

2016 R

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

For 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. Jr., Sr., III, etc. Spouse's Last Name BIDEN Spouse's First Name JILL T. Jr., Sr., III, etc. Present Home Address (Number and Street) Apt. #

City WILMINGTON State DE ZIP Code FILING STATUS (MUST CHECK ONE) 1. Single, Divorced, Widow(er) 3. Married or Entered into a Civil Union & Filing Separate Forms 5. Head of Household 2. Joint or Entered into a Civil Union 4. X Married or Entered into a Civil Union & Filing Combined Separate on this form

Column A is for Spouse information, Filing Status 4 only. All other filing statuses use Column B. 1. DELAWARE ADJUSTED GROSS INCOME. Begin Return on Page 2, Line 29, then enter amount from Line 42 here 1 122,264 224,686

2a. If you elect the DELAWARE STANDARD DEDUCTION check here Filing Statuses 1, 3 & 5 enter \$3250 in Column B; Filing Status 2 enter \$6500 in Column B; Filing Status 4 enter \$3250 in Column A and in Column B



If you elect the DELAWARE ITEMIZED DEDUCTIONS check here X

b. Filing Statuses 1, 2, 3 and 5, enter itemized deductions from Page 2, Line 48 in Column B Filing Status 4 enter itemized deductions from Page 2, Line 48 in Columns A and B 2 19,839 18,770

ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions) Multiply the number of boxes checked below by \$200. If you are filing a combined separate return (Filing status 4), enter the total for each appropriate column. All others enter total in Column B.

Column A - if SPOUSE was: 65 or over Blind Column B - if YOU were: 65 or over Blind 3 4. TOTAL DEDUCTIONS- Add line 2 & 3 and enter here 4 19,839 18,770 5. TAXABLE INCOME- Subtract Line 4 from Line 1, and Compute Tax on this amount 5 102,425 205,916

6. Tax Liability from Tax Rate Table/Schedule Column A Column B See Instructions 5,744 12,574 6

7. Tax on Lump Sum Distribution (Form 329) 7 8. TOTAL TAX - Add Lines 6 and 7 and enter here 8 5,744 12,574

9a. PERSONAL CREDITS If you are Filing Status 3, see instructions. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B. Enter number of exemptions claimed on Federal return 2 x \$110 9a 110 110

On Line 9a, enter the number of exemptions for: Column A 1 Column B 1 9b. CHECK BOX(ES) Spouse 60 or over (Column A) X Self 60 or over (Column B) X Enter number of boxes checked on Line 9b. 2 x \$110 9b 110 110

10. Tax Imposed by State of (Must attach copy of DE Schedule I and other state return.) 10 3,951

11. Vol. Firefighter Co. # - Spouse (Column A) Self (Column B) Enter credit amount 11 12. Other Non-Refundable Credits (see instructions) 12

13. Child Care Credit. Must attach Form 2441. (Enter 50% of Federal credit) 13 14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation 14

15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here 15 4,171 220 16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero) 16 1,573 12,354

17. Delaware Tax Withheld (Attach W2s/1099s) 615 12,064 17 18. 2016 Estimated Tax Paid & Payments with Extensions 18

19. S Corp Payments and Refundable Business Credits 19 20. 2016 Capital Gains Tax Payments (Att. Form 5403) 20

21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here 21 615 12,064 22. BALANCE DUE. If Line 16 is greater than Line 21, subtract 21 from 16 and enter here 22 958 290

23. OVERPAYMENT. If Line 21 is greater than Line 16, subtract 16 from 21 and enter here 23 24. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III... 24

25. AMOUNT OF LINE 23 TO BE APPLIED TO 2017 ESTIMATED TAX ACCOUNT ENTER 25 26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$400, see estimated tax instructions ENTER 26

27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9) For all other filing statuses, enter Line 22 plus Lines 24 and 26 PAY IN FULL 27 1,248 28. NET REFUND (For Filing Status 4, see instructions, page 9) ZERO DUE/TO BE REFUNDED 28

For all other filing statuses, subtract Lines 24, 25, and 26 from Line 23

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

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

SECTION A - ADDITIONS (+)

Table with 4 columns: Line number, Description, Amount A, Amount B. Includes lines 29-33.

SECTION B - SUBTRACTIONS (-)

Table with 4 columns: Line number, Description, Amount A, Amount B. Includes lines 34-42.

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 with 4 columns: Line number, Description, Amount A, Amount B. Includes lines 43-48.

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.

Signature and contact information form with fields for signatures, dates, addresses, and phone numbers.

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

842011 11-29-16

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 of tax information and amounts, including 'Tax imposed by State of VA' and a total of 3,951.

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

Table with columns for Child's First Name, Last Name, SSN, Date of Birth, and rows 10-16 regarding child status and tax credits.

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, Veterans 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)	122,264.
VIRGINIA ADJUSTED GROSS INCOME	84,099.
DELAWARE TAX (FORM 200-01 OR 200-02, PAGE 1)	5,744.
TAX IMPOSED BY STATE OF VIRGINIA	4,034.
"PERCENTAGE FACTOR" = OTHER STATE'S AGI DIVIDED BY DELAWARE AGI	
= 84,099. / 122,264.	.687848
"PRO-RATA TAX" = DELAWARE TAX TIMES PERCENTAGE FACTOR	
= 5,744. X .687848	3,951.
AMOUNT OF CREDIT = LESSER OF: (A) DELAWARE TAX	
(B) TAX IMPOSED BY OTHER STATE	
(C) PRO-RATA TAX	
AMOUNT OF CREDIT, STATE OF VIRGINIA	3,951.
TOTAL TO FORM 200-01, PAGE 1, LINE 10	3,951.

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

DESCRIPTION	SPOUSE	TAXPAYER OR JOINT
SOCIAL SECURITY BENEFITS	0.	27,600.
TOTAL TO FORM DE 200-01, PAGE 2, LINE 36	0.	27,600.

	SPOUSE	TAXPAYER	TOTAL
1A. MEDICAL EXPENSES, SCHEDULE A, LINE 4			
B. TOTAL TAXES, SCHEDULE A, LINE 9	12,489.	18,903.	31,392.
C. INTEREST PAID, SCHEDULE A, LINE 15	10,418.	10,418.	20,836.
D. CONTRIBUTIONS, SCHEDULE A, LINE 19	2,944.	2,945.	5,889.
E. CASUALTY & THEFT, SCHEDULE A, LN 20			
F. MISCELLANEOUS, SCHEDULE A, LINE 27			
G. OTHER MISC., SCHEDULE A, LINE 28			
1. TOTAL ITEMIZED DEDUCTIONS	25,851.	32,266.	58,117.
2. ENTER AMOUNT FROM 1040, LINE 38	134,764.	261,692.	396,456.
3. LIMITED ITEMIZED DEDUCTIONS DISALLOWED	869.	1,686.	2,555.
4. TOTAL ITEMIZED DEDUCTION. SUBTRACT LINE 3 FROM LINE 1	24,982.	30,580.	55,562.
TOTAL TO FORM 200-01, PAGE 2, LINE 43	24,982.	30,580.	

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.
LESSER OF SCH A TAXES OR TAX LIABILITY	0.	0.

VIRGINIA	SPOUSE	TAXPAYER
TAXES INCLUDED ON SCHEDULE A TAX LIABILITY	4,595. 4,034.	0.
LESSER OF SCH A TAXES OR TAX LIABILITY	4,034.	0.
TOTAL OTHER STATE TAXES INCLUDED ON LINE 47A	4,034.	0.