**Form 1040 U.S. Individual Income Tax Return 2015**

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning 2015, ending 12/31/15

**See separate instructions.**

**Your social security number**

**Spouse’s social security number**

**Apt. no.**

**Presidential Election Campaign Check here if you, or your spouse if filing jointly, intend to have $5 or more go to the Democratic or Republican national political committees. This does not change your tax liability.**

**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**

8a. □ [ ] Youself. If someone can claim you as a dependent, do not check box 8a.
8b. □ [ ] Spouse.
8c. □ Dependent(s):
   (1) First name
   (2) Last name
   (3) Dependent’s social security number
   (4) Dependent’s relationship to you
   (5) If you have a child who is a dependent (see instructions)

**If more than four dependents, see instructions and check here. ►**

**Total number of exemptions claimed**

**Add numbers on line 2.**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable Interest. Attach Schedule B if required
8b Tax-exempt interest. Do not include on line 8b
9a Ordinary dividends. Attach Schedule B if required
9b Qualified dividends
10 Taxable refunds, credits, or offsets of state and local income taxes
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here
14 Other gains or (losses). Attach Form 4797
15a IRA distributions
15b Pensions and annuities
16a Social security benefits
16b Social security benefits
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a FICA Medicare tax withheld
20b Social security benefits
20c Social security benefits
21 Other income. List type and amount

**Adjusted Gross Income**

23 Educator expenses
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
25 Health savings account deduction. Attach Form 8889
26 Moving expenses. Attach Form 3903
27 Deductible part of self-employment tax. Attach Schedule SE
28 Self-employed SEP, SIMPLE, and qualified plans
29 Self-employed health insurance deduction
30 Penalty on early withdrawal of savings
31a Alimony paid
32 IRA deduction
33 Student loan interest deduction
34 Tuition and fees. Attach Form 8917
35 Domestic production activities deduction. Attach Form 8990
36 Add lines 25 through 35
37 Subtract line 36 from line 22. This is your adjusted gross income

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.
### Tax and Credits

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>38</td>
<td>Amount from line 37 (adjusted gross income)</td>
<td>392,233</td>
</tr>
<tr>
<td>39a</td>
<td>Check: X Yes were born before January 2, 1961; Blind.</td>
<td></td>
</tr>
<tr>
<td>39b</td>
<td>If your spouse itemizes on a separate return or you were a dual-status alien, check here</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Subtotal line 40 from line 38</td>
<td>55,507</td>
</tr>
<tr>
<td>41</td>
<td>Subtract line 40 from line 38</td>
<td>336,726</td>
</tr>
<tr>
<td>42</td>
<td>Exemptions. If line 36 is $154,950 or less, multiply $4,000 by the number on line 5d. Otherwise, see inst.</td>
<td>2,720</td>
</tr>
<tr>
<td>43</td>
<td>Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter 0.</td>
<td>334,006</td>
</tr>
<tr>
<td>44</td>
<td>Tax: Check if any from: a Form(s) 8814 b Form 4972 c Form 8882</td>
<td>85,751</td>
</tr>
<tr>
<td>45</td>
<td>Alternative minimum tax, Attach Form 625</td>
<td>3,709</td>
</tr>
<tr>
<td>46</td>
<td>Excess advance premium tax credit repayment, Attach Form 8962</td>
<td>89,460</td>
</tr>
<tr>
<td>48</td>
<td>Foreign tax credit. Attach Form 1116 if required</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Credit for child and dependent care expenses, Attach Form 2441</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Education credits from Form 8863, line 19</td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>Retirement savings contributions credit, Attach Form 8880</td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>Child tax credit, Attach Schedule 8912, if required</td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>Residential energy credits, Attach Form 8865</td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>Other credits from Form: a Form 8865 b Form 8882 c Form 8885</td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>Add lines 48 through 54. These are your total credits</td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>Subtract line 55 from line 47. If line 55 is more than line 47, enter 0.</td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>Self-employment tax, Attach Schedule SE</td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>Unreported social security and Medicare tax from Form: a Form 4137 b Form 8819</td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>Additional tax on IRAs, other qualified retirement plans, etc, Attach Form 5329 if required</td>
<td></td>
</tr>
<tr>
<td>60a</td>
<td>Household employment taxes from Schedule H</td>
<td></td>
</tr>
<tr>
<td>60b</td>
<td>First-time homebuyer credit repayment, Attach Form 5405 if required</td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>Health care individual responsibility (see instructions)</td>
<td></td>
</tr>
<tr>
<td>62</td>
<td>Taxes from: a Form 8965 b Form 8860</td>
<td></td>
</tr>
<tr>
<td>63</td>
<td>Add lines 56 through 62. This is your total tax</td>
<td></td>
</tr>
</tbody>
</table>

### Other Taxes

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>64</td>
<td>Federal income tax withheld from Forms W-2 and 1099</td>
<td>91,742</td>
</tr>
<tr>
<td>65</td>
<td>2015 estimated tax payments and amount applied from 2014 return</td>
<td></td>
</tr>
<tr>
<td>66a</td>
<td>Earned income credit (EIC)</td>
<td></td>
</tr>
<tr>
<td>67</td>
<td>Additional child tax credit, Attach Schedule 8912</td>
<td></td>
</tr>
<tr>
<td>68</td>
<td>American opportunity credit from Form 8863, line 8</td>
<td></td>
</tr>
<tr>
<td>69</td>
<td>Net premium tax, Attach Form 8862</td>
<td></td>
</tr>
<tr>
<td>70</td>
<td>Amount paid with request for extension to file</td>
<td></td>
</tr>
<tr>
<td>71</td>
<td>Excess social security and tier 1 RATA tax withheld</td>
<td></td>
</tr>
<tr>
<td>72</td>
<td>Credit for federal tax on fuels, Attach Form 4136</td>
<td></td>
</tr>
<tr>
<td>73</td>
<td>Credits from Form: a Form 2439 b Form 8885</td>
<td></td>
</tr>
<tr>
<td>74</td>
<td>Add lines 64, 65, 66a, and 67 through 73. These are your total payments</td>
<td></td>
</tr>
</tbody>
</table>

### Payments

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>76</td>
<td>If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid</td>
<td></td>
</tr>
<tr>
<td>76a</td>
<td>Amount of line 75 you want refunded to you. If Form 8888 is attached, check here</td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>Amount of line 75 you want applied to your 2016 estimated tax</td>
<td></td>
</tr>
</tbody>
</table>

### Refund

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>78</td>
<td>Amount you owe. Subtract line 74 from line 83. For details on how to pay, see instructions</td>
<td></td>
</tr>
</tbody>
</table>

### Amount You Owe

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>79</td>
<td>Estimated tax penalty (see instructions)</td>
<td></td>
</tr>
</tbody>
</table>

### Third Party Designee

**Address**: WALTER H DEYHLE, CPA

**Phone No.**: 555-555-5555

**Sign Here**: LARGE PRINT, VICE PRESIDENT

**Date**: 4/13/16

**Paid Preparer**: WALTER H DEYHLE, CPA

**Use Only**: GELMAN, ROSENBERG & FREEDMAN

**Firm's Phone**: 4550 MONTGOMERY AVE SUITE 650N

**Firm's EIN**: 20814-2930
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOSEPH R. BIDEN JR. &amp; JILL T. BIDEN</td>
<td></td>
</tr>
<tr>
<td>Medical and Dental Expenses</td>
<td></td>
</tr>
<tr>
<td>Medical and dental expenses (see instructions)</td>
<td>1</td>
</tr>
<tr>
<td>Enter amount from Form 1040, line 38</td>
<td>2</td>
</tr>
<tr>
<td>Multiply line 2 by 10% (10). But if either you or your spouse was born before</td>
<td>3</td>
</tr>
<tr>
<td>January 2, 1951, multiply line 2 by 7.5% (075) instead</td>
<td></td>
</tr>
<tr>
<td>Subtract line 3 from line 1, if line 3 is more than line 1, enter 0.</td>
<td>4</td>
</tr>
<tr>
<td>Taxes You Paid</td>
<td></td>
</tr>
<tr>
<td>State and local (check only one box):</td>
<td>5</td>
</tr>
<tr>
<td>a) Income taxes, or</td>
<td>5</td>
</tr>
<tr>
<td>b) General sales taxes</td>
<td></td>
</tr>
<tr>
<td>6) Real estate taxes (see Instructions)</td>
<td>6</td>
</tr>
<tr>
<td>7) Personal property taxes</td>
<td></td>
</tr>
<tr>
<td>Other taxes, List type and amount</td>
<td>8</td>
</tr>
<tr>
<td>Add lines 5 through 8</td>
<td>9</td>
</tr>
<tr>
<td>Interest You Paid</td>
<td></td>
</tr>
<tr>
<td>Home mortgage interest and points reported to you on Form 1096</td>
<td>10</td>
</tr>
<tr>
<td>Home mortgage interest not reported to you on Form 1096. If paid to the</td>
<td>11</td>
</tr>
<tr>
<td>person from whom you bought the home, see instructions and show that</td>
<td></td>
</tr>
<tr>
<td>person's name, identifying no., and address</td>
<td></td>
</tr>
<tr>
<td>Note: Your mortgage interest deduction may be limited (see instructions).</td>
<td></td>
</tr>
<tr>
<td>Points not reported to you on Form 1098. See Instructions for special</td>
<td>12</td>
</tr>
<tr>
<td>rules</td>
<td></td>
</tr>
<tr>
<td>Mortgage insurance premiums (see instructions)</td>
<td>13</td>
</tr>
<tr>
<td>Investment Interest. Attach Form 4952 if required. (See instructions.)</td>
<td>14</td>
</tr>
<tr>
<td>Add lines 10 through 14</td>
<td>15</td>
</tr>
<tr>
<td>Gifts to Charity</td>
<td></td>
</tr>
<tr>
<td>Gifts by cash or check, if you made any gift of $250 or more, see</td>
<td>16</td>
</tr>
<tr>
<td>instructions</td>
<td>17</td>
</tr>
<tr>
<td>You must attach Form 8283 if over $500</td>
<td>18</td>
</tr>
<tr>
<td>Carryover from prior year</td>
<td>19</td>
</tr>
<tr>
<td>Add lines 16 through 18</td>
<td></td>
</tr>
<tr>
<td>Casualty and Theft Losses</td>
<td></td>
</tr>
<tr>
<td>Casualty or theft loss(es). Attach Form 4684. (See Instructions.)</td>
<td>20</td>
</tr>
<tr>
<td>Job Expenses and Certain Miscellaneous Deductions</td>
<td></td>
</tr>
<tr>
<td>Unreimbursed employee expenses - job travel, union dues, job education,</td>
<td>21</td>
</tr>
<tr>
<td>etc. Attach Form 2106 or 2106-EZ if required. (See instructions)</td>
<td></td>
</tr>
<tr>
<td>Tax preparation fees</td>
<td>22</td>
</tr>
<tr>
<td>Other expenses - investment, safe deposit box, etc. List type and amount</td>
<td>23</td>
</tr>
<tr>
<td>Add lines 21 through 23</td>
<td>24</td>
</tr>
<tr>
<td>Enter amount from Form 1040, line 38</td>
<td>25</td>
</tr>
<tr>
<td>Multiply line 25 by 2% (.02)</td>
<td>26</td>
</tr>
<tr>
<td>Subtract line 26 from line 24. If line 26 is more than line 24, enter 0.</td>
<td>27</td>
</tr>
<tr>
<td>Other Miscellaneous Deductions</td>
<td></td>
</tr>
<tr>
<td>Other - from list in instructions. List type and amount</td>
<td>28</td>
</tr>
<tr>
<td>29 Is Form 1040, line 38, over $154,950?</td>
<td></td>
</tr>
<tr>
<td>a) No, Your deduction is not limited. Add the amounts in the far right</td>
<td>STMT 29</td>
</tr>
<tr>
<td>column for lines 4 through 28. Also, enter this amount on Form 1040, line</td>
<td>55,507</td>
</tr>
<tr>
<td>40.</td>
<td></td>
</tr>
<tr>
<td>X Yes, Your deduction may be limited. See the Itemized Deductions</td>
<td></td>
</tr>
<tr>
<td>Worksheet in the instructions to figure the amount to enter.</td>
<td></td>
</tr>
<tr>
<td>30 If you elect to itemize deductions even though they are less than your</td>
<td></td>
</tr>
<tr>
<td>standard deduction, check here</td>
<td></td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see Form 1040 instructions.
**SCHEDULE B**

**Interest and Ordinary Dividends**

Attach to Form 1040A or 1040.

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

**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:

- NEW CASTLE COUNTY SCHOOL EMPLOYEE FCU
- UNITED STATES SENATE FEDERAL CREDIT UNION
- WILMINGTON SAVINGS FUND SOCIETY
- PNCBANK, NATIONAL ASSOCIATION

Note: If you received a Form 1099-INT, Form 1099-DIV, 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


4. Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>111</td>
</tr>
<tr>
<td>1,154</td>
</tr>
</tbody>
</table>

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

**Part II**

**Ordinary Dividends**

5. List name of payer

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
</table>

Note: If you received a Form 1099-INT, 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

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
</table>

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

**Part III**

<table>
<thead>
<tr>
<th>Foreign Accounts and Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>8 During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>
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.

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  
B Enter business code (see inst)  
711510

C Business name. If no separate business name, leave blank.
JILL T. 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.

F Did you receive any payments in 2015 that would require you to file Form(s) 1099? (see the instructions for Schedule C)

G If "Yes," did you or will you file required Forms 1099?

Part II: Figure Your Net Profit

1 Gross receipts. Caution: If this income was reported to you on Form W-2 and the "Statutory employer" box on that form was checked, see Statutory employees in the instructions for Schedule C, line 1, and check here: $0

2 Total expenses (see instructions). If more than $5,000, you must use Schedule C

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

543

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  

6 Was your vehicle available for personal use during off-duty hours?

7 Do you (or your spouse) have another vehicle available for personal use?

8 a Do you have evidence to support your deduction?

b If "Yes," is the evidence written?

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

Schedule C-EZ (Form 1040) 2015

20520410 745960 54742 2015.03030 BIDEN JR., JOSEPH 54742_1
## Supplemental Income and Loss

### Form 1040 Schedule E

**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 4836 on page 2, line 40.

#### Part I Income or Loss From Rental Real Estate and Royalties

**A.** Did you make any payments in 2015 that would require you to file Form(s) 1099 (see instructions)?

- Yes [X]
- No [ ]

**B.** If "Yes," did you or will you file required Forms 1099?

- Yes [X]
- No [ ]

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

- WILMINGTON, DE [ ]

**1b.** Type of Property (from list below)

- A [ ]
- B [ ]
- C [ ]

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.** Fair Rental Days

- 365 [X]

**B.** Personal Use Days

- [ ]

**C.** QJV

- [ ]

### Type of Property:

<table>
<thead>
<tr>
<th>Type of Property</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Family Residence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacation/Short-Term Rental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Land</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Rental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multi-Family Residence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (describe)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Income:

<table>
<thead>
<tr>
<th>Properties</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rents received</td>
<td>3</td>
<td>26,400</td>
<td></td>
</tr>
<tr>
<td>Royalties received</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Expenses:

<table>
<thead>
<tr>
<th>Expenses</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auto and travel (see instructions)</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning and maintenance</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commissions</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal and other professional fees</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management fees</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortgage interest paid to banks, etc. (see instructions)</td>
<td>12</td>
<td>4,658</td>
<td></td>
</tr>
<tr>
<td>Other interest</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repairs</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxes</td>
<td>16</td>
<td>2,773</td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation expense or depletion</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (list)</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total expenses: Add lines 5 through 19</td>
<td>20</td>
<td>7,431</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>21</td>
<td>18,969</td>
<td></td>
</tr>
<tr>
<td>Deductible rental real estate loss after limitation, if any, on Form 8682 (see instructions)</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total of all amounts reported on line 3 for all rental properties</td>
<td>23a</td>
<td>26,400</td>
<td></td>
</tr>
<tr>
<td>Total of all amounts reported on line 4 for all royalty properties</td>
<td>23b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total of all amounts reported on line 12 for all properties</td>
<td>23c</td>
<td>4,658</td>
<td></td>
</tr>
<tr>
<td>Total of all amounts reported on line 18 for all properties</td>
<td>23d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total of all amounts reported on line 20 for all properties</td>
<td>23e</td>
<td>7,431</td>
<td></td>
</tr>
<tr>
<td>Income. Add positive amounts shown on line 21. Do not include any losses</td>
<td>24</td>
<td></td>
<td>18,969</td>
</tr>
<tr>
<td>Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here</td>
<td>25</td>
<td></td>
<td>18,969</td>
</tr>
</tbody>
</table>

**Note:** For Paperwork Reduction Act Notice, see the separate instructions. **Schedule E (Form 1040) 2015**

---

**Social Security Number:**

**Name:** JOSEPH R. BIDEN JR. & JILL T. BIDEN

**Identification Number:**

**Filed on:** 2020-04-10

**Date:** 2015.03.030

**Social Security Number:** 54742_1

**Department of the Treasury Internal Revenue Service:**

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**Page 99/100 (99)**

**O.M.B. No.: 1545-0074**

**Attachment Number:** 13

---

**Form Number:** 1040

---

**Page:** 6

---

**Last Name:** BIDEN JR.

**First Name:** JOSEPH

---

**Page Dimensions:** 612.0x792.0

---

**QJV Box:**

- Yes [X]
- No [ ]

---

**Property Address:** WILMINGTON, DE

---

**Income:**

- Rents received: 3, 26,400
- Royalties received: 4

---

**Expenses:**

- Advertising: 6
- Auto and travel: 6
- Cleaning and maintenance: 7
- Commissions: 8
- Insurance: 9
- Legal and other professional fees: 10
- Management fees: 11
- Mortgage interest: 12, 4,658
- Other interest: 13
- Repairs: 14
- Supplies: 15
- Taxes: 16, 2,773
- Utilities: 17
- Depreciation: 18
- Other: 19
- Total expenses: 20, 7,431
- Deductible rental loss: 21, 18,969
- Total: 22

---

**Income and Loss:**

- Total: 26,400
- Royalties: 4,658
- Deductible: 7,431
- Total: 18,969
SCHEDULE SE
(From 1040)
Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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.

Did you receive wages or tips in 2015?

Yes

No

Were the total of your wages and tips subject to social security or railroad retirement (Tier 1) tax plus your net earnings from self-employment more than $110,100?

Yes

No

Did you receive tips subject to social security or Medicare tax that you did not report to your employer?

Yes

No

Did you report any wages on Form W-2, Uncollected Social Security and Medicare Tax on Wages?

Yes

No

You may use Short Schedule SE below

You must use Long Schedule SE on page 2

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

1b 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

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 J. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report

3 Combine lines 1a, 1b, and 2

4 Multiply line 3 by 92.36% (92.36%). If less than $400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b. 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

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

20520410 745960 54742 2015.03030 BIDEN JR., JOSEPH 54742_1
**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.)

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.

3. Taxes from Schedule A (Form 1040), line 9

4. Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line

5. Miscellaneous deductions from Schedule A (Form 1040), line 27

6. If Form 1040, line 58 is $154,950 or less, enter -0. Otherwise, see instructions

7. Tax refund from Form 1040, line 10 or line 21

8. Investment interest expense (difference between regular tax and AMT)

9. Depletion (difference between regular tax and AMT)

10. Net operating loss deduction from Form 1040, line 21. Enter as a positive amount

11. Alternative tax net operating loss deduction

12. Interest from specified private activity bonds exempt from the regular tax

13. Qualified small business stock, see instructions

14. Exercise of incentive stock options (excess of AMT income over regular tax income)

15. Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)

16. Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)

17. Disposition of property (difference between AMT and regular tax gain or loss)

18. Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)

19. Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 15

20. Loss limitations (difference between AMT and regular tax income or loss)

21. Circulation costs (difference between regular tax and AMT)

22. Long-term contracts (difference between AMT and regular tax income)

23. Mining costs (difference between regular tax and AMT)

24. Research and experimental costs (difference between regular tax and AMT)

25. Income from certain installment sales before January 1, 1987

26. Intangible drilling costs preference

27. Other adjustments, including income-based related adjustments

28. Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately) and line 28 is more than $24,950, see instructions.

### 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  ...  $114,200
   Married filing jointly or qualifying widow(er)...  156,900
   Married filing separately ...  79,450

   41,700 STMT 15

   If line 28 is over the amount shown above for your filing status, see instructions.

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 54

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 refuged 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 $165,400 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.

32. Alternative minimum tax foreign tax credit (see instructions)

33. Tentative minimum tax. Subtract line 32 from line 31

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, refugue that tax without using Schedule J before completing this line (see instructions)

35. AMT. Subtract line 34 from line 33. If zero or less, enter -0. Enter here and on Form 1040, line 45

36.
Form 6251 (2015)

JOSEPH R. BIDEN JR. & JILL T. BIDEN

Page 2


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.

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

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 figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter

38 Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter

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 figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter

40 Enter the smaller of line 36 or line 39

41 Subtract line 40 from line 36

42 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

43 Enter:
- $74,900 if married filing jointly or qualifying widow(er)
- $37,450 if single or married filing separately, or
- $50,200 if head of household

44 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 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 are filing Form 2555 or 2555-EZ, see instructions for the amount to enter

45 Subtract line 44 from line 43. If zero or less, enter 0

46 Enter the smaller of line 36 or line 37

47 Enter the smaller of line 45 or line 46. This amount is taxed at 0%

48 Subtract line 47 from line 46

49 Enter:
- $413,200 if single
- $232,425 if married filing separately
- $484,053 if married filing jointly or qualifying widow(er)
- $439,000 if head of household

50 Enter the amount from line 45

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 2555-EZ, see instructions for the amount to enter

52 Add line 50 and line 51

53 Subtract line 52 from line 49, If zero or less, enter 0

54 Enter the smaller of line 48 or line 53

55 Multiply line 54 by 15% (.15)

56 Add lines 47 and 54

57 Subtract line 56 from line 46

58 Multiply line 57 by 20% (.20)

59 Add lines 41, 56, and 57

60 Subtract line 59 from line 38

61 Multiply line 60 by 25% (.25)

62 Add lines 42, 58, 61, and 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

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

F10591 01-11-16

20520410 745990 54742 2015.03030 BIDEN JR., JOSEPH 54742_1
**ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT**

**JOSEPH R. BIDEN JR. & JILL T. BIDEN**

<table>
<thead>
<tr>
<th>Form Name</th>
<th>Description</th>
<th>Income</th>
<th>Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>E- COTTAGE -</td>
<td>Wilmington,</td>
<td>18,969</td>
<td>Form 6251, Line 17</td>
</tr>
<tr>
<td></td>
<td>* Regular Income</td>
<td></td>
<td>Form 6251, Line 18</td>
</tr>
<tr>
<td></td>
<td>* AMT Net Income</td>
<td>18,969</td>
<td>Form 6251, Line 19</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Form 6251, Line 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other Adjustment</td>
</tr>
</tbody>
</table>
Name of employer.

JOSEPH R. BIDEN JR. & JILL T. BIDEN

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.)

Yes. Go to line 10.

No. Stop. Include the amount from line 8 above on Form 1040, line 63a. If you are not required to file Form 1040, see the line 9 instructions.

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

Schedule H (Form 1040) 2015
Part II  Federal Unemployment (FUTA) Tax

10 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see instructions and check "No.")
   Yes    No
   10    X

11 Did you pay all state unemployment contributions for 2015 by April 18, 2016? Fiscal year filers see instructions
   Yes    No
   11    X

12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?
   Yes    No
   12    X

Next: If you checked the "Yes" 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 .6% (.006). Enter the result here, skip Section B, and go to line 28
   16
   23

Section B

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

<table>
<thead>
<tr>
<th>(a) Name of state</th>
<th>(b) Taxable wages (as defined in state act)</th>
<th>(c) State average rate period From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
   23

(Enter a credit reduction state must use the worksheet and check here)

24 FUTA tax, Subtract line 23 from line 21. Enter the result here and go to line 25
   24
   585

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 Enter the amount from line 25
   26
   608

27 Are you required to file Form 1040?
   X Yes
   No

28 Add line 15 (or line 24) and line 25
   28

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

City, town or postal office, state, and ZIP code

Apt., room, or suite no.

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

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

Firm's EIN

Firm's name

Firm's address

Firm's address

Schedule H (Form 1040) 2015

20520410 745960 54742

2015.03030 BIDEN JR., JOSEPH

54742_1
**Form 8959**

**Additional Medicare Tax**

- If any line does not apply to you, leave it blank. See separate instructions.
- Attach to Form 1040, 1040NR, 1040-PR, or 1040-S5.
- Information about Form 8959 and its instructions is at www.irs.gov/form8959.

<table>
<thead>
<tr>
<th>Name(s) shown on return</th>
<th>Your social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOSEPH R. BIDEN JR. &amp; JILL T. BIDEN</td>
<td></td>
</tr>
</tbody>
</table>

**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. 

<table>
<thead>
<tr>
<th>Line</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>320,441</td>
</tr>
</tbody>
</table>

2. Unreported tips from Form 4137, line 6.

<table>
<thead>
<tr>
<th>Line</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

3. Wages from Form 8919, line 6.

<table>
<thead>
<tr>
<th>Line</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>320,441</td>
</tr>
</tbody>
</table>

4. Add lines 1 through 3.

| Amount | 640,982 |

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

| Amount | 640,982 |

6. Subtract line 5 from line 4. If zero or less, enter 0.

| Amount | 640,982 |

7. Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go to Part II.

| Amount | 57,688.8 |

**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).

| Amount | 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

| Amount | 640,982 |

10. Enter the amount from line 4.

| Amount | 640,982 |

11. Subtract line 10 from line 9. If zero or less, enter 0.

| Amount | 0 |

12. Subtract line 11 from line 9. If zero or less, enter 0.

| Amount | 603 |

13. Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter here and go to Part III.

| Amount | 5.437 |

**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).

| Amount | 4.873 |

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

| Amount | 640,982 |

16. Subtract line 15 from line 14. If zero or less, enter 0.

| Amount | 0 |

17. Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (.009). Enter here and go to Part IV.

| Amount | 5.763 |

**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.

| Amount | 639.8 |

**Part V: Withholding Reconciliation**

19. Medicare tax withheld from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 6.

| Amount | 4,873 |

20. Enter the amount from line 1.

| Amount | 4,873 |

21. Multiply line 20 by 1.45% (.0145). This is your regular Medicare tax withholding on Medicare wages.

| Amount | 6,946.3 |

22. Subtract line 21 from line 19. If zero or less, enter 0. This is your Additional Medicare Tax withholding on Medicare wages.

| Amount | 227 |

23. Add lines 22 and 23. Also include your Federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions).

| Amount | 227 |

**Information:**

- Form 8959 (2015)
- LHA For Paperwork Reduction Act Notice, see your tax return instructions.

20520410 745960 54742 2015.03030 BIDEN JR., JOSEPH 54742_1
Form 8960

Net Investment Income Tax - Individuals, Estates, and Trusts

JOSPEH R. BIDEN JR. & JILL T. BIDEN

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.
4b. Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) 4b
4c. Combine lines 4a and 4b .................................................................... 4c 18,969.
5a. Net gain or loss from disposition of property (see instructions) ............. 5a
5b. Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) 5b
5c. Adjustment from disposition of partnership interest or S corporation stock (see instructions) 5c
5d. 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

| Investment interest expenses (see instructions) 9a |
| State, local, and foreign income tax (see instructions) 9b 584. |
| Miscellaneous investment expenses (see instructions) 9c |
| 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


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% (0.038). Enter here and include on your tax return (see instructions) 17 747.

Estates and Trusts:
18a. Net investment income (line 12 above) ........................................... 18a
18b. Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) 18b
18c. 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
19b. Highest tax bracket for estates and trusts for the year (see instructions) 19b
19c. Subtract line 19b from line 18a. If zero or less, enter 0: 19c
20. Enter the smaller of line 19c or line 19e .................................................. 20
21. Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). 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)

20520410 745960 54742 2015.03030 BIDEN JR., JOSEPH 54742_1
OFFICE OF PENSIONS

AMOUNT RECEIVED THIS YEAR
NONTAXABLE AMOUNT
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

33,291.
169.

33,122.

33,122.

TOTAL INCLUDED IN FORM 1040, LINE 16B

33,122.
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.
   SPOUSE AMOUNT 32,170.
   32,170.

2. MULTIPLY LINE 1 BY 50% (0.50)
   16,085.

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
   364,934.

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
   PUERTO RICO THAT YOU CLAIMED
   364,934.

5. ADD LINES 2, 3, AND 4
   381,019.

6. ADD THE AMOUNTS ON FORM 1040, LINES 23 THROUGH LINE 32,
   AND ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED
   LINE NEXT TO LINE 36
   46.

7. SUBTRACT LINE 6 FROM LINE 5
   380,973.

8. ENTER:
   $25,000 IF YOU CHECKED BOX A OR D, OR
   $32,000 IF YOU CHECKED BOX B, OR
   $-0- IF YOU CHECKED BOX C
   32,000.

9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7?
   [X] YES. SUBTRACT LINE 8 FROM LINE 7
   348,973.

10. ENTER $9,000 IF YOU CHECKED BOX A OR D,
    $12,000 IF YOU CHECKED BOX B
    $-0- IF YOU CHECKED BOX C
    12,000.

11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0-
    336,973.

12. ENTER THE SMALLER OF LINE 9 OR LINE 10
    12,000.

13. ENTER ONE HALF OF LINE 12
    6,000.

14. ENTER THE SMALLER OF LINE 2 OR LINE 13
    6,000.

15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-
    236,427.

16. ADD LINES 14 AND 15
    292,427.

17. MULTIPLY LINE 1 BY 85% (.85)
    25,345.

18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17
    * ALSO ENTER THIS AMOUNT ON FORM 1040. LINE 20B
    27,345.
<table>
<thead>
<tr>
<th>FORM 1040</th>
<th>STATE AND LOCAL INCOME TAX REFUNDS</th>
<th>STATEMENT 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>2013</td>
<td>2012</td>
</tr>
<tr>
<td>GROSS STATE/LOCAL INC TAX REFUNDS</td>
<td>VIRGINIA</td>
<td>501.</td>
</tr>
<tr>
<td>LESS: TAX PAID IN FOLLOWING YEAR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NET TAX REFUNDS</td>
<td>VIRGINIA</td>
<td>501.</td>
</tr>
<tr>
<td>TOTAL NET TAX REFUNDS</td>
<td></td>
<td>501.</td>
</tr>
</tbody>
</table>
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 369,900.
   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.
<table>
<thead>
<tr>
<th>FORM 1040</th>
<th>TAXABLE STATE AND LOCAL INCOME TAX REFUNDS</th>
<th>STATEMENT 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014</td>
<td>2013</td>
</tr>
<tr>
<td>LESS: REFUNDS - NO BENEFIT DUE TO AMT - SALES TAX BENEFIT REDUCTION</td>
<td>1 NET REFUNDS FOR RECALCULATION</td>
<td></td>
</tr>
<tr>
<td>3 DEDUCTION NOT SUBJ TO PHASEOUT</td>
<td>388,844.</td>
<td>388,844.</td>
</tr>
<tr>
<td>4 NET REFUNDS FROM LINE 1</td>
<td>305,050.</td>
<td>305,050.</td>
</tr>
<tr>
<td>6 MULT LN 5 BY APPL SEC. 68 PCT</td>
<td>46,628.</td>
<td>46,628.</td>
</tr>
<tr>
<td>7 PRIOR YEAR AGI</td>
<td>388,844.</td>
<td>388,844.</td>
</tr>
<tr>
<td>8 ITEM. DED. PHASEOUT THRESHOLD</td>
<td>305,050.</td>
<td>305,050.</td>
</tr>
<tr>
<td>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)</td>
<td>83,794.</td>
<td>83,794.</td>
</tr>
<tr>
<td>10 MULT LN 9 BY APPL SEC. 68 PCT</td>
<td>2,514.</td>
<td>2,514.</td>
</tr>
<tr>
<td>11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)</td>
<td>55,771.</td>
<td>55,771.</td>
</tr>
<tr>
<td>12 ITEM DED. NOT SUBJ TO PHASEOUT</td>
<td>55,771.</td>
<td>55,771.</td>
</tr>
<tr>
<td>13A TOTAL ADJ. ITEMIZED DEDUCTIONS</td>
<td>55,771.</td>
<td>55,771.</td>
</tr>
<tr>
<td>13B PRIOR YR. STD. DED. AVAILABLE</td>
<td>13,600.</td>
<td>13,600.</td>
</tr>
<tr>
<td>14 PRIOR YR. ALLOWABLE ITEM. DED.</td>
<td>55,771.</td>
<td>55,771.</td>
</tr>
<tr>
<td>15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14</td>
<td>55,771.</td>
<td>55,771.</td>
</tr>
<tr>
<td>16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)</td>
<td>13,600.</td>
<td>13,600.</td>
</tr>
<tr>
<td>17 ALLOWABLE PRIOR YR. ITEM. DED.</td>
<td>55,771.</td>
<td>55,771.</td>
</tr>
<tr>
<td>18 PRIOR YEAR STD. DED. AVAILABLE</td>
<td>55,771.</td>
<td>55,771.</td>
</tr>
<tr>
<td>19 SUBTRACT LINE 18 FROM LINE 17</td>
<td>42,171.</td>
<td>42,171.</td>
</tr>
<tr>
<td>20 LESSER OF LINE 16 OR LINE 19</td>
<td>42,171.</td>
<td>42,171.</td>
</tr>
<tr>
<td>21 PRIOR YEAR TAXABLE INCOME</td>
<td>330,545.</td>
<td>330,545.</td>
</tr>
<tr>
<td>22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
* IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21 STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2012 TOTAL TO FORM 1040, LINE 10

19 STATEMENT(S) 5 20520410 745960 54742 2015.03030 BIDEN JR., JOSEPH 54742 1
## FORM 1040
### WAGES RECEIVED AND TAXES WITHHELD

<table>
<thead>
<tr>
<th>EMPLOYER'S NAME</th>
<th>AMOUNT PAID</th>
<th>FEDERAL TAX WITHHELD</th>
<th>STATE TAX WITHHELD</th>
<th>CITY SDI TAX W/H</th>
<th>FICA TAX</th>
<th>MEDICARE TAX</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNITED STATES SENATE</td>
<td>225,154.</td>
<td>66,906.</td>
<td>12,095.</td>
<td></td>
<td>7,347.</td>
<td>3,491.</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>310,919.</strong></td>
<td><strong>80,420.</strong></td>
<td><strong>16,480.</strong></td>
<td></td>
<td><strong>13,255.</strong></td>
<td><strong>4,873.</strong></td>
</tr>
</tbody>
</table>

## FORM 1040
### FEDERAL INCOME TAX WITHHELD

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNITED STATES SENATE</td>
<td>66,906.</td>
</tr>
<tr>
<td>S NORTHERN VIRGINIA COMMUNITY OFFICE OF THE CONTROLLER</td>
<td>13,514.</td>
</tr>
<tr>
<td>S PNCBANK, NATIONAL ASSOCIATION</td>
<td>296.</td>
</tr>
<tr>
<td>S OFFICE OF PENSIONS</td>
<td>2,756.</td>
</tr>
<tr>
<td>T WITHHOLDING FROM FORM 1099-SSA</td>
<td>8,043.</td>
</tr>
<tr>
<td>FORM 8959, LINE 24</td>
<td>227.</td>
</tr>
<tr>
<td><strong>TOTAL TO FORM 1040, LINE 64</strong></td>
<td><strong>91,742.</strong></td>
</tr>
</tbody>
</table>

## FORM 1040
### OTHER TAXES

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM FORM 8959</td>
<td>639.</td>
</tr>
<tr>
<td>FROM FORM 8960</td>
<td>747.</td>
</tr>
<tr>
<td><strong>TOTAL TO FORM 1040, LINE 62</strong></td>
<td><strong>1,386.</strong></td>
</tr>
<tr>
<td>DESCRIPTION</td>
<td>AMOUNT</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>OFFICE OF PENSIONS</td>
<td>615.</td>
</tr>
<tr>
<td>UNITED STATES SENATE</td>
<td>12,095.</td>
</tr>
<tr>
<td>NORTHERN VIRGINIA COMMUNITY OFFICE OF THE CONTROLLER</td>
<td>4,385.</td>
</tr>
<tr>
<td>DELAWARE PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS - TAXPAYER</td>
<td>426.</td>
</tr>
<tr>
<td>DELAWARE PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS - SPOUSE</td>
<td>645.</td>
</tr>
<tr>
<td><strong>TOTAL TO SCHEDULE A, LINE 5</strong></td>
<td><strong>18,166.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT 50% LIMIT</th>
<th>AMOUNT 30% LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANNUAL CATHOLIC APPEAL FOR THE DIOCESE OF WILMINGTON, DE</td>
<td>2,400.</td>
<td></td>
</tr>
<tr>
<td>DELAWARE CENTER FOR JUSTICE</td>
<td>75.</td>
<td></td>
</tr>
<tr>
<td>NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST. JOSEPH’S ON THE BRANDYWINE</td>
<td>585.</td>
<td></td>
</tr>
<tr>
<td>THE ALS ASSOCIATION</td>
<td>250.</td>
<td></td>
</tr>
<tr>
<td>WESTMINSTER PRESBYTERIAN CHURCH</td>
<td>1,125.</td>
<td></td>
</tr>
<tr>
<td>MOTHER EMMANUEL AME</td>
<td>100.</td>
<td></td>
</tr>
<tr>
<td>NVCC</td>
<td>1,200.</td>
<td></td>
</tr>
<tr>
<td>CONGRESSIONAL BLACK CAUCUS FOUNDATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST. ALBAN’S MEMORIAL FUND</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SUBTOTALS</strong></td>
<td><strong>6,620.</strong></td>
<td><strong>6,620.</strong></td>
</tr>
<tr>
<td><strong>TOTAL TO SCHEDULE A, LINE 16</strong></td>
<td></td>
<td><strong>6,620.</strong></td>
</tr>
<tr>
<td>DESCRIPTION</td>
<td>100% LIMIT</td>
<td>50% LIMIT</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------</td>
<td>-----------</td>
</tr>
<tr>
<td>THE CLOTHING BANK OF DE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUBTOTALS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL TO SCHEDULE A, LINE 17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Schedule A**  
**Itemized Deductions Worksheet**

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**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Receipts</td>
<td>653.</td>
</tr>
<tr>
<td>Total to Schedule C-EZ, Line 1</td>
<td>653.</td>
</tr>
</tbody>
</table>

**Schedule SE**  
**Non-Farm Income**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>653.</td>
</tr>
<tr>
<td>Total to Schedule SE, Line 2</td>
<td>653.</td>
</tr>
</tbody>
</table>

**Statement(s)** 12, 13, 14
<table>
<thead>
<tr>
<th>NAME OF ACTIVITY</th>
<th>FORM</th>
<th>AMT</th>
<th>REGULAR</th>
<th>ADJUSTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>COTTAGE - WILMINGTON, DE</td>
<td>SCH E</td>
<td>18,969</td>
<td>18,969</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL TO FORM 6251, LINE 19
FORM 6251  EXEMPTION WORKSHEET  STATEMENT 16

1  ENTER: $53,600 IF SINGLE OR HEAD OF HOUSEHOLD; $93,400 IF
    MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); $41,700
    IF MARRIED FILING SEPARATELY
    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

2  ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME
    (AMTI) FORM 6251, LINE 28

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

4  SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS
    ENTER -0-

5  MULTIPLY LINE 4 BY 25% (.25)

6  SUBTRACT LINE 5 FROM LINE 1. 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

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

UNITED STATES SENATE

TOTAL TO STATE FORM 8960, LINE 10

AMOUNT

12,095.

FORM 8960  STATE INCOME TAX PAYMENTS  STATEMENT 18

DELAWARE

DESCRIPTION

OFFICE OF PENSIONS

TOTAL TO STATE FORM 8960, LINE 10

AMOUNT

615.

2015.03030 BIDEN JR., JOSEPH

54742

25  STATEMENT(S) 16, 17, 18
2015 R

DELAWARE INDIVIDUAL RESIDENT
INCOME TAX RETURN
FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

Your Last Name
BIDEN JR.

First Name and Middle Initial
JOSEPH R.

Surname's Last Name
BIDEN

State ZIP Code
WILMINGTON 19801-2110

FILING STATUS (MUST CHECK ONE)

Column A 
Single, (Divorced,
Head of
Widowed)

Column B 
Married or Entered Into a Civil Union & Filing Separate Forms B

Attached

Month Day Year
2015 6

2015 7

2a. If you elect the DELAWARE ADJUSTED GROSS INCOME, begin Return on Page 2, Line 2a, then enter amount from Form 6370 here ▶ 1

DELAWARE ADJUSTED GROSS INCOME. If you are a part-year resident in 2015, give the dates you resided in Delaware.

2b. If you elect the DELAWARE STANDARD DEDUCTION check here ▶ X

3a. If you elect the DELAWARE ITEMIZED DEDUCTIONS check here ▶

b. If you elect the DELAWARE ITEMIZED DEDUCTIONS check here ▶ X

4. TOTAL DEDUCTIONS - Add Line 2a and 3a and enter here ▶

5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount ▶

6. Tax Liability from Tax Rate Table/Schedule ▶

7. Tax on Lump Sum Distribution (Form 325) ▶

8. PERSONAL CREDITS if you are Filing Status 5, see instructions ▶

8b. If you are Filing Status 5, enter the total for each appropriate column. All other returns are Column B.

9a. Enter number of exemptions claimed on Federal return ▶

9b. CHECK BOXES Spouse 60 or over (Column A) ▶

Self 60 or over (Column B) ▶

9c. Enter number of boxes checked on Form 9b. ▶

10. Tax imposed by State of (Must attach copy of DE Schedule I and other state return) ▶

11. Vol Firefighter Co. # - Spouse (Column A) ▶

Self (Column B) ▶

12. Other Non-Refundable Credits (see instructions) ▶

13. Child Care Credit. Must attach Form 2441 (Enter 50% of Federal credit) ▶

14. Earned Income Tax Credit. See instructions on page 8 for ALL required documentation ▶

15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13, 14 and enter here ▶

16. BALANCE Subtotal Line 15 from Line 8. If Line 15 is greater than Line 16, enter "0" (Zero) ▶

17. Delaware Tax Withheld (Attach W2a/1099S) ▶

18. 2015 Estimated Tax Paid & Payments with Extensions ▶

19. S Corp Payments and Nonrefundable Business Credits ▶

20. 2015 Capital Gain Tax Payments (Att. Form 5403) ▶

21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here ▶

22. BALANCE DUE. If Line 18 is greater than Line 19, subtract 22 from 19 and enter here ▶

23. OVERPAYMENT. If Line 18 is greater than Line 22, subtract 18 from 22 and enter here ▶

24. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III ▶

25. AMOUNT OF LINE 23 TO BE APPLIED TO 2016 ESTIMATED TAX ACCOUNT ▶

26. PENALTIES AND INTEREST DUE. If Line 22 is greater than $400, see estimated tax instructions ▶

27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9) ▶

PAY IN FULL ▶

28. ZER0 DUE TO BE REFUNDED ▶

For all other filing status, enter Line 22 plus Lines 24 and 26 for all other filing status, subtract Lines 24, 25 and 26 from Line 22.
### 2015 DELAWARE RESIDENT FORM 200-01, PAGE 2

**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

**SECTION A - ADDITIONS (+)**

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. Interest on State &amp; Local obligations other than Delaware</td>
<td>130,247</td>
<td>261,986</td>
</tr>
<tr>
<td>30. Fiduciary adjustment, oil depletion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. TOTAL - Add Lines 30 and 31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Subtotal, Add Lines 29 and 32</td>
<td>130,247</td>
<td>261,986</td>
</tr>
</tbody>
</table>

**SECTION B - SUBTRACTIONS (-)**

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>34. Pension/Retirement Exclusions (Include all eligible income, see instructions)</td>
<td>12,500</td>
<td>9,487</td>
</tr>
<tr>
<td>35. Delaware State tax refund, fiduciary adjustment, work opportunity tax credit, Delaware NOL Carry forward; please see instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. Taxable Soc Sec/HR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. SUBTOTAL - Add Lines 34, 35, 36 and 37 and enter here STMT 2</td>
<td>12,500</td>
<td>36,832</td>
</tr>
<tr>
<td>39. Subtotal, Subtract Line 38 from Line 33</td>
<td>117,747</td>
<td>225,154</td>
</tr>
<tr>
<td>40. Exclusion for certain persons 60 and over or disabled (See Instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. TOTAL - Add Lines 38 and 40</td>
<td>12,500</td>
<td>36,832</td>
</tr>
<tr>
<td>42. DELAWARE ADJUSTED GROSS INCOME, Subtract Line 41 from Line 33, Enter here and on Page 1, Line 1</td>
<td>117,747</td>
<td>225,154</td>
</tr>
</tbody>
</table>

**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.

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

**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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Routing Number</td>
<td></td>
</tr>
<tr>
<td>b. Type: Checking</td>
<td></td>
</tr>
<tr>
<td>c. Account Number</td>
<td></td>
</tr>
<tr>
<td>d. Is this refund going to or through an account that is located outside of the United States?</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

**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**

**Date: 4/13/16**

**Signature of Prepared Person**

**Date: 4/13/16**

**Address:**

4550 MONTGOMERY AVE SUITE 650N

**City: BETHESDA**

**State: MD**

**ZIP: 20814293**

**E-mail Address:**

**Home Phone:**

**Business Phone:**

**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

**MAKE CHECK PAYABLE TO:** DELAWARE DIVISION OF REVENUE

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

1019 (Rev 10/19/15)
2015 DELAWARE RESIDENT SCHEDULES

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

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>
<thead>
<tr>
<th>Filing Status 4 ONLY</th>
<th>All other filing statuses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse Information</td>
<td>You or Your Plus Spouse</td>
</tr>
<tr>
<td>COLUMN A</td>
<td>COLUMN B</td>
</tr>
</tbody>
</table>

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.

1. Tax imposed by State of VA (enter 2 character state name) ........................................... 1 3,882
2. Tax imposed by State of VA (enter 2 character state name) ........................................... 2
3. Tax imposed by State of (enter 2 character state name) ........................................... 3
4. Tax imposed by State of (enter 2 character state name) ........................................... 4
5. Tax imposed by State of (enter 2 character state name) ........................................... 5
6. Enter the total here and on Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return ........................................... 6 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

10. Was the child under age 24 at the end of 2015, a student, and younger than you (or your spouse, if filing jointly)? ........................................... 10 YES NO

11. Was the child permanently and totally disabled during any part of 2016? ........................................... 11 YES NO YES NO

12. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B) ............... 12

13. Federal earned income credit from Federal Form 1040, Form 1040A, or Form 1040EZ ........................................... 13 .20

14. Delaware EITC Percentage (20%) ........................................... 14

15. Multiply Line 13 by Line 14 ........................................... 15

16. Enter the Smaller of Line 12 or Line 15 above, Enter here and on Resident Return, Line 14 ........................................... 16

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.


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.
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 DELAWARE AGI  

\[ \frac{130,247}{117,747} = 1.000000 \]

"PRO-RATA TAX" = DELAWARE TAX TIMES PERCENTAGE FACTOR  
\[ 5,447 \times 1.000000 = 5,447 \]

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

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>SPOUSE</th>
<th>TAXPAYER OR JOINT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIAL SECURITY BENEFITS</td>
<td>0.</td>
<td>27,345.</td>
</tr>
<tr>
<td>TOTAL TO FORM DE 200-01, PAGE 2, LINE 36</td>
<td>0.</td>
<td>27,345.</td>
</tr>
<tr>
<td>Description</td>
<td>Spouse</td>
<td>Taxpayer</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>--------</td>
<td>----------</td>
</tr>
<tr>
<td>A. Medical Expenses, Schedule A, Line 4</td>
<td>11,781</td>
<td>18,658</td>
</tr>
<tr>
<td>B. Total Taxes, Schedule A, Line 9</td>
<td>10,309</td>
<td>10,309</td>
</tr>
<tr>
<td>C. Interest Paid, Schedule A, Line 15</td>
<td>3,460</td>
<td>3,460</td>
</tr>
<tr>
<td>D. Contributions, Schedule A, Line 19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Casualty &amp; Theft, Schedule A, LN 20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Miscellaneous, Schedule A, Line 27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Other Misc., Schedule A, Line 28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Total Itemized Deductions</td>
<td>25,550</td>
<td>32,427</td>
</tr>
<tr>
<td>2. Enter Amount from 1040, Line 38</td>
<td>130,247</td>
<td>261,986</td>
</tr>
<tr>
<td>3. Limited Itemized Deductions Disallowed</td>
<td>815</td>
<td>1,655</td>
</tr>
<tr>
<td>4. Total Itemized Deduction. Subtract Line 3 from Line 1</td>
<td>24,735</td>
<td>30,772</td>
</tr>
<tr>
<td>TOTAL TO FORM 200-01, PAGE 2, LINE 43</td>
<td>24,735</td>
<td>30,772</td>
</tr>
<tr>
<td>State</td>
<td>SPOUSE</td>
<td>TAXPAYER</td>
</tr>
<tr>
<td>---------------</td>
<td>--------</td>
<td>----------</td>
</tr>
<tr>
<td>Virginia</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Taxes Included on Schedule A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesser of SCH A Taxes or Tax Liability</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Virginia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxes Included on Schedule A</td>
<td>4,385.</td>
<td>0.</td>
</tr>
<tr>
<td>Tax Liability</td>
<td>3,882.</td>
<td></td>
</tr>
<tr>
<td>Lesser of SCH A Taxes or Tax Liability</td>
<td>3,882.</td>
<td>0.</td>
</tr>
<tr>
<td>Total Other State Taxes Included on Line 47A</td>
<td>3,882.</td>
<td>0.</td>
</tr>
</tbody>
</table>
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
Middle Initial: M
Last Name: BIDEN
Suffix: T
Social Security Number: [Blank]
Check if deceased: [Blank]

Spouse's First Name (Filing Status 2 Only): [Blank]
Middle Initial: [Blank]
Last Name: [Blank]
Suffix: [Blank]
Spouse's Social Security Number: [Blank]
Check if deceased: [Blank]

Present Home Address (Number and Street or Rural Route)
City, Town or Post Office: GREENVIL
de
State: DE
ZIP Code: [Blank]
Your Birth Date: (mm-dd-yyyy) [Blank]
Spouse's Birth Date: (mm-dd-yyyy) [Blank]

State of Residence: Important - Name of Virginia City or County in which principal place of business, employment or income source is located.
City OR County: [Blank]

Check Applicable Boxes
- Amended Return
- Check if result of NOL
- Name(s) or Address Different than shown on 2014 VA Return
- Overseas on Due Date
- Dependent on Another's Return
- Qualifying Farmer, Fisherman or Merchant Seaman
- EIC Claimed on federal return

Filing Status: Enter Filing Status Code in box below.
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

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

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

1 + [Blank] + [Blank] = 1 X $930 = 930

Total Section 1

You 65 or Spouse 65 or over
You Blind
Spouse Blind

You 65 or Spouse 65 or over + You Blind + Spouse Blind = X $900 = [Blank]

Total Section 2

130,247

109,412

65.8%

71,993

3,882

Adjusted Gross Income: Federal tax return - Not federal taxable income:
Additions from Schedule 763 ADJ, Line 3:
Add Lines 1 and 2:
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:
Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return:
State income tax refund or overpayment credit reported as income on your federal return:
Subtractions from Schedule 763 ADJ, Line 7:
Add Lines 4a, 4b, 5, 6 and 7:
Virginia Adjusted Gross Income (VAGI), Subtract Line 8 from Line 3:
Itemized Deductions. See instructions:
State and local income taxes claimed from federal Schedule A, if claiming itemized deductions:
If claiming itemized deductions subtract Line 11 from Line 10 or enter standard deduction amount:
Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above:
Deductions from Schedule 763 ADJ, Line 9:
Add Lines 12, 13, and 14:
Virginia Taxable Income computed as a resident. Subtract Line 15 from Line 9:
Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only):
Nonresident Taxable Income. (Multiply Line 16 by percentage on Line 17):
Income Tax from Tax Table or Tax Rate Schedule:
22. 2014 overpayment credited to 2015 estimated tax.  
23. Extension Payment - submitted using Form 760IP.  
24. Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.  
25. Total credits from Schedule OSC.  
26. Credit for Political Contributions.  
27. Credits from Schedule CR, Section 5, Line 1A.  
28. Total payments and credits. Add Lines 20a through 27.  
29. If Line 19 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE.  
30. If Line 28 is larger than Line 19, enter the difference. This is the OVERPAYMENT AMOUNT.  
31. Amount of overpayment on Line 30 to be CREDITED TO 2016 ESTIMATED INCOME TAX.  
33. Other Voluntary Contributions from Schedule VAC, Section II, Line 14.  
34. Addition to Tax, Penalty, and interest from enclosed Schedule 763 ADJ, Line 21.  
35. Consumer's Use Tax. You may be liable if sales tax was not paid on Internet or other purchases. See instructions.  
36. Add Lines 31 through 35.  
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.  
38. If Line 30 is larger than Line 36, subtract Line 36 from Line 30. This is the amount to be REFUNDED TO YOU.

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

DIRECT BANK DEPOSIT
Domestic Accounts Only
Your Bank Routing Transit Number
Your Bank Account Number
Checking
Savings

Nonresident Allocation Percentage
1. Wages, salaries, tips, etc.  
2. Interest income.  
3. Dividends.  
4. Alimony received.  
5. Business income or loss.  
6. Capital gain or loss/capital gain distributions.  
7. Other gains or losses.  
8. Taxable pensions, annuities and IRA distributions.  
9. Rents, royalties, partnerships, estates, trusts, S corporations, etc.  
10. Farm income or loss.  
11. Other income.  
12. Interest on obligations of other states from Schedule 763 ADJ, Line 1.  
13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 5.  
14. TOTAL - Add Lines 1 through 13 and enter each column total here.  
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.

X 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 true, correct and complete return.

Your Signature
Jill T. Biden
Spouse's Signature (if a joint return, both must sign)
Spouse's Phone Number
Preparer's PTIN
Preparer's Phone Number
Preparer's Office Use Only
Preparer's Name
Gelman, Rosenberg &
Firm's Name or Yours if Self-Employed
Filing Status
Single
Married Filing Jointly
Married Filing Separately
Qualifying Widow
Nonresident
10-2-15

11320411 745960 54742 2015.03030 BIDEN JR., JOSEPH 54742_1
2015 Schedule INC/CG
Report all W-2s, 1099s, & VK-1s with VA Withholding

JILL T BIDEN

<table>
<thead>
<tr>
<th>Your/Spouse SSN</th>
<th>Withholding Type</th>
<th>VA Withholding</th>
<th>Employer FEIN</th>
<th>VA Account Number</th>
<th>VA Wages, tips, other comp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>W</td>
<td>4385.</td>
<td></td>
<td></td>
<td></td>
<td>85765.</td>
</tr>
</tbody>
</table>

Total VA Withholding

You

Spouse

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

SSN

VA Withholding

4385.
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROSS RECEIPTS</td>
<td>653.</td>
</tr>
<tr>
<td>TOTAL TO SCHEDULE C-EZ, LINE 1</td>
<td>653.</td>
</tr>
</tbody>
</table>