

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning 2015, ending 20

Your first name and initial Last name See separate instructions.

JOSEPH R. BIDEN JR. Your social security number

If a joint return, spouse's first name and initial Last name Spouse's social security number

JILL T. BIDEN

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.

Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.

WILMINGTON, DE

Foreign country name Foreign province/state/county Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

X You X Spouse

Filing Status 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. 5 Qualifying widow(er) with dependent child

Exemptions 6a X Yourself. If someone can claim you as a dependent, do not check box 6a 6b X Spouse

Boxes checked on 6a and 6b 2

Table with columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) If child under age 17 qualifying for child tax credit. Includes dependent information for 2 dependents.

If more than four dependents, see instructions and check here

No. of children on 6c who: lived with you; did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above. Add numbers on lines above 2

Total number of exemptions claimed 2

Income section table with columns: Line number, Description, Amount. Includes wages (310,919), taxable interest (1,271), dividends (653), IRA distributions (33,122), pensions (18,969), social security benefits (27,345), and total income (392,279).

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Adjusted Gross Income section table with columns: Line number, Description, Amount. Includes educator expenses, health savings account deduction, moving expenses, self-employment tax deduction (46), and total adjusted gross income (392,233).

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for Tax and Credits, and lines 57-63 for Other Taxes.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 for Other Taxes.

Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 for Payments.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [] No

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Form section for Preparer Use Only, including fields for Preparer's name, signature, date, firm name, and address.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
Attach to Form 1040.

OMB No. 1545-0074

2015
Attachment
Sequence No. 07

Name(s) shown on Form 1040

Your social security number

JOSEPH R. BIDEN JR. & JILL T. BIDEN

| | | | | | |
|---|--|---|--|---------|-----------------------|
| Medical and Dental Expenses | | Caution: Do not include expenses reimbursed or paid by others. | | | |
| 1 | Medical and dental expenses (see instructions) | 1 | | | |
| 2 | Enter amount from Form 1040, line 38 | 2 | | | |
| 3 | 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 | 3 | | | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | | | |
| Taxes You Paid | | 5 State and local (check only one box): | | | |
| a | <input checked="" type="checkbox"/> Income taxes, or | SEE STATEMENT 9 | | 5 | 18,166. |
| b | <input type="checkbox"/> General sales taxes | | | 6 | 12,273. |
| 6 | Real estate taxes (see instructions) | 6 | | 7 | |
| 7 | Personal property taxes | 7 | | 8 | |
| 8 | Other taxes. List type and amount | 8 | | 9 | 30,439. |
| 9 | Add lines 5 through 8 | 9 | | | |
| Interest You Paid | | 10 Home mortgage interest and points reported to you on Form 1098 | | 10 | 20,618. |
| | | 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address | | 11 | |
| Note: Your mortgage interest deduction may be limited (see instructions). | | 12 Points not reported to you on Form 1098. See instructions for special rules | | 12 | |
| | | 13 Mortgage insurance premiums (see instructions) | | 13 | |
| | | 14 Investment interest. Attach Form 4952 if required. (See instructions.) | | 14 | |
| | | 15 Add lines 10 through 14 | | 15 | 20,618. |
| Gifts to Charity | | 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | | 16 | 6,620. STMT 10 |
| | | 17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | | 17 | 300. SEE STATEMENT 11 |
| | | 18 Carryover from prior year | | 18 | |
| | | 19 Add lines 16 through 18 | | 19 | 6,920. |
| Casualty and Theft Losses | | 20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) | | 20 | |
| Job Expenses and Certain Miscellaneous Deductions | | 21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) | | 21 | |
| | | 22 Tax preparation fees | | 22 | |
| | | 23 Other expenses - investment, safe deposit box, etc. List type and amount | | 23 | |
| | | 24 Add lines 21 through 23 | | 24 | |
| | | 25 Enter amount from Form 1040, line 38 | | 25 | |
| | | 26 Multiply line 25 by 2% (.02) | | 26 | |
| | | 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | | 27 | |
| Other Miscellaneous Deductions | | 28 Other - from list in Instructions. List type and amount | | 28 | |
| | | 29 Is Form 1040, line 38, over \$154,950? | | 29 | |
| | | <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. | | STMT 12 | |
| | | <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. | | 29 | 55,507. |
| Total Itemized Deductions | | 30 If you elect to itemize deductions even though they are less than your standard deduction, check here | | | |

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.

OMB No. 1545-0074

2015
Attachment
Sequence No. 08

Name(s) shown on return

Your social security number

JOSEPH R. BIDEN JR. & JILL T. BIDEN

**Part I
Interest**

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶

| | Amount |
|--|--------|
| <u>NEW CASTLE COUNTY SCHOOL EMPLOYEE FCU</u> | 4. |
| <u>UNITED STATES SENATE FEDERAL CREDIT UNION</u> | 2. |
| <u>WILMINGTON SAVINGS FUND SOCIETY</u> | 111. |
| <u>PNCBANK, NATIONAL ASSOCIATION</u> | 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 form.

| | | |
|---|---|--------|
| 2 Add the amounts on line 1 | 2 | 1,271. |
| 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 | 3 | |
| 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶ | 4 | 1,271. |

Note: If line 4 is over \$1,500, you must complete Part III.

**Part II
Ordinary Dividends**

5 List name of payer ▶

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 ▶ | 6 | |
|--|---|--|

Note: If line 6 is over \$1,500, you must complete Part III.

**Part III
Foreign Accounts and Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

| | Yes | No |
|---|-----|----|
| 7a At any time during 2015, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements | | X |
| 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? If "Yes," you may have to file Form 3520. See instructions | | X |

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09-24-15

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

Schedule B (Form 1040A or 1040) 2015

**SCHEDULE C-EZ
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

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

2015

Attachment
Sequence No. 09A

Name of proprietor

Social security number (SSN)

JILL T. BIDEN

Part I General Information

**You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:**

- Had business expenses of \$5,000 or less,
- 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,

And You:

- Had no employees during the year,
- Do not deduct expenses for business use of your home,
- Do not have prior year unallowed passive activity losses from this business, and
- Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, 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 Business 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 Did you make any payments in 2015 that would require you to file Form(s) 1099? (see the Instructions for Schedule C) Yes No

G If "Yes," did you or will you file required Forms 1099? Yes No

Part II Figure Your Net Profit

| | | | |
|---|--|---|-------------|
| 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 <i>Statutory employees</i> in the instructions for Schedule C, line 1, and check here STMT 13 <input type="checkbox"/> | 1 | <u>653.</u> |
| 2 | Total expenses (see instructions). If more than \$5,000, you must use Schedule C | 2 | <u>0.</u> |
| 3 | Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and 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 | 3 | <u>653.</u> |

Part III Information on Your Vehicle. Complete this part only if you are claiming car 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

8a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions for Schedule C (Form 1040).

Schedule C-EZ (Form 1040) 2015

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10-21-15

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

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.irs.gov/schedulee.

OMB No. 1545-0074

2015

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

JOSEPH R. BIDEN JR. & JILL T. BIDEN

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A _____, **WILMINGTON, DE**

B _____

C _____

| 1b | Type of Property (from list below) | 2 | Fair Rental Days | Personal Use Days | QJV |
|-----------|------------------------------------|--|------------------|-------------------|--------------------------|
| A | 1 | For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | A 365 | | <input type="checkbox"/> |
| B | | | B | | <input type="checkbox"/> |
| C | | | C | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

| Income: | Properties: | A | B | C |
|--|-------------|----------------|---|----------------|
| 3 Rents received | 3 | 26,400. | | |
| 4 Royalties received | 4 | | | |
| Expenses: | | | | |
| 5 Advertising | 5 | | | |
| 6 Auto and travel (see instructions) | 6 | | | |
| 7 Cleaning and maintenance | 7 | | | |
| 8 Commissions | 8 | | | |
| 9 Insurance | 9 | | | |
| 10 Legal and other professional fees | 10 | | | |
| 11 Management fees | 11 | | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | 4,658. | | |
| 13 Other interest | 13 | | | |
| 14 Repairs | 14 | | | |
| 15 Supplies | 15 | | | |
| 16 Taxes | 16 | 2,773. | | |
| 17 Utilities | 17 | | | |
| 18 Depreciation expense or depletion | 18 | | | |
| 19 Other (list) ▶ | 19 | | | |
| 20 Total expenses. Add lines 5 through 19 | 20 | 7,431. | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | 18,969. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | 26,400. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | | |
| c Total of all amounts reported on line 12 for all properties | 23c | 4,658. | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | | |
| e Total of all amounts reported on line 20 for all properties | 23e | 7,431. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | 18,969. |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | | 18,969. |

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

Schedule E (Form 1040) 2015

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12-22-15

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2015

Attachment
Sequence No. 17

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

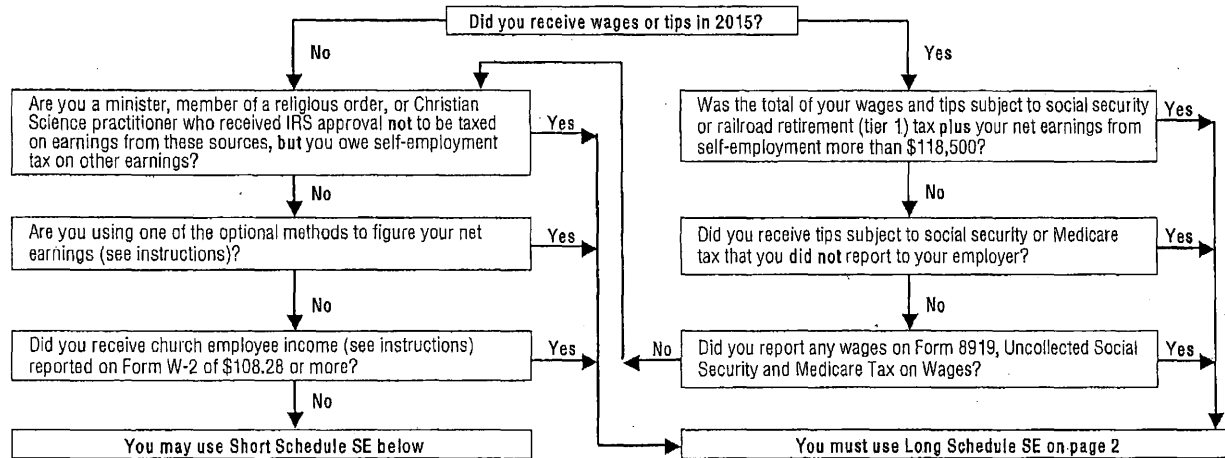
Social security number of
person with self-employment
income

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 | 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. |
| 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 | 6 | 46. |

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

Schedule SE (Form 1040) 2015

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.

Name(s) shown on Form 1040 or Form 1040NR: **JOSEPH R. BIDEN JR. & JILL T. BIDEN**
 Your social security number: _____

Part I Alternative Minimum Taxable Income

| | | | |
|----|---|----|----------|
| 1 | If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.) | 1 | 336,726. |
| 2 | Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, 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 | |
| 22 | Long-term contracts (difference between AMT and regular tax income) | 22 | |
| 23 | Mining costs (difference between regular tax and AMT) | 23 | |
| 24 | Research and experimental costs (difference between regular tax and AMT) | 24 | |
| 25 | Income from certain installment sales before January 1, 1987 | 25 | |
| 26 | Intangible drilling costs preference | 26 | |
| 27 | Other adjustments, including income-based related adjustments | 27 | |
| 28 | Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$246,250, see instructions.) | 28 | 364,695. |

Part II Alternative Minimum Tax (AMT)

| | | | |
|----|--|----|----------|
| 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 Married filing separately 79,450 41,700 STMT 16 If line 28 is over the amount shown above for your filing status, see instructions. | 29 | 31,951. |
| 30 | 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 filing 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. • All others: If line 30 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result. | 31 | 89,460. |
| 32 | Alternative minimum tax foreign tax credit (see instructions) | 32 | |
| 33 | 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. |
| 35 | AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45 | 35 | 3,709. |

Part 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 Worksheet in the instructions.

Table with 2 columns: Description of tax computation steps (lines 36-64) and corresponding line numbers. Includes instructions for calculating capital gains tax based on Form 1040 and Form 2555-EZ data.

**SCHEDULE H
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

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.irs.gov/scheduleh.

OMB No. 1545-1971

2015
Attachment
Sequence No. **44**

| | |
|---|--|
| Name of employer. JOSEPH R. BIDEN JR. & JILL T. BIDEN | Social security number Employer identification number |
|---|--|

Calendar year taxpayers having no household employees in 2015 do not have to complete this form for 2015.

A Did you pay any one household employee cash wages of \$1,900 or more in 2015? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

- Yes.** Skip lines B and C and go to line 1.
 No. Go to line B.

B 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.

C Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2014 or 2015 to all household employees? (Do not count cash wages paid in 2014 or 2015 to your spouse, your child under age 21, or your parent.)

- No.** Stop. Do not file this schedule.
 Yes. Skip lines 1-9 and go to line 10.

Part I Social Security, Medicare, and Federal Income Taxes

| | | | | |
|--|---|--------|---|-------------|
| 1 Total cash wages subject to social security tax | 1 | 3,825. | | |
| 2 Social security tax. Multiply line 1 by 12.4% (.124) | | | 2 | 474. |
| 3 Total cash wages subject to Medicare tax | 3 | 3,825. | | |
| 4 Medicare tax. Multiply line 3 by 2.9% (.029) | | | 4 | 111. |
| 5 Total cash wages subject to Additional Medicare Tax withholding | 5 | | | |
| 6 Additional Medicare Tax withholding. Multiply line 5 by 0.9% (.009) | | | 6 | |
| 7 Federal income tax withheld, if any | | | 7 | |
| 8 Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7 | | | 8 | 585. |

9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2014 or 2015 to all household employees? (Do not count cash wages paid in 2014 or 2015 to your spouse, your child under age 21, or your parent.)

- 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.
 Yes. Go to line 10.

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

Schedule H (Form 1040) 2015

510351
12-02-15

Part II Federal Unemployment (FUTA) Tax

| | Yes | No |
|--|-------------------------------------|--------------------------|
| 10 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see instructions and check "No.") | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you pay all state unemployment contributions for 2015 by April 18, 2016? Fiscal year filers see instructions | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Next: If you checked the "Yes" box on all the lines above, complete Section A.
If you checked the "No" box on any of the lines above, skip Section A and complete Section B.

Section A

| | | |
|--|----|--------|
| 13 Name of the state where you paid unemployment contributions | DE | |
| 14 Contributions paid to your state unemployment fund | 14 | 11. |
| 15 Total cash wages subject to FUTA tax | 15 | 3,825. |
| 16 FUTA tax. Multiply line 15 by .06% (.006). Enter the result here, skip Section B, and go to line 25 | 16 | 23. |

Section B

17 Complete all columns below that apply (if you need more space, see instructions):

| (a) Name of state | (b) Taxable wages (as defined in state act) | (c) State experience rate period | | (d) State experience rate | (e) Multiply col. (b) by .054 | (f) Multiply col. (b) by col. (d) | (g) Subtract col. (f) from col. (e). If zero or less, enter -0- | (h) Contributions paid to state unemployment fund |
|----------------------|--|-------------------------------------|----|------------------------------|----------------------------------|--------------------------------------|--|--|
| | | From | To | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | | |
|---|----|--------------------------|
| 18 Totals | 18 | |
| 19 Add columns (g) and (h) of line 18 | 19 | |
| 20 Total cash wages subject to FUTA tax (see the line 15 instructions) | 20 | |
| 21 Multiply line 20 by 6.0% (.060) | 21 | |
| 22 Multiply line 20 by 5.4% (.054) | 22 | |
| 23 Enter the smaller of line 19 or line 22 (Employers in a credit reduction state must use the worksheet and check here) | 23 | <input type="checkbox"/> |
| 24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25 | 24 | |

Part III Total Household Employment Taxes

| | | |
|--|----|------|
| 25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0- | 25 | 585. |
| 26 Add line 16 (or line 24) and line 25 | 26 | 608. |

27 Are you required to file Form 1040?
 Yes. Stop. Include the amount from line 26 above on Form 1040, line 60a. Do not complete Part IV below.
 No. You may have to complete Part IV. See instructions for details.

Part IV Address and Signature - Complete this part only if required. See the line 27 instructions.

Address (number and street) or P.O. box if mail is not delivered to street address _____ Apt., room, or suite no. _____
 City, town or post office, state, and ZIP code _____

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature _____ Date _____

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name | Firm's EIN | | | |
| | Firm's address | Phone no. | | | |

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.
▶ Information about Form 8959 and its instructions is at www.irs.gov/form8959.

Attachment
Sequence No. 71

Name(s) shown on return **JOSEPH R. BIDEN JR. & JILL T. BIDEN** Your social security number _____

Part I 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 from box 5 | 1 | 320,441. | |
| 2 Unreported tips from Form 4137, line 6 | 2 | | |
| 3 Wages from Form 8919, line 6 | 3 | | |
| 4 Add lines 1 through 3 | 4 | 320,441. | |
| 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 | 5 | 250,000. | |
| 6 Subtract line 5 from line 4. If zero or less, enter -0- | 6 | | 70,441. |
| 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go to Part II | 7 | | 634. |

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 -0- (Form 1040-PR and Form 1040-SS filers, see instructions.) | 8 | 603. | |
| 9 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 | 9 | 250,000. | |
| 10 Enter the amount from line 4 | 10 | 320,441. | |
| 11 Subtract line 10 from line 9. If zero or less, enter -0- | 11 | 0. | |
| 12 Subtract line 11 from line 8. If zero or less, enter -0- | 12 | | 603. |
| 13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter here and go to Part III | 13 | | 5. |

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) | 14 | | |
| 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 | 15 | | |
| 16 Subtract line 15 from line 14. If zero or less, enter -0- | 16 | | |
| 17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (.009). Enter here and go to Part IV | 17 | | |

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 | 18 | | 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 | 19 | 4,873. | |
| 20 Enter the amount from line 1 | 20 | 320,441. | |
| 21 Multiply line 20 by 1.45% (.0145). This is your regular Medicare tax withholding on Medicare wages | 21 | 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 | 22 | | 227. |
| 23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) | 23 | | |
| 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) | 24 | | 227. |

**Net Investment Income Tax -
Individuals, Estates, and Trusts**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

Attachment
Sequence No. 72

▶ Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.

Name(s) shown on your tax return

JOSEPH R. BIDEN JR. & JILL T. BIDEN

Your social security number or EIN

- Part I Investment Income**
- Section 6013(g) election (see instructions)
- Section 6013(h) election (see instructions)
- Regulations section 1.1411-10(g) election (see instructions)

| | | | | |
|----|---|----|---------|---------|
| 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, 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) | 4b | | |
| c | Combine lines 4a and 4b | | 4c | 18,969. |
| 5a | Net gain or loss from disposition of property (see instructions) | 5a | | |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) | 5b | | |
| c | Adjustment from disposition of partnership interest or S corporation stock (see instructions) | 5c | | |
| 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 | |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | | 8 | 20,240. |

Part II Investment Expenses Allocable to Investment Income and Modifications

| | | | | |
|----|---|----|------|------|
| 9a | Investment interest expenses (see instructions) | 9a | | |
| b | State, local, and foreign income tax (see instructions) | 9b | 584. | |
| c | Miscellaneous investment expenses (see instructions) | 9c | | |
| d | Add lines 9a, 9b, and 9c | | 9d | 584. |
| 10 | Additional modifications (see instructions) | | 10 | |
| 11 | Total deductions and modifications. Add lines 9d and 10 | | 11 | 584. |

Part III Tax Computation

| | | | | |
|----------------------------|--|-----|----------|---------|
| 12 | Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0- | | 12 | 19,656. |
| Individuals: | | | | |
| 13 | Modified adjusted gross income (see instructions) | 13 | 392,233. | |
| 14 | Threshold based on filing status (see instructions) | 14 | 250,000. | |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 142,233. | |
| 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 here and include on your tax return (see instructions) | | 17 | 747. |
| Estates and Trusts: | | | | |
| 18a | Net investment income (line 12 above) | 18a | | |
| b | Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) | 18b | | |
| c | Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0- | 18c | | |
| 19a | Adjusted gross income (see instructions) | 19a | | |
| b | Highest tax bracket for estates and trusts for the year (see instructions) | 19b | | |
| c | Subtract line 19b from line 19a. If zero or less, enter -0- | 19c | | |
| 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). Enter here and include on your tax return (see instructions) | | 21 | |

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

Form 8960 (2015)

JOSEPH R. BIDEN JR. & JILL T. BIDEN

FORM 1040

PENSIONS AND ANNUITIES

STATEMENT 1

OFFICE OF PENSIONS

AMOUNT RECEIVED THIS YEAR

33,291.

NONTAXABLE AMOUNT

169.

CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

33,122.

TOTAL INCLUDED IN FORM 1040, LINE 16B

33,122.

JOSEPH R. BIDEN JR. & JILL T. BIDEN

FORM 1040 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 3

| | 2014 | 2013 | 2012 |
|-----------------------------------|----------|------|------|
| | VIRGINIA | | |
| GROSS STATE/LOCAL INC TAX REFUNDS | 501. | | |
| LESS: TAX PAID IN FOLLOWING YEAR | | | |
| NET TAX REFUNDS VIRGINIA | 501. | | |
| TOTAL NET TAX REFUNDS | 501. | | |

1. IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHOWN 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 8,000.
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) 33.
7. MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL 0.66
8. MULTIPLY LINE 2 BY LINE 7 5,280.
9. SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE 42. 2,720.

JOSEPH R. BIDEN JR. & JILL T. BIDEN

| FORM 1040 | TAXABLE STATE AND LOCAL INCOME TAX REFUNDS | | STATEMENT 5 |
|--|--|------|-------------|
| | 2014 | 2013 | 2012 |
| NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT. | 501. | | |
| LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION | 501. | | |
| 1 NET REFUNDS FOR RECALCULATION | | | |
| 2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT | 58,285. | | |
| 3 DEDUCTION NOT SUBJ TO PHASEOUT | | | |
| 4 NET REFUNDS FROM LINE 1 | | | |
| 5 LINE 2 MINUS LINES 3 AND 4 | 58,285. | | |
| 6 MULT LN 5 BY APPL SEC. 68 PCT | 46,628. | | |
| 7 PRIOR YEAR AGI | 388,844. | | |
| 8 ITEM. DED. PHASEOUT THRESHOLD | 305,050. | | |
| 9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16) | 83,794. | | |
| 10 MULT LN 9 BY APPL SEC. 68 PCT | 2,514. | | |
| 11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10) | 55,771. | | |
| 12 ITEM DED. NOT SUBJ TO PHASEOUT | | | |
| 13A TOTAL ADJ. ITEMIZED DEDUCTIONS | 55,771. | | |
| 13B PRIOR YR. STD. DED. AVAILABLE | 13,600. | | |
| 14 PRIOR YR. ALLOWABLE ITEM. DED. | 55,771. | | |
| 15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14 | | | |
| 16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1) | | | |
| 17 ALLOWABLE PRIOR YR. ITEM. DED. | 55,771. | | |
| 18 PRIOR YEAR STD. DED. AVAILABLE | 13,600. | | |
| 19 SUBTRACT LINE 18 FROM LINE 17 | 42,171. | | |
| 20 LESSER OF LINE 16 OR LINE 19 | | | |
| 21 PRIOR YEAR TAXABLE INCOME | 330,545. | | |
| 22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21 | | | 0. |
| STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2012 | | | |
| TOTAL TO FORM 1040, LINE 10 | | | 0. |

JOSEPH R. BIDEN JR. & JILL T. BIDEN

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 6

| T S EMPLOYER'S NAME | AMOUNT PAID | FEDERAL TAX WITHHELD | STATE TAX WITHHELD | CITY SDI TAX W/H | FICA TAX | MEDICARE TAX |
|--|----------------|----------------------------|--------------------------|------------------------|-------------|-----------------|
| T UNITED STATES SENATE S NORTHERN VIRGINIA COMMUNITY OFFICE OF THE CONTROLLER | 225,154. | 66,906. | 12,095. | | 7,347. | 3,491. |
| | 85,765. | 13,514. | 4,385. | | 5,908. | 1,382. |
| TOTALS | 310,919. | 80,420. | 16,480. | | 13,255. | 4,873. |

FORM 1040 FEDERAL INCOME TAX WITHHELD STATEMENT 7

| T S DESCRIPTION | AMOUNT |
|--|---------|
| T UNITED STATES SENATE S NORTHERN VIRGINIA COMMUNITY OFFICE OF THE CONTROLLER | 66,906. |
| S PNCBANK, NATIONAL ASSOCIATION | 296. |
| S OFFICE OF PENSIONS | 2,756. |
| T WITHHOLDING FROM FORM 1099-SSA FORM 8959, LINE 24 | 8,043. |
| | 227. |
| TOTAL TO FORM 1040, LINE 64 | 91,742. |

FORM 1040 OTHER TAXES STATEMENT 8

| DESCRIPTION | AMOUNT |
|-----------------------------|--------|
| FROM FORM 8959 | 639. |
| FROM FORM 8960 | 747. |
| TOTAL TO FORM 1040, LINE 62 | 1,386. |

JOSEPH R. BIDEN JR. & JILL T. BIDEN

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 9

| DESCRIPTION | AMOUNT |
|--|---------|
| OFFICE OF PENSIONS | 615. |
| UNITED STATES SENATE | 12,095. |
| NORTHERN VIRGINIA COMMUNITY OFFICE OF THE CONTROLLER | 4,385. |
| DELAWARE PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS - TAXPAYER | 426. |
| DELAWARE PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS - SPOUSE | 645. |
| TOTAL TO SCHEDULE A, LINE 5 | 18,166. |

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 10

| DESCRIPTION | AMOUNT 50% LIMIT | AMOUNT 30% LIMIT |
|---|---------------------|---------------------|
| ANNUAL CATHOLIC APPEAL FOR THE DIOCESE OF WILMINGTON, DE | 2,400. | |
| DELAWARE CENTER FOR JUSTICE | 75. | |
| NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION | 435. | |
| ST. JOSEPH'S ON THE BRANDYWINE | 585. | |
| THE ALS ASSOCIATION | 250. | |
| WESTMINSTER PRESBYTERIAN CHURCH | 1,125. | |
| MOTHER EMANUEL AME | 100. | |
| NVCC | 1,200. | |
| CONGRESSIONAL BLACK CAUCUS FOUNDATION | 250. | |
| ST. ALBAN'S MEMORIAL FUND | 200. | |
| SUBTOTALS | 6,620. | |
| TOTAL TO SCHEDULE A, LINE 16 | | 6,620. |

JOSEPH R. BIDEN JR. & JILL T. BIDEN

SCHEDULE A CONTRIBUTIONS OTHER THAN CASH OR CHECK STATEMENT 11

| DESCRIPTION | AMOUNT 100% LIMIT | AMOUNT 50% LIMIT | AMOUNT 30% LIMIT | AMOUNT 20% LIMIT |
|------------------------------|----------------------|---------------------|---------------------|---------------------|
| THE CLOTHING BANK OF DE | | 300. | | |
| SUBTOTALS | | 300. | | |
| TOTAL TO SCHEDULE A, LINE 17 | | | | 300. |

JOSEPH R. BIDEN JR. & JILL T. BIDEN

| SCHEDULE A | ITEMIZED DEDUCTIONS WORKSHEET | STATEMENT 12 |
|------------|---|--------------|
| 1. | ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28. | 57,977. |
| 2. | ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28. | 0. |
| 3. | IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 2 FROM LINE 1. | 57,977. |
| 4. | MULTIPLY LINE 3 BY 80% (.80). | 46,382. |
| 5. | ENTER THE AMOUNT FROM FORM 1040, LINE 38. | 392,233. |
| 6. | ENTER \$309,900 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$284,050 IF HEAD OF HOUSEHOLD; \$258,250 IF SINGLE; OR \$154,950 IF MARRIED FILING SEPARATELY. | 309,900. |
| 7. | IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5. | 82,333. |
| 8. | MULTIPLY LINE 7 BY 3% (.03). | 2,470. |
| 9. | ENTER THE SMALLER OF LINE 4 OR LINE 8. | 2,470. |
| 10. | TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29. | 55,507. |

| SCHEDULE C-EZ | GROSS RECEIPTS | STATEMENT 13 |
|--------------------------------|----------------|--------------|
| DESCRIPTION | | AMOUNT |
| GROSS RECEIPTS | | 653. |
| TOTAL TO SCHEDULE C-EZ, LINE 1 | | 653. |

| SCHEDULE SE | NON-FARM INCOME | STATEMENT 14 |
|------------------------------|-----------------|--------------|
| DESCRIPTION | | AMOUNT |
| AUTHOR | | 653. |
| TOTAL TO SCHEDULE SE, LINE 2 | | 653. |

JOSEPH R. BIDEN JR. & JILL T. BIDEN

FORM 6251

PASSIVE ACTIVITIES

STATEMENT 15

| NAME OF ACTIVITY | FORM | NET INCOME (LOSS) | | ADJUSTMENT |
|----------------------------------|-------|-------------------|---------|------------|
| | | AMT | REGULAR | |
| COTTAGE - , WILMINGTON, DE | SCH E | 18,969. | 18,969. | |
| TOTAL TO FORM 6251, LINE 19 | | | | |

FORM 6251

EXEMPTION WORKSHEET

STATEMENT 16

| | | |
|----|---|----------|
| 1 | ENTER: \$53,600 IF SINGLE OR HEAD OF HOUSEHOLD; \$83,400 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$41,700 IF MARRIED FILING SEPARATELY | 83,400. |
| 2 | ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FORM 6251, LINE 28 | 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 FILING SEPARATELY | 158,900. |
| 4 | SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS ENTER -0- | 205,795. |
| 5 | MULTIPLY LINE 4 BY 25% (.25) | 51,449. |
| 6 | SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0-. IF ANY OF THE THREE CONDITIONS UNDER CERTAIN CHILDREN UNDER AGE 24 APPLY TO YOU, COMPLETE LINES 7 THROUGH 10. OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30 | 31,951. |
| 7 | MINIMUM EXEMPTION AMOUNT FOR CERTAIN CHILDREN UNDER AGE 24 | |
| 8 | ENTER YOUR EARNED INCOME, IF ANY | |
| 9 | ADD LINES 7 AND 8 | |
| 10 | ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30 | |

FORM 8960

STATE INCOME TAX PAYMENTS

STATEMENT 17

DELAWARE

| DESCRIPTION | AMOUNT |
|-----------------------------------|---------|
| UNITED STATES SENATE | 12,095. |
| TOTAL TO STATE FORM 8960, LINE 10 | 12,095. |

FORM 8960

STATE INCOME TAX PAYMENTS

STATEMENT 18

DELAWARE

| DESCRIPTION | AMOUNT |
|-----------------------------------|--------|
| OFFICE OF PENSIONS | 615. |
| TOTAL TO STATE FORM 8960, LINE 10 | 615. |

2015 R

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning Your Social Security No.

and ending Spouse's Social Security No.

ATTACH LABEL HERE

Your Last Name: BIDEN JR., First Name and Middle Initial: JOSEPH R., Spouse's Last Name: BIDEN, Spouse's First Name: JILL T., Present Home Address: [blank], Apt. #: [blank]

City: WILMINGTON, State: DE, ZIP Code: [blank], FILING STATUS (MUST CHECK ONE): 1. Single, Divorced, Widow(er) [blank], 3. Married or Entered into a Civil Union & Filing Separate Forms 5. Head of Household [blank], 4. X. Joint or Entered into a Civil Union & Filing Combined Separate on this form

Attached From Month Day 2015 To Month Day 2015 2. [blank]

Table with 3 columns: Line Number, Description, Column A, Column B. Includes rows for Delaware Adjusted Gross Income (117,747 / 225,154), Total Deductions (19,812 / 18,784), Taxable Income (97,935 / 206,370), Total Tax (5,447 / 12,604), and Balance Due (730 / 289).

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

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.

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

| Filing Status 4 ONLY Spouse Information COLUMN A | All other filing statuses You or You plus Spouse COLUMN B |
|--|---|
|--|---|

SECTION A - ADDITIONS (+)

| | | | |
|--|----|---------|---------|
| 29. Enter Federal AGI amount from Federal 1040, 1040A, or 1040EZ | 29 | 130,247 | 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 | 33 | 130,247 | 261,986 |

SECTION B - SUBTRACTIONS (-)

| | | | |
|---|----|---------|---------|
| 34. Interest received on U.S. Obligations | 34 | | |
| 35. Pension/Retirement Exclusions (For a definition of eligible income, see instructions) | 35 | 12,500 | 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 * <u>STMT 2</u> | 38 | 12,500 | 36,832 |
| 39. Subtotal. Subtract Line 38 from Line 33 | 39 | 117,747 | 225,154 |
| 40. Exclusion for certain persons 60 and over or disabled (See instructions) | 40 | | |
| 41. TOTAL - Add Lines 38 and 40 | 41 | 12,500 | 36,832 |
| 42. DELAWARE ADJUSTED GROSS INCOME. Subtract Line 41 from Line 33. Enter here and on Page 1, Line 1 | 42 | 117,747 | 225,154 |

SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A) If Columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.

| | | | |
|---|-----|--------|--------|
| 43. Enter total Itemized Deductions from Schedule A, Federal Form, Line 29 <u>STMT 3</u> | 43 | 24,735 | 30,772 |
| 44. Enter Foreign Taxes Paid (See instructions) | 44 | | |
| 45. Enter Charitable Mileage Deduction (See instructions) | 45 | | |
| 46. SUBTOTAL - Add Lines 43, 44, and 45 and enter here | 46 | 24,735 | 30,772 |
| 47a. Enter State Income Tax included in Line 43 above (See instructions) <u>STATEMENT 4</u> | 47a | 4,923 | 11,988 |
| 47b. Enter Form 700 Tax Credit Adjustment (See instructions) | 47b | | |
| 48. TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Page 1, Line 2 (See instr.) | 48 | 19,812 | 18,784 |

SECTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c and d below. See instructions for details.

a. Routing Number

b. Type: Checking Savings

c. Account Number

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

Yes No

NOTE: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to the address on your return.

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

| | | | |
|--|------------------|--|--------------------------|
| Your Signature <i>Robert R. Belcher</i> | Date 4/13/16 | Signature of Paid Preparer <i>Walter Miller CPA</i> | Date 4/13/16 |
| Spouse's Signature (if filing joint or combined return) <i>Ann T. Belcher</i> | Date 4.13.16 | Address 4550 MONTGOMERY AVE SUITE 650N | |
| Home Phone | Business Phone | City BETHESDA | State MD ZIP 20814293 |
| E-Mail Address | EIN, SSN OR PTIN | Business Phone | E-Mail 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

Names: JOSEPH R. BIDEN JR. & JILL T. BIDEN

Social Security Number:

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.

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing statuses You or You plus Spouse COLUMN B

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

See the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I. Enter the credit in HIGHEST to LOWEST amount order.

Table with 6 rows for tax imposed by state of VA, with amounts 3,882 and 3,882.

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

Qualifying Child Information

7a. Child's First Name 7b. Child's Last Name 8. Child's SSN 9. Child's Date of Birth

Table with columns CHILD 1, CHILD 2, CHILD 3 and rows 10-16 regarding child qualifications and EITC calculations.

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

- List of 17 special funds including Non-Game Wildlife, U.S. Olympics, Veteran's Home, etc.

Enter the total Contribution amount here and on Resident Return, Line 24 17

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

JOSEPH R. BIDEN JR. & JILL T. BIDEN

DE 200-01 CREDIT FOR TAX IMPOSED BY OTHER STATE STATEMENT 1

STATE OF VIRGINIA, SPOUSE

| | |
|---|----------|
| DELAWARE AGI (FORM 200-01 OR 200-02, PAGE 1) | 117,747. |
| VIRGINIA ADJUSTED GROSS INCOME | 130,247. |
| DELAWARE TAX (FORM 200-01 OR 200-02, PAGE 1) | 5,447. |
| TAX IMPOSED BY STATE OF VIRGINIA | 3,882. |
| "PERCENTAGE FACTOR" = OTHER STATE'S AGI DIVIDED BY DELAWARE AGI | |
| = 130,247. / 117,747. | 1.000000 |
| "PRO-RATA TAX" = DELAWARE TAX TIMES PERCENTAGE FACTOR | |
| = 5,447. X 1.000000 | 5,447. |
| AMOUNT OF CREDIT = LESSER OF: (A) DELAWARE TAX | |
| (B) TAX IMPOSED BY OTHER STATE | |
| (C) PRO-RATA TAX | |
| AMOUNT OF CREDIT, STATE OF VIRGINIA | 3,882. |
| TOTAL TO FORM 200-01, PAGE 1, LINE 10 | 3,882. |

DE 200-01 SOC SEC/RR RETIREMENT/HIGHER EDUC EXCL/LUMP SUM DIST STATEMENT 2

| DESCRIPTION | SPOUSE | TAXPAYER OR JOINT |
|--|--------|----------------------|
| SOCIAL SECURITY BENEFITS | 0. | 27,345. |
| TOTAL TO FORM DE 200-01, PAGE 2, LINE 36 | 0. | 27,345. |

JOSEPH R. BIDEN JR. & JILL T. BIDEN

DE 200-01 DELAWARE ITEMIZED DEDUCTION WORKSHEET STATEMENT 3

| | SPOUSE | TAXPAYER | TOTAL |
|---|----------|----------|----------|
| 1A. MEDICAL EXPENSES, SCHEDULE A, LINE 4 | | | |
| B. TOTAL TAXES, SCHEDULE A, LINE 9 | 11,781. | 18,658. | 30,439. |
| C. INTEREST PAID, SCHEDULE A, LINE 15 | 10,309. | 10,309. | 20,618. |
| D. CONTRIBUTIONS, SCHEDULE A, LINE 19 | 3,460. | 3,460. | 6,920. |
| E. CASUALTY & THEFT, SCHEDULE A, LN 20 | | | |
| F. MISCELLANEOUS, SCHEDULE A, LINE 27 | | | |
| G. OTHER MISC., SCHEDULE A, LINE 28 | | | |
| 1. TOTAL ITEMIZED DEDUCTIONS | 25,550. | 32,427. | 57,977. |
| 2. ENTER AMOUNT FROM 1040, LINE 38 | 130,247. | 261,986. | 392,233. |
| 3. LIMITED ITEMIZED DEDUCTIONS DISALLOWED | 815. | 1,655. | 2,470. |
| 4. TOTAL ITEMIZED DEDUCTION. SUBTRACT LINE 3 FROM LINE 1 | 24,735. | 30,772. | 55,507. |
| TOTAL TO FORM 200-01, PAGE 2, LINE 43 | 24,735. | 30,772. | |

JOSEPH R. BIDEN JR. & JILL T. BIDEN

DE 200-01 OTHER STATE TAXES SUBTRACTED FROM ITEMIZED 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

Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

| | | | | | |
|---|---|---------------------------|--------|---------------------------------|--|
| First Name JILL | MI T | Last Name BIDEN | Suffix | Your Social Security Number | <input type="checkbox"/> Check if deceased |
| Spouse's First Name (Filing Status 2 Only) | MI | Last Name | Suffix | Spouse's Social Security Number | <input type="checkbox"/> Check if deceased |
| Present Home Address (Number and Street or Rural Route) | | | | Your Birth Date (mm-dd-yyyy) | <input type="text"/> |
| City, Town or Post Office GREENVILLE | | | | State DE | ZIP Code |
| State of Residence DE | Important - Name of Virginia City or County in which principal place of business, employment or income source is located. | | | | Locality Code |
| | | | | | <input type="checkbox"/> City OR <input type="checkbox"/> County |

Check Applicable Boxes:

| | | |
|--|---|---|
| <input type="checkbox"/> Amended Return Check if Result of NOL <input type="checkbox"/> | <input checked="" type="checkbox"/> Name(s) or Address Different than Shown on 2014 VA Return | <input type="checkbox"/> Overseas on Due Date |
| <input type="checkbox"/> Dependent on Another's Return | <input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman | EIC Claimed on federal return \$ _____ .00 |

Filing Status Enter Filing Status Code in box below.

Code {

- 1 = Single, Federal head of household? YES
- 2 = Married, Filing Joint Return - both must have Virginia income
- 3 = Married, Spouse Has No Income From Any Source
- 4 = Married, Filing Separate Returns

Exemptions Add Sections 1 and 2. Enter the sum on Line 13.

| You | Spouse if Filing Status 2 or 3 | Dependents | Total Section 1 |
|--------------------------------|--------------------------------|----------------------|---|
| <input type="text" value="1"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="1"/> X \$930 = <input type="text" value="930"/> |

| You 65 or over | Spouse 65 or over | You Blind | Spouse Blind | Total Section 2 |
|----------------------|----------------------|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> X \$800 = <input type="text"/> |

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name
JOSEPH R. BIDEN J

| | | | | |
|----|--|-----------|---------|----|
| 1 | Adjusted Gross Income from federal return - Not federal taxable income | 1 | 130,247 | 00 |
| 2 | Additions from Schedule 763 ADJ, Line 3. | 2 | | 00 |
| 3 | Add Lines 1 and 2. | 3 | 130,247 | 00 |
| 4 | Age Deduction (See instructions and the Age Deduction Worksheet). Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b. | You 4a | | 00 |
| | | Spouse 4b | | 00 |
| 5 | Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. | 5 | | 00 |
| 6 | State income tax refund or overpayment credit reported as income on your federal return. | 6 | | 00 |
| 7 | Subtractions from Schedule 763 ADJ, Line 7. | 7 | | 00 |
| 8 | Add Lines 4a, 4b, 5, 6 and 7. | 8 | | 00 |
| 9 | Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3. | 9 | 130,247 | 00 |
| 10 | Itemized Deductions. See instructions. | 10 | 25,550 | 00 |
| 11 | State and local income taxes claimed from federal Schedule A, if claiming itemized deductions. | 11 | 5,645 | 00 |
| 12 | If claiming itemized deductions subtract Line 11 from Line 10 or enter standard deduction amount. | 12 | 19,905 | 00 |
| 13 | Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above. | 13 | 930 | 00 |
| 14 | Deductions from Schedule 763 ADJ, Line 9. | 14 | 0 | 00 |
| 15 | Add Lines 12, 13, and 14. | 15 | 20,835 | 00 |
| 16 | Virginia Taxable Income computed as a resident. Subtract Line 15 from Line 9. | 16 | 109,412 | 00 |
| 17 | Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only). | 17 | 65.8 | % |
| 18 | Nonresident Taxable Income. (Multiply Line 16 by percentage on Line 17). | 18 | 71,993 | 00 |
| 19 | Income Tax from Tax Table or Tax Rate Schedule. | 19 | 3,882 | 00 |

| | |
|-----------------------------------|----------|
| Your Name JILL T. BIDEN | Your SSN |
|-----------------------------------|----------|

| | | | |
|---|-----------|--------------|-----------|
| 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, W-2G, 1099 and VK-1. | 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 Credit for Political Contributions. | 26 | | 00 |
| 27 Credits from Schedule CR, Section 5, Line 1A. | 27 | | 00 |
| 28 Total payments and credits. Add Lines 20a through 27. | 28 | 4,385 | 00 |
| 29 If Line 19 is larger than Line 28, enter the difference. This is the INCOME TAX YOU OWE | 29 | | 00 |
| 30 If Line 28 is larger than Line 19, enter the difference. This is the OVERPAYMENT AMOUNT | 30 | 503 | 00 |
| 31 Amount of overpayment on Line 30 to be CREDITED TO 2016 ESTIMATED INCOME TAX. | 31 | | 00 |
| 32 Virginia College Savings Plan Contributions from Schedule VAC, Part I, Line 6. | 32 | | 00 |
| 33 Other Voluntary Contributions from Schedule VAC, Section II, Line 14. | 33 | | 00 |
| 34 Addition to Tax, Penalty and Interest from enclosed Schedule 763 ADJ, Line 21. | 34 | | 00 |
| 35 Consumer's Use Tax. You may be liable if sales tax was not paid on Internet or other purchases. See Instructions. | 35 | | 00 |
| 36 Add Lines 31 through 35. | 36 | | 00 |
| 37 If you owe tax on Line 29, add Lines 29 and 36 - OR - If you have an overpayment on Line 30 and Line 36 is larger than Line 30, enter the difference. AMOUNT YOU OWE . Enclose payment or pay at www.tax.virginia.gov . Check here if paying by credit or debit card - See Instructions. <input type="checkbox"/> | 37 | | 00 |
| 38 If Line 30 is larger than Line 36, subtract Line 36 from Line 30. This is the amount to be REFUNDED TO YOU | 38 | 503 | 00 |

If the Direct Deposit section below is not completed, your refund will be issued by check.

| | | |
|----------------------------|--|--|
| DIRECT BANK DEPOSIT | | Checking <input type="checkbox"/> Savings <input type="checkbox"/> |
| Domestic Accounts Only | Your Bank Routing Transit Number | Your Bank Account Number |
| No International Deposits | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |

Nonresident Allocation Percentage

| | | A - All Sources | | B - Virginia Sources | |
|---|----|-----------------|----|----------------------|----|
| 1 Wages, salaries, tips, etc. | 1 | 85,765 | 00 | 85,765 | 00 |
| 2 Interest income. | 2 | 1,269 | 00 | | 00 |
| 3 Dividends. | 3 | | 00 | | 00 |
| 4 Alimony received. | 4 | | 00 | | 00 |
| 5 Business income or loss. | 5 | 653 | 00 | | 00 |
| 6 Capital gain or loss/capital gain distributions. | 6 | | 00 | | 00 |
| 7 Other gains or losses. | 7 | | 00 | | 00 |
| 8 Taxable pensions, annuities and IRA distributions. | 8 | 33,122 | 00 | | 00 |
| 9 Rents, royalties, partnerships, estates, trusts, S corporations, etc. | 9 | 9,484 | 00 | | 00 |
| 10 Farm income or loss. | 10 | | 00 | | 00 |
| 11 Other income. | 11 | | 00 | | 00 |
| 12 Interest on obligations of other states from Schedule 763 ADJ, Line 1. | 12 | | 00 | | 00 |
| 13 Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3. | 13 | | 00 | | 00 |
| 14 TOTAL - Add Lines 1 through 13 and enter each column total here. | 14 | 130,293 | 00 | 85,765 | 00 |
| 15 Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. Compute percentage to one decimal place (e.g., 5.4%). Enter on Page 1, Line 17 | 15 | | | 65.8 | % |

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer. I agree to obtain my Form 1099-G at www.tax.virginia.gov.
 I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

| | | | |
|---|---|-------------------------|----------------------|
| Your Signature | Your Phone Number | Date 4-13-16 | |
| Spouse's Signatures (if a joint return, both must sign) | Spouse's Phone Number | Preparer's PTIN | Vendor Code |
| Preparer's Name GELMAN, ROSENBERG & | Firm's Name (or Yours if Self-Employed) | Preparer's Phone Number | Filing Election Code |
| | | | Office Use Only |

583092 10-01-15

2015 Schedule INC/CG

Report all W-2s, 1099s, & VK-1s with VA Withholding

JILL

T BIDEN

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

Virginia Approved Form

| | | |
|---------------------------------|-----|----------------|
| Total VA Withholding | SSN | VA Withholding |
| You | | 4385. |
| Spouse | | |
| Total # of W-2s, 1099s, & VK-1s | 01 | |

JOSEPH R. BIDEN JR. & JILL T. BIDEN

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