<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>122,264</td>
<td>224,686</td>
</tr>
</tbody>
</table>

2a. If you elect the Delaware Standard Deduction check here 

- If you elect the Delaware Itemized Deductions check here 

2b. If filing Status 1, 2, 3, and 5, enter itemized deductions from Page 2, Line 48 in Column B 

Filing Status 4, enter itemized deductions from Page 2, Line 48 in Columns A and B 

3. If filing status 4, enter the total for each appropriate column. All others enter in Column B. 

4. TOTAL DEDUCTIONS- Add line 2 and 3 and enter here 

5. TAXABLE INCOME- Subtract line 4 from Line 1, and Compute tax on this amount 

6. Tax Liability from Tax Rate Table/Schedule 

7. Tax on Lump Sum Distribution (Form 329) 

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

9a. If you file Schedule A, enter the total for each appropriate column. All others enter in Column B. 

9b. Enter number of exemptions claimed on Federal return 

10. Tax imposed by State of (Must attach copy of DE Schedule 1 and other state return) 

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

12. Other Non-Refundable Credits (see instructions) 

13. Child Care Credits. Must attach Form 2441 (End 50% of Federal credit) 

14. Earned Income Tax Credit. See Instructions On Page 8 For All Required Documentation 

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

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

17. Delaware Tax Withheld (Attach W2/1099as) 

18. 2016 Estimated Tax Paid & Payments With Extensions 

19. S Corp Payments and Refundable Business Credits 

20. 2016 Capital Gains Tax Payments (Alt. Form 5403) 

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

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

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

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

25. AMOUNT OF LINE 23 TO BE APPLIED TO 2017 ESTIMATED TAX ACCOUNT 

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

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

28. NET REFUND (For Filing Status 4, see instructions, page 9) A DUE TO BE REFUNDED
2016 DELAWARE RESIDENT FORM 200-01, PAGE 2

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

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

SECTION A - ADDITIONS (+)
29. Enter Federal AGI amount from Federal 1040, 1040A or 1040EZ .................................................. 29 134,764 261,692

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 .................................................. 134,764 261,692

SECTION B - SUBTRACTIONS (-)
34. Interest received on U.S. Obligations ...................................................................................................... 34
35. Pension/Retirement Exclusions (For a definition of eligible income, see instructions) ......................... 35
36. Delaware State tax refund, fiduciary adjustment, work opportunity tax credit, Delaware NOL carry forward - please see instructions ........................................................................................................... 36
37. Taxable Soc Sec RR Retirement Benefits/Higher Educ. Exc/Special Lump Sum Dist. (See instr.) ............. 37
38. SUBTOTAL. Add Lines 34, 35, 36 and 37, and enter here .................................................. STMT 2, 38
39. Subtotal. Subtract Line 36 from Line 33 ............................................................................................... 39
40. Exclusion for certain persons 60 and over or disabled (See instructions) ............................................. 40
41. TOTAL - Add Lines 38 and 40 ................................................................................................................ 41
42. DELAWARE ADJUSTED GROSS INCOME. Subtract Line 41 from Line 33. Enter here and on Page 1, Line 1 42 122,264 224,686

SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A) If columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.
43. Enter total Itemized Deduction from Schedule A, Federal Form, Line 29 .................................................. 43 24,982 30,580
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
47a. Enter State Income Tax Included in Line 43 above (See Instructions) ..................................................... 47a
47b. Enter Form 700 Tax Credit Adjustment (See instructions) ...................................................................... 47b
48. TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Page 1, Line 2 (See instr.) ............. 48 19,839 18,770

SECTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c and d below. See instructions for details.
a. Routing Number
b. Type: Checking Savings
c. Account Number
d. Is this refund going to or through an account that is located outside of the United States? Yes No

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

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

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

Your Signature
Date
Signature of Paid Preparer
Date
Spouse's Signature (if filing joint or combined return)
Date
Address
Home Phone
Business Phone
City
State ZIP
E-Mail Address
EN, SSN or PTIN
Business Phone
E-Mail Address

BALANCE DUE W/PAYMENT ENCLOSED (LINE 27):
DELAWARE DIVISION OF REVENUE
P.O. BOX 508
WILMINGTON, DE 19899-0508
042011 11-29-19

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

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

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

1019 (Rev 11/2016)

DF-2016021019
2016 DELAWARE RESIDENT SCHEDULES

Schedule

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

Social Security Number:

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

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

DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

See the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I. Enter the credit in HIGHEST to LOWEST amount order.

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

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

Qualifying Child Information

10. Was the child under age 24 at the end of 2016, a student, and younger than you (or your spouse, if filing jointly)? .............................................. 10
   YES NO

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

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

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

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

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

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

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

17. A. Non-Game Wildlife  G. Veterans Home  M. White Clay Creek
   B. U.S. Olympics  H. DE National Guard  N. Home of the Brave
   C. Emergency Housing  I. Juv. Diabetes Fund  O. Senior Trust Fund
   E. Organ Donations  K. Ovarian Cancer Fund  Q. Protecting DE's
   F. Diabetes Edu.  L. 21st Fund for Children  R. Children Fund

Enter the total Contribution amount here and on Resident Return, Line 24 .................................................. 17

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Spouse</th>
<th>Taxpayer or Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware AGI (Form 200-01 or 200-02, Page 1)</td>
<td>122,264.</td>
<td></td>
</tr>
<tr>
<td>Virginia Adjusted Gross Income</td>
<td>84,099.</td>
<td></td>
</tr>
<tr>
<td>Delaware Tax (Form 200-01 or 200-02, Page 1)</td>
<td>5,744.</td>
<td></td>
</tr>
<tr>
<td>Tax Imposed by State of Virginia</td>
<td>4,034.</td>
<td></td>
</tr>
<tr>
<td>&quot;Percentage Factor&quot; = Other State's AGI Divided by Delaware AGI</td>
<td>84,099. / 122,264.</td>
<td>.687848</td>
</tr>
<tr>
<td>&quot;Pro-Rata Tax&quot; = Delaware Tax Times Percentage Factor</td>
<td>5,744. x .687848</td>
<td>3,951.</td>
</tr>
<tr>
<td>Amount of Credit = Lesser of: (A) Delaware Tax (B) Tax Imposed by Other State (C) Pro-Rata Tax</td>
<td>3,951.</td>
<td></td>
</tr>
</tbody>
</table>

Amount of Credit, State of Virginia

3,951.

Total to Form 200-01, Page 1, Line 10

3,951.

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Spouse</th>
<th>Taxpayer or Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Benefits</td>
<td>0.</td>
<td>27,600.</td>
</tr>
</tbody>
</table>

Total to Form DE 200-01, Page 2, Line 36

0. 27,600.
## Delaware Itemized Deduction Worksheet

<table>
<thead>
<tr>
<th></th>
<th>Spouse</th>
<th>Taxpayer</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Medical Expenses, Schedule A, Line 4</td>
<td>12,489.</td>
<td>18,903.</td>
<td>31,392.</td>
</tr>
<tr>
<td>D. Contributions, Schedule A, Line 19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Casualty &amp; Theft, Schedule A, Ln 20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Miscellaneous, Schedule A, Line 27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Other Misc., Schedule A, Line 28</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1. Total Itemized Deductions</strong></td>
<td>25,851.</td>
<td>32,266.</td>
<td>58,117.</td>
</tr>
<tr>
<td><strong>2. Enter Amount from 1040, Line 38</strong></td>
<td>134,764.</td>
<td>261,692.</td>
<td>396,456.</td>
</tr>
<tr>
<td><strong>3. Limited Itemized Deductions Disallowed</strong></td>
<td>869.</td>
<td>1,686.</td>
<td>2,555.</td>
</tr>
<tr>
<td><strong>4. Total Itemized Deduction. Subtract Line 3 from Line 1</strong></td>
<td>24,982.</td>
<td>30,580.</td>
<td>55,562.</td>
</tr>
<tr>
<td><strong>Total to Form 200-01, Page 2, Line 43</strong></td>
<td>24,982.</td>
<td>30,580.</td>
<td></td>
</tr>
<tr>
<td>VIRGINIA</td>
<td>SPOUSE</td>
<td>TAXPAYER</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>TAXES INCLUDED ON SCHEDULE A</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>TAX LIABILITY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LESSER OF SCH A TAXES OR TAX LIABILITY</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIRGINIA</td>
<td>SPOUSE</td>
<td>TAXPAYER</td>
<td></td>
</tr>
<tr>
<td>TAXES INCLUDED ON SCHEDULE A</td>
<td>4,595.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>TAX LIABILITY</td>
<td>4,034.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LESSER OF SCH A TAXES OR TAX LIABILITY</td>
<td>4,034.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL OTHER STATE TAXES INCLUDED ON LINE 47A</td>
<td>4,034.</td>
<td>0.</td>
<td></td>
</tr>
</tbody>
</table>