

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning _____, 2011, ending _____, 20

See separate instructions.

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

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

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

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

WILMINGTON, DE

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

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

Filing Status

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

Check only one box.

Exemptions

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

(1) First name		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> if child under age 17 qualifying for child tax credit

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b **2**
No. of children on 6c who:
● lived with you _____
● did not live with you due to divorce or separation (see instructions) _____
Dependents on 6c not entered above _____
Add numbers on lines above **2**

d Total number of exemptions claimed **2**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	307,543.
8a	Taxable interest. Attach Schedule B if required	8a	2,827.
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
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	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	31,995.
b	Taxable amount	16b	31,826.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	12,653.
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	28,454.
b	Taxable amount	20b	24,186.
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	379,035.

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

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

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
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	31a	
b	Recipient's SSN		
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	379,035.

Tax and Credits		38	Amount from line 37 (adjusted gross income)	38	379,035.
Standard Deduction for - • People who check any box on line 39a or 39b or who can be claimed as a dependent. • All others: Single or Married filing separately, \$5,800 Married filing jointly or Qualifying widow(er), \$11,600 Head of household, \$8,500	39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. Total boxes checked	39a	1	
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40		60,628.
	41	Subtract line 40 from line 38	41		318,407.
	42	Exemptions. Multiply \$3,700 by the number on line 6d	42		7,400.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43		311,007.
	44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44		80,087.
	45	Alternative minimum tax. Attach Form 6251	45		6,805.
	46	Add lines 44 and 45	46		86,892.
	47	Foreign tax credit. Attach Form 1116 if required	47		
48	Credit for child and dependent care expenses. Attach Form 2441	48			
49	Education credits from Form 8863, line 23	49			
50	Retirement savings contributions credit. Attach Form 8880	50			
51	Child tax credit (see instructions)	51			
52	Residential energy credits. Attach Form 5695	52			
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53			
54	Add lines 47 through 53. These are your total credits	54			
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55		86,892.	
Other Taxes		56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57			
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58			
59a	Household employment taxes from Schedule H	59a		1,008.	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b			
60	Other taxes. Enter code(s) from instructions	60			
61	Add lines 55 through 60. This is your total tax	61		87,900.	
Payments		62	Federal income tax withheld from Forms W-2 and 1099	62	87,663.
63	2011 estimated tax payments and amount applied from 2010 return	63			
If you have a qualifying child, attach Schedule EIC.	64a	Earned income credit (EIC)	64a		
	b	Nontaxable combat pay election	64b		
65	Additional child tax credit. Attach Form 8812	65			
66	American opportunity credit from Form 8863, line 14	66			
67	First-time homebuyer credit from Form 5405, line 10	67			
68	Amount paid with request for extension to file	68			
69	Excess social security and tier 1 RRTA tax withheld	69			
70	Credit for federal tax on fuels. Attach Form 4136	70			
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71			
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72		87,663.	
Refund		73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
Direct deposit? See instructions.	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a		
	b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="text"/>			
75	Amount of line 73 you want applied to your 2012 estimated tax	75			
Amount You Owe		76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	237.
77	Estimated tax penalty (see instructions)	77			
Third Party Designee		Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
Designee's name WALTER H DEYHLE, CPA Phone no. <input type="text"/> Personal identification number (PIN) <input type="text"/>					
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.					
Sign Here Joint return? See instructions. Keep a copy for your records.	Your signature <i>Walter H Deyhle</i> Date 4-10-12 Your occupation VICE PRESIDENT Daytime phone number <input type="text"/>				
	Spouse's signature. If a joint return, both must sign. <i>Jill T Biden</i> Date 4-11-12 Spouse's occupation TEACHER		If the IRS sent you an Identity Protection PIN, enter it here <input type="text"/>		
Print/Type preparer's name WALTER H DEYHLE Preparer's signature <i>Walter H Deyhle</i> Date 4/10/12		Check <input type="checkbox"/> if self-employed PTIN <input type="text"/>			
Paid Preparer Use Only Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN <input type="text"/>		Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. <input type="text"/>			

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Itemized Deductions

▶ Attach to Form 1040. ▶ See instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2011
Attachment
Sequence No. **07**

Your social security number

JOSEPH R BIDEN JR. & JILL T BIDEN

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1		
	2	Enter amount from Form 1040, line 38	2		
	3	Multiply line 2 by 7.5% (.075)	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		
Taxes You Paid	5 State and local (check only one box):		5	18,580.	
	a	<input checked="" type="checkbox"/> Income taxes, or	SEE STATEMENT 5		
	b	<input type="checkbox"/> General sales taxes	6	10,837.	
	6	Real estate taxes (see instructions)	7		
	7	Personal property taxes	8		
	8	Other taxes. List type and amount ▶	9	29,417.	
	9	Add lines 5 through 8			
	Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	25,671.
		11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11	
12		Points not reported to you on Form 1098. See instructions for special rules	12		
13		Mortgage insurance premiums (see instructions)	13		
14		Investment interest. Attach Form 4952 if required. (See instructions.)	14		
15		Add lines 10 through 14	15	25,671.	
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	5,540. STMT 6	
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17		
	18	Carryover from prior year	18		
	19	Add lines 16 through 18	19	5,540.	
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20		
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21		
	22	Tax preparation fees	22		
	23	Other expenses - investment, safe deposit box, etc. List type and amount ▶	23		
	24	Add lines 21 through 23	24		
	25	Enter amount from Form 1040, line 38	25		
	26	Multiply line 25 by 2% (.02)	26		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		
Other Miscellaneous Deductions	28	Other - from list in instructions. List type and amount ▶	28		
Total Itemized Deductions	29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29	60,628.	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here		<input type="checkbox"/>	

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ **Attach to Form 1040A or 1040.**

▶ **See instructions.**

OMB No. 1545-0074

2011
Attachment
Sequence No. **08**

Name(s) shown on return

Your social security number

JOSEPH R BIDEN JR. & JILL T BIDEN

Part I
Interest

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

MASS MUTUAL LIFE

NEW CASTLE COUNTY SCHOOL EMPLOYEE FCU

UNITED STATES SENATE FEDERAL CREDIT UNION

WILMINGTON SAVINGS FUND SOCIETY

MASS MUTUAL LIFE

MASS MUTUAL LIFE

MASS MUTUAL LIFE

MASS MUTUAL LIFE

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.

Amount

36.

7.

6.

2,701.

12.

15.

42.

8.

2 Add the amounts on line 1

2 2,827.

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.

Attach Form 8815

3

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

4 2,827.

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

Amount

Part II
Ordinary Dividends

5 List name of payer ▶ _____

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

5

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶

6

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

Part III
Foreign Accounts and Trusts

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

7a At any time during 2011, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements

b If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located ▶ _____

8 During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

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

Yes	No
	X
	X

127501
11-02-11

LHA For Paperwork Reduction Act Notice, see separate instructions.

Schedule B (Form 1040A or 1040) 2011

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. ▶ See separate instructions.

OMB No. 1545-0074

2011

Attachment
Sequence No. **13**

Name(s) shown on return Your social security number

JOSEPH R BIDEN JR. & JILL T BIDEN

A Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file all required Forms 1099? Yes No

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.

Caution. For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax.

1	Physical address of each property-street, city, state, ZIP	Type-from list below	2	For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	WILMINGTON, DE	1	A	365			
B			B				
C			C				

Type of Property:

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

Income:		Properties		
		A	B	C
3a	Merchant card and third party payments. For 2011, enter -0-	0.		
3b	Payments not reported to you on line 3a	20,900.		
4	Total not including amounts on line 3a that are not income (see instructions)	20,900.		
Expenses:				
5	Advertising			
6	Auto and travel (see instructions)			
7	Cleaning and maintenance			
8	Commissions			
9	Insurance			
10	Legal and other professional fees			
11	Management fees			
12	Mortgage interest paid to banks, etc. (see instructions)	5,799.		
13	Other interest			
14	Repairs			
15	Supplies			
16	Taxes	2,448.		
17	Utilities			
18	Depreciation expense or depletion			
19	Other (list) ▶			
20	Total expenses. Add lines 5 through 19	8,247.		
21	Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file Form 6198	12,653.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	()	()	()
23a	Total of all amounts reported on line 3a for all rental properties			
23b	Total of all amounts reported on line 3a for all royalty properties			
23c	Total of all amounts reported on line 4 for all rental properties	20,900.		
23d	Total of all amounts reported on line 4 for all royalty properties			
23e	Total of all amounts reported on line 12 for all properties	5,799.		
23f	Total of all amounts reported on line 18 for all properties			
23g	Total of all amounts reported on line 20 for all properties	8,247.		
24	Income. Add positive amounts shown on line 21. Do not include any losses			12,653.
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here			()
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2			12,653.

Alternative Minimum Tax - Individuals

▶ 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

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	318,407.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	29,417.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	Skip this line. It is reserved for future use	6	
7	Tax refund from Form 1040, line 10 or line 21	7	
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 7	19	0.
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$223,900, see instructions.)	28	347,824.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2011, see instructions.) IF your filing status is ... AND line 28 is not over ... THEN enter on line 29 ...			
	Single or head of household \$112,500 \$48,450 Married filing jointly or qualifying widow(er) 150,000 74,450 Married filing separately 75,000 37,225	} STMT 8	29	24,994.
	If line 28 is over the amount shown above for your filing status, see instructions.			
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34			
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 54 here. • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	} ...	31	86,892.
32	Alternative minimum tax foreign tax credit (see instructions)			
33	Tentative minimum tax. Subtract line 32 from line 31	33	86,892.	
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Sch J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Sch J	34	80,087.	
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	6,805.	

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

Form 6251 (2011)

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for this line		36
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	
40	Enter the smaller of line 36 or line 39		40
41	Subtract line 40 from line 36		41
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result		42
43	Enter: <ul style="list-style-type: none"> • \$69,000 if married filing jointly or qualifying widow(er), • \$34,500 if single or married filing separately, or • \$46,250 if head of household. 	43	
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	44	
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	
46	Enter the smaller of line 36 or line 37	46	
47	Enter the smaller of line 45 or line 46	47	
48	Subtract line 47 from line 46	48	
49	Multiply line 48 by 15% (.15)		49
If line 38 is zero or blank, skip lines 50 and 51 and go to line 52. Otherwise, go to line 50.			
50	Subtract line 46 from line 40	50	
51	Multiply line 50 by 25% (.25)		51
52	Add lines 42, 49, and 51		52
53	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result		53
54	Enter the smaller of line 52 or line 53 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31		54

**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.**

▶ **See separate instructions.**

OMB No. 1545-1971

2011

Attachment
Sequence No. **44**

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

A Did you pay **any one** household employee cash wages of \$1,700 or more in 2011? (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 2011 for any household employee?

- Yes.** Skip line C and go to line 5.
 No. Go to line C.

C Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2010 or 2011 to **all** household employees? (Do not count cash wages paid in 2010 or 2011 to your spouse, your child under age 21, or your parent.)

- No.** **Stop.** Do not file this schedule.
 Yes. Skip lines 1-7 and go to line 8. (Calendar year taxpayers having no household employees in 2011 do not have to complete this form for 2011.)

Part I Social Security, Medicare, and Federal Income Taxes

1 Total cash wages subject to social security taxes	1	7,200.		
2 Social security taxes. Multiply line 1 by 10.4% (.104)	2			749.
3 Total cash wages subject to Medicare taxes	3	7,200.		
4 Medicare taxes. Multiply line 3 by 2.9% (.029)	4			209.
5 Federal income tax withheld, if any	5			
6 Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5	6			958.

7 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2010 or 2011 to **all** household employees? (Do not count cash wages paid in 2010 or 2011 to your spouse, your child under age 21, or your parent.)

- No.** **Stop.** Include the amount from line 6 above on Form 1040, line 59a. If you are not required to file Form 1040, see the line 7 instructions.
 Yes. Go to line 8.

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

Schedule H (Form 1040) 2011

Part II Federal Unemployment (FUTA) Tax

	Yes	No
8 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see instructions and check "No.")	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Did you pay all state unemployment contributions for 2011 by April 17, 2012? Fiscal year filers see instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Section A

11 Name of the state where you paid unemployment contributions	DE	
12 Contributions paid to your state unemployment fund	12	22.
13 Total cash wages subject to FUTA tax	13	7,000.
14 FUTA tax. Multiply the portion of the wages on line 13 paid before July 1 by .008. Multiply the portion of the wages on line 13 paid after June 30 by .006. Enter the sum of those two amounts on line 14, skip Section B, and go to line 23	14	50. SEE STATEMENT 9

Section B

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

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

16 Totals	16	
17 Add columns (g) and (h) of line 16	17	
18 Total cash wages subject to FUTA tax (see the line 13 instructions)	18	
19 Multiply the portion of the wages on line 18 paid before July 1 by 6.2% (.062). Multiply the portion of the wages on line 18 paid after June 30 by 6.0% (.060). Enter the sum of those amounts on line 19	19	
20 Multiply line 18 by 5.4% (.054)	20	
21 Enter the smaller of line 17 or line 20 (Employers in a credit reduction state must use the worksheet and check here)	21	<input type="checkbox"/>
22 FUTA tax. Subtract line 21 from line 19. Enter the result here and go to line 23	22	

Part III Total Household Employment Taxes

23 Enter the amount from line 6. If you checked the "Yes" box on line C of page 1, enter -0-	23	958.
24 Add line 14 (or line 22) and line 23	24	1,008.

25 Are you required to file Form 1040?
 Yes. Stop. Include the amount from line 24 above on Form 1040, line 59a. Do not complete Part IV below.
 No. You may have to complete Part IV. See instructions for details.

Part IV Address and Signature - Complete this part only if required. See the line 25 instructions.

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

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

Employer's signature _____ Date _____

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

FORM 1040

PENSIONS AND ANNUITIES

STATEMENT 1

OFFICE OF PENSIONS

AMOUNT RECEIVED THIS YEAR	31,995.	
NONTAXABLE AMOUNT	169.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		<hr/>
		31,826.
		<hr/>
TOTAL INCLUDED IN FORM 1040, LINE 16B		31,826.
		<hr/> <hr/>

FORM 1040	WAGES RECEIVED AND TAXES WITHHELD				STATEMENT	3
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T UNITED STATES SENATE	225,521.	65,069.	12,675.		4,486.	3,270.
S NORTHERN VIRGINIA COMMUNITY COLLEGE	82,022.	12,741.	4,181.		3,465.	1,196.
TOTALS	307,543.	77,810.	16,856.		7,951.	4,466.

FORM 1040	FEDERAL INCOME TAX WITHHELD	STATEMENT	4
T S DESCRIPTION	AMOUNT		
T UNITED STATES SENATE	65,069.		
S NORTHERN VIRGINIA COMMUNITY COLLEGE	12,741.		
S OFFICE OF PENSIONS	2,739.		
T WITHHOLDING FROM FORM 1099-SSA	7,114.		
TOTAL TO FORM 1040, LINE 62	87,663.		

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT	5
DESCRIPTION	AMOUNT		
OFFICE OF PENSIONS	553.		
UNITED STATES SENATE	12,675.		
NORTHERN VIRGINIA COMMUNITY COLLEGE	4,181.		
DELAWARE PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS - SPOUSE	690.		
VIRGINIA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS - SPOUSE	481.		
TOTAL TO SCHEDULE A, LINE 5	18,580.		

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT	6
DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	
CHESAPEAKE CLIMATE ACTION NETWORK	50.		
BBHI	360.		
ANNUAL CATHOLIC APPEAL FOR THE DIOCESE OF WILMINGTON, DE	1,000.		
ST. JOSEPH'S ON THE BRANDYWINE	100.		
NORTHERN VIRGINIA COMMUNITY COLLEGE ALUMNI SCHOLARSHIP FUND	1,080.		
WORLD FOOD PROGRAM USA	1,000.		
WESTMINSTER PRESBYTERIAN CHURCH	500.		
YWCA OF DELAWARE	500.		
DELAWARE BOOTS ON THE GROUND	200.		
PHILADELPHIA CHAPTER ALS ASSOCIATION	200.		
WOUNDED WARRIOR PROJECT	50.		
PFLAG	50.		
ST. LOUIS UNIVERSITY HIGH SCHOOL	100.		
WORLD FOOD PROGRAMME	350.		
SUBTOTALS	5,540.		
TOTAL TO SCHEDULE A, LINE 16		5,540.	

FORM 6251	PASSIVE ACTIVITIES	STATEMENT	7	
NAME OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
COTTAGE - WILMINGTON, DE	SCH E	12,653.	12,653.	
TOTAL TO FORM 6251, LINE 19				

SCHEDULE H		FUTA TAX LINE 14		STATEMENT 9
TIME PERIOD	LINE 13 WAGES	PERCENTAGE	SUM	
BEFORE 7/1/2011	4,050.	X .008	32.	
AFTER 6/30/2011	2,950.	X .006	18.	
SCHEDULE H, LINE 14		TOTAL	50.	

2011 R

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

or Fiscal year beginning and ending

Your Social Security No. Spouse's Social Security No.

Your Last Name, First Name and Middle Initial Jr., Sr., Ill., etc.

BIDEN JOSEPH R JR

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

BIDEN JILL T

Present Home Address (Number and Street) Apt. #

City, State, ZIP Code

WILMINGTON, DE

FILING STATUS (MUST CHECK ONE)

- 1. Single, Divorced, Widower
2. Joint
3. Married & Filing Separate Forms
4. Married & Filing Combined Separate on this form
5. Head of Household

Form DE2210 Attached

If you were a part-year resident in 2011, give the dates you resided in Delaware. From 2011 To 2011

Column A is for Spouse information, Filing Status 4 only. All other filing statuses use Column B.

Table with columns for Line Number, Description, Column A, and Column B. Includes rows for Delaware Adjusted Gross Income, Deductions, Taxable Income, Total Tax, Personal Credits, and Balance Due.

ATTACH LABEL HERE

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 instructions.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

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

SECTION A - ADDITIONS (+)

29. Enter Federal AGI amount from Federal 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4	29	122,886.	256,149.
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	122,886.	256,149.

SECTION B - SUBTRACTIONS (-)

34. Interest received on U.S. Obligations	34		
35. Pension/Retirement Exclusions (For a definition of eligible income, see instructions)	35	12,500.	6,442.
36. Delaware State tax refund, fiduciary adjustment, work opportunity tax credit, Travelink Program, Delaware NOL Carry forward. - please see instructions	36		
37. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr.)	*37		24,186.
38. SUBTOTAL. Add Lines 34, 35, 36 and 37 and enter here * STMT 2	38	12,500.	30,628.
39. Subtotal. Subtract Line 38 from Line 33	39	110,386.	225,521.
40. Exclusion for certain persons 60 and over or disabled (See instructions)	40		
41. TOTAL - Add Lines 38 and 40	41	12,500.	30,628.
42. DELAWARE ADJUSTED GROSS INCOME. Subtract Line 41 from Line 33. Enter here and on Page 1, Line 1	42	110,386.	225,521.

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

43. Enter total Itemized Deductions from Schedule A, Federal Form 1040, Line 29 STMT 3	43	26,928.	33,700.
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	26,928.	33,700.
47a. Enter State Income Tax included in Line 43 above (See instructions) STATEMENT 4	47a	4,857.	12,675.
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 instructions)	48	22,071.	21,025.

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.

DATE OF DEATH	
Column A	Column B
SPOUSE	TAXPAYER
/ /	/ /
Month Day Year	Month Day Year

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

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

Your Signature <i>[Signature]</i>	Date 4-10-12	Signature of Paid Preparer WALTER H DEYHLE, CPA <i>[Signature]</i>	Date 4/10/12
Spouse's Signature (if filing joint or combined return) <i>[Signature]</i>	Date 4-11-12	Address-ZIP Code GELMAN, ROSENBERG & FREEDMAN BETHESDA, MD 20814-2930	
Home Phone	Business Phone	Business Phone	EIN, SSN OR PTIN
E-Mail Address		E-Mail Address	

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

NET REFUND DUE (LINE 28):
 DELAWARE DIVISION OF REVENUE
 P.O. BOX 8765
 WILMINGTON, DE 19899-8765

ZERO (LINE 28):
 DELAWARE DIVISION OF REVENUE
 P.O. BOX 8711
 WILMINGTON, DE 19899-8711

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

2011 DELAWARE RESIDENT SCHEDULES

Name(s): 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.

Filing Status 4 ONLY Spouse Information COLUMN A	All other filings 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.

1. Tax imposed by State of <u>VA</u> (enter 2 character state name)	1	3,614.	
2. Tax imposed by State of <u>VA</u> (enter 2 character state name)	2		
3. Tax imposed by State of _____ (enter 2 character state name)	3		
4. Tax imposed by State of _____ (enter 2 character state name)	4		
5. Tax imposed by State of _____ (enter 2 character state name)	5		
6. Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return	6	3,614.	

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	CHILD 1	CHILD 2	CHILD 3
7. Child's Name (First and Last Name)			
8. Child's SSN			
9. Child's Year of Birth			
10. Was the child under age 24 at the end of 2011, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Was the child permanently and totally disabled during any part of 2011? ...	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B)			
13. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 38a; Form 1040 EZ, Line 8a			
14. Delaware EITC Percentage (20%)20
15. Multiply Line 13 by Line 14			
16. Enter the Smaller of Line 12 or Line 15 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14			

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.

17. A. Non-Game Wildlife		F. Diabetes Educ.		K. Ovarian Cancer Fund	
B. U.S. Olympics		G. Veteran's Home		L. 21st Fund for Children	
C. Emergency Housing		H. DE National Guard		M. White Clay Creek	
D. Breast Cancer Educ.		I. Juv. Diabetes Fund			
E. Organ Donations		J. MULT. Sclerosis Soc.			

Enter the total Contribution amount here and on EZ Return, Line 19 or Resident Return, Line 24

This page MUST be sent in with your Delaware return if any of the sc completed.

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)	110,386.
VIRGINIA ADJUSTED GROSS INCOME	82,022.
DELAWARE TAX (FORM 200-01 OR 200-02, PAGE 1)	4,911.
TAX IMPOSED BY STATE OF VIRGINIA	3,614.
"PERCENTAGE FACTOR" = OTHER STATE'S AGI DIVIDED BY DELAWARE AGI	
= 82,022. / 110,386.	.743047
"PRO-RATA TAX" = DELAWARE TAX TIMES PERCENTAGE FACTOR	
= 4,911. X .743047	3,649.
AMOUNT OF CREDIT = LESSER OF: (A) DELAWARE TAX	
(B) TAX IMPOSED BY OTHER STATE	
(C) PRO-RATA TAX	
AMOUNT OF CREDIT, STATE OF VIRGINIA	<u>3,614.</u>
TOTAL TO FORM 200-01, PAGE 1, LINE 10	<u><u>3,614.</u></u>

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

DESCRIPTION	SPOUSE	TAXPAYER OR JOINT
SOCIAL SECURITY BENEFITS	0.	24,186.
TOTAL TO FORM DE 200-01, PAGE 2, LINE 36	<u>0.</u>	<u>24,186.</u>

	SPOUSE	TAXPAYER	TOTAL
1A. MEDICAL EXPENSES, SCHEDULE A, LINE 4.			
B. TOTAL TAXES, SCHEDULE A, LINE 9 . . .	11,323.	18,094.	29,417.
C. INTEREST PAID, SCHEDULE A, LINE 15 .	12,835.	12,836.	25,671.
D. CONTRIBUTIONS, SCHEDULE A, LINE 19 .	2,770.	2,770.	5,540.
E. CASUALTY & THEFT, SCHEDULE A, LN 20 .			
F. MISCELLANEOUS, SCHEDULE A, LINE 27 .			
G. OTHER MISC., SCHEDULE A, LINE 28 . .			
TOTAL ITEMIZED DEDUCTIONS	26,928.	33,700.	60,628.
TOTAL TO FORM 200-01, PAGE 2, LINE 42	26,928.	33,700.	

DE 200-01 OTHER STATE TAXES SUBTRACTED FROM ITEMIZED DEDUCTIONS STATEMENT 4

VIRGINIA	SPOUSE	TAXPAYER
TAXES INCLUDED ON SCHEDULE A	0.	0.
TAX LIABILITY		0.
LESSER OF SCH A TAXES OR TAX LIABILITY	0.	0.
VIRGINIA	SPOUSE	TAXPAYER
TAXES INCLUDED ON SCHEDULE A	4,662.	0.
TAX LIABILITY	3,614.	
LESSER OF SCH A TAXES OR TAX LIABILITY	3,614.	0.
TOTAL OTHER STATE TAXES INCLUDED ON LINE 46A	3,614.	0.

2011 Staple Here
Virginia Nonresident Income Tax Return
 Due May 1, 2012

Attach a complete copy of your federal tax return and all other required Virginia attachments.

First Name JILL	MI T	Last Name BIDEN	Suffix	Your Social Security Number	<input type="checkbox"/> Check if deceased
Spouse's First Name (Filing Status 2 Only)	MI	Last Name	Suffix	Spouse's Social Security Number	<input type="checkbox"/> Check if deceased
Present Home Address (Number and Street or Rural Route)				State of Residence DELAWARE	
City, Town or Post Office WILMINGTON				State DE	ZIP Code
Important - Name of Virginia City or County in which principal place of business, employment or income source is located <input type="checkbox"/> City OR <input type="checkbox"/> County				Locality Code from Instructions	
Your Home Phone Number		Your Business Phone Number		Spouse's Business Phone Number	
Preparer's PTIN	Filing Election	Code	<input checked="" type="checkbox"/> I (we) authorize the Department of Taxation to discuss my (our) return with my (our) preparer.		
Check Applicable Boxes:	<input type="checkbox"/> Amended Return		<input type="checkbox"/> Name(s) And Address Different Than Shown on 2010 VA Return		<input type="checkbox"/> Overseas on Due Date
	<input type="checkbox"/> Check if Result of NOL				
<input type="checkbox"/> Dependent on Another's Return		<input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman		EIC Claimed on federal return \$ _____ .00	

EXEMPTIONS (Enter Number below)

Filing Status (Check Only One)

- (1) Single - Did you claim federal head of household? YES
- (2) Married, Filing Joint Return - BOTH must have Virginia source income
- (3) Married, Spouse Has No Income From Any Source - Enter Spouse's SSN above
- (4) Married, Filing Separate Returns - Enter Spouse's full name **JOSEPH R BIDEN JR.**

You		Dependents		Total Section 1		65 or over Blind		Total Section 2	
1	+		=	x \$930 =			+	=	x \$800 =
2	+		=	x \$930 =			+	=	x \$800 =
2	+		=	x \$930 =			+	=	x \$800 =
1	+		=	x \$930 =	930		+	=	x \$800 =

Add the Total of Section 1 plus the Total of Section 2. Enter the sum on Line 13

1	Adjusted Gross Income.....	1	122,886	00
2	Additions from Schedule 763 ADJ, Line 3.....	2		00
3	Add Lines 1 and 2.	3	122,886	00
4	Age Deduction - (See instructions and the Age Deduction Worksheet). Enter your birth date. For filing status 2, 3 and 4, birth dates for Yourself and Spouse are required. You cannot claim the Age Deduction if you also take the Disability Subtraction on Schedule 763 ADJ, Line 5.	4a	Yourself (mm/dd/yyyy)	00
		4b	Spouse (mm/dd/yyyy)	00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return.	5		00
6	State income tax refund or overpayment credit reported as income on your federal return.	6		00
7	Subtractions from Schedule 763 ADJ, Line 7.	7		00
8	Add Lines 4a, 4b, 5, 6 and 7.	8		00
9	Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3.	9	122,886	00
10	Deductions: Enter total Federal Itemized Deductions from Federal Schedule A.	10	26,928	00
11	State and Local income taxes claimed from Federal Schedule A, if claiming Itemized Deductions.	11	5,905	00
12	If claiming Itemized Deductions subtract Line 11 from Line 10 or enter Standard Deduction amount.	12	21,023	00
13	Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above.	13	930	00
14	Deductions from Schedule 763 ADJ, Line 9.	14		00
15	Add Lines 12, 13, and 14.	15	21,953	00

For Local Use Va. Dept. of Taxation 2601044 REV. 01/11

Coding

Staple Forms W-2, W-2G, 1099-R and VK-1 here. Staple check or money order here.

2011 Virginia Schedule INC/CG

Report all W2s, 1099s, and VK-1s with Virginia Withholding

JILL T BIDEN

Your/ Spouse SSN	Withholding Type	Virginia Withholding	Employer FEIN	Virginia Account Number	Virginia Wages, tips, other comp.
	W	4181.			82022.

Virginia Approved Form

YOU Total Virginia Withholding: SSN VA Withholding 4181.

TOTAL NUMBER OF W2S, 1099S AND VK-1S 01