- 1010	Depa	rtment of the Treasury - Internal Revenue	Service	1	- 1			1					
E 1040		6. Individual Income Tax	Return	2023	3	ом	1B No. 1545-0074		2				
								IRS Us		o not write	or staple i	n this	space.
For the year Jan. 1 - Dec. 31, 2023, or other tax year beginning , ending								See separate instructions.					
Your first name		middle initial	Last name						Y	our socia	l securit	y nur	nber
JOSEPH R			BIDEN										
	pous	e's first name and middle initial		Ð					Sp	ouse's s	ocial sec	urity	number
JILL T.			BIDEN	·						_	_		
Home address	(num	ber and street). If you have a P	.O. box, see ins	tructions.				Apt. no.		esidentia			
													ant \$3 to
City, town, or p	ost c	office. If you have a foreign addr	ess, also comp	ete spaces below	۷.		State ZIP c	ode	go	to this f	und. Che	cking	g a box
										fund. r	not chan	je yo	our tax or
Foreign country	y nam	าย	For	eign province/sta	te/cou	nty	Foreign pos	stal code		F	X You	X	Spouse
													-
Filing Status	Si	ngle	·		Head	dof	nousehold (H	OH)					
Check only	77	arried filing jointly (even if only o	one had income	.)	4		()	,					
one box.		arried filing separately (MFS)		΄ Γ	Qual	ifvind	g surviving s	ouse (Os	3.5)				
		checked the MFS box, enter the na	me of your shous	e If you checked th	-					the quali	iving per	son i	9
		d but not your dependent		. In you oncourd a	10 11011	UT G	00 507, 01101		namon	no quun	ying por	5011	5
	·····	/ time during 2023, did you: (a)	receive (as a rev	ward award or p	avmen	t for	nroperty or	envices).	or (b) s				
		nge, or otherwise dispose of a						-		с", Г	Yes	x	No
		ne can claim; You as a der	<u> </u>	our spouse as a (10113.)		162	<u> </u>	NO
		·	P4		•	lent							
Deduction		pouse itemizes on a separate re	aum or you wer	e a dual-status al	len								
A = = (DI's do s a s					ν.			0 105					
Age/Blindness Dependents (se		Were born before January 2, 1	959 Are bli				rn before Janu			ls blind			
lf more		•		(2) Social security	number		(3) Relationshi	p to you		(4) Check the box if qualifies for (see instr.):			
than four (1) Fir	rst nai	me Last ni	ame						Child	tax credit		or other	r dependents
depend-										<u> </u>			
ents, see instr. and									<u> </u>	<u></u>			
check										┿		\square	
here				1					L	\square			
Income	1a	Total amount from Form(s) W-2	2, box 1 (see ins	structions)			ST	MT 1	1a		48	<u>5,</u> 9	985.
Attach Form(s)		Household employee wages n											
W-2 here. Also	С	Tip income not reported on lin	e 1a (see instru	ctions)					1c				
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)					1d						
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26					1e						
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29					1f						
If you did not	g	Wages from Form 8919, line 6							1g				
get a Form W-2, see		Other earned income (see inst											
instructions.	i	Nontaxable combat pay election	on (see instructi	ons)		1i							
[]		Add lines 1a through 1h							1z		48	5,9	985.
Attach	2a	Tax-exempt interest	2a		b Ta	xable	e interest		2b		3	9,4	455.
Sch. B if	3a	Qualified dividends	3a		b Or	dinar	a, dividanda						
required.		IRA distributions	4a		b Ta	xable						1	865.
		Pensions and annuities	5a	35,109.	b Ta	xable					3,	$\frac{1}{4}$	940.
Standard Deduction for -		Social security benefits	6a	64,254.	1				6b				616.
 Single or Married 		If you elect to use the lump-su					17 N		1				
filing separately,	7	Capital gain or (loss). Attach S							7	8			
\$13,850 Married filing	8	Additional income from Sched							•	-		4.	115.
jointly or	9	Add lines 17 2h 3h 4h 5h 6	b 7 and 8 This	is your total inc			•••••	•••••	9	+			976.
Qualifying surviving spouse,	10		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									<i>,</i> ,-	//0•
\$27,700											61	<u> </u>	976.
 Head of household, 	11	Subtract line 10 from line 9. The	• •	-	A)				10	+			002.
\$20,800	12	Standard deduction or itemiz		•	,					+	<u> </u>	<u>, (</u>	104.
 If you checked any box under 	13	Qualified business income dec								+		1 4	100
Standard Deduction,	14	Add lines 12 and 13						·····	14	<u> </u>			002.
see instructions.	15	Subtract line 14 from line 11. If	f zero or less, er	nter -0 This is yo	ur tax	able	income		. 15		56	<u>ځ, ۲</u>	974.
······													

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

Form **1040** (2023)

Form 1040 (2023)	JOSEPH R. BIDEN JR & JILL T. BIDEN		, Page 2
Tax and	16 Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	142,930.
Credits	17 Amount from Schedule 2, line 3	17	
	18 Add lines 16 and 17	18	142,930.
	19 Child tax credit or credit for other dependents from Schedule 8812	19	112/0001
	20 Amount from Schedule 3, line 8	20	
	21 Add lines 19 and 20	21	
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22	142,930.
		23	3,699.
	23 Other taxes, Including self-employment tax, from Schedule 2, line 21 24 Add lines 22 and 23. This is your total tax	24	146,629.
Payments	 25 Federal income tax withheld from; 	24 (%)//	140,0204
	a Form(s) W-2 <u>SEE STATEMENT 5</u> 25a 87,638.	が正式で	
	b Form(s) 1099 SEE STATEMENT 7 25b 11,142		
		1.1.1	
			100,580.
· · ·		<u>25d</u>	46,000.
lf you have a qualifying child,	26 2023 estimated tax payments and amount applied from 2022 return <u>STATEMENT</u> 6	26 38:004	40,000.
attach Sch. ElC.	27 Earned Income credit (EIC) 27 28 Additional child tax credit from Schedule 8812 28		
		-	
-	29 American opportunity credit from Form 8863, line 8 29		
	30 Reserved for future use 30		
	31 Amount from Schedule 3, Ilne 15 31	-	
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits		110 500
Refund	33 Add lines 25d, 26, and 32. These are your total payments	33	146,580.
neiuliu	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	and the second
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	
Direct deposit? See instructions,	b Routing number c Type; Checking Savings		
Amount	36 Amount of line 34 you want applied to your 2024 estimated tax 36	<u> 1997-99</u>	
You Owe	37 Subtract line 33 from line 24. This is the amount you owe.		224
iou owe	For details on how to pay, go to www.irs.gov/Payments or see Instructions	37	334.
Third Party	38 Estimated tax penalty (see instructions) 38 285.	128.25	1人的现在分析是4个法律规律的。21
Designee	Do you want to allow another person to discuss this return with the IRS? See		Π
Designee	instructions X Yes. Complete be		No
	Designee's Phone Personal ide name JANE BROOKS HORN	ntifloation	
	Under penalties of per&ry, I deplace that I have examined this return and accompanying schedules and statements, and to the best of my	knowleda	a and ballef, they are true.
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is besed on all information of which preparer has any knowledge. Your eignature I Date I Your occupation		If the IRS sent you an identity
Here			Protection PIN, enter it here
	ment & Sudant 4.11.24 PRESIDENT		(see Inst.)
	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation		If the IRS sent your spouse
Joint return? See Instructions,			an identity Protection PIN,
Keep a copy for your records,	ty T July 4-11-24 PDISCATION		enter it here (see inst.)
JUD , 1000, 43,	ALL (J EDUCATOR		
Dald	Phone no Email address eperer's name Preparer's signature Date PTIN		
Paid P Preparer			Check if: ·
	ANE BROOKS HORN for Jon Jan Jan Jan 104/08/24 P		П
	ANE BROOKS HORN for June Non 04/08/24 P	1.01	Self-employed
Firm's	M IID	Phone	3 NO,
Firm's MARCU	M LLP		
ل Firm's T			
address.			
Go to www.lrs.c	ov/Form1040 for instructions and the latest information.		

,g V/ł prm Inte prmation.

314141 12-14-23

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SCHEDULE 1 (Form 1040)

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Additional Income

JOSEPH R. BIDEN JR & JILL T. BIDEN

Department of the Treasury Internal Revenue Service

Part I

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

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

Your social security number

Taxable refunds, credits, or offsets of state and local income taxes 1 1 2a Alimony received 2a Date of original divorce or separation agreement (see instructions) b Business income or (loss). Attach Schedule C 3 3 4 Other gains or (losses). Attach Form 4797 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 Farm income or (loss). Attach Schedule F 6 6 Unemployment compensation 7 7 8 Other income: Net operating loss а 8a b Gambling 8b Cancellation of debt С 8c Foreign earned income exclusion from Form 2555 d 8d Income from Form 8853 е 8e Income from Form 8889 f 8f Alaska Permanent Fund dividends 8g α Jury duty pay h 8h i Prizes and awards 8i Activity not engaged in for profit income i 8j k Stock options 8k I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property _____ 81 Olympic and Paralympic medals and USOC prize money (see m instructions) 8m Section 951(a) inclusion (see instructions) 8n n Section 951A(a) inclusion (see instructions) 80 o Section 461(I) excess business loss adjustment p 8p Taxable distributions from an ABLE account (see instructions) 8q α Scholarship and fellowship grants not reported on Form W-2 8r Nontaxable amount of Medicaid waiver payments included on Form s 1040, line 1a or 1d 8s t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t Wages earned while incarcerated 8u u

8z Total other income. Add lines 8a through 8z 9 9 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 10 1040, 1040-SR, or 1040-NR, line 8 10

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

Other income. List type and amount:

Schedule 1 (Form 1040) 2023



4,115

4,115.

	le 1 (Form 1040) 2023			Page 2
Part	II Adjustments to Income	2-10-10-10-10-10-10-10-10-10-10-10-10-10-		
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	0		
	Form 2106		12	
13	Health savings account deduction. Attach Form 8889			
14	Moving expenses for members of the Armed Forces. Attach Form 3903			
15	Deductible part of self-employment tax. Attach Schedule SE			
16	Self-employed SEP, SIMPLE, and qualified plans			
17	Self-employed health insurance deduction			
18	Penalty on early withdrawal of savings			
19a	Alimony paid		<u>19a</u>	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction			
21	Student loan interest deduction			
22	Reserved for future use			
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from			
	the rental of personal property engaged in for profit	24b		
с	Nontaxable amount of the value of Olympic and Paralympic			
	medals and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the			
	Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain			
	unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an			
	award from the IRS for information you provided that helped the			
	IRS detect tax law violations	24i		
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1			
	(Form 1041)			
z	Other adjustments. List type and amount:			
		24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income.			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	

Schedule 1 (Form 1040) 2023

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.

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

Your social security number

OMB No. 1545-0074

3

02

JOSEPH R. BIDEN JR & JILL T. BIDEN Part I Tax

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0.
Part	II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income.		
	Attach Form 41375		
6	Uncollected social security and Medicare tax on wages. Attach		
	Form 8919 6		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required		
	If not required, check here	8	
9 .	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	2,209.
12	Net investment income tax. Attach Form 8960	12	1,490.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life		
	insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots		
	and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price		
	over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

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

(continued on page 2) Schedule 2 (Form 1040) 2023

Attachment Sequence No.

SCHEDULE 2 (Form 1040)

Department of the Treasury

Internal Revenue Service

	ule 2 (Form 1040) 2023	an a		Page 2
Parl	loonandod/			
17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount			
		<u>17a</u>		•
b	Recapture of federal mortgage subsidy, if you sold your home			
	see instructions	<u>17b</u>		
С	Additional tax on HSA distributions. Attach Form 8889	<u>17c</u>		
d	Additional tax on an HSA because you didn't remain an eligible			
	individual. Attach Form 8889	17d		
_, e	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach			
	Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a			
	fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation			
	plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred			
	compensation plan described in section 457A	<u>17</u> i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated			
	corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form			
	8697 or 8866	17n		
o	Tax on non-effectively connected income for any part of the			
	year you were a nonresident alien from Form 1040-NR	170		
p	Any interest from Form 8621, line 16f, relating to distributions			
	from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Reserved for future use			
20	Section 965 net tax liability installment from Form 965-A			
21	Add lines 4, 7 through 16, and 18. These are your total other taxes. Enter			
	and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			3,699.

Schedule 2 (Form 1040) 2023

SCHEDULE A			Itemized Deductions				1B No. 1545-0074
(Form 1040)	asurv		Attach to Form 1040 or 1040-SR. Go to www.irs.gov/ScheduleA for instructions and the latest infor	2023			
Internal Revenue Serv Name(s) shown on	ice ´	1040	Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instruct	ions for li			Sequence No. 07
Name(s) shown on	Form	1 1040	07 1040-SR		YO	ur socia	al security number
JOSEPH R	. I	BIDI	EN JR & JILL T. BIDEN				
Medical			tion: Do not include expenses reimbursed or paid by others.			·	
and	1		ical and dental expenses (see instructions)	1			
Dental	2	Ente	r amount from Form 1040 or 1040-SR, line 11				
Expenses	3		iply line 2 by 7.5% (0.075)	3			
	4		tract line 3 from line 1. If line 3 is more than line 1, enter -0			4	0.
Taxes You	5	Stat	e and local taxes.				
Paid	á	a Stat	e and local income taxes or general sales taxes. You may				
		inclu	de either income taxes or general sales taxes on line 5a,				
		but i	not both. If you elect to include general sales taxes instead				
			come taxes, check this box SEE STATEMENT 9	5a	29,4		
	k	s Stat	e and local real estate taxes (see instructions) SEE STATEMENT 12	5b	23,1	58.	
			e and local personal property taxes	5c			
	C	d Add	lines 5a through 5c	5d	52,5	79.	
	e		r the smaller of line 5d or \$10,000 (\$5,000 if married filing				
			rately)	5e	10,0	00.	
	6	Othe	er taxes. List type and amount:				
				6		<u>,</u>	
	7		lines 5e and 6			7	10,000.
Interest You Paid	8	mort	e mortgage interest and points. If you didn't use all of your home gage loan(s) to buy, build, or improve your home, see				
Caution: Your mortgage interest			uctions and check this box				
deduction may be	a		e mortgage interest and points reported to you on Form 1098. See		20,5	25	
limited. See instructions.	L		uctions if limited SEE STATEMENT 11	8a	20,5	25.	
	Ľ		e mortgage interest not reported to you on Form 1098. See uctions if limited. If paid to the person from whom you bought the				
			e, see instructions and show that person's name, identifying no., and				
		addr					
		auui	ess				
				8b			
	c	Poin	ts not reported to you on Form 1098. See instructions for				
	-		ial rules	8c			
	с		rved for future use	8d			
			lines 8a through 8c	8e	20,5	25.	
	9	Inve	stment interest. Attach Form 4952 if required. See				
		instr	uctions	9			
ferrore and the light of the second second	10	Add	lines 8e and 9	<u></u>		10	20,525.
Gifts to	11	Gifts	by cash or check. If you made any gift of \$250 or more,			ſ	
Charity		see i	nstructions	11	20,4	77.	STMT 10
Caution: If you	12		r than by cash or check. If you made any gift of \$250 or more,				
made a gift and got a benefit for it,			nstructions. You must attach Form 8283 if over \$500	12			
see instructions.	13		vover from prior year	13			
	14		lines 11 through 13			14	20,477.
Casualty and	15		alty and theft loss(es) from a federally declared disaster (other than net qualified				
Theft Losses			ster losses). Attach Form 4684 and enter the amount from line 18 of that form. S	эе			
			uctions			15	
Other Itemized	16	Othe	r - from list in instructions. List type and amount:	· · · · · · · · · · · · · · · · · · ·			
Deductions							
Total	47	ΔΙ!				16	····
Itemized	17		the amounts in the far right column for lines 4 through 16. Also, enter this amounts in 1040 SR, line 12				51 000
Deductions	10		1 1040 or 1040-SR, line 12			17	51,002.
20000000	18	-	a elect to itemize deductions even though they are less than your standard		Г	7	
		ueul	ction, check this box		L	1 1000000000000000000000000000000000000	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1040. 319501 11-03-23

Schedule A (Form 1040) 2023

SCHEDULE B (Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

Attach to Form 1040 or 1040-SR.

Department of the Treas Internal Revenue Service		instructions and the latest information.	Attachment Sequence No. 08
Name(s) shown on retur			Your social security number
JOSEPH R.	BIDEN JR & JILL T. BIDEN		
Part I	1 List name of payer. If any interest is from a seller-fi	nanced mortgage and the buyer used the	Amount
Interest	property as a personal residence, see the instructi		
interest	buyer's social security number and address:		
	WSFS BANK		38,329
	TD BANK		46
	PNC BANK		16
	MASSACHUSETTS MUTUAL LIFE		19
	MANUFACTURERS AND TRADERS		18
	MASSACHUSETTS MUTUAL LIFE		1 56
			161
Note: If you		INSURANCE CO	98
received a Form		TRUST CO	4
1099-INT, Form 1099-OID,	MANUFACTURERS AND TRADERS		618
or substitute	MANUFACTURERS AND TRADERS	TRUST CO	. 90
statement from a brokerage firm,		·	
ist the firm's	·		
name as the payer and enter			
the total interest			
shown on that form.	2 Add the amounts on line 1		2 39,455
ionn.	B Excludable interest on series EE and I U.S. savings	bonds issued after 1989.	
	Attach Form 8815		3
	Subtract line 3 from line 2. Enter the result here an	d on Form 1040 or 1040-SR, line 2b	4 39,455
	ote: If line 4 is over \$1,500, you must complete Part I	11.	Amount
Part II	5 List name of payer:		
Ordinary	·	۰	
Dividends			
	•		
Note: If you			5
received a Form 1099-DIV or			
substitute			
statement from a brokerage firm,			
ist the firm's			
name as the bayer and enter			
he ordinary			
dividends shown on that form.			

	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6							
	Note: If line 6 is over \$1,500, you must complete Part III.									
Part III	You	must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a								
Foreign	fore	ign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		Yes	No					
Accounts	7a	At any time during 2023, did you have a financial interest in or signature authority over a financial acc	ount (such							
and Trusts		as a bank account, securities account, or brokerage account) located in a foreign country? See instru	ctions		X					
Caution: If required, failure to file		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (Fl	BAR),							
FinCEN Form 114 may		to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for fi	ling							
result in substantial penalties. Additionally,		requirements and exceptions to those requirements								
you may be required	b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the finar	ncial							
to file Form 8938, Statement of Specified		account(s) is (are) located								
Foreign Financial Assets. See instr.	8	During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign	trust?							
327501 11-03-23		If "Yes," you may have to file Form 3520. See instructions			X					
LHA For Paper	worł	Reduction Act Notice, see your tax return instructions.	nedule B (F	orm 1040	2023					

	dule E (Form 1040) 2023						Attachment Seque	ence No	13	Page 2
Name	ə(s) shown on return. Do not enter name and social securi	y number if shown	on page 1.					You	ur social seci	urity number
JO	SEPH R. BIDEN JR & JI	LL T. B	IDEN							
	ition: The IRS compares amounts reported			mounts sho	wn on Sc	hed	lule(s) K-1.			
_	art II Income or Loss From Par									
	Note: If you report a loss, receive									
	stock, or receive a loan repaymer computation. If you report a loss	from an at-risk	activity for	which any	amount is	DOX 8 no	of at risk, you must chec	and a k the l	ttach the re box in colur	quired basis nn (f) on
	line 28 and attach Form 6198. S									
27	Are you reporting any loss not allowed in									
	passive activity (if that loss was not repo see instructions before completing this s				•	nip e	expenses? If you answer	əd "Ye	<u> </u>	v .
÷.	see instructions before completing this s	ection		(b) Enter P for	(C) Check	<u></u>	(d) Employer	<u></u>	Yes e) Check if	(f) Check if
28	(a) Name			partnership; S for S corporation	if foreign	ic	dentification number	basi	is computation is required	any amount is not at risk
A	CELTICCAPRI			S	partitionarity	<u> </u>		+	lo roquirod	not de nor
B	GIACOPPA CORP			S		F				
C						F	· · · · · · · · · · · ·			
D								1		
	Passive Income and L	oss				•	Nonpassive Income an	d Los	s	
	(g) Passive loss allowed	(h) Passiv	/e income		oassive loss ved (see		(j) Section 179 expense		<) Nonpassiv	ve income
	(attach Form 8582 if required)	from Sch	edule K-1		dule K-1)		deduction from Form 4562	<u>'</u>	from Sched	dule K-1
Α								_		
В										4,115.
C								<u> </u>		
D		100					·	<u> </u>		
29a	Totals							Geographic	4	4,115.
b	Totals								10080304090 T	4 115
30								30	4, 4	<u>4,115.</u>
31								31	1)
32 Pa	Total partnership and S corporation in rt III Income or Loss From Esta			lines 30 ar	id 31			32	4	4,115.
(compare	X.S. S. X X X X		<u>,</u>						(b) Em	nlover
33			(a) Name						identificatio	
Α				-						
В										
	Passive Incon			·····			Nonpassive In	come	and Loss	
	(c) Passive deduction or loss allow (attach Form 8582 if required)	ed	1 1.7.	issive incon Schedule K		(e) Deduction or loss (f) Other incom from Schedule K-1 Schedule				
			nome				nom Schedule K-1		Schedul	e K-1
<u>A</u>										
<u>B</u>	Tatala									
34a b	Totals									
35	Add columns (d) and (f) of line 34a	·						25		
35 36	Add columns (c) and (e) of line 34a	•••••			•••••			35 36	1)
37	Total estate and trust income or (loss).	Combine line	es 35 and 36	 5			••••••	37	<u> `</u>	/
Pa	rt IV Income or Loss From Rea	Estate Mo	ortgage Ir	nvestmei	nt Cond	uit	s (REMICs) - Resid		Holder	- 12 Vorme - 10 - 10 - 10
		(b) Emp	loyer		ss inclusio dules Q,		(d) Taxable income		(e) Income	e from
38 	(a) Name	identification	n number		nstruction		(net loss) from Schedules Q, line 1b	S	Schedules C	2, line 3b
		,								
								 	<u> </u>	
39 Pa	Combine columns (d) and (e) only. Enter rt V Summary	the result here	and include	e in the tota	l on line 4	1 be	elow	39		
		4005 41		40.1.1	·				T	
40 41	Net farm rental income or (loss) from For							40	 	1,115.
41 12	Total income or (loss). Combine lines 26, 32, Reconciliation of farming and fishing income				1	υI((10111-1040), IIIle 0	41	<u> </u>	≖,⊥⊥J•
42	reported on Form 4835, line 7; Schedule K-1 (• •	-	-						
	(Form 1120-S), box 17, code AN; and Schedule	-				42				
43	Reconciliation for real estate profession					12				
	professional (see instructions), enter the				where					
	on Form 1040, Form 1040-SR, or Form 1			. ,	1					
	in which you materially participated under				1	43				
										and the second se

Schedule E (Form 1040) 2023

8050	Additional Medicare	Ta	X · · ·		OMB No. 1545-0074
-orm 8959		2023			
epartment of the Treasury nternal Revenue Service		Attachment Sequence No. 71			
lame(s) shown on return				Your soc	ial security number
	EN JR & JILL T. BIDEN				
	Medicare Tax on Medicare Wages	11		100000000000	
_	tips from Form W-2, box 5. If you have more than one		405 400		
	otal of the amounts from box 5	1	495,400	<u>'-</u>	
2 Unreported tips from		2			
 3 Wages from Form 89⁻ 4 Add lines 1 through 3 	19, line 6	3	495,400	-	
	nount for your filing status:	4	495,400	-	
-	\$250,000				
	ely\$125,000				
	whold, or Qualifying surviving spouse \$200,000	5	250,000		
	ne 4. If zero or less, enter -0-			and the second se	245,400.
	ax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter her				,
Part II			·	7	2,209.
Part II Additional	Medicare Tax on Self-Employment Income				
8 Self-employment inco	me from Schedule SE (Form 1040), Part I, line 6. If you				
		8			
-	nount for your filing status:				
	\$250,000				
	ely\$125,000				
	hold, or Qualifying surviving spouse	9			
0 Enter the amount from	n line 4	10			
	line 9. If zero or less, enter -0-				
	line 8. If zero or less, enter -0-			12	
	ax on self-employment income. Multiply line 12 by 0.9% (0.009).	Enter h	ere and	10	
go to Part III Part III Additional	Medicare Tax on Railroad Retirement Tax Act (R	RTA)	Compensation	13	
	RTA) compensation and tips from Form(s) W-2, box 14		Compondation		
()		14			
, ,	nount for your filing status:				
•	\$250,000				
	sly \$125,000				
	hold, or Qualifying surviving spouse \$200,000	15			
	line 14. If zero or less, enter -0-	<u> </u>		16	
	ax on railroad retirement (RRTA) compensation. Multiply line 16 l				n
Enter here and go to F	Part IV			17	
Part IV Total Addi	tional Medicare Tax				
	7. Also include this amount on Schedule 2 (Form 1040), line 11 (
filers, see instructions), and go to Part V			18	2,209.
narotonom-oditive sector d	g Reconciliation	<u>г г</u>		9530196355	
	from Form W-2, box 6. If you have more than one Form		0 000		
	the amounts from box 6	19	8,983		
		20	495,400	•	
	5% (0.0145). This is your regular Medicare tax		7 100		
	are wages	21	7,183	•	
	line 19. If zero or less, enter -0 This is your Additional Medicare				1 000
	are wages			22	1,800.
	ax withholding on railroad retirement (RRTA) compensation from		,		
	icare Tax withholding. Add lines 22 and 23. Also include this a			23	
	holding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 10				
				24	1,800.
	Paperwork Reduction Act Notice, see your tax return instruc			24	Form 8959 (2023)

Net Investment Income Tax -Individuals, Estates, and Trusts

OMB No. 1545-2227

2023

Attach to your tax return.

	Revenue Service Go to www.irs.gov/Form8960 for instructions and	the lates	t information.		Attachment Sequence No. 72
Name	(s) shown on your tax return			ocial se	curity number or EIN
	EPH R. BIDEN JR & JILL T. BIDEN		, i oui o	00141 00	ounty number of Ent
Par					· · · · · · · · · · · · · · · · · · ·
	Section 6013(h) election (see instructions)				
	Regulations section 1.1411-10(g) election				20 455
1	Taxable interest (see instructions)			1	39,455.
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or		4 115		
	businesses, etc. (see instructions)	<u>4a</u>	4,115.		
b	Adjustment for net income or loss derived in the ordinary course of		4 44 -		
	a non-section 1411 trade or business (see instructions) STATEMENT 13	4b	<4,115.>		_
С	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			
с	Adjustment from disposition of partnership interest or S corporation				
	stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	1
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	39,455.
Par		Modific	ations		
9a	Investment interest expenses (see instructions)				
b	State, local, and foreign income tax (see instructions)	9b	236.		
с	Miscellaneous investment expenses (see instructions)				
d	Add lines 9a, 9b, and 9c			9d	236.
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	236.
Par					
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, com	nlete			
	lines 13-17. Estates and trusts, complete lines 18a - 21. If zero or less, enter -0			12	39,219.
	Individuals:	•••••			55,215.
13		13	619,976.		
14			250,000.		
	Subtract line 14 from line 13. If zero or less, enter -0-		369,976.		
15 16				4.0	39,219.
16	Enter the smaller of line 12 or line 15 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter h	•••••		16	
17					1,490.
	include on your tax return (see instructions)			17	1,490.
40					
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and charitable				
	deductions (see instructions)	18b			
с	Undistributed net investment income. Subtract line 18b from line 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			
С	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	e :		
	and include on your tax return (see instructions)	<u></u>		21	
LHA	For Paperwork Reduction Act Notice, see your tax return instructions.				Form 8960 (2023)

Form 8960 (2023)

FORM 1040	WAGES RECEI	VED AND TAX	ES WITHHE	LD	STATI	EMENT 1
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H		MEDICARE TAX
T DFAS-CIVPAY DIRECTORATE	400,000.	76 800	24,735.		0 032	7,600.
S NORTHERN VA COMMUNITY COLLEGE			3,982.			1,383.
TOTALŚ	485,985.	87,638.	28,717.		15,847.	8,983.
FORM 1040	IRA	DISTRIBUTI	ONS		STATE	MENT 2
				ROSS RIBUTION	TAXABL	E AMOUNI
NAME OF PAYER			•			
· · · · · · · · · · · · · · · · · · ·				865	•	865.
NAME OF PAYER WELLS FARGO TOTAL TO FORM 1040, LIN	ES 4A AND 4	В				
WELLS FARGO		B ONS AND ANN		865.		865. 865. MENT 3
WELLS FARGO TOTAL TO FORM 1040, LIN FORM 1040	PENSI			865.		865.
WELLS FARGO TOTAL TO FORM 1040, LIN FORM 1040	PENSI VICES LLC EAR	ONS AND ANN		865.	STATE	865.
WELLS FARGO TOTAL TO FORM 1040, LIN FORM 1040 TIAA ADMINISTRATIVE SER AMOUNT RECEIVED THIS Y NONTAXABLE AMOUNT	PENSI VICES LLC EAR	ONS AND ANN		865	STATE	865.
WELLS FARGO TOTAL TO FORM 1040, LIN FORM 1040 TIAA ADMINISTRATIVE SER AMOUNT RECEIVED THIS Y NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBUT	PENSI VICES LLC EAR	ONS AND ANN		865	STATE	865. MENT 3
WELLS FARGO TOTAL TO FORM 1040, LIN FORM 1040 FIAA ADMINISTRATIVE SER AMOUNT RECEIVED THIS Y NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBUT	PENSI VICES LLC EAR ION REPORTE EAR	ONS AND ANN D ON SCH D		865	STATE	865. MENT 3
WELLS FARGO TOTAL TO FORM 1040, LIN FORM 1040 TIAA ADMINISTRATIVE SER AMOUNT RECEIVED THIS Y NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBUT OFFICE OF PENSIONS AMOUNT RECEIVED THIS Y NONTAXABLE AMOUNT	PENSI VICES LLC EAR ION REPORTE EAR	ONS AND ANN D ON SCH D		865	STATE	865. MENT 3

FOR	M 1040 SOCIAL S	ECURITY BENEFITS WOF	RKSHEET	STATEMENT 4
OILE	OF ANT Y AND DAY.			
А	CK ONLY ONE BOX: SINGLE, HEAD OF HOUSEHOLD, MARRIED FILING JOINTLY	OR QUALIFYING SURVI	IVING SPOUSE	
	MARRIED FILING SEPARATELY AT ANY TIME DURING 2023			
D	• MARRIED FILING SEPARATELY . FOR ALL OF 2023	AND LIVED APART FROM	1 YOUR SPOUSE	
1.	ENTER THE TOTAL AMOUNT FROM FORMS SSA-1099 AND RRB-1099		MOUNT ON	
	FORM 1040, LINE 6A		40.040	64,254
	IF YOU CHECKED BOX B: TA SPO	OUSE AMOUNT	42,842. 21,412.	
2.	MULTIPLY LINE 1 BY 50% (0.5	0)		32,127
3.	ADD THE AMOUNTS ON FORM 104 7 AND 8. IF FILING FORM 881 LINE 2B. INSTEAD, USE THE A	5, DON'T INCLUDE THE MOUNT FROM SCHEDULE	E AMOUNT FROM B, LINE 2.	
	DO NOT INCLUDE ANY AMOUNTS : RRB-1099	FROM BOX 5 OF FORMS	SSA-1099 OR	565,360
4.	ENTER THE AMOUNT OF ANY EXC. INCOME, FOREIGN HOUSING, IN	COME FROM U.S. POSSE	ESSIONS,	565,560
	OR INCOME FROM PUERTO RICO I PUERTO RICO THAT YOU CLAIME		ITS OF	
5.	ADD LINES 2, 3, AND 4			597,487
6.	ADD THE AMOUNTS FROM SCHEDU AND 23 AND 25	LE 1, LINES 11 THROU	JGH 20,	C
	SUBTRACT LINE 6 FROM LINE 5 ENTER: \$25000. IF YOU CHEC \$32000. IF YOU CHEC			597,487
	\$-0- IF YOU CHE	CKED BOX C		32,000
9.	IS THE AMOUNT ON LINE 8 LES: [] NO. STOP. NONE OF YOUR TAXABLE. ENTER -0- ON FORM	SOCIAL SECURITY BEN	IEFITS ARE	
	MARRIED FILING SEPARATELY AND SPOUSE FOR ALL OF 2023, BE S RIGHT OF THE WORD "BENEFITS	ND YOU LIVED APART F SURE YOU ENTERED 'D'		
10.	[X] YES. SUBTRACT LINE 8 FR ENTER \$9000. IF YOU CHECKED \$12000. IF YOU CHECKED	OM LINE 7 D BOX A OR D,		565,487
	\$-0- IF YOU CHECKE			12,000
	SUBTRACT LINE 10 FROM LINE	9. IF ZERO OR LESS,	ENTER -0-	553,487
	ENTER THE SMALLER OF LINE 9	OR LINE 10		12,000
	ENTER ONE HALF OF LINE 12 ENTER THE SMALLER OF LINE 2	OR LINE 13		6,000 6,000
15.	MULTIPLY LINE 11 BY 85% (.8		RO, ENTER -0-	470,464
	ADD LINES 14 AND 15	N		476,464
⊥/.	MULTIPLY LINE 1 BY 85% (.85)	-	54,616
18.	TAXABLE BENEFITS. ENTER TH	E SMALLER OF LINE 16	OR LINE 17	54,616
	* ALSO ENTER THIS AMOUNT ON	FORM 1040, LINE 6B	=	

JOSEPH R. BIDEN JR & JILL T. BIDEN

FORM 1040 FEDERAL INCOME TAX WITHHELD - FORM(S) W-2	STATEMENT 5
T	
S DESCRIPTION	AMOUNT
T DFAS-CIVPAY DIRECTORATE S NORTHERN VA COMMUNITY COLLEGE	76,800 10,838
TOTAL TO FORM 1040, LINE 25A	87,638
FORM 1040 CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT 6
DESCRIPTION	AMOUNT
2ND QTR ESTIMATE PAYMENT - JOINT 3RD QTR ESTIMATE PAYMENT - JOINT 4TH QTR ESTIMATE PAYMENT - JOINT	10,000 10,000 26,000
TOTAL TO FORM 1040, LINE 26	46,000
FORM 1040 FEDERAL INCOME TAX WITHHELD - FORM(S) 1099	STATEMENT 7
T S DESCRIPTION	AMOUNT
T TIAA ADMINISTRATIVE SERVICES LLC S OFFICE OF PENSIONS T WITHHOLDING FROM FORM 1099-SSA	81 1,933 9,128
TOTAL TO FORM 1040, LINE 25B	11,142
FORM 1040 FEDERAL INCOME TAX WITHHELD - OTHER FORMS	
	STATEMENT 8
	STATEMENT 8 AMOUNT
T S DESCRIPTION 	
S DESCRIPTION	AMOUNT

JOSEPH R. BIDEN JR & JILL T. BIDEN

SCHEDULE A	STATE AND	LOCAL IN	COME	TAXES	STATEMENT 9
DESCRIPTION					AMOUNT
TIAA ADMINISTRATIVE OFFICE OF PENSIONS	SERVICES LLC				41. 663.
DFAS-CIVPAY DIRECTOF	ATE				24,735.
NORTHERN VA COMMUNIT	Y COLLEGE				3,982.
TOTAL TO SCHEDULE A,	LINE 5A				29,421.

SCHEDULE A

CASH CONTRIBUTIONS

STATEMENT 10

DESCRIPTION	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT
BEAU BIDEN FOUNDATION	5,000.	
CRANSTON HEIGHTS FIRE COMPANY	1,000.	
EBENEZER BAPTIST CHURCH	1,000.	
EPILEPSY FOUNDATION	200.	
FRATERNAL ORDER OF POLICE	1,000.	
HOLY CROSS	25.	
HOLY TRINITY CATHOLIC CHURCH	300.	
MINISTRY OF CARING	1,000.	
OUR LADY OF TAHOE	25.	
ST ANTHONYS	50.	
ST EDMONDS	375.	
ST JOSEPH'S ON THE BRANDYWINE	2,100.	
ST PATRICK'S DAY SOCIETY ST PETER'S ON CAPITOL HILL	600.	
TRAGEDY ASSISTANCE PROGRAM FOR	200.	
SURVIVORS (TAPS)	1,102.	
WESTMINISTER PRESBYTERIAN CHURCH	1,500.	
WOMEN'S WELLNESS SPACE	5,000.	
	5,000.	
SUBTOTALS	20,477.	
TOTAL TO SCHEDULE A, LINE 11		20,477.

=

SCHEDULE A	MORTGAGE INTEREST AND POINTS REPORTED ON FORM 1098	STATEMENT 11
DESCRIPTION		AMOUNT
M&T BANK TD BANK	_	6,593. 13,932.
TOTAL TO SCHEDULE A,	LINE 8A	20,525.
SCHEDULE A	REAL ESTATE TAXES	STATEMENT 12
DESCRIPTION		AMOUNT
SUSSEX COUNTY TD BANK		6,023. 17,135.
TOTAL TO SCHEDULE A,	LINE 5B	23,158.

FORM 8960 STATEMENT 13 TRADE OR BUSINESS INCOME GIACOPPA CORP

AMOUNT TO FORM 8960, LINE 4B

STATEMENT(S) 11, 12, 13

٦

<4,115.>

<4,115.>

DELAWAREEECO23

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

			For Fisc	al Year beginni	ng			and	d en	ding					
Yol	ır Taxpayer ID			Spouse Taxpa	ayer ID									Amended Retu Must include p	
								1.		Filin Single, Divorced, Wido	n g Status (Must w(er) 2. Joint			Married & Filing Separ	ate Forme
	First Name SEPH		M.I. R	Last Name BIDEN			Suffix JR	4.	x	Married & Filing Combi				Head of Household	
Spor JI	ise First Name LL		М.І. Т	Last Name BIDEN			Suffix			Form					
Pres	ent Home Address (Numbe	er and Stre	eet)			Apartm	ent #			PIT-UND Attached	If you were a give the dates				
City				State	Zip	Code	·			Claimed as Dependant on someone else's return	mm-dd-yyyy			mm-dd-yyyy	
	Column A is for Spou	se inforr	mation,	Filing status 4	only. A	ll other	filing st	atus ı	lse	Column B.					
	SECTION A-ADDITIC	NS									Column A			Column B	
1.	FEDERAL AGI AMOUNT	FROM FE	DERAL F	ORM 1040						1.	180818	.00	1.	439158	.00
2.	INTEREST ON STATE &	LOCAL OF	BLIGATIO	NS OTHER THAN	DELAV	VARE				2.		.00	2.		.00
3.	FIDUCIARY ADJUSTME		EPLETIO	N						3.		.00		100150	.00
4.	TOTAL - Add Lines 1 thr		_							4.	180818	.00	4.	439158	.00
5.	SECTION B-SUBTRA	I U.S. OB	LIGATIO							5.		.00	5.		.00
6.	PENSION/RETIREMENT						-				10500			0740	
	Column A if Spouse had a M			Column B if Yo		-				6.	12500	.00	6.	2742	.00
7.	DELAWARE STATE TAX CREDIT, DELAWARE NO	L CARRY	FORWAR	D, ETC. (See instru	uctions)			ΓAX		7.		.00	7.		.00
8a.	TAXABLE SOCIAL SECU EXCLUSION/CERTAIN LU	JMP SUM	I DISTRIE	BUTIONS (See instru	uctions)	SEE	STAI			F 2 8a.	18200	.00	8a.	36416	.00
8b.	529 CONTRIBUTION TO Column A if Spouse 529	DELAWAI ABLE		Column B if You		AM UR A ABI		GRAM		01	i.		0 h		
9.	Add Lines 5 through 8b	ADLE	-		1 528	ADI	_C			8b. 9.	30700	.00	8b.	39158	.00. .00
10.	Subtract Line 9 from L	ino 1								9. 10.	150118		9. 10.	400000	
11.	EXCLUSION FOR CERTA		NS 60 A			(See instru	ictions)			10.	130110		11.	100000	.00
12.	DELAWARE ADJUSTED					•				11.	150118			400000	
	SECTION C- DEDUC							ions betv	ween s						
13.	TOTAL ITEMIZED DEDUC	TIONS FI	ROM DEL	AWARE SCHEDU	ILE A (N	lust atta	ach PIT-F	ISA)		13.	25500	.00	13.	25502	.00
14.	FOREIGN TAXES PAID (S	ee instructi	ons)							14.		.00	14.		.00
15.	CHARITABLE MILEAGE I	DEDUCTIO	ON (See ins	structions)						15.			15.		.00
16.	SUBTOTAL - Add Line	13 throu	gh Line ⁻	15						16.	25500	.00	16.	25502	.00
17.	FORM PIT-CRS TAX CR									17.	0 0 0		17.	0 0 0	.00
18.	NET ITEMIZED DEDUCTI					iter here and				18.	25500			25502	.00
19.	If you elect the DELAWA Filing Statuses 1, 3				nere		-			AWARE ITEMIZ) m Line 18 in Columr	ι B:
	a. Filing Status 2 ente	r \$6500 in (Column B;				b.	Х		ng Status 4 enter iter					
	Filing Status 4 ente	er \$3250 in (Column A a	and in Column B						19.	25500	00	10	25502	00
20.	ADDITIONAL STANDARD	DEDUCT	IONS (No	ot Allowed with	Itemize	ed Dedu	ictions - s	see in:	stru		23300	.00	15.	25502	.00
20.	Multiply the number of boxe		•								ach appropriate colu	mn. A	All others	enter total in Columr	пB.
	Column A - if Spouse was: 6	5 or over	blind	Column B	- if You v	vere: 65 or	over	blind		20.		.00	20.		.00
21.	TOTAL DEDUCTIONS - Ad	d Line 19 a	nd Line 20	and enter here.						21.	25500	.00	21.	25502	.00
	SECTION D- CALCU		s												
22	TAXABLE INCOME - Sub	tract Lin	ie 21 fro	m Line 12, and	compu	ite tax c	n this an	ount		22	124618			374498	
23.	TAX LIABILITY FROM TA	X RATE 1	TABLE/SC	HEDULE (See instr	ructions)					23.	7208	.00	23.	23700	.00
24.	TAX ON LUMP SUM DIS	TRIBUTIO	N (Form	PIT-STC)						24.		.00	24.		.00
	342001 11-15-23														a.S
	DFPITRES2023011019	IV1													

DELAWARE 2023 DIVISIONOFREVENUE PIT-RES R M

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

C	olumn A is for Spouse information, Filing status 4 only. All other filing status use Column B.		COLUMN A	COLUMN B	
25.	TOTAL TAX - Add Line 23 and Line 24	25.	7208.00 25.	23700	.00
26a.	PERSONAL CREDITS If you are Filing Status 3, see instructions. If you use Filing Status 4, enter the				
	Enter number of exemptions $2 imes \$110$ total for each appropriate column. All others enter total in Column B.				
	On Line 26a, enter the number of exemptions for: Column A 1 Column B 1	26a.	110.00 26a.	110	.00
26b.	CHECK BOXES Spouse 60 or over (Column A) X Self 60 or over (Column B) X				
	Enter number of boxes checked on Line 26b 2×100	26b.	110 .0026b.	110	.00
27.	TAX IMPOSED BY OTHER STATES (Must attach copy of PIT-RSS and other state return.)	27.	3549 .00 27.		.00
28.	VOLUNTEER FIREFIGHTER CO. # Spouse (Column A) Self (Column B) Enter credit amount	28.	.00 28.		.00
29.	OTHER NON-REFUNDABLE CREDITS (See instructions)	29.	.00 29.		.00
30.	CHILD CARE CREDIT. Must attach Form 2441. (Enter 50% of Federal credit)	30.	.00 30.		.00
31.	TOTAL NON-REFUNDABLE CREDITS (See instructions)	31.	3769 .00 31.	220	.00
32.	BALANCE - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0.	32.	3439 .00 32.	23480	.00
33.	EARNED INCOME TAX CREDIT. REFUNDABLE NON-REFUNDABLE (See instructions)	33.	.00 33.		.00
34.	DELAWARE TAX WITHHELD (Attach W2s/1099s)	34.	663.00 34.	24776	.00
35.	ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	35.	.00 35.		.00
36.	S CORP PAYMENTS	36.	.00 36.		.00
37.	REFUNDABLE BUSINESS CREDITS	37.	.00 37.		.00
38.	CAPITAL GAINS TAX PAYMENTS (Attach Form REW-EST)	38.	.00 38.		.00
39.	TOTAL REFUNDABLE CREDITS For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see instructions)	39.	663.0039.	24776	.00
40.	BALANCE DUE If Line 33 plus Line 39 is less than or equal to Line 32, Subtract the sum of Line 33 and Line 39 from Line 32.	40.	2776 .00 40.		.00
41.	OVERPAYMENT If Line 33 plus Line 39 is greater than Line 32, Subtract Line 32 from the sum of Line 33 and Line 39.	41.	.00 41.	1296	.00
42.	CONTRIBUTIONS TO SPECIAL FUNDS. If electing a contribution, complete and attach PIT-RSS.		42.		.00
43.	AMOUNT OF LINE 41 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT		43.		.00
44.	PENALTIES AND INTEREST DUE. If Line 40 is greater than \$800, see estimated tax instructions		44.		.00
45.	NET BALANCE DUE. For Filing Status 4, see instructions. For all other filing statuses Add Line 40, Line 42, and Line 44.		45.	1480	.00
46.	NET REFUND. For Filing Status 4, see instructions. For all other filing statuses, Subtract Line 42, Line 43, and Line 44 from L	ine 41.	46.		.00

SECTION E - DIRECT DEPOSIT INFORMATION

ACCOUNT TYPE ROUTING NUMBER CHECKING SAVINGS

etails.
) to or t that if the United
)

DMV STATE ID

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.

PAID PREPARER INFORMATION

Gente Now

PAID PREPARER SIGNATURE ADDRESS

STATE ZIP CODE

04

DATE

States? YES

08 24

NO

EIN, SSN or PTIN

EMAIL ADDRESS

CITY

EMAIL ADDRESS

YOUR SIGNATURE

SPOUSE SIGNATURE

HOME PHONE NUMBER

BALANCE DUE WITH PAYMENT ENCLOSED (LINE45) MAIL COMPLETED FORM TO: Delaware Division of Revenue PO Box 508,Wilmington, DE 19899-0508 Make check payable to: Delaware Division of Revenue

NET REFUND (LINE46) MAIL COMPLETED FORM TO: Delaware Division of Revenue PO Box 8710 Wilmington, DE 19899-8710

OTHER RETURNS MAIL COMPLETED FORM TO: Delaware Division of Revenue PO Box 8711 Wilmington, DE 19899-8711

PHONE NUMBER

342011 11-15-23 PLEASE REMEMBER TO ATTACH W-2, 1099-R AND APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN DFPITRES2023021019V1

DATE

DATE

BUSINESS PHONE NUMBER

Revision 20231113

Page 2

DELAWAR REFORM

LAST NAME

DELAWARE RESIDENT SCHEDULES

TAXPAYER ID

	JOSEPH	R.	BIDEN	JR							
	Columns: Column A is re instructions for workshee				•	-	Federal totals to	the appro	opriate i	ndividual. S	ee
E	DE SCHEDULE I - CRE Enter the credit in the highe See the instructions and	est to lowest amount or	der.				Filing Status 4 ONL Spouse Information COLUMN A			You or You	iling statuses I plus Spouse UMN B
1.	Tax imposed by State of	VA	(Enter 2 charact	-	nequie I.	1.	3549	Ð.00	1.		00
2.	Tax imposed by State of	V11	(Enter 2 charact	,		1. 2.	554.	.00	ı. 2.		.00
3.	Tax imposed by State of		(Enter 2 charact	,		2. 3.		.00	2. 3.		.00
4.	Tax imposed by State of		(Enter 2 charact			3. 4.		.00	3. 4.		.00
5.	Tax imposed by State of		(Enter 2 charact	,		4. 5.		.00	4. 5.		
5. 6.	Enter the total here an	d on Form DIT DES D		,		J.		.00	υ.		.00
υ.	copy of the other state re		•	ou must attach	d	6.	3549).00	6.		.00
	oopy of the bare state it	Starin(S) with your Dola				0.	001	.00	0.		.00
. (DE SCHEDULE II - EAF Complete the Earned Incom	RNED INCOME TAX ne Tax Credit for each cl	CREDIT (EITC) hild YOU CLAIMED t	he Earned Inco	me Credit fo	or on your	federal return.				
,			QUALIFYI	NG CHILD INFO	DRMATION						
7a.	CHILD'S FIRST NAME		7b. CHILD'S LAST I	NAME		8. CHII	.D'S SSN		9. CH	IILD'S DAT	E OF BIRTH
10.	Was the child under age 2 (or your spouse, if filing		student, and young	er than you		HILD 1		HILD 2			CHILD 3
		,			Yes		Yes	No)	Yes	No
11.	Was the child permane	ently and totally disat	oled during any pa	art of 2023?		HILD 1		HILD 2			CHILD 3
10				Tutovilo bio	Yes	No	Yes	No)	Yes	No
12.	DELAWARE STATE INCO Column B of Form PIT-RE		FUNDADLE GREDITS	5 - Enter the my	Jiler lax anno		Column A or		10		00
10	FEDERAL EARNED INCOM		Entor amount fr	m IDC form 1	040 or 10	40.00 1	no 07		12.		.00
	REFUNDABLE EITC CALC	· ·			1040 01 10	40-0n, Li	110 27		13. 14.		.00
	NON-REFUNDABLE EITC				0				14.		.00 .00
	REFUNDABLE EITC - If Li		-			m line 1	A bere and on I	ino 33	15.		.00
10.	of Form PIT-RES and c	0		•					16.		.00
17.						nter the s	maller amount	here	10.		.00
	and on Line 33 of Form							iller e	17.		.00
		,									
17. E	DE SCHEDULE III - CO	NTRIBUTIONS TO S	SPECIAL FUNDS		See	the instru	ctions for ALL re	quired do	cument	ation to att	ach.
	See instructions for	a description of ea	ch worthwhile fu	nd listed belo	ow.						
18.	A. Non-Game Wildlife	.00) H. DE National Gu	lard		.00 (). Senior Trust Fur	ıd			.00
	B. Beau Biden Fund	.00) I. Juvenile Diabet	tes Fund		.00 F	O. Veterans Trust F	und			.00
	C. Emergency Housing	.00) J. Multiple Sciero	sis Soc.		.00 (Q. Protect DE's Ch	ld Fnd			.00
	D. Breast Cancer Edu.	.00) K. Ovarian Cancer	r Fnd		. 00 F	R. Food Bank of Di	Ξ			.00
	E. Organ Donations	.00	L. Intentionally lef	t blank		5	3. DE Hab For Hun	nanity			.00
	F. Diabetes Education	.00	M. White Clay Cre	ek		.00	Г. B+ Childhood C	ancer			.00
	G. Veterans Home	.00	N. Home of the Br	ave		.00 l	J. Combined Cam	baign for Ju	ustice		.00
19.	Enter the total Contribu	ution amount here ar	nd on Form PIT-RE	S, Line 42					19.		.00
	т		a la sulata suassa Dialass			hadulas (أممده			

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

FIRST NAME

DELAWARE 2023 DIVISION OF REVENUE

DELAWARE RESIDENT SCHEDULES

DE SCHEDULE IV - W-2 AND 1099-R INFORMATION

Complete this Schedule listing all of your, and if applicable, your spouse's, forms W-2 and 1099-R showing Delaware Income Tax withheld. Forms W-2 and 1099-R showing income tax withheld must still be attached to the front of your return if you elect to file by paper. Failure to do so may delay the processing of your return.

٦	YPE	EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING		(PAYER OR SPOUSE
х	W-2 1099-R W-2	TIAA ADMIN		NC	813	41	X	Taxpayer Spouse Taxpayer
х		OFFICE OF		DE	34296	663	х	
Х	W-2						Х	Taxpayer
	1099-R	DFAS-CIVPA		OH	400000	24735		Spouse
	W-2							Taxpayer
	1099-R					-		Spouse
	W-2							Taxpayer
	1099-R							Spouse
	W-2							Taxpayer
	1099-R							Spouse
	W-2							Taxpayer
	1099-R							Spouse
	W-2							Taxpayer
	1099-R							Spouse
	W-2							Taxpayer
	1099-R							Spouse
	W-2							Taxpayer
	1099-R							Spouse
	W-2							Taxpayer
-	1099-R							Spouse
Ľ	E SCHE	DULE V - DELAWARE S	CORPORATION PAYMENTS					

Complete this Schedule by listing all estimated Delaware tax payments made by an S Corporation on behalf of you or your spouse. Failure to do so may delay the processing of your return.

S CORPORATION FEIN	NAME OF S CORPORATION	PAYEE ID	AMOUNT OF ESTIMATED PAYMENT
			4

DELAWAREE 2023 DIVISIONOFREVENUE

RESIDENT SCHEDULE A - ITEMIZED DEDUCTIONS

NAME(S)

TAXPAYER ID

JOSEPH R. BIDEN JR & JILL T. BIDEN

MEDICAL AND	1. 2. 3.	Medical and dental expenses Enter amount from Federal Form 1040, Line 11 Multiply Line 2 by 7.5% (0.075)		.00. .00. .00
DENTAL EXPENSES	4. 5.	Subtract Line 3 from Line 1. If Line 3 is more than Line 1, enter 0. STATE and LOCAL taxes		.00
		 a. STATE and LOCAL income taxes not claimed as a credit on Form PIT-RES (see instructions) b. STATE and LOCAL general sales taxes (you may include either income taxes or sales taxes, but 	433	.00
TAXES YOU PAID		not both). If you elect to include general sales taxes instead of income taxes, check this box. c. STATE and LOCAL real estate taxes d. STATE and LOCAL personal property taxes	23158	.00 .00 .00
		e. Add Line 5a through Line 5d f. Enter the smaller of Line 5e or \$10,000 (\$5,000 if married filing separately) STMT 4	23591 10000	.00. .00
i	6. 7	Other taxes. List type and amount: Add Line 5f and Line 6		.00
	7. 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, check this box.)	10000	.00
NITEDEOT		 a. Home mortgage interest and points reported to you on Federal Form 1098 b. Home mortgage interest not reported to you on Federal Form 1098 (If paid to the person from 	20525	.00
INTEREST YOU PAID Caution:		whom you bought the home, show that person's name, identifying no., and address.)		.00
Your mortgage interest deduction may be limited.	t	c. Points not reported to you on Federal Form 1098		.00
		 d. Reserved for future use e. Add Line 8a through Line 8c 	20525	.00
	9.	Investment interest. Attach Federal Form 4952.		.00
		Add Line 8e and Line 9	$20525 \\ 20477$.00
GIFTS TO CHARITY If you made a gift and		Gifts by cash or check. If you made any gift of \$250 or more, see instructions. Gifts other than by cash or check. If any gift of \$250 or more, see instructions. You must attach	204//	.00
got a benefit for it, see Federal Schedule A	13.	Federal Form 8283 if over \$500. Carryover from prior year		.00 .00
instructions.		Add Line 11 through Line 13	20477	.00
CASUALTY AND THEFT LOSSES	15.	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). (Attach Federal Form 4684 and enter the amount from Line 18 of Federal Form 4684 .)		.00
OTHER ITEMIZED DEDUCTIONS	16.	Other Deductions. See list in Federal Schedule A instructions. List type and amount:		.00
	17.	a. Add Line 4, Line 7, Line 10, Line 14, Line 15, and Line 16. (If filing status 1, 2, 3, or 5, enter this	_ .	
TOTAL ITEMIZED DEDUCTIONS		amount on Form PIT-RES, Line 13, Column B.) b. If filing status 4, allocate itemized deductions here and enter in the appropriate columns on Form PIT-RES, Line 13 (see instructions). (A) 25500 ,00	51002 (B)	
	18.	appropriate columns on Form PIT-RES, Line 13 (see instructions). 25500 .00 If you elect to itemize deductions even though they are less than your standard deduction, check here. STMT 3	25502	.00

Attach this form to your Delaware State tax return.

DE PIT-RES CREDIT FOR TAX IMPOSED BY OTHER	STATE	STATEMENT 1
STATE OF VIRGINIA, SPOUSE		
DELAWARE AGI (FORM PIT-RES OR PIT-NON, PAGE 1)		150,118
VIRGINIA ADJUSTED GROSS INCOME		77,406
DELAWARE TAX (FORM PIT-RES OR PIT-NON, PAGE 1) TAX IMPOSED BY STATE OF VIRGINIA		7,208 3,549
"PERCENTAGE FACTOR" = OTHER STATE'S AGI DIVIDED BY I	ELAWARE AGT	5,545
= 77,406. / 150,118.		.515634
"PRO-RATA TAX" = DELAWARE TAX TIMES PERCENTAGE	FACTOR	
= 7,208.X .515634		3,717
AMOUNT OF CREDIT = LESSER OF: (A) DELAWARE TAX (B)		
(B) TAX IMPOSED BY (C) PRO-RATA TAX	OTHER STATE	
AMOUNT OF CREDIT, STATE OF VIRGINIA		3,549
TOTAL TO FORM PIT-RES, LINE 27		3,549
DE PIT-RES SOC SEC/RR RETIREMENT/HIGHER EDUC EXCL/I	UMP SUM DIST	STATEMENT 2
		TAXPAYER
DESCRIPTION	SPOUSE	OR JOINT
	<u> </u>	01/ 001111
SOCIAL SECURITY BENEFITS	18,200.	36,416

TOTAL TO FORM DE PIT-RES, LINE 8

36,416.

18,200.

JOSEPH R. BIDEN JR & JILL T. BIDEN

DE PIT-RES DELAWARE ITEMIZED DEDU	CET STA	ATEMENT 3	
	SPOUSE	TAXPAYER	TOTAL
 1A. MEDICAL EXPENSES, PIT-RSA, LINE 4 B. TOTAL TAXES, PIT-RSA, LINE 7 * C. INTEREST PAID, PIT-RSA, LINE 10 D. CONTRIBUTIONS, PIT-RSA, LINE 14 E. CASUALTY & THEFT, PIT-RSA, LINE 15 F. OTHER DEDUCTIONS, PIT-RSA, LINE 16 	5,000. 10,262. 10,238.	5,000. 10,263. 10,239.	10,000. 20,525. 20,477.
TOTAL ITEMIZED DEDUCTIONS	25,500.	25,502.	51,002.

*STATE AND LOCAL TAXES MAY BE LIMITED WHEN MARRIED FILING SEPARATE

TOTAL TO FORM PIT-RES, LINE 13

25,500.	25,502.

JOSEPH R. BIDEN JR & JILL T. BIDEN

DE PIT-RSA STATE AND I	STATEMENT 4		
STATE AND LOCAL TAXES	SPOUSE	TAXPAYER	TOTAL
 STATE AND LOCAL INCOME TAXES NOT CLAIMED AS A CREDIT ON FORM PIT-RES STATE AND LOCAL GENERAL SALES TAXES 	433.		433.
3. REAL ESTATE TAXES 4. PERSONAL PROPERTY TAXES	11,579.	11,579.	23,158.
5. ADD LINE 5A THROUGH LINE 5D 6 ENTER \$10,000 (\$5,000 IF MFS)	12,012. 5,000.	11,579. 5,000.	23,591.
7. ENTER THE SMALLER OF LINES 6 OR 5	5,000.	5,000.	10,000.

TOTAL TO FORM PIT-RSA, LINE 5F

STATEMENT(S) 4

10,000.

763 Page 1

2023 Virginia Nonresident Income Tax Return

Due May 1, 2024

Enclose a complete c	opy of your teder			ther required	a virginia enci	osures.					
First Name			Last Name			Suffix	Your Social S	ecurity Nu	umber		eck if
JILL		Т	BIDEN							deo	ceased
Spouse's First Name (Filing S	tatus 2 Only)	MI	Last Name			Suffix	Spouse's Soc	ial Securi	ity Number		eck if
Present Home Address (Num	ber and Street or	Rura	al Route)			-					
							Your Birth D (mm-dd-y)				
						Spou	use's Birth D		-		_
 City, Town or Post Office				State ZIP	^o Code		(mm-dd-yy				
_									-		4
State of Residence	Important - Na	me o	of Virginia City or C	ounty in whic	ch principal pla	ce of bu	siness, emp	oymen	it, or	Locality	Code
	income source	is lo	cated.								
DE							City O	א <u>ר</u>	County		
	Amended F	Retu	rn		(s) or Address I			Oversea	as on Due	Date	
	Reaso	n Co	ode	than S Return	Shown on 2022	VA,					
Check Applicable Boxes					•						
20,000	Dependent	on A	Another's Return		ying Farmer, Fi	sherman	-		imed on fe		Irn
				werch	iant Seaman		. 4	; 		.00	
Filing Status Enter Filin	-				Exemptions Spo	use if		2. Ente	er the sum	on Line 1	2.
-	Federal head of ho				You Filing	Status Do or 3	ependents			Total Se	ection 1
	-		ooth must have Virg			<u> </u>		<u>م</u>]			20
· · · · · · · · · · · · · · · · · · ·			me From Any Sour	ce	1+	+	=	⊥_	\$930 =	9	930
	. Filing Separate H	letur	ns								
4 = Married,	5						-				
Č.				Socurity	You 65 Spouse or over or ove		Spouse Blind			Total Se	ection 2
If Filing Status 3 or 4, en	nter spouse's SSN	l in tl	he Spouse's Social	Security	or over or over		Blind	1 v	\$800 -		
If Filing Status 3 or 4, en Number box at top of fo	nter spouse's SSN rm and enter Spou	l in tl	he Spouse's Social	Security				<u>1</u> x	\$800 =		ection 2
If Filing Status 3 or 4, en Number box at top of fo JOSEPH R • B	nter spouse's SSN rm and enter Spot IDEN J	l in tl use':	he Spouse's Social s Name		or over for over	ər Blind	Blind			8	300
If Filing Status 3 or 4, en Number box at top of fo JOSEPH R B 1 Adjusted Gross Inco	nter spouse's SSN rm and enter Spot IDEN J ome from federal re	l in th use': eturr	he Spouse's Social s Name n · Not federal taxa	ble income.	or over or over	er Blind	Blind	 1			300 300
If Filing Status 3 or 4, en Number box at top of fo JOSEPH R B 1 Adjusted Gross Inco 2 Additions from Sche	iter spouse's SSN rm and enter Spor IDEN J ome from federal ro adule 763 ADJ, Lin	l in thuse's eturn ne 3.	he Spouse's Social s Name 	ble income.	or over for over	er Blind	Blind + □ =	. 1	1	8	300 300 00
If Filing Status 3 or 4, en Number box at top of fo JOSEPH R B 1 Adjusted Gross Inco 2 Additions from Sche	iter spouse's SSN rm and enter Spor IDEN J ome from federal ro adule 763 ADJ, Lin	l in thuse's eturn ne 3.	he Spouse's Social s Name 	ble income.	or over for over	er Blind	Blind + □ =	. 1	1	80818	300 300 00
If Filing Status 3 or 4, en Number box at top of fo JOSEPH R. B 1 Adjusted Gross Inco 2 Additions from Sche 3 Add Lines 1 and 2.	nter spouse's SSN rm and enter Spou IDEN J ome from federal re edule 763 ADJ, Lin	l in thuse's eturn ne 3.	ne Spouse's Social s Name n • <i>Not federal taxa</i>	ble income.	cr over for over	ər Blind	Blind + □ =	1 2 3	1	80818	300 300 300
If Filing Status 3 or 4, en Number box at top of fo JOSEPH R B 1 Adjusted Gross Inco 2 Additions from Sche 3 Add Lines 1 and 2. 4 Age Deduction (See Enter Birth Dates ab	iter spouse's SSN rm and enter Spou IDEN J ome from federal re edule 763 ADJ, Lin instructions and t	l in thuse's eturn ne 3. the A	he Spouse's Social s Name Age Deduction Wor	ble income. 	or over for over	ər Blind	<u>bilind</u> + =	1 2 3	1	80818	300 300 300
If Filing Status 3 or 4, en Number box at top of fo JOSEPH R B 1 Adjusted Gross Inco 2 Additions from Sche 3 Add Lines 1 and 2. 4 Age Deduction (See Enter Birth Dates ab	iter spouse's SSN rm and enter Spou IDEN J ome from federal re edule 763 ADJ, Lin instructions and t	l in thuse's eturn ne 3. the A	he Spouse's Social s Name Age Deduction Wor	ble income. 	or over for over	ər Blind	<u>bilind</u> + =	1 2 3 u 4a	1	80818 80818	300 300 300 00 300 00 00
If Filing Status 3 or 4, en Number box at top of fo JOSEPH R. B 1 Adjusted Gross Inco 2 Additions from Sche 3 Add Lines 1 and 2. 4 Age Deduction (See	iter spouse's SSN rm and enter Spor IDEN J ome from federal ro adule 763 ADJ, Lin instructions and t roove. Enter Your A Spouse's Age De	l in thuse's eturn ne 3. the A ge E	he Spouse's Social s Name 	ble income. ksheet).		ər Blind] +	ibilind + □ = 	. 1 . 2 . 3 u 4a	1	80818	
If Filing Status 3 or 4, en Number box at top of fo JOSEPH R. B 1 Adjusted Gross Inco 2 Additions from Sche 3 Add Lines 1 and 2. 4 Age Deduction (See Enter Birth Dates ab on Line 4a and Your	iter spouse's SSN rm and enter Spor IDEN J ome from federal ro adule 763 ADJ, Lin instructions and t rove. Enter Your A Spouse's Age De and equivalent Tie	l in ti use's eturn ne 3. the A ge E educ	he Spouse's Social s Name 	ble income. ksheet). t Act benefits	ar over for over	ar Blind	Élind + =	. 1 . 2 . 3 u 4a e 4b 5	1	80818 80818	
If Filing Status 3 or 4, en Number box at top of fo JOSEPH R. B 1 Adjusted Gross Inco 2 Additions from Sche 3 Add Lines 1 and 2. 4 Age Deduction (See Enter Birth Dates ab on Line 4a and Your 5 Social Security Act a	Iter spouse's SSN rm and enter Spou IDEN J ome from federal re adule 763 ADJ, Lin instructions and t rove. Enter Your A ' Spouse's Age De and equivalent Tie fund or overpayme	l in ti use's eturr ne 3. the A ge D educ er 1 F ent c	he Spouse's Social s Name Age Deduction Wor Deduction tion on Line 4b. Railroad Retirement redit reported as ir	ble income. ksheet). t Act benefits	r over or over r over or over r over or over	ar Blind	Élind + =	. 1 . 2 . 3 . 4a . 5 . 6	1	80818 80818 80818 18200	
If Filing Status 3 or 4, en Number box at top of fo JOSEPH R. B 1 Adjusted Gross Inco 2 Additions from Sche 3 Add Lines 1 and 2. 4 Age Deduction (See Enter Birth Dates ab on Line 4a and Your 5 Social Security Act a 6 State income tax ref	inter spouse's SSN rm and enter Spou <u>IDEN J</u> ome from federal re adule 763 ADJ, Lin instructions and to ove. Enter Your A Spouse's Age De and equivalent Tie fund or overpayme ichedule 763 ADJ,	l in thuse's eturn ne 3. the A ge E educ er 1 F ent c	he Spouse's Social s Name Age Deduction Wor Deduction tion on Line 4b. Railroad Retirement redit reported as ir	ble income. ksheet). t Act benefits icome on you	reported on your federal return	ar Blind	Élind + =	. 1 . 2 . 3 . 4a . 5 . 6		80818 80818 18200 18200	
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For Local Use

LTD

\$

2023 FORM 763 Page 2

Your	Name	Your SSN								
JII	L T. BIDEN	<u> </u>								
106	Prouve's Virginia income toy withheld Enclose Forme W/2						105			
20	Spouse's Virginia income tax withheld. Enclose Forms W-2, W									00
20	2023 Estimated Tax Payments.				•••••	•••••	20 21		·	00
22	2022 overpayment credited to 2023 estimated tax.		•••••	•••••		•••••	21			00
23	Extension Payment - submitted using Form 760IP. Credit for Low-Income Individuals or Virginia Earned Income C	radit from Sabadula 76'			 7				· · · · · · · · · · · · · · · · · · ·	
20 24							23 24			00
25	Total credits from Schedule OSC. Credits from Schedule CR, Section 5, Line 1A.	•••••••••	•••••				24 25			00
26							25		3982	
27	If Line 18 is larger than Line 26, enter the difference. This is the									00
28	If Line 26 is larger than Line 18, enter the difference. This is the								433	
29	Amount of overpayment on Line 28 to be CREDITED TO 2024									00
30	Virginia529 and ABLE Contributions from Schedule VAC, Part						30			00
31	Other Voluntary Contributions from Schedule VAC, Section II,	l ine 14		•••••	• • • • • • • • • • •	•••••				00
32	Addition to Tax, Penalty, and Interest from enclosed Schedu		•••••	•••••	•••••	•••••	01			
		or 760F and check here					32			00
33	Sales and Use Tax is due on Internet, mail order, and out-of-st					. ـ	θL			
	See instructions. Check here if r						33			00
34	Add Lines 29 through 33.						34			00
35	If you owe tax on Line 27, add Lines 27 and 34 - OR - If you h					•••••	0.			
	Line 34 is larger than Line 28, enter the difference. AMOUNT				at .		35			00
	www.tax.virginia.gov. Check here if paying by cr						00			00
36	If Line 28 is larger than Line 34, subtract Line 34 from Line 28						36		433	3 00
	Direct Deposit section below is not completed, your refund				2.0		00	L		
	CT BANK DEPOSIT					Che	cking		Savings	7
Dome	estic Accounts Only	per Your Bank	Accou	Int Nur	nber	<u> </u>				1
No In	ternational Deposits									
1										-
Non	resident Allocation Percentage			/	A - All	Source	es	B - \	Virginia Sou	rces
1	Wages, salaries, tips, etc.		. 1		8	5985	5 00		85985	5 00
2	Interest income.				3	8391	L 00			00
3	Dividends.						00			00
4	Alimony received.		4				00			00
5	Business income or loss.		5				00			00
6	Capital gain or loss/capital gain distributions.		6				00			00
7	Other gains or losses.	·····	7				00			00
8	Taxable pensions, annuities and IRA distributions.		8			4127				
9	Rents, royalties, partnerships, estates, trusts, S corporations,	etc	9		-	4115	5 00		4	00
10	Farm income or loss.		10				00			00
11	Other income. SE	E STATEMENT	1 11		1	8200) 00			00
12	Interest on obligations of other states from Schedule 763 ADJ						00			
13	Lump-sum and accumulation distributions included on Sch. 7						00			00
14	TOTAL - Add Lines 1 through 13 and enter each column total		14		<u> 18</u>	0818	3 00		85985	5 00
15	Nonresident allocation percentage - Divide Line 14 B, by Line	14 A. Compute								
	percentage to one decimal place (e.g., 5.4%). Enter on Page 1	, Line 16.	15						47.6	5 %
X	I (We) authorize the Dept. of Taxation to discuss this return wi	th my (our) preparer.		agree to	obtair	ר my For	m 1099	-G at ww	vw.tax.virginia	a.gov.
	, the undersigned, declare under penalty provided by law that ct, and complete return.	I (we) have examined this	s returr	n and t	o the l	best of	my (ou) knowl	ledge, it is a	true,
Your S	Signature	Your Ph	one Num	ıber		Da	ite			
							04/	08/2	24	
Spous	e's Signature (If a joint return, both must sign)	Spouse	's Phone	Number		Pr	eparer's P		Vendor Code	
Prepa	rer's Name Firm's Name (or Yours if Self-Em	ployed) Prepare	r's Phone	e Number		Fil	ing Electio	on Code	ID Theft PIN	
i	Jone Jank How MARCUM LLP	• -							1	ſ

383062 12-19-23

2023 VA Schedule A/CG

Itemized Deductions - Enclose Schedule A with your return, when claiming itemized deductions.

JILL T BIDEN			
Filing Status Claimed on Federal Return	2	1.	
2 Adjusted Gross Income		2.	180818.
3 Multiply Line 2 by 10%		З.	18082.
4 Subtract Line 3 from Line 1		4	
5a State and Local Taxes	Claiming General Sales Tax	5a.	4645.
5b State and Local Real Estate Taxes		5b.	11580.
5c State and Local Personal Property Taxes		5c.	
6 Other Deductible Taxes - Type & Amount	Foreign Income Taxon	6.	
7 Add Lines 5a, 5b, 5c and 6	Foreign Income Taxes	7.	16225.
8a Home Mortgage Int and Points Rep	Didn't Use Mortgage	8a.	
8b Home Mortgage Int Not Rep		8b.	
8c Points Not Reported 1098		8c.	
8d Reserved for Future Use			
8e Add Lines 8a - 8c		8e.	
9 Investment Interest		9.	
10 Add Lines 8e and 9		10.	
11 Gifts by Cash or Check		11.	10238.
12 Other Than by Cash or Check		12.	
13 Carryover From Prior Year		13.	
14 Add Lines 11 through 13		14.	10238.
15 Casualty & Theft Loss(es)		15.	
16a Gambling Losses		16a.	
16b Other - Type & Amount		16b.	
16c Add Lines 16a and 16b		16c.	
17 Add Lines 4, 7, 10, 14, 15, and 16c OR If Deductions Lin	nited, Enter Worksheet Line 12a or 12b	17.	26463.
18 If Total on Line 17 was limited, Enter Amt Part B Line 15, Otherv	vise enter Line 5a & any foreign income tax	18.	4645.
19 Virginia Itemized Deductions 383151 12-19-23 1019	ļ	19.	21818.

2023 Schedule INC/CG Report all W-2s, 1099s & VK-1s with VA Withholding

JILL T BIDEN

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					
	W	3982.			85985.

Total VA Withholding SSN VA Withholding You 3982. Spouse 01 Total # of W-2s, 1099s & VK-1s

383111 12-20-23 1019

JOSEPH R. BIDEN JR & JILL T. BIDEN

VA 763 SP OTHER INCOME - SP	Ň	STATEMENT 1
DESCRIPTION	COLUMN A ALL SOURCES	COLUMN B VIRGINIA SOURCE
TAXABLE SOCIAL SECURITY BENEFITS	18,200.	0.
TOTAL TO FORM 763 SP, PAGE 2, LINE 11	18,200.	0.