

DELAWARE FORM 200-01-X

2018 RESIDENT AMENDED PERSONAL INCOME TAX RETURN

DO NOT WRITE OR STAPLE IN THIS AREA

ATTACH LABEL

or Fiscal year beginning Your Social Security No.

and ending Spouse's Social Security No.

FILING STATUS (MUST CHECK ONE)

1. Single, Divorced, Widow(er) 3. Married & Filing Separate Forms 5. Head of Household

Your Last Name BIDEN JR.

First Name and Middle Initial, Jr., Sr., Ill., etc. JOSEPH R.

2. Joint 4. X Married & Filing Combined Separate on this Form

Spouse's Last Name BIDEN

Spouse's First Name, Jr., Sr., Ill., etc. JILL

If you were a part-year resident in 2018, give the dates you resided in Delaware. From 2018 To 2018

Present Home Address (Number and Street)

Apt. #

Month Day

Month Day

City WILMINGTON

State DE

ZIP Code

Form DE2210 Attached

Filing Status 4 ONLY Spouse Information COLUMN A

All other filing statuses You OR You plus Spouse COLUMN B

COMPLETE ALL SECTIONS OF THIS RETURN. NAMES AND SSN'S MUST MATCH ORIGINAL

CORRECTED AMOUNTS

1. DELAWARE ADJUSTED GROSS INCOME 1 844337 3602718

2a. If you elect the DELAWARE STANDARD DEDUCTION check here

Filing Statuses 1, 3 & 5 Enter \$9250 in Column B
Filing Status 2 Enter \$6500 in Column B
Filing Status 4 Enter \$3250 in Column A and in Column B



DF2118011019

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

Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from page 2, Line 51, in Column B.
Filing Status 4 enter itemized deductions from page 2, Line 51, in Columns A and B.

2 157175 157176

3. ADDITIONAL STANDARD DEDUCTIONS CHECK BOX(ES) (Not allowed with Itemized Deductions - See Instructions)

If SPOUSE was 65 or over and/or Blind If YOU were 65 or over and/or Blind

3

4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here

4 157175 157176

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

5 687162 3445542

6. Tax Liability from Tax Rate Table/Schedule 44336 226389

6

7. Tax on Lump Sum Distribution (Form 329)

7

8. TOTAL TAX - Add Lines 6 and 7 and enter here

8 44336 226389

9a. 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 CA (Must attach copy of other state return)

10 4173 28217

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)

14

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

15 4393 28437

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

16 39943 197952

17. Delaware Tax Withheld (attach W2s/1099) 635 44682

17

18. Estimated Tax Paid & Payments with Extensions 291269

18

19. S Corp Payments & Refundable Business Credits

19

20. 2018 Capital Gains Tax Payments

20

21. Amount paid (If any, see instructions) 40806

21

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

22 41441 335951

23. Refund Received (if any, see instructions)

23 140929

24. Estimated tax carryover and/or Special Funds contributions as shown on original return

24

25. Subtract Lines 23 and 24 from Line 22

25 41441 195022

26. BALANCE DUE. If Line 16 is greater than Line 25, subtract 25 from 16 and enter here

26 2930

27. OVERPAYMENT. If Line 25 is greater than Line 16, subtract 16 from 25 and enter here

27 1498

28. AMOUNT OF LINE 27 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions) ENTER >

28 28

29. PENALTIES AND INTEREST DUE ENTER >

29 29

30. NET BALANCE DUE (Line 26 plus Lines 28 and 29) PAY IN FULL >

30 1432

31. NET REFUND (subtract Lines 28 and 29 from Line 27) ZERO DUE/TO BE REFUNDED >

31 31

REMIT FORM TO: NET BALANCE DUE (LINE 30); P.O. BOX 508, WILMINGTON, DE 19899-0508
NET REFUND (LINE 31); P.O. BOX 8765, WILMINGTON, DE 19899-8765
ZERO DUE (LINE 31); P.O. BOX 8711, WILMINGTON, DE 19899-8711

1019

842131 01-09-19

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE



NOTE: IF YOUR ORIGINAL RETURN WAS FILED USING TWO SEPARATE FORMS, YOU MUST FILE TWO SEPARATE AMENDED FORMS

IS AN AMENDED FEDERAL RETURN BEING FILED? YES NO

IF NO, PLEASE EXPLAIN. IF THE CHANGES PERTAIN TO THE DE RETURN ONLY, LIST THE LINE NUMBERS BEING AMENDED.

HAS THE DELAWARE DIVISION OF REVENUE ADVISED YOU YOUR ORIGINAL RETURN IS BEING AUDITED? YES NO

IS THIS AMENDED RETURN BEING FILED AS A PROTECTIVE CLAIM? YES NO

A DETAILED EXPLANATION OF ALL CHANGES MUST BE PROVIDED IN THIS SPACE. ALL SUPPORTING SCHEDULES AND/OR DOCUMENTATION MUST BE ATTACHED

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

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME	Filing Status 4 ONLY Spouse Information COLUMN A	All other filing statuses You or You plus Spouse COLUMN B
SECTION A - ADDITIONS (+)		
32. Enter Federal AGI amount. See instructions	32 870202	3710235
33. Interest on State & Local obligations other than Delaware	33	
34. Fiduciary adjustment, oil depletion	34	
35. TOTAL - Add Lines 33 and 34	35	
36. Subtotal. Add Lines 32 and 35	870202	3710235
SECTION B - SUBTRACTIONS (-)		
37. Interest received on U.S. Obligations	37	
38. Pension/Retirement Exclusions (See instructions.)	38 12500	12500
39. Delaware State tax refund, fiduciary adjustment, work opportunity tax credit, Delaware NOL Carry forward	39	66269
40. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist.	40 13365	28748
41. SUBTOTAL. Add Lines 37, 38, 39 and 40 and enter here	41 25865	107517
42. Subtotal. Subtract Line 41 from Line 36	42 844337	3602718
43. Exclusion for certain persons 60 and over or disabled	43	
44. TOTAL - Add Lines 41 and 43	44 25865	107517
45. DELAWARE ADJUSTED GROSS INCOME. Subtract line 44 from Line 36. Enter here and on Page 1, Line 1	45 844337	3602718

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.

46. Enter total Itemized Deductions. (See instructions)	46 157175	157176
47. Enter Foreign Taxes Paid (See instructions)	47	
48. Enter Charitable Mileage Deduction (See instructions)	48	
49. SUBTOTAL - Add Lines 46, 47, and 48 and enter here	49 157175	157176
50a. Enter State Income Tax included in Line 46 above (See instructions)	50a	
50b. Enter Form 700 Tax Credit Adjustment (See instructions)	50b	
51. TOTAL. Subtract line 50a and 50b from Line 49. Enter here and on Page 1, Line 2 (See Inst.)	51 157175	157176

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 *[Signature]* DATE *7-7-19* TELEPHONE NUMBER _____ SPOUSE SIGNATURE (if Filing Joint) *[Signature]*

SIGNATURE OF PREPARER *[Signature]* DATE *7-7-19*

PREPARER'S EIN OR SSN _____ PREPARER'S PHONE _____ STATE **MD** ZIP **20814293**

STREET ADDRESS OF PREPARER _____ CITY _____ STATE _____ ZIP _____

2018 R

AS AMENDED
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.
Spouse's Last Name: BIDEN
First Name and Middle initial: JOSEPH R.
Spouse's First Name: JILL T.

Present Home Address (Number and Street):
Apt. #

City: WILMINGTON
State: DE
ZIP Code: Form DE2210

FILING STATUS (MUST CHECK ONE)

- Single, Divorced, Widowed: 1
Married & Filing Separate Forms: 3
Head of Household: 5
Joint: 4
Married & Filing Combined Separate on this form: X

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
844337 3602718

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



DF20118011019

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
157175 157176

3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions)
Multiply the number of boxes checked below by \$2500. 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
157175 157176
5. TAXABLE INCOME- Subtract Line 4 from Line 1, and Compute Tax on this amount 5
687162 3445542

6. Tax Liability from Tax Rate Table/Schedule
See Instructions
Column A: 44336
Column B: 226389 6

7. Tax on Lump Sum Distribution (Form 329) 7
8. TOTAL TAX - Add Lines 6 and 7 and enter here 8
44336 226389

9a. PERSONAL CREDITS See instructions on Page 6.
Enter the number of exemptions 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 CA (Must attach copy of DE Schedule I and other state return.) 10
4173 28217

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
4393 28437

16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero) 16
39943 197952

17. Delaware Tax Withheld (Attach W2s/1099s) 635 44682 17

18. 2018 Estimated Tax Paid & Payments with Extensions 291269 18

19. S Corp Payments and Refundable Business Credits 19

20. 2018 Capital Gains Tax Payments (Att. Form 5403) 20

21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here 21
635 335951

22. BALANCE DUE. If Line 16 is greater than Line 21, subtract 21 from 16 and enter here 22
39308

23. OVERPAYMENT. If Line 21 is greater than Line 16, subtract 16 from 21 and enter here 23
137999

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 2019 ESTIMATED TAX ACCOUNT ENTER 25

26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$800, see estimated tax instructions ENTER 26

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

28. NET REFUND (For Filing Status 4, see instructions, page 9) ZERO DUE/TO BE REFUNDED 28
98691

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.

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

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

SECTION A - ADDITIONS (+)

29. Enter Federal AGI amount from Federal 1040	29	870202	3710235
30. Interest on State & Local obligations other than Delaware	30		
31. Fiduciary adjustment, oil depletion	31		
32. TOTAL - Add Lines 30 and 31	32		
33. Subtotal. Add Lines 29 and 32	33	870202	3710235

SECTION B - SUBTRACTIONS (-)

34. Interest received on U.S. Obligations	34		
35. Pension/Retirement Exclusions (For a definition of eligible income, see instructions)	35	12500	12500
36. Delaware State tax refund, fiduciary adjustment, work opportunity tax credit, Delaware NOL carry forward - please see instructions	36		66269
37. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr.)	37	13365	28748
38. SUBTOTAL. Add Lines 34, 35, 36 and 37, and enter here *	38	25865	107517
39. Subtotal. Subtract Line 38 from Line 33	39	844337	3602718
40. Exclusion for certain persons 80 and over or disabled (See instructions)	40		
41. TOTAL - Add Lines 38 and 40	41	25865	107517
42. DELAWARE ADJUSTED GROSS INCOME. Subtract Line 41 from Line 33. Enter here and on Page 1, Line 1	42	844337	3602718

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

43. Enter total Itemized Deduction from Schedule A	43	157175	157176
44. Enter Foreign Taxes Paid (See instructions)	44		
45. Enter Charitable Mileage Deduction (See instructions)	45		
46. SUBTOTAL - Add Lines 43, 44, and 45 and enter here	46	157175	157176
47a. Enter State Income Tax included in Line 43 above (See instructions)	47a		
47b. Enter Form 700 Tax Credit Adjustment (See instructions)	47b		
48. TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Page 1, Line 2 (See instr.)	48	157175	157176

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

a. Routing Number _____ b. Type: Checking Savings

c. Account Number _____ d. Is this refund going to or through an account that is located outside of the United States? Yes No

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

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

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

Your Signature: *[Signature]* Date: 7-7-19
 Spouse's Signature (if filing joint or combined return): *[Signature]* Date: 7-7-19
 Home Phone: _____ Business Phone: _____
 E-Mail Address: _____
 Signature of Paid Preparer: *[Signature]* Date: 7/7/19
 Address: _____
 City: BETHESDA State: MD ZIP: 20814293
 EIN, SSN or PTIN: _____ Business Phone: _____ E-Mail Address: _____

BALANCE DUE W/PAYMENT ENCLOSED (LINE 27):
DELAWARE DIVISION OF REVENUE
P.O. BOX 508
WILMINGTON, DE 19899-0508

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

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

842011 04-02-19

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 3 columns: Description, Amount, Total. Rows include tax imposed by State of CA, VA, MA and total Delaware tax return.

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 4 main columns: 7a. Child's First Name, 7b. Child's Last Name, 8. Child's SSN, 9. Child's Date of Birth. Includes rows 10-16 for child eligibility and credit calculation.

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 special funds A through U: A. Non-Game Wildlife, B. Beau Biden Fund, C. Emergency Housing, D. Breast Cancer Edu., E. Organ Donations, F. Diabetes Education, G. Veterans Home, H. DE National Guard, I. Juvenile Diabetes Fund, J. Multiple Sclerosis Soc., K. Ovarian Cancer Fnd, L. 21st Fund for Children, M. White Clay Creek, N. Home of the Brave, O. Senior Trust Fund, P. Veterans Trust Fund, Q. Protect DE's Child Fnd, R. Food Bank of DE, S. Ssx Cty Hab for Hum, T. Ctr DE Hab for Hum, U. NCC Hab for Humanity

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

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



AS AMENDED

JOSEPH R. BIDEN JR. & JILL T. BIDEN

DE 200-01-X

STATEMENT 1

DURING 2018, THE TAXPAYER MADE A \$25,000 CONTRIBUTION TO WALKING WITH THE WOUNDED, WHICH IS A CHARITABLE ENTITY ORGANIZED IN THE UNITED KINGDOM. IN PREPARING THE RETURN, THIS CONTRIBUTION WAS MISTAKENLY IDENTIFIED AS HAVING BEEN MADE TO A SECTION 501(C)(3) ORGANIZATION. A REVIEW OF THE UNDERLYING PAPERWORK IDENTIFIED THIS ERROR AFTER THE RETURN WAS FILED. CONSEQUENTLY, THE RETURN IS BEING AMENDED TO REMOVE THE DEDUCTION.

STATEMENT(S) 1

AS AMENDED

JOSEPH R. BIDEN JR. & JILL T. BIDEN

DE 200-01	CREDIT FOR TAX IMPOSED BY OTHER STATE	STATEMENT 2
STATE OF CALIFORNIA, TAXPAYER		
DELAWARE AGI (FORM 200-01 OR 200-02, PAGE 1)		3,602,718.
CALIFORNIA ADJUSTED GROSS INCOME		412,008.
DELAWARE TAX (FORM 200-01 OR 200-02, PAGE 1)		226,389.
TAX IMPOSED BY STATE OF CALIFORNIA		47,122.
"PERCENTAGE FACTOR" = OTHER STATE'S AGI DIVIDED BY DELAWARE AGI		
= 412,008. / 3,602,718.		.114360
"PRO-RATA TAX" = DELAWARE TAX TIMES PERCENTAGE FACTOR		
= 226,389. X .114360		25,890.
AMOUNT OF CREDIT = LESSER OF: (A) DELAWARE TAX		
(B) TAX IMPOSED BY OTHER STATE		
(C) PRO-RATA TAX		
AMOUNT OF CREDIT, STATE OF CALIFORNIA		<u>25,890.</u>
STATE OF MASSACHUSETTS, TAXPAYER		
DELAWARE AGI (FORM 200-01 OR 200-02, PAGE 1)		3,602,718.
MASSACHUSETTS ADJUSTED GROSS INCOME		45,736.
DELAWARE TAX (FORM 200-01 OR 200-02, PAGE 1)		226,389.
TAX IMPOSED BY STATE OF MASSACHUSETTS		2,327.
"PERCENTAGE FACTOR" = OTHER STATE'S AGI DIVIDED BY DELAWARE AGI		
= 45,736. / 3,602,718.		.012695
"PRO-RATA TAX" = DELAWARE TAX TIMES PERCENTAGE FACTOR		
= 226,389. X .012695		2,874.
AMOUNT OF CREDIT = LESSER OF: (A) DELAWARE TAX		
(B) TAX IMPOSED BY OTHER STATE		
(C) PRO-RATA TAX		
AMOUNT OF CREDIT, STATE OF MASSACHUSETTS		<u>2,327.</u>
TOTAL TO FORM 200-01 OR 200-02, PAGE 1		<u><u>28,217.</u></u>

AS AMENDED

JOSEPH R. BIDEN JR. & JILL T. BIDEN

DE 200-01	CREDIT FOR TAX IMPOSED BY OTHER STATE	STATEMENT	3
STATE OF VIRGINIA, SPOUSE			
DELAWARE AGI (FORM 200-01 OR 200-02, PAGE 1)		844,337.	
VIRGINIA ADJUSTED GROSS INCOME		93,102.	
DELAWARE TAX (FORM 200-01 OR 200-02, PAGE 1)		44,336.	
TAX IMPOSED BY STATE OF VIRGINIA		4,173.	
"PERCENTAGE FACTOR" = OTHER STATE'S AGI DIVIDED BY DELAWARE AGI			
= 93,102. / 844,337.			.110266
"PRO-RATA TAX" = DELAWARE TAX TIMES PERCENTAGE FACTOR			
= 44,336. X .110266			4,889.
AMOUNT OF CREDIT = LESSER OF: (A) DELAWARE TAX			
(B) TAX IMPOSED BY OTHER STATE			
(C) PRO-RATA TAX			
AMOUNT OF CREDIT, STATE OF VIRGINIA		4,173.	
TOTAL TO FORM 200-01, PAGE 1, LINE 10		4,173.	

DE 200-01 SOC SEC/RR RETIREMENT/HIGHER EDUC EXCL/LUMP SUM DIST	STATEMENT	4
DESCRIPTION	SPOUSE	TAXPAYER OR JOINT
SOCIAL SECURITY BENEFITS	13,365.	28,748.
TOTAL TO FORM DE 200-01, PAGE 2, LINE 37	13,365.	28,748.

DE 200-01	SECTION B-MODIFICATIONS AND ADJUSTMENTS	STATEMENT	5
DESCRIPTION	SPOUSE	TAXPAYER OR JOINT	
DELAWARE INCOME TAX REFUND		66,269.	
TOTAL TO FORM 200-01, PAGE 2, LINE 36		66,269.	

AS AMENDED

JOSEPH R. BIDEN JR. & JILL T. BIDEN

DE 200-01	DELAWARE ITEMIZED DEDUCTION WORKSHEET	STATEMENT	6
	SPOUSE	TAXPAYER	TOTAL
1A. MEDICAL EXPENSES, SCHEDULE A, LINE 4			
B. TOTAL TAXES, SCHEDULE A, LINE 7*	5,000.	5,000.	10,000.
C. INTEREST PAID, SCHEDULE A, LINE 10	14,277.	14,278.	28,555.
D. CONTRIBUTIONS, SCHEDULE A, LINE 14	137,898.	137,898.	275,796.
E. CASUALTY & THEFT, SCHEDULE A, LN 15			
F. OTHER MISC., SCHEDULE A, LINE 16			
TOTAL ITEMIZED DEDUCTIONS	157,175.	157,176.	314,351.
*STATE AND LOCAL TAXES MAY BE LIMITED WHEN MARRIED FILING SEPARATE			
TOTAL TO FORM 200-01, PAGE 2, LINE 43	157,175.	157,176.	

Amended U.S. Individual Income Tax Return
 ▶ Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year 2018 2017 2016 2015
 Other year. Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial JOSEPH R.	Last name BIDEN JR.	Your social security number
If a joint return, spouse's first name and initial JILL T.	Last name BIDEN	Spouse's social security number
Current home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Your phone number

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

WILMINGTON, DE

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

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.

Full-year health care coverage (or, for 2018 amended returns only, exempt). See inst.

Single Married filing jointly Married filing separately Qualifying widow(er)
 Head of household (If the qualifying person is a child but not your dependent, see instructions.)

Use Part III on page 2 to explain any changes		A. Original amount reported or as previously adjusted (see instructions)	B. Net change - amount of increase or (decrease) - explain in Part III	C. Correct amount
Income and Deductions				
1	Adjusted gross income. If a net operating loss (NOL) carryback is included, check here <input type="checkbox"/>	4,580,437.		4,580,437.
2	Itemized deductions or standard deduction	339,351.	-25,000.	314,351.
3	Subtract line 2 from line 1	4,241,086.	25,000.	4,266,086.
4a	Exemptions (amended returns for years before 2018 only). If changing, complete Part I on page 2 and enter the amount from line 29			
4b	Qualified business income deduction (2018 amended returns only)			
5	Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-	4,241,086.	25,000.	4,266,086.
Tax Liability				
6	Tax. Enter method(s) used to figure tax: TCW	1,508,581.	9,250.	1,517,831.
7	Credits. If a general business credit carryback is included, check here <input type="checkbox"/>			
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	1,508,581.	9,250.	1,517,831.
9	Health care: individual responsibility (see instructions)			
10	Other taxes	10,377.		10,377.
11	Total tax. Add lines 8, 9, and 10	1,518,958.	9,250.	1,528,208.
Payments				
12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	206,254.		206,254.
13	Estimated tax payments, including amount applied from prior year's return	1,335,000.		1,335,000.
14	Earned income credit (EIC)			
15	Refundable credits from: <input type="checkbox"/> Schedule 8812 <input type="checkbox"/> Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8982 or <input type="checkbox"/> other (specify):			
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed			
17	Total payments. Add lines 12 through 15, column C, and line 16			1,541,254.
Refund or Amount You Owe				
18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS			22,296.
19	Subtract line 18 from line 17. (If less than zero, see instructions.)			1,518,958.
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference			9,250.
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return			
22	Amount of line 21 you want refunded to you			
23	Amount of line 21 you want applied to your (enter year):	estimated tax	23	

Complete and sign this form on page 2.

Part I Exemptions and Dependents

Complete this part only if any information relating to exemptions (to dependents if amending your 2018 return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 return).

For 2018 amended returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines. Note: See the Form 1040 or, for amended returns for years before 2018, the Form 1040A Instructions. See also the Form 1040X Instructions.		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 return, leave line blank			
25	Your dependent children who lived with you			
26	Your dependent children who didn't live with you due to divorce or separation			
27	Other dependents			
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 return, leave line blank			
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 return, leave line blank			

30 List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and here

Dependents (see instructions):		(b) Social security number	(c) Relationship to you	(d) <input checked="" type="checkbox"/> If qualifies for (see instr.):	
(a) First name	Last name			Child tax credit	Credit for other dependents (2018 amended returns only)
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

- Check here if you didn't previously want \$3 to go to the fund, but now do.
- Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040X.

▶ Attach any supporting documents and new or changed forms and schedules.
DURING 2018, THE TAXPAYER MADE A \$25,000 CONTRIBUTION TO WALKING WITH THE WOUNDED, WHICH IS A CHARITABLE ENTITY ORGANIZED IN THE UNITED KINGDOM. IN PREPARING THE RETURN, THIS CONTRIBUTION WAS MISTAKENLY IDENTIFIED AS HAVING BEEN MADE TO A SECTION 501(C)(3) ORGANIZATION. A REVIEW OF THE UNDERLYING PAPERWORK IDENTIFIED THIS ERROR AFTER THE RETURN WAS FILED. CONSEQUENTLY, THE RETURN IS BEING AMENDED TO REMOVE THE DEDUCTION.

Remember to keep a copy of this form for your records.

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

Sign Here

▶ *J.R. Biden Jr.* 7-7-19 EXECUTIVE
 Your signature Date Your occupation

▶ *Jill T. Biden* 7-7-19 TEACHER
 Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

▶ *Walter H. Devhle CPA* 7/7/19 GELMAN, ROSENBERG & FREEDMAN
 Paid Preparer Use Only Preparer's signature Date Firm's name (or yours if self-employed)

WALTER H DEYHLE, CPA

Print/type preparer's name

BETHESDA, MD 20814-2930

Firm's address and ZIP code

Check if self-employed

PTIN

Phone number

EIN

Form 1040

Department of the Treasury - Internal Revenue Service

(99)

2018

OMB No. 1545-0074

IRS Use Only - Do not write or staple in this space.

U.S. Individual Income Tax Return

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: JOSEPH R. Last name: BIDEN JR. Your social security number: [blank]

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind. If joint return, spouse's first name and initial: JILL T. Last name: BIDEN Spouse's social security number: [blank]

Spouse standard deduction: Spouse is blind Spouse itemizes on a separate return or you were dual-status alien Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Home address (number and street), if you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code, if you have a foreign address, attach Schedule 6. WILMINGTON, DE If more than four dependents, see inst. and check here

Table with 4 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. All rows are empty.

Sign Here: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature: [Signature] Date: 7-7-19 Your occupation: EXECUTIVE. Spouse's signature: [Signature] Date: 7-7-19 Spouse's occupation: TEACHER.

Paid Preparer Use Only: Preparer's name: WALTER H DEYHLE, CPA Preparer's signature: [Signature] PTIN: [blank] Firm's EIN: [blank] Check it: Self-employed 3rd Party Designee

Firm's name: GELMAN, ROSENBERG & FREEDMAN Phone no.: [blank] Firm's address: BETHESDA, MD 20814-2930

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2018)

AS AMENDED

		STMT 1		1	1,000,073.
		2a		2b	17,559.
		3a		3b	
		4a	190,219.	4b	182,971.
		5a	49,545.	5b	42,113.
		6	3,337,743.	6	4,580,459.
		7		7	4,580,437.
		8		8	314,351.
		9		9	
		10		10	4,266,086.
		11	1,517,831.	11	1,517,831.
		12		12	
		13		13	1,517,831.
		14		14	10,377.
		15		15	1,528,208.
		16	SEE STATEMENT 5	16	191,816.
		17	1,349,438.	17	1,349,438.
		18		18	1,541,254.
		19		19	13,046.
		20a		20a	
		21	13,046.	21	
		22		22	
		23		23	

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

Standard Deduction for -
 • Single or married filing separately, \$12,000
 • Married filing jointly or Qualifying widow(er), \$24,000
 • Head of household, \$18,000
 • If you checked any box under Standard deduction, see instructions.

Refund

Direct deposit? See instructions.

Amount You Owe

AS AMENDED

**SCHEDULE 1
(Form 1040)**

Additional Income and Adjustments to Income

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040		Your social security number																																																																						
JOSEPH R. BIDEN JR. & JILL T. BIDEN																																																																								
Additional Income	<table border="1"> <tr> <td>1-9b</td> <td>Reserved</td> <td>STATEMENT 6</td> <td>1-9b</td> <td></td> </tr> <tr> <td>10</td> <td>Taxable refunds, credits, or offsets of state and local income taxes</td> <td>STATEMENT 7</td> <td>10</td> <td>99,383.</td> </tr> <tr> <td>11</td> <td>Alimony received</td> <td></td> <td>11</td> <td></td> </tr> <tr> <td>12</td> <td>Business income or (loss). Attach Schedule C or C-EZ</td> <td></td> <td>12</td> <td>1,596.</td> </tr> <tr> <td>13</td> <td>Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/></td> <td></td> <td>13</td> <td></td> </tr> <tr> <td>14</td> <td>Other gains or (losses). Attach Form 4797</td> <td></td> <td>14</td> <td></td> </tr> <tr> <td>15a</td> <td>Reserved</td> <td></td> <td>15b</td> <td></td> </tr> <tr> <td>16a</td> <td>Reserved</td> <td></td> <td>16b</td> <td></td> </tr> <tr> <td>17</td> <td>Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E</td> <td></td> <td>17</td> <td>3,236,764.</td> </tr> <tr> <td>18</td> <td>Farm income or (loss). Attach Schedule F</td> <td></td> <td>18</td> <td></td> </tr> <tr> <td>19</td> <td>Unemployment compensation</td> <td></td> <td>19</td> <td></td> </tr> <tr> <td>20a</td> <td>Reserved</td> <td></td> <td>20b</td> <td></td> </tr> <tr> <td>21</td> <td>Other income. List type and amount ▶</td> <td></td> <td>21</td> <td></td> </tr> <tr> <td>22</td> <td>Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23</td> <td></td> <td>22</td> <td>3,337,743.</td> </tr> </table>	1-9b	Reserved	STATEMENT 6	1-9b		10	Taxable refunds, credits, or offsets of state and local income taxes	STATEMENT 7	10	99,383.	11	Alimony received		11		12	Business income or (loss). Attach Schedule C or C-EZ		12	1,596.	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		13		14	Other gains or (losses). Attach Form 4797		14		15a	Reserved		15b		16a	Reserved		16b		17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	3,236,764.	18	Farm income or (loss). Attach Schedule F		18		19	Unemployment compensation		19		20a	Reserved		20b		21	Other income. List type and amount ▶		21		22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23		22	3,337,743.	
1-9b	Reserved	STATEMENT 6	1-9b																																																																					
10	Taxable refunds, credits, or offsets of state and local income taxes	STATEMENT 7	10	99,383.																																																																				
11	Alimony received		11																																																																					
12	Business income or (loss). Attach Schedule C or C-EZ		12	1,596.																																																																				
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		13																																																																					
14	Other gains or (losses). Attach Form 4797		14																																																																					
15a	Reserved		15b																																																																					
16a	Reserved		16b																																																																					
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	3,236,764.																																																																				
18	Farm income or (loss). Attach Schedule F		18																																																																					
19	Unemployment compensation		19																																																																					
20a	Reserved		20b																																																																					
21	Other income. List type and amount ▶		21																																																																					
22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23		22	3,337,743.																																																																				
Adjustments to Income	<table border="1"> <tr> <td>23</td> <td>Educator expenses</td> <td>23</td> <td></td> </tr> <tr> <td>24</td> <td>Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106</td> <td>24</td> <td></td> </tr> <tr> <td>25</td> <td>Health savings account deduction. Attach Form 8889</td> <td>25</td> <td></td> </tr> <tr> <td>26</td> <td>Moving expenses for members of the Armed Forces. Attach Form 3903</td> <td>26</td> <td></td> </tr> <tr> <td>27</td> <td>Deductible part of self-employment tax. Attach Schedule SE</td> <td>27</td> <td>22.</td> </tr> <tr> <td>28</td> <td>Self-employed SEP, SIMPLE, and qualified plans</td> <td>28</td> <td></td> </tr> <tr> <td>29</td> <td>Self-employed health insurance deduction</td> <td>29</td> <td></td> </tr> <tr> <td>30</td> <td>Penalty on early withdrawal of savings</td> <td>30</td> <td></td> </tr> <tr> <td>31a</td> <td>Alimony paid b Recipient's SSN ▶</td> <td>31a</td> <td></td> </tr> <tr> <td>32</td> <td>IRA deduction</td> <td>32</td> <td></td> </tr> <tr> <td>33</td> <td>Student loan interest deduction</td> <td>33</td> <td></td> </tr> <tr> <td>34</td> <td>Reserved</td> <td>34</td> <td></td> </tr> <tr> <td>35</td> <td>Reserved</td> <td>35</td> <td></td> </tr> <tr> <td>36</td> <td>Add lines 23 through 35</td> <td>36</td> <td>22.</td> </tr> </table>	23	Educator expenses	23		24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24		25	Health savings account deduction. Attach Form 8889	25		26	Moving expenses for members of the Armed Forces. Attach Form 3903	26		27	Deductible part of self-employment tax. Attach Schedule SE	27	22.	28	Self-employed SEP, SIMPLE, and qualified plans	28		29	Self-employed health insurance deduction	29		30	Penalty on early withdrawal of savings	30		31a	Alimony paid b Recipient's SSN ▶	31a		32	IRA deduction	32		33	Student loan interest deduction	33		34	Reserved	34		35	Reserved	35		36	Add lines 23 through 35	36	22.															
23	Educator expenses	23																																																																						
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24																																																																						
25	Health savings account deduction. Attach Form 8889	25																																																																						
26	Moving expenses for members of the Armed Forces. Attach Form 3903	26																																																																						
27	Deductible part of self-employment tax. Attach Schedule SE	27	22.																																																																					
28	Self-employed SEP, SIMPLE, and qualified plans	28																																																																						
29	Self-employed health insurance deduction	29																																																																						
30	Penalty on early withdrawal of savings	30																																																																						
31a	Alimony paid b Recipient's SSN ▶	31a																																																																						
32	IRA deduction	32																																																																						
33	Student loan interest deduction	33																																																																						
34	Reserved	34																																																																						
35	Reserved	35																																																																						
36	Add lines 23 through 35	36	22.																																																																					

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

Schedule 1 (Form 1040) 2018

AS AMENDED

**SCHEDULE 4
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Other Taxes

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment
Sequence No. **04**

Name(s) shown on Form 1040

Your social security number

JOSEPH R. BIDEN JR. & JILL T. BIDEN

Other Taxes	57	Self-employment tax. Attach Schedule SE	57	43.
	58	Unreported social security and Medicare tax from: Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	59	
	60a	Household employment taxes. Attach Schedule H	60a	2,845.
	b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions)	61	
	62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) SEE STATEMENT 8	62	7,489.
	63	Section 965 net tax liability installment from Form 965-A	63	
	64	Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14	64	10,377.

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

Schedule 4 (Form 1040) 2018

AS AMENDED

SCHEDULE 5 (Form 1040)

Department of the Treasury Internal Revenue Service

Other Payments and Refundable Credits

Attach to Form 1040.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018 Attachment Sequence No. 05

Name(s) shown on Form 1040

Your social security number

JOSEPH R. BIDEN JR. & JILL T. BIDEN

Other Payments and Refundable Credits	65	Reserved	65	
	66	2018 estimated tax payments and amount applied from 2017 return STMT 9	66	1,335,000.
	67 a	Reserved	67a	
	b	Reserved	67b	
	68-69	Reserved	68-69	
	70	Net premium tax credit. Attach Form 8962	70	
	71	Amount paid with request for extension to file (see instructions)	71	
	72	Excess social security and tier 1 RRTA tax withheld STMT 10	72	14,438.
	73	Credit for federal tax on fuels. Attach Form 4136	73	
	74	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	74	
	75	Add the amounts in the far right column. These are your total other payments and refundable credits. Enter here and include on Form 1040, line 17	75	1,349,438.

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

Schedule 5 (Form 1040) 2018

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2018

Attachment
Sequence No. **07**

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.
▶ Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

Your social security number

JOSEPH R. BIDEN JR. & JILL T. BIDEN

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions) SEE STATEMENT 13	1	11,143.
	2	Enter amount from Form 1040, line 7 24,580,437.		
	3	Multiply line 2 by 7.5% (0.075)	3	343,533.
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.
Taxes You Paid	5	State and local taxes.		
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box SEE STATEMENT 11 ▶ <input type="checkbox"/>	5a	344,944.
	b	State and local real estate taxes (see instructions)	5b	17,022.
	c	State and local personal property taxes	5c	
	d	Add lines 5a through 5c	5d	361,966.
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000.
	6	Other taxes. List type and amount ▶	6	
	7	Add lines 5e and 6	7	10,000.
Interest You Paid	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ▶ <input type="checkbox"/>		
	a	Home mortgage interest and points reported to you on Form 1098	8a	28,555.
	b	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	8b	
	c	Points not reported to you on Form 1098. See instructions for special rules	8c	
	d	Reserved	8d	
	e	Add lines 8a through 8c	8e	28,555.
	9	Investment interest. Attach Form 4952 if required. See instructions	9	
	10	Add lines 8e and 9	10	28,555.
Gifts to Charity	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	275,796. STMT 12
	12	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12	
	13	Carryover from prior year	13	
	14	Add lines 11 through 13	14	275,796.
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15	
Other Itemized Deductions	16	Other - from list in instructions. List type and amount ▶	16	
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8	17	314,351.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>		

SCHEDULE B (Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2018

Attachment Sequence No. 08

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

Go to www.irs.gov/ScheduleB for instructions and the latest information.

Attach to Form 1040.

Your social security number

JOSEPH R. BIDEN JR. & JILL T. BIDEN

Table with 4 columns: Description, Amount, and sub-headers for Part I Interest. Includes entries for MANUFACTURERS AND TRADERS TRUST ASSOCIATION, MASSACHUSETTS MUTUAL LIFE INSURANCE CO, NEW CASTLE COUNTY SCHOOL EMPLOYEES, PNCBANK, NATIONAL ASSOCIATION, US SENATE FEDERAL CREDIT UNION, DISTRICT OF COLUMBIA, and FROM K-1 - CELTICCAPRI CORP.

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Table for Part II Ordinary Dividends with 5 columns: Description, Amount, and sub-headers for Part II Ordinary Dividends. Includes a section for adding amounts on line 5.

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

Table for Part III Foreign Accounts and Trusts with 3 columns: Description, Yes, No. Includes questions 7a, b, and 8 regarding foreign accounts and distributions.

827501 10-24-18

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

Schedule B (Form 1040) 2018

SCHEDULE C-EZ (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Net Profit From Business (Sole Proprietorship)

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

OMB No. 1545-0074

2018

Attachment Sequence No. 09A

Name of proprietor

JILL T. BIDEN

Social security number (SSN)

Part I General Information

You may use Schedule C-EZ instead of Schedule C only if you:

- Had business expenses of \$5,000 or less, Use the cash method of accounting, Did not have an inventory at any time during the year, Did not have a net loss from your business, Had only one business as either a sole proprietor, qualified joint venture, or statutory employee,

And you:

- Had no employees during the year, Do not deduct expenses for business use of your home, Do not have prior year unallowed passive activity losses from this business, and Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.

A Principal business or profession, including product or service AUTHOR

B Enter business code (see inst) 711510

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

D Enter your EIN (see inst)

E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

City, town or post office, state, and ZIP code WILMINGTON, DE

F Did you make any payments in 2018 that would require you to file Form(s) 1099? (see the Instructions for Schedule C) Yes No

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

Part II Figure Your Net Profit

Table with 3 rows: 1 Gross receipts (1,596), 2 Total expenses (0), 3 Net profit (1,596)

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?
6 Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for: a Business b Commuting c Other
6 Was your vehicle available for personal use during off-duty hours?
7 Do you (or your spouse) have another vehicle available for personal use?
8a 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) 2018

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

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

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

Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment Sequence No. 13

Name(s) shown on return

Your social security number

JOSEPH R. BIDEN JR. & JILL T. BIDEN

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

A Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) Yes No B If "Yes," did you or will you file required Forms 1099? Yes No

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

Table with columns: Type of Property, 2 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. Fair Rental Days, Personal Use Days, QJV. Row A: 1, 365.

Type of Property:

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

Main income/expense table with columns: Properties, A, B, C. Rows include: 3 Rents received, 4 Royalties received, 5 Advertising, 6 Auto and travel, 7 Cleaning and maintenance, 8 Commissions, 9 Insurance, 10 Legal and other professional fees, 11 Management fees, 12 Mortgage interest paid, 13 Other interest, 14 Repairs, 15 Supplies, 16 Taxes, 17 Utilities, 18 Depreciation expense, 19 Other, 20 Total expenses, 21 Subtract line 20 from line 3 and/or 4, 22 Deductible rental real estate loss, 23a-e Totals for lines 3, 4, 12, 18, 20, 24 Income, 25 Losses, 26 Total rental real estate and royalty income or (loss).

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

Schedule E (Form 1040) 2018

AS AMENDED

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

JOSEPH R. BIDEN JR. & JILL T. BIDEN

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations - Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198 (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section Yes No

28	(a) Name	(b) Enter P for partnership or S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	CELTICCAPRI CORP	S				
B	GIACOPPA CORP	S				
C						
D						

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A				2,730,667.	
B				506,097.	
C					
D					
29a Totals				3,236,764.	
b Totals					
30 Add columns (h) and (k) of line 29a				30	3,236,764.
31 Add columns (g), (i), and (j) of line 29b				31	()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32	3,236,764.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36
37 Total estate and trust income or (loss). Combine lines 35 and 36			37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18	41	3,236,764.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

2018 Income from Passthroughs

CELTICCAPRI CORP
I.D. NUMBER:
TYPE: S CORPORATION

ACTIVITY INFORMATION:

CELTICCAPRI, CORP

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS) 2,730,667.

TOTAL NONPASSIVE INCOME (LOSS) 2,730,667.

OTHER K-1 INFORMATION:

INTEREST INCOME	11,928.
OTHER ITEMIZED DEDUCTIONS	5,100.
INVESTMENT INCOME	11,928.
NONDEDUCTIBLE EXPENSES	2,274.
SE EARNINGS	300,000.

AS AMENDED

2018 Income from Passthroughs

GIACOPPA CORP
I.D. NUMBER:
TYPE: S CORPORATION

ACTIVITY INFORMATION:

GIACOPPA CORP

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS) 506,097.

TOTAL NONPASSIVE INCOME (LOSS) 506,097.

2018 Income from Passthroughs

SUMMARY OF K-1 INFORMATION FOR ALL PASSTHROUGHS

OTHER K-1 INFORMATION:

INTEREST INCOME	11,928.
OTHER ITEMIZED DEDUCTIONS	5,100.
NONDEDUCTIBLE EXPENSES	2,274.
SE EARNINGS	300,000.

INVESTMENT INTEREST EXPENSE:

INVESTMENT INCOME	11,928.
-------------------	---------

AS AMENDED

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

Section B - Long Schedule SE

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

<p>A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I <input type="checkbox"/></p>	
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instructions)
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 AH
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note: Skip this line if you use the nonfarm optional method (see instructions) SEE STATEMENT 15
3	Combine lines 1a, 1b, and 2
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3. Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.
4b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here
4c	Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income, enter -0- and continue
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income
5b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-
6	Add lines 4c and 5b
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2018
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$128,400 or more, skip lines 8b through 10, and go to line 11
8b	Unreported tips subject to social security tax (from Form 4137, line 10)
8c	Wages subject to social security tax (from Form 8919, line 10)
8d	Add lines 8a, 8b, and 8c
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)
11	Multiply line 6 by 2.9% (0.029)
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27

Part II Optional Methods To Figure Net Earnings (see instructions)

<p>Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$7,920, or (b) your net farm profits² were less than \$5,717.</p>	
14	Maximum income for optional methods
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,280. Also include this amount on line 4b above
<p>Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$5,717 and also less than 72.189% of your gross nonfarm income⁴; and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.</p>	
16	Subtract line 15 from line 14
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.
² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.
³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.
⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

AS AMENDED

DOES NOT APPLY

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

2018

Attachment Sequence No. 32

Form 6251

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/Form6251 for instructions and the latest information. Attach to Form 1040 or Form 1040NR.

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

Your social security number

JOSEPH R. BIDEN JR. & JILL T. BIDEN

Part I Alternative Minimum Taxable Income

Table with 3 columns: Description, Code, Amount. Rows include: 1 Enter the amount from Form 1040, line 10... 2a If filing Schedule A... 2b Tax refund from Schedule 1... 2c Investment interest expense... 2d Depletion... 2e Net operating loss deduction... 2f Alternative tax net operating loss deduction... 2g Interest from specified private activity bonds... 2h Qualified small business stock... 2i Exercise of incentive stock options... 2j Estates and trusts... 2k Disposition of property... 2l Depreciation on assets... 2m Passive activities... 2n Loss limitations... 2o Circulation costs... 2p Long-term contracts... 2q Mining costs... 2r Research and experimental costs... 2s Income from certain installment sales... 2t Intangible drilling costs preference... 3 Other adjustments... 4 Alternative minimum taxable income. Total: 4,176,703.

Part II Alternative Minimum Tax (AMT)

Table with 3 columns: Description, Code, Amount. Rows include: 5 Exemption... 6 Subtract line 5 from line 4... 7 All others: If line 6 is \$191,100 or less... 8 Alternative minimum tax foreign tax credit... 9 Tentative minimum tax... 10 Add Form 1040, line 11a... 11 AMT. Total: 1,517,831.

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

Form 6251 (2018)

819481 11-16-18

AS AMENDED

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

12	Enter the amount from Form 6251, line 6. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 7	12
13	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, 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) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	13
14	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	14
15	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, 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	15
16	Enter the smaller of line 12 or line 15	16
17	Subtract line 16 from line 12	17
18	If line 17 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result	18
19	Enter: <ul style="list-style-type: none"> • \$77,200 if married filing jointly or qualifying widow(er), • \$38,600 if single or married filing separately, or • \$51,700 if head of household. 	19
20	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, 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 10; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	20
21	Subtract line 20 from line 19. If zero or less, enter -0-	21
22	Enter the smaller of line 12 or line 13	22
23	Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23
24	Subtract line 23 from line 22	24
25	Enter: <ul style="list-style-type: none"> • \$425,800 if single • \$239,500 if married filing separately • \$479,000 if married filing jointly or qualifying widow(er) • \$452,400 if head of household 	25
26	Enter the amount from line 21	26
27	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, 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 10; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	27
28	Add line 26 and line 27	28
29	Subtract line 28 from line 25. If zero or less, enter -0-	29
30	Enter the smaller of line 24 or line 29	30
31	Multiply line 30 by 15% (0.15)	31
32	Add lines 23 and 30 If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.	32
33	Subtract line 32 from line 22	33
34	Multiply line 33 by 20% (0.20) If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.	34
35	Add lines 17, 32, and 33	35
36	Subtract line 35 from line 12	36
37	Multiply line 36 by 25% (0.25)	37
38	Add lines 18, 31, 34, and 37	38
39	If line 12 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result	39
40	Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40

**SCHEDULE H
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Household Employment Taxes

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

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

▶ Go to www.irs.gov/ScheduleH for instructions and the latest information.

OMB No. 1545-1971

2018

Attachment
Sequence No. **44**

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

Calendar year taxpayers having no household employees in 2018 don't have to complete this form for 2018.

A Did you pay any one household employee cash wages of \$2,100 or more in 2018? (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 2018 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 2017 or 2018 to all household employees? (Don't count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.)

- No.** Stop. Don't 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	18,325.		
2 Social security tax. Multiply line 1 by 12.4% (0.124)	2		2,272.	
3 Total cash wages subject to Medicare tax	3	18,325.		
4 Medicare tax. Multiply line 3 by 2.9% (0.029)	4		531.	
5 Total cash wages subject to Additional Medicare Tax withholding	5			
6 Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	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		2,803.	

9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2017 or 2018 to all household employees? (Don't count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.)

- No.** Stop. Include the amount from line 8 above on Schedule 4 (Form 1040), line 60a. If you're not required to file Form 1040, see the line 9 instructions.
 Yes. Go to line 10.

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

Schedule H (Form 1040) 2018

AS AMENDED

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No."	<input checked="" type="checkbox"/>	
11 Did you pay all state unemployment contributions for 2018 by April 15, 2019? Fiscal year filers, see instructions	<input checked="" type="checkbox"/>	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	<input checked="" type="checkbox"/>	

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

Section A

13 Name of the state where you paid unemployment contributions	DE	
14 Contributions paid to your state unemployment fund	11.	
15 Total cash wages subject to FUTA tax		7,000.
16 FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25		42.

Section B

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-	(h) Contributions paid to state unemployment fund
		From	To					

18 Totals		18	
19 Add columns (g) and (h) of line 18		19	
20 Total cash wages subject to FUTA tax (see the line 15 instructions)			20
21 Multiply line 20 by 6.0% (0.060)			21
22 Multiply line 20 by 5.4% (0.054)		22	
23 Enter the smaller of line 19 or line 22 (If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here)			23
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25			24

Part III Total Household Employment Taxes

25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	25	2,803.
26 Add line 16 (or line 24) and line 25	26	2,845.

27 Are you required to file Form 1040?
 Yes. Stop. Include the amount from line 26 above on Schedule 4 (Form 1040), line 60a. Don't complete Part IV below.
 No. You may have to complete Part IV. See instructions for details.

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

Address (number and street) or P.O. box if mail isn't delivered to street address _____ Apt., room, or suite no. _____

City, town or post office, state, and ZIP code _____

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

Employer's signature _____ Date _____

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

Additional Medicare Tax

Department of the Treasury
Internal Revenue Service

- ▶ If any line does not apply to you, leave it blank. See separate instructions.
- ▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
- ▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return
JOSEPH R. BIDEN JR. & JILL T. BIDEN

Your social security number

Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	1,009,843.	
2 Unreported tips from Form 4137, line 6	2		
3 Wages from Form 8919, line 6	3		
4 Add lines 1 through 3	4	1,009,843.	
5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.	
6 Subtract line 5 from line 4. If zero or less, enter -0-	6		759,843.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		6,839.

Part II Additional Medicare Tax on Self-Employment Income

8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8	1,474.	
9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9	250,000.	
10 Enter the amount from line 4	10	1,009,843.	
11 Subtract line 10 from line 9. If zero or less, enter -0-	11	0.	
12 Subtract line 11 from line 8. If zero or less, enter -0-	12		1,474.
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		13.

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15		
16 Subtract line 15 from line 14. If zero or less, enter -0-	16		
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 4 (Form 1040), line 62 (check box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions), and go to Part V	18		6,852.
--	----	--	--------

Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	17,391.	
20 Enter the amount from line 1	20	1,009,843.	
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	14,643.	
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		2,748.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 16 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24		2,748.

AS AMENDED

Form **8960**

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

OMB No. 1545-2227

2018

Attachment
Sequence No. 72

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return
JOSEPH R. BIDEN JR. & JILL T. BIDEN

Your social security number or EIN

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

1	Taxable interest (see instructions)		1	17,559.
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a 3,236,764.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) STATEMENT 16	4b -3,236,764.		
c	Combine lines 4a and 4b		4c	0.
5a	Net gain or loss from disposition of property (see instructions)	5a		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions) SEE STATEMENT 17		7	63.
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	17,622.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b	863.	
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		9d	863.
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	863.

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-		12	16,759.
13	Modified adjusted gross income (see instructions)	13 4,580,437.		
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 4,330,437.		
16	Enter the smaller of line 12 or line 15		16	16,759.
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	637.
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (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 (2018)

823121 01-09-19

AS AMENDED

JOSEPH R. BIDEN JR. & JILL T. BIDEN

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S NORTHERN VIRGINIA COMMUNITY CO OFFICE OF THE CONTROLLER	94,705.	12,713.	4,811.		6,477.	1,515.
T TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA	405,368.	88,073.	26,437.		7,961.	7,726.
T CELTICCAPRI CORP	300,000.	57,362.	18,245.		7,961.	5,250.
S GIACOPPA CORP	200,000.				7,961.	2,900.
TOTALS	1,000,073.	158,148.	49,493.		30,360.	17,391.

FORM 1040 IRA DISTRIBUTIONS STATEMENT 2

NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT
WELLS FARGO CLEARING	950.	950.
TOTAL INCLUDED IN FORM 1040, LINE 4B	950.	950.

AS AMENDED
JOSEPH R. BIDEN JR. & JILL T. BIDEN

FORM 1040 PENSIONS AND ANNUITIES STATEMENT 3

OFFICE OF PENSIONS

AMOUNT RECEIVED THIS YEAR

33,691.

NONTAXABLE AMOUNT

169.

CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

OFFICE OF PERSONNEL MANAGEMENT

AMOUNT RECEIVED THIS YEAR

156,528.

NONTAXABLE AMOUNT

8,029.

CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

TOTAL INCLUDED IN FORM 1040, LINE 4B

148,499.

182,021.

AS AMENDED

JOSEPH R. BIDEN JR. & JILL T. BIDEN

FORM 1040 SOCIAL SECURITY BENEFITS WORKSHEET STATEMENT 4

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 2018
- D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2018

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 5A		49,545.
IF YOU CHECKED BOX B: TAXPAYER AMOUNT	33,821.	
SPOUSE AMOUNT	15,724.	
2. MULTIPLY LINE 1 BY 50% (0.50)		24,773.
3. ADD THE AMOUNTS ON FORM 1040, LINE 1, 2A, 3B, 4B, SCHEDULE 1, LINE 22 AND SCHEDULE B, LINE 2. DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099		4,538,346.
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		
5. ADD LINES 2, 3, AND 4		4,563,119.
6. ADD THE AMOUNTS ON SCHEDULE 1, LINES 23 THROUGH LINE 32, AND ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO SCHEDULE 1, LINE 36 OTHER THAN ANY AMOUNTS IDENTIFIED AS "DPAD"		22.
7. SUBTRACT LINE 6 FROM LINE 5		4,563,097.
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? [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0- ON FORM 1040, LINE 5B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2018, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 5A. [X] YES. SUBTRACT LINE 8 FROM LINE 7		4,531,097.
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-		4,519,097.
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-		3,841,232.
16. ADD LINES 14 AND 15		3,847,232.
17. MULTIPLY LINE 1 BY 85% (.85)		42,113.
18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 * ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 5B		42,113.

AS AMENDED

JOSEPH R. BIDEN JR. & JILL T. BIDEN

FORM 1040

FEDERAL INCOME TAX WITHHELD

STATEMENT 5

T S DESCRIPTION	AMOUNT
S NORTHERN VIRGINIA COMMUNITY CO OFFICE OF THE CONTROLLER	12,713.
T TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA	88,073.
T CELTICCAPRI CORP	57,362.
S PNCBANK, NATIONAL ASSOCIATION	51.
S OFFICE OF PENSIONS	2,300.
T OFFICE OF PERSONNEL MANAGEMENT	21,399.
T WITHHOLDING FROM FORM 1099-SSA	7,170.
FORM 8959, LINE 24	2,748.
TOTAL TO FORM 1040, LINE 16	191,816.

AS AMENDED

JOSEPH R. BIDEN JR. & JILL T. BIDEN

SCHEDULE 1		STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT 6
		2017	2016	2015
		DELAWARE		
GROSS STATE/LOCAL	INC TAX REFUNDS	66,269.		
LESS: TAX PAID IN	FOLLOWING YEAR			
NET TAX REFUNDS	DELAWARE	66,269.		
		DISTRICT OF CO		
GROSS STATE/LOCAL	INC TAX REFUNDS	30,067.		
LESS: TAX PAID IN	FOLLOWING YEAR			
NET TAX REFUNDS	DISTRICT OF CO	30,067.		
		VIRGINIA		
GROSS STATE/LOCAL	INC TAX REFUNDS	3,047.		
LESS: TAX PAID IN	FOLLOWING YEAR			
NET TAX REFUNDS	VIRGINIA	3,047.		
TOTAL NET TAX REFUNDS		99,383.		

AS AMENDED

JOSEPH R. BIDEN JR. & JILL T. BIDEN

SCHEDULE 1	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT	7
		2017	2016	2015
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.		99,383.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION				
1 NET REFUNDS FOR RECALCULATION		99,383.		
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT		1,776,499.		
3 DEDUCTION NOT SUBJ TO PHASEOUT				
4 NET REFUNDS FROM LINE 1		99,383.		
5 LINE 2 MINUS LINES 3 AND 4		1,677,116.		
6 MULT LN 5 BY APPL SEC. 68 PCT		1,341,693.		
7 PRIOR YEAR AGI		11,018,346.		
8 ITEM. DED. PHASEOUT THRESHOLD		313,800.		
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)		10,704,546.		
10 MULT LN 9 BY APPL SEC. 68 PCT		321,136.		
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)		1,355,980.		
12 ITEM DED. NOT SUBJ TO PHASEOUT				
13A TOTAL ADJ. ITEMIZED DEDUCTIONS		1,355,980.		
13B PRIOR YR. STD. DED. AVAILABLE		15,200.		
14 PRIOR YR. ALLOWABLE ITEM. DED.		1,455,363.		
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14		99,383.		
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)		99,383.		
17 ALLOWABLE PRIOR YR. ITEM. DED.		1,455,363.		
18 PRIOR YEAR STD. DED. AVAILABLE		15,200.		
19 SUBTRACT LINE 18 FROM LINE 17		1,440,163.		
20 LESSER OF LINE 16 OR LINE 19		99,383.		
21 PRIOR YEAR TAXABLE INCOME		9,562,983.		
22 AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21				99,383.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2015				
TOTAL TO SCHEDULE 1, LINE 10				99,383.

AS AMENDED

JOSEPH R. BIDEN JR. & JILL T. BIDEN

SCHEDULE 4	OTHER TAXES	STATEMENT 8
DESCRIPTION		AMOUNT
FROM FORM 8959		6,852.
FROM FORM 8960		637.
TOTAL TO SCHEDULE 4, LINE 62		7,489.

SCHEDULE 5	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT 9
DESCRIPTION		AMOUNT
1ST QTR ESTIMATE PAYMENT - JOINT		485,000.
2ND QTR ESTIMATE PAYMENT - JOINT		300,000.
3RD QTR ESTIMATE PAYMENT - JOINT		275,000.
4TH QTR ESTIMATE PAYMENT - JOINT		275,000.
TOTAL TO SCHEDULE 5, LINE 66		1,335,000.

AS AMENDED

JOSEPH R. BIDEN JR. & JILL T. BIDEN

SCHEDULE 5 EXCESS SOCIAL SECURITY TAX WORKSHEET STATEMENT 10

	TAXPAYER	SPOUSE
1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN \$7,960.80 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE	15,922.	14,438.
2. ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON SCHEDULE 4, LINE 62		
3. ADD LINES 1 AND 2	15,922.	14,438.
4. SOCIAL SECURITY TAX LIMIT	7,961.	7,961.
5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN SCHEDULE 5, LINE 72.	7,961.	6,477.

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 11

DESCRIPTION	AMOUNT
OFFICE OF PENSIONS	635.
FROM K-1 - CELTICCAPRI CORP	5,100.
NORTHERN VIRGINIA COMMUNITY CO OFFICE OF THE CONTROLLER	4,811.
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA	26,437.
CELTICCAPRI CORP	18,245.
NJ STATE TAX PAYMENTS	6,737.
NY STATE TAX PAYMENTS	26,587.
CALIFORNIA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	45,323.
DELAWARE 2ND QTR ESTIMATE PAYMENTS - TAXPAYER	60,000.
DELAWARE 3RD QTR ESTIMATE PAYMENTS - TAXPAYER	40,000.
DELAWARE PRIOR YEAR OVERPAYMENT APPLIED - TAXPAYER	66,269.
CALIFORNIA FORM 592-B WITHHOLDING	2,800.
CALIFORNIA FORM 592-B WITHHOLDING	42,000.
TOTAL TO SCHEDULE A, LINE 5A	344,944.

AS AMENDED

JOSEPH R. BIDEN JR. & JILL T. BIDEN

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 12

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT
DELAWARE ART MUSEUM		1,000.	
COMMUNITY LEGAL AID SOCIETY		40,000.	
CRANSTON HEIGHTS FIRE COMPANY NO. 1		10,000.	
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS FOUNDATION		25,000.	
DELAWARE CENTER FOR JUSTICE		100,000.	
NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION INC.		11,200.	
ST. JOSEPH ON THE BRANDYWINE		25,000.	
THE JOSEPH BIDEN FOUNDATION		5,000.	
UNITED SERVICE ORGANIZATIONS INC.		1,596.	
WESTMINSTER PRESBYTERIAN CHURCH		1,500.	
MISCELLANEOUS		0.	
CIVIC NATION - COLLEGE PROMISE		5,000.	
DELAWARE ASSOCIATION OF POLICE		250.	
DELAWARE FUTURES, INC.		250.	
BEAU BIDEN FOUNDATION FOR THE PROTECTION OF CHILDREN		50,000.	
SUBTOTALS		275,796.	
TOTAL TO SCHEDULE A, LINE 11			275,796.

SCHEDULE A MEDICAL AND DENTAL EXPENSES STATEMENT 13

DESCRIPTION	AMOUNT
MEDICARE PREMIUMS WITHHELD	723.
MEDICARE PREMIUMS WITHHELD	5,277.
MEDICARE PREMIUMS WITHHELD	5,143.
TOTAL TO SCHEDULE A, LINE 1	11,143.

AS AMENDED

JOSEPH R. BIDEN JR. & JILL T. BIDEN

SCHEDULE C-EZ	GROSS RECEIPTS	STATEMENT 14
DESCRIPTION		AMOUNT
GROSS RECEIPTS		1,596.
TOTAL TO SCHEDULE C-EZ, LINE 1		1,596.

SCHEDULE SE	NON-FARM INCOME	STATEMENT 15
DESCRIPTION		AMOUNT
AUTHOR		1,596.
TOTAL TO SCHEDULE SE, LINE 2		1,596.

FORM 8960	TRADE OR BUSINESS INCOME	STATEMENT 16
CELTICCAPRI, CORP		-2,730,667.
GIACOPPA CORP		-506,097.
AMOUNT TO FORM 8960, LINE 4B		-3,236,764.

FORM 8960	OTHER MODIFICATIONS TO INVESTMENT INCOME	STATEMENT 17
AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR DE	63.	
TOTAL RECOVERY OF PRIOR YEAR FORM 8960, LINE 9B	63.	63.
AMOUNT TO FORM 8960, LINE 7		63.

FORM 8960	STATE INCOME TAX PAYMENTS	STATEMENT 18
DELAWARE		
DESCRIPTION		AMOUNT
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA		26,437.
CELTICCAPRI CORP		18,245.
2ND QUARTER ESTIMATED PAYMENT		60,000.
3RD QUARTER ESTIMATED PAYMENT		40,000.
PRIOR YEAR OVERPAYMENT APPLIED		66,269.
TOTAL TO STATE FORM 8960, LINE 10		210,951.

STATEMENT(S) 14, 15, 16, 17, 18

AS AMENDED

JOSEPH R. BIDEN JR. & JILL T. BIDEN

FORM 8960 STATE INCOME TAX PAYMENTS STATEMENT 19

DELAWARE

DESCRIPTION

AMOUNT

OFFICE OF PENSIONS

635.

TOTAL TO STATE FORM 8960, LINE 10

635.