1040	U	.S. Individual Inco	me Tax Re	eturn (99)	2015	MP N	o. 1545-0074	IRS Use	Only - Da na	t write	or star	ole in this space.	
For the year Jan. 1-Dec		015, or other tax year beginning				15, en			20			e separate instru	uctions.
Your first name and			Last name						<u> </u>	-		social security num	
JOSEPH R.			BIDEN	JR.									
If a joint return, spo	use's	first name and initial	Last name								Spou	se's social security	y number
JILL T.			BIDEN										
Home address (nur	nber a	ind street). If you have a P	.O. box, see inst	tructions.					Apt. n	0.	A :	Make sure the SSN(and on line 6c are c	(s) above orrect.
City, town or post offic	e, state	, and ZIP code. If you have a fo	reign address, also	o complete s	paces below.				L		Pres	idential Election Ca	ımpaign
WILMINGTO	ON,	DE									if fills	ck here if you, or yong jointly, want \$3 to fund. Checking a boot change your tax	to go to
Foreign country nar	ne		Fo	reign prov	ince/state/county			Fore	gn postal i	code	will r	not change your tax	or refund
											X	You X	Spouse
Filing Status	1	Single				4	Head o	f househ	old (with o	jualifyi	ng p	erson). If the qu	alifying
i ming otatus	2	X Married filing jointly	(even if only or	ne had inco	ome)		person	is a chil	d but not y	our de	pend	lent, enter this c	hild's
Check only	3	Married filing separ	ately. Enter spor	use's SSN	above		name t	iere. 🕨					
one box.		and full name here.	<u> </u>			5	Qualify	ing wido	w(er) with	depen	dent		
Exemptions		X Yourself, If someo]	Boxes checked on 6a and 6b	_2
Excliptions	b	X Spouse	····							····	<u></u>)	No. of children	
		Dependents:			(2) Dependent's social		(3) De	pendent's	; <u> </u>	(4) √ lf (under ag ualifying lax cre	inila Je 17	on 6c who: • lived with you	
		(1) First name	Last name		security number			you		lax cre	dit	 did not live will you due to divore 	ith ce
												or separation (see instructions	
If more than four												Dependents on 8	
dependents, see instructions and	_					_						not entered above	
check here 🕨 🗀	ا ل	······································										Add numbers	
·	d	Total number of exempt	ions claimed				.,,,,,,,,,,,,,,,,,,					on lines	12
Income	7	Wages, salaries, tips, et									4_	310,	
	8a		Schedule B if re	equired						8a		1,	<u>271.</u>
Attach Form(s)	þ		not include on	line 8a 🗼		L	8b			_ (÷.	1		
W-2 here. Also	9a	-						• • • • • • • • • • • • • • • • • • • •		9a	-		
attach Forms	b		.,			<u> </u>	9b			-			•
W-2G and 1099-R if tax	10	Taxable refunds, credits								10			0
was withheld.	11	Alimony received								11	\neg		<u> </u>
	12	Business income or (los								12	-		653
If you did not	13	Capital gain or (loss). A								13			
get a W-2,	14	Other gains or (losses).											
see instructions.	15a				22 221		Taxable amo				_	22	1.00
	16a				33,291.		Taxable amo						$\frac{122}{0.00}$
	17	Rental real estate, royalt									_	18,	969
	18	Farm income or (loss).											
	19	Unemployment comper	isation		22 170					19	-+-	27	345
	20a	•		oa	34,170.	O	raxable amo	uni				41,	343
	21	Other income. List type	_	dump for "	nno 7 through 04 Th	io io	Our total for			21		392,	270
	22	Combine the amounts in						ome .		22	+	374,	417
Adjusted	23 24	Educator expenses Certain business expenses officials, Attach Form 2106 of	of reservists, perfor	rming artists	and fee-basis governme	ent	23			-	.		
Gross	24 25	officials, Attach Form 2106 of Health savings account					25			4			
Income	26	Moving expenses, Attac				Г	26			-			
	27	Deductible part of self-e			nedule SE		27	,	46	7			
	28	Self-employed SEP, SIM					28		#0	-			
	29	Self-employed health in					29			\dashv			
	30	Penalty on early withdra	uurah of gavinoe			···	30		•	7	-		
	31a		ient's SSN 🛌			: }	31a		- 				
	32	IRA deduction					32			4			
	33	Student loan interest de				- 1	33			-			
	34	Tuition and fees, Attach	******				34			\dashv			
	35	Domestic production ac					35			4	ļ		
	36	Add lines 23 through 38				-				36	,		46
510001	90	muu misa za iiii vuyii 30	•	• • • • • • • • • • • • • • • • • • • •						30	-		= 0

Form 1040 (2015)		OSEPH R. BIDEN JR. & JILL T. BIDEN			Page 2
Tax and	38	Amount from line 37 (adjusted gross income)		38	392,233.
Credits	39a	Check X You were born before January 2, 1951, Blind. T	otal boxes	1.8	
Standard Deduction for -		if: Spouse was born before January 2, 1951, Blind. c	hecked ► 39a 1	1773) 1983	(A.)
People who	b	If your spouse itemizes on a separate return or you were a dual-status alien, check	here > 39b	16%	4.3 (%)
icheck any box	40	Itemized deductions (from Schedule A) or your standard deduction (see left marg		40	55,507.
on line 39a or 39b 01 who can be claimed as a	41				
dependent, see		Subtract line 40 from line 38		41	
Instructions,	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line	6d. Otherwise, see inst.	42	
1 1	43	Taxable Income. Subtract line 42 from line 41. If line 42 is more than line 41, ente	r -0-	43	
1	44	Tax. Check if any from: a Form(s) 8814 b Form 4972 c	************	. 44	
1.	45	Alternative minimum tax, Attach Form 6251		45	3,709.
 All others: Single or 	46	Excess advance premium tax credit repayment. Attach Form 8962		46	
Marrled filing	47	Add lines 44, 45, and 46		47	89,460.
separately, \$6,300	48	Foreign tax credit. Attach Form 1116 if required		53X	
Married filing	49	Credit for child and dependent care expenses. Attach Form 2441	49		
jointly or Qualifying	50	Education credits from Form 8863, line 19	50	一凝	
widow(er),		Retirement savings contributions credit. Attach Form 8880	51	-{ }	M .
\$12,600 Head of	51		····	-00	(
household,	52	Child tax credit. Attach Schedule 8812, if required	52		<u> </u>
\$9,250	53	Residential energy credits. Attach Form 5695	53		
	54		54		100 9
	55	Add lines 48 through 54. These are your total credits	,	5	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0	,	- 50	89,460.
	57	Self-employment tax. Attach Schedule SE		57	
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8	919	58	1
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if re			
	UU a	Household employment taxes from Schedule H	***************************************	60	
	ט	First-time homebuyer credit repayment. Attach Form 5405 if required	T&1	01	
		Health care: Individual responsibility (see instructions) Full-year coverage	A CONTROL O	. 6	
	62	Taxes from: a X Form 8959 b X Form 8960 c Inst; enter code(s)		6	
	63	Add lines 56 through 62. This is your total tax			
Payments		Federal income tax withheld from Forms W-2 and 1099	64 91,742	\cdot	STATEMENT 7
	65	2015 estimated tax payments and amount applied from 2014 return	64 91,742 65		STATEMENT 7
If you have a	65				STATEMENT 7
	65 	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC)	65 66a		STATEMENT 7
If you have a L	65 	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election	65		STATEMENT 7
If you have a qualifying child, attach	65 66 a b 67	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election Additional child tax credit. Attach Schedule 8812	65 66a 67		STATEMENT 7
If you have a qualifying child, attach	65 66 8 67 68	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8	65 66a 67 68		STATEMENT 7
If you have a qualifying child, attach	65 66 8 67 68 69	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962	65 66a 67 68 69		STATEMENT 7
If you have a qualifying child, attach	65 66 8 67 68 69 70	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file	65 66a 67 68 69 70		STATEMENT 7
If you have a qualifying child, attach	65 66 8 67 68 69 70 71	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld	65 66a 67 68 69 70 71		STATEMENT 7
If you have a qualifying child, attach	65 66 8 67 68 69 70 71 72	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136	65 66a 67 68 69 70 71		STATEMENT 7
If you have a qualifying child, attach	65 66 8 67 68 69 70 71	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b Reserved C 8885 d	65 66a 67 68 69 70 71 72 73		
If you have a qualifying child, attach Schedule EIC.	65 66 8 67 68 69 70 71 72 73 74	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election 68b Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b Reserved c 8885 d Add lines 64, 65, 66a, and 67 through 73. These are your total payments	65 66a 67 68 69 70 71 72 73		91,742.
If you have a qualifying child, attach	65 66 8 67 68 69 70 71 72 73 74	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b Reserved C 8885 d	65 66a 67 68 69 70 71 72 73		91,742. 3 196.
If you have a qualifying child, attach Schedule EIC.	65 66 a 67 68 69 70 71 72 73 74 75 76 a	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b Reserved c 8885 d Add lines 64, 65, 66a, and 67 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	65 66a 67 68 69 70 71 72 73	7/	91,742. 5 196.
If you have a qualifying child, attach Schedule EIC. Refund Direct deposit?	65 66 a 67 68 69 70 71 72 73 74 75 76 a	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to fille Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b 28885 d 3Add lines 64, 65, 66a, and 67 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you	65 66a 67 68 69 70 71 72 73	7/7!	91,742. 3 196.
If you have a qualifying child, attach Schedule EIC.	65 66 8 67 68 69 70 71 72 73 74 75 76 8	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b Reserved c 8885 d Add lines 64, 65, 66a, and 67 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	65 66a 67 68 69 70 71 72 73	7/	91,742. 3 196.
If you have a qualifying child, attach Schedule EIC. Refund Direct deposit?	65 66 8 67 68 69 70 71 72 73 74 75 76 8	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b Reserved 8885 d Add lines 64, 65, 66a, and 67 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you Amount of line 75 you want refunded to you. If Form 8888 is attached, check here Routing and the results of th	65 66a 67 68 69 70 71 72 73 4 overpaid	7/	91,742. 5 196. a 196.
If you have a qualifying child, attach Schedule EIC. Refund Direct deposit? See Instructions.	65 66 a 67 68 69 70 71 72 73 74 75 76 a 177 77	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b 2 Reserved 8885 d Add lines 64, 65, 66a, and 67 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you Amount of line 75 you want refunded to you. If Form 8888 is attached, check here Routing and the file 75 you want applied to your 2016 estimated tax Amount you owe. Subtract line 74 from line 63. For details on how to pay, see inst	65 66a 67 68 69 70 71 72 73 A overpaid 3	7/	91,742. 3 196. a 196.
If you have a qualifying child, attach Schedule EIC. Refund Direct deposit? See Instructions. Amount You Owe	65 66 a 67 68 69 70 71 72 73 74 75 76 a 17 77 78 79	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b 2 Reserved 8885 d Add lines 64, 65, 66a, and 67 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you Amount of line 75 you want refunded to you. If Form 8888 is attached, check here Routing amount of line 75 you want applied to your 2016 estimated tax Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instead tax penalty (see instructions)	65 66a 67 68 69 70 71 72 73	78	91,742. 3 196. a 196.
Refund Direct deposit? See Instructions. Amount You Owe Third Part	65 66 a 67 68 69 70 71 72 73 74 75 76 a 77 78 79	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b Reserved 8885 d Add lines 64, 65, 66a, and 67 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you Amount of line 75 you want refunded to you. If Form 8888 is attached, check here Routing Savings d Account on the foliance of the folia	65 66a 67 68 69 70 71 72 73	7/1 76 76 76 Person Per	91,742. 196. a 196.
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Refund Direct deposit? See Instructions. Amount You Owe Third Part Designee Sign	65 66 s 67 68 69 70 71 72 73 74 75 76 s 177 78 79	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election	65 66a 67 68 69 70 71 72 73	7/2 76 76 Person my known my k	91,742. 196. 196. No onal identification ber (PIN) viedge and belief, they are true,
Refund Direct deposit? See Instructions. Amount You Owe Third Part Designee Sign Here	65 66 s 67 68 69 70 71 72 73 74 75 76 s 177 78 79	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election	66 66a 67 68 69 70 71 72 73 73 Paragraph overpaid 77 tructions 79 A Yes. Complete and statements, and to the best of which preparer has any knowledge.	7/2 76 76 Person my known my k	91,742. 5 196. a 196.
Refund Direct deposit? See Instructions. Amount You Owe Third Pari Designee Sign Here Joint return? See Instructions,	65 66 s 67 68 69 70 71 72 73 74 75 76 s 177 78 79	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b Reserved 8885 d Add lines 64, 65, 66a, and 67 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you Amount of line 75 you want refunded to you. If Form 8888 is attached, check here Routing Number Amount of line 75 you want applied to your 2016 estimated tax. Amount you owe. Subtract line 74 from line 63. For details on how to pay, see inst Estimated tax penalty (see instructions) to you want to allow another person to discuss this return with the IRS (see Instructions) Under penalties of perjury, I declare that I have examined this return and accompanying schedules correct, and coprolete. Declaration of breparer (other than taxpayer) is based on all information of Your signature Your occupation Pate Pat	66 66a 67 68 69 70 71 72 73	7/2 78 76 76 76 76 76 76 76 76 76 76 76 76 76	91,742. 196. a 196. No conal identification ber (PIN) viedge and belief, they are true, baytime phone number
Refund Direct deposit? See Instructions. Amount You Owe Third Part Designee Sign Here Joint return? See Instructions, Keep a copy for your	65 66 s 67 68 69 70 71 72 73 74 75 76 s 177 78 79	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b Reserved 8885 d Add lines 64, 65, 66a, and 67 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you amount of line 75 you want refunded to you. If Form 8888 is attached, check here Routing number Amount of line 75 you want applied to your 2016 estimated tax. Amount you owe. Subtract line 74 from line 63. For details on how to pay, see inst Estimated tax penalty (see instructions) to you want to allow another person to discuss this return with the IRS (see Instructions) The your want to allow another person to discuss this return with the IRS (see Instructions) To your signet's WALLER H DEYHLE, CPA Wall TER H DEYHLE, CPA Those penalties of perjury, I declare that I have examined this return and accompanying schedules correct, and corplete. Declaration of preparer (other than taxpayer) is based on all information of your signature Your occupation Your occupation Spouse's occupation of the payments sign. Date Your occupation	66 66a 67 68 69 70 71 72 73	7.7 76 76 Personal Property of the Property of	91,742. 196. 196. No onal identification ber (PIN) viedge and belief, they are true,
Refund Direct deposit? See Instructions. Amount You Owe Third Part Designee Sign Here Joint return? See Instructions.	65 66 s 67 68 69 70 71 72 73 74 75 76 s 177 78 79	2015 estimated tax payments and amount applied from 2014 return Earned income credit (EIC) Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b Reserved 8885 d Add lines 64, 65, 66a, and 67 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you Amount of line 75 you want refunded to you. If Form 8888 is attached, check here Routing Number Amount of line 75 you want applied to your 2016 estimated tax. Amount you owe. Subtract line 74 from line 63. For details on how to pay, see inst Estimated tax penalty (see instructions) to you want to allow another person to discuss this return with the IRS (see Instructions) Under penalties of perjury, I declare that I have examined this return and accompanying schedules correct, and coprolete. Declaration of breparer (other than taxpayer) is based on all information of Your signature Your occupation Pate Pat	66 66a 67 68 69 70 71 72 73	7/7 78 76 Person Minus Person M	91,742. 196. 196. a 196. No onal identification ber (PIN) viedge and bellef, they are true, Daytime phone number
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SCHEDULE A (Form 1040)

Itemized Deductions

2015.
Attachment

Department of the Treasury Internal Revenue Service (9 Name(s) shown on Form 1040

JOSEPH R. BIDEN JR. & JILL T. BIDEN Medical Caution; Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions) and Dental Enter amount from Form 1040, line 38 Expenses Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead Subtract line 3 from line 1. If line 3 is more than line 1, enter 0-Taxes You State and local (check only one box): Paid a X Income taxes, or 18,166 General sales taxes Real estate taxes (see instructions) 12,273 6 Personal property taxes Other taxes. List type and amount 30,439. 9 Interest Home mortgage interest and points reported to you on Form 1098 20,618 10 10 Home mortgage interest not reported to you on Form 1098. If paid to the person You Paid from whom you bought the home, see instructions and show that person's name, identifying no., and address Note: Your mortgage Points not reported to you on Form 1098. See instructions for special rules 12 interest Mortgage insurance premiums (see instructions) deduction may 13 be limited (see Investment interest. Attach Form 4952 if required. (See instructions.) instructions). 20,618. Add lines 10 through 14. 15 Gifts to STMT 10 Gifts by cash or check. If you made any gift of \$250 or more, see instructions 6,620. 16 16 Charity Other than by cash or check. If any gift of \$250 or more, see instructions. If you made a You must attach Form 8283 if over \$500 SEE STATEMENT 11 300. 17 gift and got a benefit for it, Carryover from prior year 18 see instructions. 6,920. Add lines 16 through 18 19 Casualty and Theft Losses Casualty or theft loss(es). Attach Form 4684. (See instructions.) Job Expenses Unreimbursed employee expenses - job travel, union dues, job education, etc. and Certain Attach Form 2106 or 2106-EZ if required. (See instructions.) Miscellaneous Deductions 22 Tax preparation fees 22 Other expenses - investment, safe deposit box, etc. List type and amount 24 Add lines 21 through 23 Enter amount from Form 1040, line 38 Multiply line 25 by 2% (.02) Subtract line 26 from line 24, If line 26 is more than line 24, enter -0-27 Other Other - from list in instructions. List type and amount Miscellaneous Deductions Is Form 1040, line 38, over \$154,950? ___ No. Your deduction is not limited. Add the amounts in the far right column Total for lines 4 through 28. Also, enter this amount on Form 1040, line 40. STMT 12 55,507. Itemized X Yes. Your deduction may be limited. See the Itemized Deductions **Deductions** Worksheet in the instructions to figure the amount to enter. 30 If you elect to itemize deductions even though they are less than your standard deduction, check here LHA 519501 01-19-16 For Paperwork Reduction Act Notice, see Form 1040 instructions. Schedule A (Form 1040) 2015

SCHEDULE B

(Form 1040A or 1040)
Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

Attach to Form 1040A or 1040.

Information about Schedule B and its instructions is at www.irs.gov/scheduleb

2015
Attachment Sequence No. 08

Name(s) shown on return JOSEPH R. BIDEN JR. & JILL T. BIDEN Part 1 Amount 1 List name of payer, If any interest is from a seller-financed mortgage and the buyer used the Interest property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address 4. NEW CASTLE COUNTY SCHOOL EMPLOYEE FCU 2. UNITED STATES SENATE FEDERAL CREDIT UNION WILMINGTON SAVINGS FUND SOCIETY 111. PNCBANK, NATIONAL ASSOCIATION 1,154 Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that 2 Add the amounts on line 1 2 1,271 form. Excludable interest on series EE and I U.S. savings bonds issued after 1989. Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a 4 Note: If line 4 is over \$1,500, you must complete Part III. Amount Part II 5 List name of payer Ordinary Dividends 5 Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a Note: If line 6 is over \$1,500, you must complete Part III. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign Yes No Part III account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Foreign 7a At any time during 2015, did you have a financial interest in or signature authority over a financial account (such Accounts as a bank account, securities account, or brokerage account) located in a foreign country? See instructions ______ X and If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), **Trusts** to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements b If you are required to file FinCen Form 114, enter the name of the foreign country where the financial account is located _____ 8 During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

If "Yes," you may have to file Form 3520. See instructions

Schedule B (Form 1040A or 1040) 2015

SCHEDULE C-EZ (Form 1040)

Net Profit From Business

(Sole Proprietorship)

Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
 Attach to Form 1040, 1040NR, or 1041. ► See instructions.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

Name of proprietor	Social security number (SSN)
JILL T. BIDEN	
Part General Information	
You May Use Schedule C-EZ Instead of Schedule C Only If You: • Use the cash method of accounting, • Did not have an inventory at any time during the year, • Did not have a net loss from your business, • Had only one business as either a sole proprietor, qualified joint venture, or statutory employee	ad no employees during the year, o not deduct expenses for business use your home, o not have prior year unallowed passive stivity losses from this business, and re not required to file Form 4562, epreciation and Amortization, for this usiness. See the instructions for Schedule line 13, to find out if you must file.
A Principal business or profession, including product or service AUTHOR	B Enter business code (see inst) ► 711510
C Business name. If no separate business name, leave blank. JILL BIDEN	D Enter your EIN (see inst)
E Rusiness address (including suite or room no.). Address not required if same as on page 1 of your tax return.	
City, town or post office, state, and ZIP code WILMINGTON, DE F) Yes X No Yes No
1 Gross receipts. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see Statutory employees in the instructions for Schedule C, line 1, and check her STMT 13	▶ □ 1 653.
Total expenses (see instructions). If more than \$5,000, you must use Schedule C	2 0.
Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, a Schedule SE, line 2, or on Form 1040NR, line 13, and Schedule SE, line 2. (Statutory employees, do not report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3	
Part III Information on Your Vehicle. Complete this part only if you are claiming ca	ar or truck expenses on line 2.
4 When did you place your vehicle in service for business purposes? (month, day, year) / / .	
5 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:	
a Business b Commuting c Other	
6 Was your vehicle available for personal use during off-duty hours?	Yes No
7 Do you (or your spouse) have another vehicle available for personal use?	Yes No
8 a Do you have evidence to support your deduction?	Yes No
b It "Yes," is the evidence written? LHA For Paperwork Reduction Act Notice, see the separate instructions for Schedule C (Form 1040).	Yes No
519191 10-21-15	Ochousie 0-12 (101111 1040) 2010

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

➤ Attach to Form 1040, 1040NR, or Form 1041.

► Information about Schedule E and its separate instructions is at www.lrs.gov/schedulee.

OMB No. 1545-0074

Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Your social security number

JOS	SEPH R. BIDEN	JR. & JILL T. BIDEN							
Pai	ti Income or Lo	ss From Rental Real Estate and Roy	alties	Note: If you ar	e in the	business of	renting per	sonal proper	ty, use
	Schedule C or C	-EZ (see instructions). If you are an individual, re	port far	m rental income	or loss	from Form 4	1835 on pag	ge 2, line 40.	
A C	oid you make any payme	nts in 2015 that would require you to file Form(s)	1099?	(see instruction	s)			Yes X	No
		u file required Forms 1099?		(-,			Yes	No
		n property (street, city, state, ZIP code)							
A .		, WILMINGTON, DE	·					···	
В		(// () () () () () () () () ()		······································					
c									
1b	Type of Property	2 For each rental real estate property listed		·			Fair Renta	l Personal	QJV
	(from list below)	above, report the number of fair rental and					Days	Use Days	""
A	1	 personal use days. Check the QJV box only if you meet the requirements to file as 				Α	365		ttt
В		a qualified joint venture. See instructions.				В	7.55		
C		1				C			┢
	e of Property:								
	ngle Family Residence	3 Vacation/Short-Term Rental 5 Land		7 Self-Rental					
	ulti-Family Residence	4 Commercial 6 Royaltie	as	8 Other (desc	eribe)				
	me:	Properties:		A	7	В		С	
3			3	26,4	00.				-,
4			4	20,1					
	enses:		1-4-						
5			5						
6		structions)	6						
7			7						
		nce	8						
8	•		9						
9.									
10	-	sional fees	10						
11		As been been dead from the sales and	11	4,6	E 0				
12	·	to banks, etc. (see instructions)	12	4,0	50.				
13			13						
14			14						
15			15	2,7	72				
16			16	4,1	/3.				
17			17						
18		or depletion	18						
19	Other (list)		19	7,4	21				
20		nes 5 through 19	20	7,4	21.		—— —		
21		ne 3 (rents) and/or 4 (royalties). If result is a		10 0	60				
		to find out if you must file Form 6198	21	18,9	09.				
22		state loss after limitation, if any, on		,					,
		ctions)	22	<u> </u>		2.6	400.		
	·	ported on line 3 for all rental properties			23a	40,	400.		100
	•				23b		650		
C	•				23c	4 /	658.		- ** 5
	•				23d	7	121		ŗ.
e					23e		431.	10 (260
24	•	amounts shown on line 21. Do not include any lo						18,9	709.
25		sses from line 21 and rental real estate losses fro					25		1
26		e and royalty income or (loss). Combine lines 2					I,		
		2 do not apply to you, also enter this amount on	rorm	1040, line 17, or	rorm 10	J4UNH, IINE	_	10 (260
	10. Utrierwise, include	this amount in the total on line 41 on page 2	*********				26	18,9	209.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 201

521491 12-22-15

SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service

Self-Employment Tax

► Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

► Attach to Form 1040 or Form 1040NR.

2015Attachment

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR) Social security number of

Social security number of person with self-employment

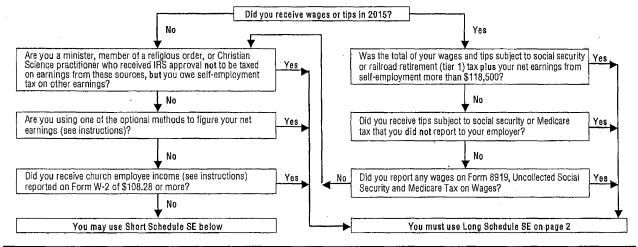
income

JILL T. BIDEN

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions,



Section A-Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1		
	(Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve		·
	Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A		
	(other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders,		
	see instructions for types of income to report on this line. See instructions for other income to report STMT_14	2	653.
3	Combine lines 1a, 1b, and 2	3	653.
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this		
	schedule unless you have an amount on line 1b	4	603.
	Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5	Self-employment tax, If the amount on line 4 is:		
	• \$118,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on		
	Form 1040, line 57, or Form 1040NR, line 55		/
	 More than \$118,500, multiply line 4 by 2.9% (.029). Then, add \$14,694 to the result. 		
	Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	92.
6	Deduction for one-half of self-employment tax.		
	Multiply line 5 by 50% (.50). Enter the result here and on		
	Form 1040, line 27, or Form 1040NR, line 27		

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2015

_{Form} 6251

Alternative Minimum Tax - Individuals

► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

► Attach to Form 1040 or Form 1040NR.

2015 Attachment 32

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

	SEPH R. BIDEN UK. & ULLI T. BIDEN		
	art I Alternative Minimum Taxable Income	·	
1	If filling Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the	1 1	
	amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	<u>336,726.</u>
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4,	1 1	
	or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	0.
3	Taxes from Schedule A (Form 1040), line 9	3	30,439.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is \$154,950 or less, enter -0 Otherwise, see instructions	6	-2,470.
7	Tax refund from Form 1040, line 10 or line 21.	7	
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, see instructions	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 15	19	0.
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
	Long-term contracts (difference between AMT and regular tax income)	22	
	Mining costs (difference between regular tax and AMT)	23	
24		24	
25	Income from certain installment sales before January 1, 1987	25	
	Intangible drilling costs preference	26	· · · · · · · · · · · · · · · · · · ·
20	Other adjustments, including income-based related adjustments	27	
	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is	21	
20	• • • • • • • • • • • • • • • • • • • •		364,695.
О	more than \$246,250, see instructions.) art Alternative Minimum Tax (AMT)	28	304,033.
<u> </u>		13.7	·
29	Exemption. (If you were under age 24 at the end of 2015, see instructions.)		
	IF your filing status is AND line 28 is not over THEN enter on line 29		
	Single or head of household \$119,200 \$53,600		
	Married filing jointly or qualifying widow(er) 158,900 83,400	1.34,116	21 051
	Married filing separately 79,450 41,700 STMT 16	29	31,951.
	If line 28 is over the amount shown above for your filing status, see instructions.		220 7111
	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	332,744.
31	• If you are filling Form 2555 or 2555-EZ, see instructions for the amount to enter.		
	 If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured 		
	for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here.	F - 1	0.0 4.00
	• All others: If line 30 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 30 by	31	89,460.
	26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing	1	
	separately) from the result.		
	Alternative minimum tax foreign tax credit (see instructions)	32	20.150
	Tentative minimum tax. Subtract line 32 from line 31	33	89,460.
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any		
	foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure		
	that tax without using Schedule J before completing this line (see instructions)	34	85,751.
	AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45	35	3,709.
01-	181 1-16 LHA For Paperwork Reduction Act Notice, see your tax return instructions.		Form 6251 (2015)

For	m 6251 (2015) JOSEPH R. BIDEN JR. & JILL T. BIDEN		Page 2
Р	art III Tax Computation Using Maximum Capital Gains Rates		
	Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksh	eet in the in	structions.
36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from		
	line 3 of the worksheet in the instructions for line 31	36	
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for		
	Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If		
	you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see		
	instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount		
	from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line		
	10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or		
	2555-EZ, see instructions for the amount to enter	39	
40	Enter the smaller of line 36 or line 39	40	
	Subtract line 40 from line 36	41	
	If line 41 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise,		
	multiply line 41 by 28% (,28) and subtract \$3,708 (\$1,854 if married filing separately) from the result	42	
43	Enter:	<u> </u>	
.,0	• \$74,900 if married filing jointly or qualifying widow(er),		
	• \$37,450 if single or married filing separately, or	43	
	• \$50,200 if head of household.		
11	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
444	for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for		
	Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either		
	worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you	}	
		44	
	are filing Form 2555 or 2555-EZ, see instructions for the amount to enter		
	Subtract line 44 from line 43. If zero or less, enter -0-	45	
46	Enter the smaller of line 36 or line 37	46	
47		47	
48		48	
49	Enter:		
	 \$413,200 if single \$232,425 if married filing separately 		
	• \$464,850 if married filing jointly or qualifying widow(er)	49	
	\$459,000 If flead of flousehold		
	Enter the amount from line 45	50	
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies		
	(as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the		
	amount from Form 1040, line 43; if zero or less, enter -0 . If you are filing Form 2555 or Form 2555-EZ,	1	
	see instructions for the amount to enter	51	
	Add line 50 and line 51	52	
	Subtract line 52 from line 49, If zero or less, enter -0-	53	
54	Enter the smaller of line 48 or line 53	54	
	Multiply line 54 by 15% (.15)	55	
56	Add lines 47 and 54	56	
	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.		
57	Subtract line 56 from line 46	57	
58	Multiply line 57 by 20% (.20)	58	
	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		
59	Add lines 41, 56, and 57	59.	
60	Subtract line 59 from line 36	60	· · · · · · · · · · · · · · · · · · ·
61	Multiply line 60 by 25% (.25)	61	
	Add lines 42, 55, 58, and 61	62	
63	If line 36 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 36 by 26% (.26).		
	Otherwise, multiply line 36 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result	63	

519591 01-11-16

64 Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter

this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31

Name(s))			· · · · · · · · · · · · · · · · · · ·			Social Security Number
(OGED	PH R. BIDEN JR. & JILL ?	ואישרודים ח					
Form	FILK. DIDEN OK. & OIDD.	r. BIDEN			Adjustment		
Name .	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
E-	,						
	* REGULAR INCOME * AMT NET INCOME	18,969. 18,969.					
	2000年 20						
-							
				。 至在2000年4月1日			

SCHEDULE H (Form 1040)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

► Attach to Form 1040, 1040NR, 1040-SS, or 1041.

Information about Schedule H and its separate instructions is at www.lrs.gov/scheduleh.

OMB No. 1545 1971

2015

Attachment

Name of employer.

Social security number

-		Employer identification number
<u>J0</u>	SEPH R. BIDEN JR. & JILL T. BIDEN	
Cale	endar year taxpayers having no household employees in 2015 do not have to complete this form for 2015.	
Α	Did you pay any one household employee cash wages of \$1,900 or more in 2015? (If any household employence age 21, your parent, or anyone under age 18, see the line A instructions before you answer this quest	
	X Yes. Skip lines B and C and go to line 1. No. Go to line B.	
В	Did you withhold federal income tax during 2015 for any household employee?	
	Yes. Skip line C and go to line 7. No. Go to line C.	
С	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2014 or 2015 to all household (Do not count cash wages paid in 2014 or 2015 to your spouse, your child under age 21, or your parent.)	mployees?
	No. Stop. Do not file this schedule. Yes. Skip lines 1-9 and go to line 10.	
Pa	Social Security, Medicare, and Federal Income Taxes	
1	Total cash wages subject to social security tax 1 3,85	<u>25.</u>
2	Social security tax. Multiply line 1 by 12.4% (.124)	2 474.
3	Total cash wages subject to Medicare tax	25.
4	Medicare tax. Multiply line 3 by 2.9% (.029)	4 111.
5	Total cash wages subject to Additional Medicare Tax withholding	
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (.009)	
7	Federal income tax withheld, if any ·	
8	Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8 585.
	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2014 or 2015 to all household em	ployees?

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Schedule H (Form 1040) 2015

510351 12-02-15

No. Stop. Include the amount from line 8 above on Form 1040, line 60a. If you are not required to file Form 1040, see the

line 9 instructions.

X Yes. Go to line 10.

Part II		Jnemployment (FUT		עודדר '	T. BIDI	EIN .						Page 2
. 61 (1)	- reactar c	onemployment (i o i	A) Tax						········		Yes	No
10 Did yo	ou pav unemplo	yment contributions to on	lv one state? (If v	ou paid co	ntributions to	o a credit re	duction state				163	
		check "No.")								10	Х	
11 Did yo	ou pay all state	unemployment contributio	ns for 2015 by A	pril 18, 201	6? Fiscal yea	ar filers see	instructions		<u>.</u>	11	X	
12 Were	all wages that a	are taxable for FUTA tax als	so taxable for you	ır state's u	nemploymen	nt tax?	·	******		12	X	
		"Yes" box on all the lines										
· If y	ou checked the	"No" box on any of the lin				Section B.						
				ection A								
13 Name	of the state wh	nere you paid unemployme	ent contributions		-	DE		- [編 刻				
44 Contr	ibutions sold to		. 6		مد ا	1	11					
		your state unemployment bject to FUTA tax									3 - 0	25.
		ne 15 by .6% (.006). Enter										23.
10 1 0 1 7	Cax. Widitiply III	15 by ,070 (,000), Enter		ection E		J 11(1 0 20	***************************************	10				400
17 Comp	olete all column	s below that apply (if you n										
(a)	(b)	(C) State experience		(d)	(e)		(f)	(g)			(h)	
Name of	Taxable wages (as defined in state act)		rate	State experience	Multiply col. by .054		tiply cal. (b) y col. (d)	Subtract from col	, (e).	pa	ntribution	ate
state		From	То	rate			,	if zero or enter -	less,	นกร	mploym fund	nent
}												
									1			
		<u></u>										
	•						 		- (
							18	18.034				
19 Add C	columns (g) and	(h) of line 18bject to FUTA tax (see the	line 15 instruction			<u> </u>						
		0% (.060)										
		4% (.054)										
		line 19 or line 22										
		t reduction state must use						_ 23				
24 FUTA	tax. Subtract	ine 23 from line 21. Enter t	he result here an	d go to line	25			. 24				
		usehold Employmen					······································					
		m line 8. If you checked th							·			<u>85.</u>
		4) and line 25						. 26			6	<u> 808.</u>
	ou required to f											
		ide the amount from line 2			60a. Do not	complete P	art IV below.					
		ave to complete Part IV. S and Signature - Com			d Coathalir	no 07 inotes	otiono					
		.O. box if mail is not delivered to st		y n require	ad. See the m	HE ZI HISUU	CHOIS.	Apt., ro	om, or sulte	e no.		
City, town or	post office, state, a	nd ZIP code										
								•				
Under penalt	ties of perjury, I decla	are that I have examined this sched	ule, including accompa	nylng stateme	ents, and to the b	est of my know	edge and belief, it	is true, com	ect, and co	mplete	. No par	rt of any
	de to a state unempi rer has any knowledo	oyment fund claimed as a credit wa ge.	is, or is to be, deducted	rom the pay	ments to employ	ees, Declaration	of preparer (other	than taxpa	yer) is based	a on a	Informa	ation of
.						_ \						
Employ	yer's signature					Date)					
D - 1-1	Print/Type	e preparer's name	Preparer's si	gnature	1	Date	Check	if	PTIN			
Paid					1		self- em					
Prepai		me ▶				e	Firm's	EIN 🟲				
Use O	-		·									
	Firm's ad	dress >					Phone	no.				
			· 									
								Sche	dule H (l	Form	1040	1) 2015

510352 12-02-15

Form **8959**

Additional Medicare Tax

2015

Department of the Treasury Internal Revenue Service

► If any line does not apply to you, leave it blank. See separate instructions.

► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

Attachment

► Information about Form 8959 and its instructions is at www.irs.gov/form8959 Name(s) shown on return Your social security number JOSEPH R. BIDEN JR. & JILL T. BIDEN Additional Medicare Tax on Medicare Wages 1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts 320,441 from box 5 2 Unreported tips from Form 4137, line 6 3 Wages from Form 8919, line 6 320,441 4 Add lines 1 through 3 5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 6 Subtract line 5 from line 4. If zero or less, enter -0-7 Additional Medicare Tax on Medicare wages, Multiply line 6 by 0.9% (.009). Enter here and go to Part II Part II Additional Medicare Tax on Self-Employment Income 8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter 603. -0- (Form 1040-PR and Form 1040-SS filers, see instructions.) 9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 250,000 Single, Head of household, or Qualifying widow(er) \$200,000 10 Enter the amount from line 4 320,441 11 Subtract line 10 from line 9. If zero or less, enter -0-603. 12 Subtract line 11 from line 8. If zero or less, enter -0-13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter here and go to Part III Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 15 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 16 Subtract line 15 from line 14. If zero or less, enter -0-17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (.009). Enter here and go to Part IV Part IV Total Additional Medicare Tax 18 Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V 639. Part V Withholding Reconciliation 19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 4,873 320,441 20 Enter the amount from line 1 21 Multiply line 20 by 1.45% (.0145). This is your regular Medicare tax withholding on Medicare wages 4.646 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages 227. 23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) 24 Total Additional Medicare Tax withholding, Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR,

and 1040-SS filers, see instructions)

Form 8959 (2015)

227.

Form **8960**

Net Investment Income Tax -Individuals, Estates, and Trusts

OMB No. 1545-2227

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on your tax return

Attach to your tax return. ▶ Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.

	(s) shown on your tax return		Your s	ocial sec	curity number or EIN
Dos	EPH R. BIDEN JR. & JILL T. BIDEN				
Fal	Investment Income Section 6013(g) election (see instructions)				
	Section 6013(h) election (see instructions)			•	
	Regulations section 1.1411-10(g) election				4 054
1	Taxable interest (see instructions)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	1,271.
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)	· · · · · · · · · · · · · · · · · · ·		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts,		10 060		
	etc. (see instructions)	4a	18,969.		
b	Adjustment for net income or loss derived in the ordinary course of				
	a non-section 1411 trade or business (see instructions)				10.060
C	Combine lines 4a and 4b			4c	18,969.
5a ⋅	3	5a			
þ	Net gain or loss from disposition of property that is not subject to				· ·
	net investment income tax (see instructions)	5b			
С	Adjustment from disposition of partnership interest or S corporation	1 1			
4	stock (see instructions)				
d	Combine lines 5a through 5c			5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	20 240
<u>8</u>				8	20,240.
Par			cations	25.2300	
9a	Investment interest expenses (see instructions)				
b	State, local, and foreign income tax (see instructions)	1 1	584.		
C	Miscellaneous investment expenses (see instructions)			#X.	E04
d	Add lines 9a, 9b, and 9c			9d	584.
10	Additional modifications (see instructions)			10	584.
11	Total deductions and modifications. Add lines 9d and 10			11	584.
	t III Tax Computation	1	40	, , , , , , , , , , , , , , , , , , , 	
12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals com				10 656
	17. Estates and trusts complete lines 18a-21. If zero or less, enter -0			12	19,656.
40		1 1	202 222		
13	Modified adjusted gross income (see instructions)		392,233. 250,000.		
14	Threshold based on filing status (see instructions)	14			
15	Subtract line 14 from line 13. If zero or less, enter -0-		142,233.	1 1	10 656
16	Enter the smaller of line 12 or line 15		•••••	16	19,656.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter he		•		747.
	include on your tax return (see instructions) Estates and Trusts:			17	141.
40-		100			
. 18a	Net investment income (line 12 above)	18a			
ь	Deductions for distributions of net investment income and	401			
	deductions under section 642(c) (see instructions)	18b			
С	Undistributed net investment income. Subtract line 18b from 18a (see	10.			
10-	instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
þ	Highest tax bracket for estates and trusts for the year (see	101			
	instructions)	19b			
C	Subtract line 19b from line 19a. If zero or less, enter -0-			00	
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). E				
1.1.14	and include on your tax return (see instructions)			21	Farm 0000 (0015)
LHA	For Paperwork Reduction Act Notice, see your tax return instructions.				Form 8960 (2015)

FORM 1040	PENSIONS AND ANNUITIES		STATEMENT	1
OFFICE OF PENSIONS				
AMOUNT RECEIVED THIS YEAR NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBUTION		33,291. 169.		
			33,1:	22.
TOTAL INCLUDED IN FORM 10	040, LINE 16B		33,1	22.

FORM 1040 SOCIAL SECURITY BENEFITS WORKSHEET	STATEMENT	2
CHECK ONLY ONE BOX:		
A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER) X B. MARRIED FILING JOINTLY		
C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE AT ANY TIME DURING 2015		
D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2015		
1. ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON	•	
FORM 1040, LINE 20A IF YOU CHECKED BOX B: TAXPAYER AMOUNT 32,170.	32,17	70.
SPOUSE AMOUNT 2. MULTIPLY LINE 1 BY 50% (0.50)	16,08	35.
3. ADD THE AMOUNTS ON FORM 1040, LINE 7, 8B, 9A, 10 THRU 14, 15B, 16B, 17 THRU 19, 21 AND SCHEDULE B, LINE 2. DO NOT		
INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099 4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF	364,93	34.
PUERTO RICO THAT YOU CLAIMED	201 01	1.0
5. ADD LINES 2, 3, AND 4 6. ADD THE AMOUNTS ON FORM 1040, LINES 23 THROUGH LINE 32, AND ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED	381,01	19.
LINE NEXT TO LINE 36		46.
7. SUBTRACT LINE 6 FROM LINE 5 8. ENTER: \$25,000 IF YOU CHECKED BOX A OR D, OR \$32,000 IF YOU CHECKED BOX B, OR	380,95	/3.
\$-0- IF YOU CHECKED BOX C	32,00	00.
9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0- ON FORM 1040, LINE 20B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2015, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 20A.		
[X] YES. SUBTRACT LINE 8 FROM LINE 7 10. ENTER \$9,000 IF YOU CHECKED BOX A OR D, \$12,000 IF YOU CHECKED BOX B	348,9	73.
\$-0- IF YOU CHECKED BOX C	12,00	00.
11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 12. ENTER THE SMALLER OF LINE 9 OR LINE 10	336,9° 12,00	00.
13. ENTER ONE HALF OF LINE 12 14. ENTER THE SMALLER OF LINE 2 OR LINE 13	6,00 6,00	
15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0	- 286,42	27.
16. ADD LINES 14 AND 15 17. MULTIPLY LINE 1 BY 85% (.85)	292,42 27,3	
18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17	27,3	45

FORM 1040 STATE AND I	LOCAL INCOME	TAX	REFUNDS	STATEMENT	3
	2014		2013	2012	
GROSS STATE/LOCAL INC TAX REFUNDS LESS: TAX PAID IN FOLLOWING YEAR	VIRGINIA 5	01.			
NET TAX REFUNDS VIRGINIA	5	01.			
TOTAL NET TAX REFUNDS	5	01.			

FOR	M 1040 PERSONAL EXEMPTION WORKSHEET	STATEMENT	4
1.	IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHO	WN ON LINE	4
	BELOW FOR YOUR FILING STATUS?		
	NO. STOP. MULTIPLY \$4,000 BY THE TOTAL NUMBER OF EXEMPTIONS	CLAIMED	
	ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42.		
	YES. CONTINUE		
2.	MULTIPLY \$4,000 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED		
_	ON FORM 1040, LINE 6D	8,00	00.
3.	ENTER THE AMOUNT FROM FORM 1040, LINE 38 392,233.		
4.	ENTER THE AMOUNT FOR YOUR FILING STATUS 309,900.		
	SINGLE \$258,250		
	MARRIED FILING JOINTLY OR WIDOW(ER) \$309,900		
	MARRIED FILING SEPARATELY \$154,950		
_	HEAD OF HOUSEHOLD \$284,050		
5.	SUBTRACT LINE 4 FROM LINE 3. IF THE RESULT IS		
	MORE THAN \$122,500 (\$61,250 IF MARRIED FILING		
_	SEPARATELY), STOP. ENTER -0- ON LINE 42 82,333.		
6.	DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MARRIED		
	FILING SEPARATELY). IF THE RESULT IS NOT A WHOLE NUMBER, INCREASE IT TO THE NEXT HIGHER		
	WHOLE NUMBER (FOR EXAMPLE, INCREASE 0.0004		
	TO 1)		
7.	MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT		
· •	AS A DECIMAL	0	.66
8.	MULTIPLY LINE 2 BY LINE 7	5,2	80.
٠.			
9.	SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE 42.	2,7	20.

FORM	1040	TAXABLE STATE AND	LOCAL INCOME	TAX	REFUNDS	STATEMENT	5
			2014		2013	2012	
		FROM STATE AND AX REFUNDS STMT.	501.				
LESS		BENEFIT DUE TO AMT X BENEFIT REDUCTION	501.				
1	NET REFUNDS	FOR RECALCULATION					
3	BEFORE PHA	ZED DEDUCTIONS SEOUT OT SUBJ TO PHASEOUT FROM LINE 1	58,285.		G.		
6	MULT LN 5 B' PRIOR YEAR	S LINES 3 AND 4 Y APPL SEC. 68 PCT AGI PHASEOUT THRESHOLD	58,285. 46,628. 388,844. 305,050.				
10 11	(IF ZERO OR 10 THROUGH AMOUNT FROM MULT LN 9 B ALLOWABLE I (LINE 5 LES LINE 6 OR	NE 8 FROM LINE 7 LESS, SKIP LINES 15, AND ENTER LINE 1 ON LINE 16) Y APPL SEC. 68 PCT TEMIZED DEDUCTIONS S THE LESSER OF LINE 10) OT SUBJ TO PHASEOUT	2,514. 55,771.				
13B	PRIOR YR. S	ITEMIZED DEDUCTIONS TD. DED. AVAILABLE LLOWABLE ITEM. DED.	55,771. 13,600. 55,771.				
15 16 17 18	13A OR LIN TAXABLE REF (LESSER OF ALLOWABLE P	E GREATER OF LINE E 13B FROM LINE 14 UNDS LINE 15 OR LINE 1) RIOR YR. ITEM. DED. STD. DED. AVAILABLE	55,771. 13,600.				
19 20 21	LESSER OF L	NE 18 FROM LINE 17 INE 16 OR LINE 19 TAXABLE INCOME	42,171. 330,545.				
22	* IF LINE 2	NCLUDE ON FORM 1040, 1 IS -0- OR MORE, USE 1 IS A NEGATIVE AMOUN	AMOUNT FROM				0
	STATE AND L	OCAL INCOME TAX REFUN	DS PRIOR TO 2	012			
	TOTAL TO FO	RM 1040, LINE 10					0

FORM 1040	WAGES RECEI	VED AND TAX	ES WITHHE		STATEN	IENT	6
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA N	MEDICA ΤΑΣ	
T UNITED STATES SENATE S NORTHERN VIRGINIA COMMUNITY OFFICE OF	225,154.	66,906.	12,095.		7,347.	3,49	}1.
THE CONTROLLER	85,765.	13,514.	4,385.		5,908.	1,38	32.
TOTALS	310,919.	80,420.	16,480.		13,255.	4,8	73.
FORM 1040	FEDERAI	INCOME TAX	WITHHELD		STATE	MENT	7
T S DESCRIPTION					AMO	T'NUC	
T UNITED STATES SENATE S NORTHERN VIRGINIA COM S PNCBANK, NATIONAL ASS S OFFICE OF PENSIONS T WITHHOLDING FROM FORM FORM 8959, LINE 24	OCIATION	CE OF THE C	CONTROLLER			2,7 8,0	14. 96. 56.
TOTAL TO FORM 1040, LIN	E 64					91,7	
							42.
FORM 1040		OTHER TAXES	3		STATE	MENT	42.
FORM 1040 DESCRIPTION		OTHER TAXES	3			MENT OUNT	
		OTHER TAXES	3			OUNT 6	

SCHEDULE A STATE AND LO	AL INCOME TAXES STATEMENT	9
DESCRIPTION	TNUOMA	
OFFICE OF PENSIONS UNITED STATES SENATE	615	_
NORTHERN VIRGINIA COMMUNITY OFFICE OF DELAWARE PRIOR YEAR BALANCE DUE AND	THE CONTROLLER 12,095	
EXTENSION PAYMENTS - TAXPAYER DELAWARE PRIOR YEAR BALANCE DUE AND	426	5.
EXTENSION PAYMENTS - SPOUSE	645	5 .
TOTAL TO SCHEDULE A, LINE 5	18,166	5.
SCHEDULE A CASH CO	TRIBUTIONS STATEMENT	10
	AMOUNT AMOUNT	
DESCRIPTION	50% LIMIT 30% LIMIT	
ANNUAL CATHOLIC APPEAL FOR THE DIOCES		
WILMINGTON, DE DELAWARE CENTER FOR JUSTICE	2,400. 75.	
NORTHERN VIRGINIA COMMUNITY COLLEGE E FOUNDATION	435.	
ST. JOSEPH'S ON THE BRANDYWINE THE ALS ASSOCIATION	585. 250.	
WESTMINSTER PRESBYTERIAN CHURCH	1,125.	
MOTHER EMANUEL AME	100.	
NVCC	1,200. 250.	
CONGRESSIONAL BLACK CAUCUS FOUNDATION ST. ALBAN'S MEMORIAL FUND	200.	
SUBTOTALS	6,620.	
	6,62	=

SCHEDULE A	CONTRIBUTIONS OTHE	R THAN CASH O	R CHECK	STATEMENT 11
DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT	AMOUNT 20% LIMIT
THE CLOTHING BANK O	OF DE	300.		
SUBTOTALS		300.		
TOTAL TO SCHEDULE A	LINE 17	1		300.

SCHE	DULE A	ITEMIZED DEDUCTIONS WORKSHEE	T	STATEMENT	12
1.		OF THE AMOUNTS FROM SCHEDULE A,	LINES 4,	_	
2.	9, 15, 19, 20, 2 ENTER THE TOTAL 14, AND 20, PLUS	7, AND 28. OF THE AMOUNTS FROM SCHEDULE A, ANY GAMBLING AND CASUALTY OR T	LINES 4,	57,9	77
3.	LOSSES INCLUDED IS THE AMOUNT ON IF NO, YOUR DEDU	ON LINE 28. I LINE 2 LESS THAN THE AMOUNT ON CTION IS NOT LIMITED. ENTER THE ON SCHEDULE A, LINE 29.	V LINE 1?		0
4. 5. 6.	IF YES, SUBTRACT MULTIPLY LINE 3 ENTER THE AMOUNT ENTER \$309,900 I QUALIFYING WIDOW	LINE 2 FROM LINE 1. BY 80% (.80). FROM FORM 1040, LINE 38. FMARRIED FILING JOINTLY OR (ER); \$284,050 IF HEAD OF	46,382. 392,233.	57,9	77
7.	IF MARRIED FILIN IS THE AMOUNT ON ON LINE 5? IF NO, YOUR DEDUTHE AMOUNT FROM	250 IF SINGLE; OR \$154,950 IG SEPARATELY. I LINE 6 LESS THAN THE AMOUNT ICTION IS NOT LIMITED. ENTER LINE 1 ABOVE ON SCHEDULE A,	309,900.		
8.	MULTIPLY LINE 7		82,333. 2,470.		
9.	ENTER THE SMALLE	R OF LINE 4 OR LINE 8.	·	2,4	70
9.	TOTAL ITEMIZED D	R OF LINE 4 OR LINE 8. DEDUCTIONS. SUBTRACT LINE 9 FROM HERE AND ON SCHEDULE A, LINE 2		2,4 55,5	
9.	TOTAL ITEMIZED D	EDUCTIONS. SUBTRACT LINE 9 FRO			07
9. 10. SCHE	TOTAL ITEMIZED DENTER THE RESULT	DEDUCTIONS. SUBTRACT LINE 9 FRO HERE AND ON SCHEDULE A, LINE 2		55,5	07
9. 10. SCHE	TOTAL ITEMIZED DENTER THE RESULT	DEDUCTIONS. SUBTRACT LINE 9 FRO HERE AND ON SCHEDULE A, LINE 2		55,5 STATEMENT AMOUNT	1
9. 10. SCHE DESC	TOTAL ITEMIZED I ENTER THE RESULT DULE C-EZ RIPTION	GEDUCTIONS. SUBTRACT LINE 9 FROS HERE AND ON SCHEDULE A, LINE 2		55,5 STATEMENT AMOUNT	1:
9. 10. SCHE DESC GROS TOTA	TOTAL ITEMIZED I ENTER THE RESULT DULE C-EZ RIPTION S RECEIPTS	GEDUCTIONS. SUBTRACT LINE 9 FROS HERE AND ON SCHEDULE A, LINE 2		55,5 STATEMENT AMOUNT	1:
9. 10. SCHE DESC GROS TOTA	TOTAL ITEMIZED I ENTER THE RESULT DULE C-EZ RIPTION S RECEIPTS L TO SCHEDULE C-E	GEDUCTIONS. SUBTRACT LINE 9 FRO PHERE AND ON SCHEDULE A, LINE 2 GROSS RECEIPTS SZ, LINE 1		55,5 STATEMENT AMOUNT 6	13
9. 10. SCHE DESC GROS TOTA	TOTAL ITEMIZED DENTER THE RESULT DULE C-EZ RIPTION S RECEIPTS L TO SCHEDULE C-E DULE SE	GEDUCTIONS. SUBTRACT LINE 9 FRO PHERE AND ON SCHEDULE A, LINE 2 GROSS RECEIPTS SZ, LINE 1		STATEMENT AMOUNT STATEMENT AMOUNT	1:

NAME OF ACTIVITY FORM AMT	T INCOME (LOSS) REGULAR ADJUSTMENT
NAME OF ACTIVITY FORM AMT	DECITAD AD TICOMENO
	THEMICOUCK ANDUSTNE
COTTAGE - SCH E , WILMINGTON, DE 18,	18,969.

FOR	RM 6251 EXEMPTION WORKSHEET		STATEMENT	16
1	ENTER: \$53,600 IF SINGLE OR HEAD OF HOUSEHOLD; \$83,400 MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$41 IF MARRIED FILING SEPARATELY		83,4	00.
2		364,695.		
3	ENTER: \$119,200 IF SINGLE OR HEAD OF HOUSEHOLD; \$158,900 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$79,450 IF MARRIED	·		
4	SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS	158,900. 205,795.		
_		203,733.		
5 6	MULTIPLY LINE 4 BY 25% (.25) SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -(ANY OF THE THREE CONDITIONS UNDER CERTAIN CHILDREN OF THE THREE CONDITIONS UNDER CERTAIN CHILDREN OF THROUGH 10. OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM	UNDER	51,4	
	LINE 29, AND GO TO FORM 6251, LINE 30		31,9	51.
7	MINIMUM EXEMPTION AMOUNT FOR CERTAIN CHILDREN UNDER AG	GE 24		
8	ENTER YOUR EARNED INCOME, IF ANY ADD LINES 7 AND 8			
8 9				
8 9 10	ADD LINES 7 AND 8 ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM		STATEMENT	17
8 9 10 FOI	ADD LINES 7 AND 8 ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM LINE 29, AND GO TO FORM 6251, LINE 30		STATEMENT	1
B FOI	ADD LINES 7 AND 8 ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM LINE 29, AND GO TO FORM 6251, LINE 30 RM 8960 STATE INCOME TAX PAYMENTS		STATEMENT	1'
8 9 10 DEI	ADD LINES 7 AND 8 ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM LINE 29, AND GO TO FORM 6251, LINE 30 RM 8960 STATE INCOME TAX PAYMENTS LAWARE			
8 9 10 EI DEI UNI	ADD LINES 7 AND 8 ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM LINE 29, AND GO TO FORM 6251, LINE 30 RM 8960 STATE INCOME TAX PAYMENTS LAWARE SCRIPTION		AMOUNT	
8 9 10 DEI DEI UNI	ADD LINES 7 AND 8 ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM LINE 29, AND GO TO FORM 6251, LINE 30 RM 8960 STATE INCOME TAX PAYMENTS LAWARE SCRIPTION ITED STATES SENATE		AMOUNT	95
8 9 10 TO	ADD LINES 7 AND 8 ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM LINE 29, AND GO TO FORM 6251, LINE 30 RM 8960 STATE INCOME TAX PAYMENTS LAWARE SCRIPTION ITED STATES SENATE TAL TO STATE FORM 8960, LINE 10		AMOUNT 12,0 12,0	95
8 9 10 DEI	ADD LINES 7 AND 8 ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM LINE 29, AND GO TO FORM 6251, LINE 30 RM 8960 STATE INCOME TAX PAYMENTS LAWARE SCRIPTION TITED STATES SENATE TAL TO STATE FORM 8960, LINE 10 RM 8960 STATE INCOME TAX PAYMENTS		AMOUNT 12,0 12,0	95 95
8 9 10 TO!	ADD LINES 7 AND 8 ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM LINE 29, AND GO TO FORM 6251, LINE 30 RM 8960 STATE INCOME TAX PAYMENTS LAWARE SCRIPTION ITED STATES SENATE TAL TO STATE FORM 8960, LINE 10 RM 8960 STATE INCOME TAX PAYMENTS LAWARE		AMOUNT 12,0 12,0 STATEMENT AMOUNT	95 95

or Fiscal year beginning Your Social Security No.

and ending Spouse's Social Security No.

ERE	
ㅗ	
LABEL	
TTACH	

Your Last Name

First Name and Middle Initial

BIDEN JR. Spouse's Last Name

JOSEPH R. Spouse's First Name

Jr., Sr., III., etc.

BIDEN

JILL T.

Present Home Address (Number and Street)

City	
WILMING	TON
Form DE2210	If you

4. 5.

6.

STAPLE W-2 FORMS HERE

State ZIP Code

DΕ If you were a part-year resident in 2015, give the dates you resided in Delaware. FILING STATUS (MUST CHECK ONE)

Married or Entered into a Civil Union & Filing Separate Forms 5.

	From	2015 то		2015 2.	Joint or Entered Into a Civil Union	4, X	Married or Entered into & Filing Combined Sep	a Civil Union arate on this form
Attached	Month Day		Month Day					
Column A is fo	or Spouse information, Fi	ling Status 4	only. All othe	r filing status	ses use Column	В.	Column A	Column
1. DELAWAR	E ADJUSTED GROSS INCOME	- Begin Return on	Page 2, Line 29, ti	nen enter amount f	rom Line 42 here 🕨	1	117,747	225,1

Column B 225,154

2a.	If you elect the DELAWARE STANDARD DEDUCTION check here Filing Statuses 1, 3 & 5 Enter \$3250 in Column B; Filing Status 2 Enter \$6500 in Column B; Filing Status 4 Enter \$3250 in Column A and in Column B	
	If you elect the DELAWARE ITEMIZED DEDUCTIONS check here	X
Ь	Fillian Otation of O. O. and C. antonib and D. de discontinuous D.	

b. Flling Statuses 1, 2, 3 and 5, enter Itemized Deductions from Page 2, Line 48 in Column B ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions)
(Filing status 4), enter the total for each appropriate column. All others enter total in Column B.

Column A - If SPOUSE was; 65 or over	Blind	Column B - if YOU were: 6	o or over	Blind
TOTAL DEDUCTIONS- Add Line	2 & 3 and e	enter here		
TAXABLE INCOME- Subtract Lin	e 4 from Lir	ne 1, and Compute Tax or	this Amount	
Tax Liability from Tax Rate Table/	Schedule	Column A	Column	₿

Tax Liability from Tax Rate Table/Schedule	Column A	Column
See Instructions	5,447	12,604
Tax on Lump Sum Distribution (Form 329)		

	TOTAL TAX - Add Lines 6 and 7 and enter here PERSONAL CREDITS If you are Filing Status 3, see instructions. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.	
	Enter number of exemptions claimed on Federal return 2 ×\$110	
	On Line 9a, enter the number of exemptions for: Column A 1 Column B 1	
ο.	CHECK BOX(ES) Spouse 60 or over (Column A) X Self 60 or over (Column B) X	

θЬ.	CHECK BOX(ES)	Spouse 60 or over (Column A) X Self 60 or over (Column B) X	
	Enter number of boxes	checked on Line 9b. 2 x \$110	9b
10.	Tax imposed by State o		

11.	Vol. Firefigh	ter Co. # - Sp	ouse (Column A)) Sel	lf (Column B)
2.	Other Non-F	Refundable C	redits (see Inst	ructions)	***************************************

13. Child Care Credit. Must attach Form 2441. (Enter 50% of Federal credit)	13
14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation	14
15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here	15

16. BALANCE. Subtract Line 15 from Line 8. If Line 15	ō is greater than Line 8, e	enter "0" (Zero)
17. Delaware Tax Withheld (Attach W2s/1099s)	615	12,095
18. 2015 Estimated Tax Paid & Payments with Extensions		
and the second s		

19. 50	orp rayments and neutidable business credits
20. 20	15 Capital Gains Tax Payments (Att. Form 5403)
21 TC	TAL Refundable Credits, Add Lines 17, 18, 1

21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here	▶ 21
22. BALANCE DUE. If Line 16 is greater than Line 21, subtract 21 from 16 and enter here	▶ 22
23. OVERPAYMENT. If Line 21 is greater than Line 16, subtract 16 from 21 and enter here	▶ 23

24. CONTRIBUTIONS TO SPECIAL FUNDS if electing a contribution, complete and attach DE S	chedule III	24
25. AMOUNT OF LINE 23 TO BE APPLIED TO 2016 ESTIMATED TAX ACCOUNT	ENTER >	25
26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$400, see estimated tax instructions	ENTER >	26

26. PENAL HES AND INTEREST DUE. IT line 22 is greater in 1340, see similated tax institutions. ENTER ≥ 26

27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)
For all other filing statuses, enter Line 22 plus Lines 24 and 26

28. NET REFUND (For Filing Status 4, see instructions, page 9)
For all other filing statuses, subtract Lines 24, 25 and 26 from Line 23

28. VERO DUE/TO BE REFUNDED ≥ 28

. Enter credit amount ... 11

16

17 18 19 19,812

18,784

19,812 97,935	18,784 206,370
21,233	200,310

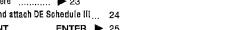
5,447	12,604

110	110

110	110
3,882	

	,	
4,102		220





1,019

542001 01-26-16 1019

STAPLE CHECK HERE

2015 R 2015 DELAWARE RESIDENT FORM 200-01, PAGE 2 Page COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

MOD	IFICATIONS TO FEDERAL ADJUSTED GROSS INCOME		Filing Status 4 Spouse Inform COLUMN	ation	All other filing statuses You or You plus Spouse COLUMN B					
SECT	SECTION A - ADDITIONS (+)									
29.	Enter Federal AGI amount from Federal 1040, 1040A, or 1040EZ	29	130,24	17	261,986					
30.	Interest on State & Local obligations other than Delaware	30								
31.	Fiduciary adjustment, oil depletion	31								
32.	TOTAL - Add Lines 30 and 31	32								
33.	Subtotal. Add Lines 29 and 32 130, 247 261, 986	33								
SEC	TION B - SUBTRACTIONS (-)				•					
34.	Interest received on U.S. Obligations	34								
35.	Pension/Retirement Exclusions (For a definition of eligible income, see instructions)	35	12,50	00	9,487					
36.	Delaware State tax refund, fiduciary adjustment, work opportunity tax credit,			•						
	Delaware NOL Carry forward please see instructions	36								
37.	Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr.)	37			27,345					
38.	SUBTOTAL. Add Lines 34, 35, 36 and 37 and enter here*	38	12,50	00	36,832					
39.	Subtotal. Subtract Line 38 from Line 33	39								
40.	Exclusion for certain persons 60 and over or disabled (See instructions)	40			•					
41.	TOTAL - Add Lines 38 and 40	41	12,50	00	36,832					
42.	DELAWARE ADJUSTED GROSS INCOME, Subtract Line 41 from Line 33. Enter here and on Page 1, Line 1		117,74	17	225,154					
SEC.	TION C - ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A) If Columns A a le to specifically allocate deductions between spouses, you must prorate in accordance wil	nd B at th inco	e used and me.	you ar	9					
43.	Enter total Itemized Deductions from Schedule A, Federal Form, Line 29 STMT 3	43	24,73	35	30,772					
44		44	•		-					
45.	Enter Charitable Mileage Deduction (See instructions)				•					
			24,73	35	30,772					
47a.	SUBTOTAL Add Lines 43, 44, and 45 and enter here Enter State Income Tax included in Line 43 above (See instructions) STATEMENT 4	47a	4,92		11,988					
		47b	• •		. — - •					
48.	TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Page 1, Line 2 (See instr.)		19,81	12	18,784					
SEC	TION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to checking or savings account, complete boxes a, b, c and d below. See instructions for details.									
a.	Routing Number	b. Type	: Checking	Į	Savings					
c.	Account Number		s refund going ed outside of t		rough an account that is ed States?					
			Υe)S	No .					
NOT	E: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR			ır retui	rn.					
<u>Unde</u>	r penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, an	d believe it is t	rue, cor	rect and complete.					
Уоці	Signature of Paid Precaper // Signature of Paid Precaper // White Miles	Ill	2 C/A	Da	4/12/16					
Spor	uses Signature Triling join for combined return) Date 4 . 13 . 14 Address 4550 MONTGOMERY	AVE	SUITE	650	N					
Hom	Phone Business Phone City			State	ZIP					
	BETHESDA			MD	20814293					
E-Ma	ail Address EIN, SSN OR PTIN Business	Phone		E-Ma	il Address					

BALANCE DUE W/PAYMENT ENCLOSED (LINE 27): DELAWARE DIVISION OF REVENUE

P.O. BOX 508

WILMINGTON, DE 19899-0508

REFUND (LINE 28); DELAWARE DIVISION OF REVENUE P.O. BOX 8710 WILMINGTON, DE 19899-8710

ALL OTHER RETURNS: DELAWARE DIVISION OF REVENUE P.O. BOX 8711 WILMINGTON, DE 19899-8711

542011 01-26-16

MAKE CHECK PAYABLE TO: DELAWARE DIVISION OF REVENUE PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

2015 R

2015 DELAWARE RESIDENT SCHEDULES

Schedule

All other filing statuses

You or You plus Spouse COLUMN B

Names:

Social Security Number:

Filing Status 4 ONLY

Spouse Information COLUMN A

JOSEPH R. BIDEN JR. & JILL T. BIDEN

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

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

	and mode double died bomp	1010 11,0 1101	manicot on r ag	o i piloi to com	picting == 00,1000				
Ente	r the credit in HIGHEST to L	.OWEST am	ount order.						
1.	Tax imposed by State of	VA	(enter 2 chara	cter state name)		. 1	3,882		
2.	Tax imposed by State of	VA	(enter 2 chara	cter state name)		, 2			
3,	Tax imposed by State of		(enter 2 chara	cter state name)	***************************************	, 3			
4.	Tax imposed by State of		(enter 2 chara	cter state name)		. 4			
5.	Tax imposed by State of		(enter 2 chara	cter state name)	***************************************	5			
6.	Enter the total here and on F	Resident Ret	um, Line 10. Yo	u must attach a	copy of the			*	
1	other state return(s) with y	our Delawa	e tax return		************************	6	3,882		
DE S	SCHEDULE II - EARNED IN	ICOME TAX	CREDIT (EITC	1					
	nplete the Earned Income		-		e Earned Income	Credit for on y	our federal retu	rn.	
	lifying Child Information		•						
	Child's First Name	7b. (Child's Last Nar	me	8. Child's St	SN	9. Child	i's Date of E	3irth
								,	
10			of 0015	CHILD	1	CHILD 2		CHILD	3
10.	Was the child under age 2 a student, and younger th spouse, if filing jointly)?	an you (or yo	or 2015, our 10	YES	NO	YES	NO	YES	NO
11.	Was the child permanently	and totally	disabled						
	during any part of 2015?		11	YES	NO	YES	NO	YES	· NO
12.	Delaware State Income Ta	x from Line	3 (enter higher t	ax amount from (Column A or B)	12			
13.	Federal earned income cre	edit from Fed	leral Form 1040	,					
	Form 1040A, or Form 104	DEZ				13			
14.	Delaware EITC Percentage	e (20%)				14		.2	O
15.	Multiply Line 13 by Line					15	•		
16.	Enter the Smaller of Line 1								
	Resident Return, Line 14					16			
See	the instructions on Page 8	3 for ALL red	uired docume	ntation to attach	l.				
DE :	SCHEDULE III - CONTRIBU	OT SMOITL	SPECIAL FUNI	os					
See	Page 13 for a description	of each wor	thwhile fund li	sted below.					
17.	A. Non-Game Wildlife		G.	Veteran's Home		М.	White Clay Creek		
	B. U.S. Olympics		н.	DE National Guard		N.	Home of the Brave		
	C. Emergency Housing		1.	Juv. Diabetes Fund		Ο.	Senior Trust Fund		
	D. Breast Canoer Educ.		J.	Mult. Sclerosis Soc.		P.			
	E. Organ Donations		K.	Ovarlan Cancer Fund		Q.	Protecting DE's		
	F. Diabetes Educ.		· L.	21st Fund for Children			Children Fund		
			,						
	Enter the total Contribution	amount her	e and on Resid	ent Return, Line 2	24	••••••••	17		

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

DE 200-01 CREDIT FOR TAX IMPOSED BY OTHE	R STATE	STATEMENT	1
STATE OF VIRGINIA, SPOUSE	•		
DELAWARE AGI (FORM 200-01 OR 200-02, PAGE 1) VIRGINIA ADJUSTED GROSS INCOME DELAWARE TAX (FORM 200-01 OR 200-02, PAGE 1) TAX IMPOSED BY STATE OF VIRGINIA "PERCENTAGE FACTOR" = OTHER STATE'S AGI DIVIDED BY = 130,247. / 117,747. "PRO-RATA TAX" = DELAWARE TAX TIMES PERCENTAGE = 5,447. X 1.000000 AMOUNT OF CREDIT = LESSER OF: (A) DELAWARE TAX (B) TAX IMPOSED E (C) PRO-RATA TAX	E FACTOR	117,74 130,24 5,44 3,88 1.0000	47. 47. 32.
AMOUNT OF CREDIT, STATE OF VIRGINIA		3,88	82.
TOTAL TO FORM 200-01, PAGE 1, LINE 10		3,88	82.
DE 200-01 SOC SEC/RR RETIREMENT/HIGHER EDUC EXCL/I	UMP SUM DIST	STATEMENT	2
DESCRIPTION	SPOUSE	TAXPAYER OR JOINT	
SOCIAL SECURITY BENEFITS	0.	27,3	45.
TOTAL TO FORM DE 200-01, PAGE 2, LINE 36	0.	27,3	45.

DE 200-01 DELAWARE ITEMIZED DEDU	CTION WORKSHE	ET STA	TEMENT 3
	SPOUSE	TAXPAYER	TOTAL
1A. MEDICAL EXPENSES, SCHEDULE A, LINE 4 B. TOTAL TAXES, SCHEDULE A, LINE 9 C. INTEREST PAID, SCHEDULE A, LINE 15 D. CONTRIBUTIONS, SCHEDULE A, LINE 19 E. CASUALTY & THEFT, SCHEDULE A, LN 20 F. MISCELLANEOUS, SCHEDULE A, LINE 27 G. OTHER MISC., SCHEDULE A, LINE 28	11,781. 10,309. 3,460.	10,309.	30,439. 20,618. 6,920.
1. TOTAL ITEMIZED DEDUCTIONS	25,550.	32,427.	57,977.
2. ENTER AMOUNT FROM 1040, LINE 38 3. LIMITED ITEMIZED DEDUCTIONS DISALLOWED	130,247.	261,986. 1,655.	392,233. 2,470.
4. TOTAL ITEMIZED DEDUCTION. SUBTRACT LINE 3 FROM LINE 1	24,735.	·	55,507.
TOTAL TO FORM 200-01, PAGE 2, LINE 43	24,735.	30,772.	

DE 200-01 OTHER STATE TAXES SUBTRACTED FROM ITEM	IZED DEDUCTIONS	STATEMENT 4
VIRGINIA	SPOUSE	TAXPAYER
TAXES INCLUDED ON SCHEDULE A TAX LIABILITY	0.	0. 0.
LESSER OF SCH A TAXES OR TAX LIABILITY	0.	0.
VIRGINIA	SPOUSE	TAXPAYER
TAXES INCLUDED ON SCHEDULE A TAX LIABILITY	4,385. 3,882.	0.
LESSER OF SCH A TAXES OR TAX LIABILITY	3,882.	0.
TOTAL OTHER STATE TAXES INCLUDED ON LINE 47A	3,882.	0.

2015 Virginia Nonresident Income Tax Return

Due May 2, 2016

First Name	or your reder		Last Name	otner rec	drileg /	rirginia encid	Suffix	Your Social Secu	rity Nur	mber	Chec	k if
JILL		Т	BIDEN						•		decea	
Spouse's First Name (Filing Status	2 Only)	ΜI					Suffix	Spouse's Social	Security	y Number	Chec	
D		D								_	decea	sed
Present Home Address (Number	and Street or	Kui	rai Houte)				Y	our Birth Dat				1
							0	(mm-dd-yyy)]
City, Town or Post Office				State	ZIP C	ode	Spou	se's Birth Dat mm-dd-yyyy)				
GREENVILLE				DE					· L-			1
	portant - Nai	me i	of Virginia City or C		which	principal plac	e of bus	siness, emplo	yment	tor	Locality Co	ode
in	come source	is lo	cated.	·		, , ,				_	•	
DE							[City OR		County		
	Amended Re Check if Res					or Address D wn on 2014 '			ersea	s on Due I	Date	}
Check Applicable Boxes	٦		L.,						- Ol-i		doval votuva	
	T nebeudeur	On	Another's Return	U	tuaiiryin 1erchan	g Farmer, Fisi t Seaman	nerman	\$	Clair	med on te	deral return .00	
B. 3001.0553.0534.555								Ψ_				J
Filing Status Enter Filing St	atus Code in	hox	below			Exemptions /	Add Sec	tions 1 and 2	. Ente	r the sum	on Line 13	
(1 = Single, Fede			1 1			Spou	se if Status D	ependents			Total Secti	
)			both must have Vir	rginia inc	ome	2 or	. 3					
4 3 = Married, Spo	ouse Has No	Inco	ome From Any Sou	ırce		1 + _	_ + [= [<u>1</u> x	\$930 =	93	30
4 = Married, Filir	ng Separate F	Retu	ıms		1							
						You 65 Spouse 6		Spouse Blind			Total Sect	ion 2
If Filing Status 3 or 4, enter	•		•	al Securi	ity				٦.,	***		
Number box at top of form a		ous	e's Name			Ш+Ш	+ 📖	+ =	x	\$800 =		
JOSEPH R. BID 1 Adjusted Gross Income		rotu	rn. Not to doral tay	ahla inaa			:		1	13	0,247	00
2 Additions from Schedule										17	0,241	00
3 Add Lines 1 and 2										13	0,247	00
5 Add Ellido i Blid El			***********************			**********************		***************************************	_		<u> </u>	1
4 Age Deduction (See inst	tructions and	the	Age Deduction Wo	orksheet))			You	4a			00
Enter Birth Dates above	. Enter Your A	\ge	Deduction									
on Line 4a and Your Sp	ouse's Age D	edu	ction on Line 4b.				,	Spouse	4b			00
5 Social Security Act and												00
6 State income tax refund			•		-							00
7 Subtractions from Sche												00
8 Add Lines 4a, 4b, 5, 6 a										1 2	0 247	00
9 Virginia Adjusted Gros	•										0,247 5,550	00
10 Itemized Deductions. Se11 State and local income											5,645	00
11 State and local income i12 If claiming itemized ded					_					1	9,905	00
13 Exemption amount. Ent											930	00
14 Deductions from Sched											0	00
15 Add Lines 12, 13, and	•									2	0,835	00
16 Virginia Taxable Income											9,412	00
17 Percentage from Nonre											65.8	%
18 Nonresident Taxable Inc	come, (Multipl	ly Li	ine 16 by percenta	ige on Lir	ne 17).				18	7	1,993	00
19 Income Tax from Tax Ta	able or Tax Ra	ate S	Schedule						19	L	3,882	00
Va. Dept. of Taxation 2601044 REV. 03/15 For Loca		_		•		,						
	: **	n i	ا م			1 1	1	1 1 1				

	Va. Dept. of Taxation 2801044 REV. 03/15	For Local Use	·	· ¬
19	583061 10-01-15		LTD	\$

	Name	Your SSN									
JII	L T. BIDEN										
20a	Your Virginia Income tax withheld. Enclose Forms W-2, W-	2G, 1099 and	VK-1	· · • · · • · · · · · · · · · ·	 .			20a		4,385	00
20b	Spouse's Virginia income tax withheld. Enclose Forms W-2							20b			00
21	2015 Estimated Tax Payments.							21			00
22	2014 overpayment credited to 2015 estimated tax							22			00
23	Extension Payment - submitted using Form 760IP.							23			00
24	Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.							24			00
25	Total credits from Schedule OSC.							25			00
26	The state of the s							26			00
27	***************************************							27		4 205	00
28								28		4,385	00
29								29		<u> </u>	00
30	If Line 28 is larger than Line 19, enter the difference. This							30		503	00
31	Amount of overpayment on Line 30 to be CREDITED TO 2							31			00
32	Virginia College Savings Plan Contributions from Schedule							32			00
33	Other Voluntary Contributions from Schedule VAC, Sectio							33			00
34	Addition to Tax, Penalty and Interest from enclosed Sche				••••			34			00
35	Consumer's Use Tax. You may be liable if sales tax was no	•						05			00
26	purchases, See instructions.							35			00
	Add Lines 31 through 35. If you owe tax on Line 29, add Lines 29 and 36 · OR · If yo							36	 		100
31	larger than Line 30, enter the difference. AMOUNT YOU of										1 1
	Check here if paying by credit or debit card - See instructi					-		37			00
38	If Line 30 is larger than Line 36, subtract Line 36 from Line							38		503	00
	Direct Deposit section below is not completed, your refund					SHOLD 10	100.	00	<u> </u>		100
	ECT BANK DEPOSIT	u wiii be issue	d by diledit	<u> </u>			Check	dna	S	avings	
	estic Accounts Only Your Bank Routing Transit N	umber	Your Ba	nk Acc	oui	t Number		····· · · · ·			'
	nternational Deposits	111	1 1	.		1 1 1		1 1		111	
Non	resident Allocation Percentage						Sources			ginia Source	8
_ 1	Wages, salaries, tips, etc.	• • • • • • • • • • • • • • • • • • • •			1		765			35,765	00
2	Interest income.										
3	Dividends. 3				-		.,269	00	ļ		00
4	Dividends.						.,269	00			00
	Alimony received.							00			
5					3		653	00 00 00			00 00
5 6	Alimony received. Business income or loss. Capital gain or loss/capital gain distributions.			•••••	3 4 5 6			00 00 00			00 00 00 00
	Alimony received. Business income or loss.			•••••	3 4 5 6 7		653	00 00 00 00			00 00 00 00
6	Alimony received. Business income or loss. Capital gain or loss/capital gain distributions.				3 4 5 6 7 8	33	653	00 00 00 00 00			00 00 00 00 00
6 7	Alimony received. Business income or loss. Capital gain or loss/capital gain distributions. Other gains or losses. Taxable pensions, annuities and IRA distributions. Rents, royalties, partnerships, estates, trusts, S corporations.	ons, etc.			3 4 5 6 7 8 9	33	653	00 00 00 00 00 00			00 00 00 00 00 00
6 7 8	Alimony received. Business income or loss. Capital gain or loss/capital gain distributions. Other gains or losses. Taxable pensions, annuities and IRA distributions.	ons, etc.			3 4 5 6 7 8	33	653	00 00 00 00 00 00 00			00 00 00 00 00 00
6 7 8 9 10 11	Alimony received. Business income or loss. Capital gain or loss/capital gain distributions. Other gains or losses. Taxable pensions, annuities and IRA distributions. Rents, royalties, partnerships, estates, trusts, S corporations farm income or loss. Other income.	ons, etc.			3 4 5 6 7 8 9 10	33	653	00 00 00 00 00 00 00 00			00 00 00 00 00 00
6 7 8 9 10 11 12	Alimony received. Business income or loss. Capital gain or loss/capital gain distributions. Other gains or losses. Taxable pensions, annuities and IRA distributions. Rents, royalties, partnerships, estates, trusts, S corporations for income or loss. Other income. Interest on obligations of other states from Schedule 763	ons, etc.			3 4 5 6 7 8 9 10 11 12	33	653	00 00 00 00 00 00 00 00			00 00 00 00 00 00 00 00
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JILL

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Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
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•	W	4385.			85765.

Virginia Approved Form

Total VA Withholding

SSN

VA Withholding

You

4385.

Spouse

Total # of W-2s, 1099s, & VK-1s

01

583111 08-18-15 1019

SCHEDULE C-EZ	GROSS RECEIPTS	STATEMENT 1
DESCRIPTION		AMOUNT
GROSS RECEIPTS		653.
TOTAL TO SCHEDULE C-EZ, LINE	1	653.