Dependant on someone else's return **2.** Joint **5.** Head of Household

Present Home Address (Number and Street) Apartment # **X**  
 7825 FOX HORN DR  
 City State Zip Code  
 IRVING TX 75063

Check if FULL-YEAR Non-Resident in 2023  
 If you were a part-year resident in 2023, give the dates you resided in Delaware:  
 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. 175561.00	1. 10715.00
2. INTEREST	2. .00	2. .00
3. DIVIDENDS	3. .00	3. .00
4. STATE REFUNDS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAXES	4. .00	4. .00
5. ALIMONY RECEIVED	5. .00	5. .00
6. BUSINESS INCOME OR (LOSS) (See instructions)	6. .00	6. .00
7a. CAPITAL GAIN OR (LOSS)	7a. -3000.00	7a. 0.00
7b. OTHER GAINS OR (LOSSES)	7b. .00	7b. .00
8. IRA DISTRIBUTIONS	8. .00	8. .00
9. TAXABLE PENSIONS AND ANNUITIES	9. 8232.00	9. 0.00
10. RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.	10. 0.00	10. 0.00
11. FARM INCOME OR (LOSS)	11. .00	11. .00
12. UNEMPLOYMENT COMPENSATION (INSURANCE)	12. .00	12. .00
13. TAXABLE SOCIAL SECURITY BENEFITS	13. .00	13. .00
14. OTHER INCOME (State nature and source)	14. .00	14. .00
15. TOTAL INCOME - Add Line 1 through Line 14	15. 180793.00	15. 10715.00
16. TOTAL FEDERAL ADJUSTMENTS (See instructions)	16. .00	16. .00
17. FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15	17. 180793.00	17. 10715.00

**SECTION B - ADDITIONS**

18. INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE	18. .00	18. .00
19. FIDUCIARY ADJUSTMENT, OIL DEPLETION	19. .00	19. .00
20. TOTAL - Add Line 18 to Line 19	20. .00	20. .00
21. Add Line 17 to Line 20	21. 180793.00	21. 10715.00

**SECTION C - SUBTRACTIONS**

22. INTEREST RECEIVED ON U.S. OBLIGATIONS	22. .00	22. .00
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. .00	23. .00
24. DELAWARE STATE TAX REFUND	24. .00	24. .00
25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, etc.	25. .00	25. .00
26a. Taxable Social Security Benefits/Railroad	26a. .00	26a. .00
26b. 529 Contribution to Delaware-sponsored Tuition Program or ABLE Program	26b. .00	26b. .00
27. TOTAL Add Line 22 through Line 26b	27. .00	27. .00
28. Subtract Line 27 from Line 21	28. 180793.00	28. 10715.00
29. EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)	29. .00	29. .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	30a. 180793.00	30a. 10715.00

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 **30b.** 180793.00

**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  
 REV 01/15/24 PRO

**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 2023

DIVISION OF REVENUE FORM

## 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.	180793 .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.	177543 .00
42. TAX LIABILITY COMPUTATION (See instructions)	42.	635 .00
A. Line 30a 10715 .00	PRORATION DECIMAL (See instructions)	Tax Liability from Tax Rate Table/ Schedule Amount
B. Line 30b 180793 .00	= 0 . 0 5 9 3 X	10701 .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 0 . 0 5 9 3 ) and enter total here	43a.	7 .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.	7 .00
47. BALANCE - Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter 0.	47.	628 .00
48. DELAWARE TAX WITHHELD - (Attach W-2s/1099s)	48.	552 .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.	552 .00
54. BALANCE DUE If Line 47 is greater than Line 53, Subtract Line 53 from Line 47 and enter here.	54.	76 .00
55. OVERPAYMENT If Line 53 is greater than Line 47, Subtract Line 47 from Line 53 and enter here.	55.	.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 2024 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.	76 .00
60. NET REFUND - Subtract Lines 56, 57, and 58 from Line 55	ZERO DUE/TO BE REFUNDED 60.	.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.

<b>ACCOUNT TYPE</b>	<b>ROUTING NUMBER</b>	<b>ACCOUNT NUMBER</b>
CHECKING		
SAVINGS		

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

YES NO

#### 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 \_\_\_\_\_

860-502-0972

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

#### PAID PREPARER INFORMATION

SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/09/2024

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

ADDRESS 245 ROONEY CT E BRUNSWICK NJ

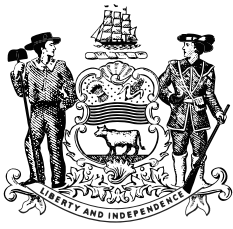
CITY STATE ZIP CODE

E BRUNSWICK NJ 08816

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

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

SYAM@GTAXFILE.COM



# DELAWARE 2023

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**