	ONNO DELAWARE INDIVIDUAL RESIDEN	т			
	ZUUÖ N INCOME TAX RETURN FORM 200-01		endavo i	ዛደደው ው ም ርያትለው ትዕንያለያታልን አ	B CANACIA HANGALIA
	or Fiscal year beginning and ending				
	Your Social Security No. Spouse's Social Security No.		11.1		
w					14/11/16/11/11/11
Ë	Your Last Name, First Name and Middle Initial Jr., Sr., III., etc		9 (H)	V . H.V. H.V. H.V. H.V. H.V. H.V. H.V. H	
I L	BIDEN JOSEPH R JR				
LABEL	Spouse's Last Name, Spouse's First Name Jr., Sr., Ill., etc				
	BIDEN JILL T		1/1//		
TTACH	resent Home Address (Number and Street) Apt. #				
1				\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
∢ ,	Dity, State, ZIP Code		₹ \`k */`[-	2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	
1	VILMINGTON, DE				
	FILING STATUS (MUST CHECK ONE)		I WHOM WAS	a a part year societat in 2000 air. H	
	1. Single, Divorced, Widow(e) 3. Separate Forms 5. Head of Household	Form DE2210 Attached	I YOU WELL	a part-year resident in 2008, give the	
	2. Joint 4. X Married & Filing Combined Separate on this form		From _	2008 то	
-	Column A is for Spouse information, Filing Status 4 only. All other filing statuses			Month Day	Month Day
1	DELAWARE ADJUSTED GROSS INCOME. Enter amount from Page 2, Line 41	use Column B.		Column A	Column B
2	a. If you elect the DELAWARE STANDARD DEDUCTION check here		1	68,089.	195,597
	Filing Statuses 1, 3 & 5 Enter \$3250 in Column B Filing Status 4 Enter \$3250 in C	Column A and in Column B	İ		
	If you elect the DELAWARE ITEMIZED DEDUCTIONS check here		ŀ		
	Priling Statuses 1, 2, 3 and 5, enter Itemized Deductions from Page 2, Line 47 in Column B Filing status 4 enter Itemized Deductions from Page 2, Line 47 in Column B Filing status 4 enter Itemized Deductions from Page 2, Line 47 in Columns A and B	[X]	-		
3	ADDITIONAL STANDARD DEDUCTIONS from Page 2, Line 47 in Columns A and B		2	25,502.	25,096.
O	Creek boyards				
	00	umn B - if YOU were			
	65 or over Blind 65 Multiply the number of boxes checked above by \$2500. If you are fifing a combined separate (Fifing status 4) enter the total for each appropriate column. All others enter total in Column B	or over Blind			
	Find status 4) enter the total for each appropriate column. All others enter total in Column B	recold	3		
<u>ч.</u>	TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here		4	25,502.	25,096.
<u>5.</u>	TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amo		5	42,587.	170,501.
c	Column A	Column B	i	-	
6.	Tax Liability from Tax Rate Table/Schedule 1,976.	9,518.	6		
7.	Tax on Lump Surn Distribution (Form 329)		7		
<u>8.</u>	TOTAL TAX - Add Lines 6 and 7 and enter here	>	8	1,976.	9,518.
	PERSONAL CREDITS If you are Filing Status 3, see instructions. If you use Filing Status 4,	enter the total for each appro	priate colu	ımı. All others enter total in Co	olumn B
9a	x \$110		9a	110.	110.
<u>ц</u> ".	on the sa, enter the number of exemptions for: Column A 1.1 Column	В 1			
E 9b	261 60 Ot OAEL (C	oluma B) 🔲			}
9	Enter number of boxes checked on Line 9b. 1×110	· ·	9b	1	110.
₹ 10.	Tax imposed by State of (Must attach copy of DE Sched	ule I and other state return)	10		110.
<u> </u>	Vol. Firelighter Co. # - Column A (Filing Status 4 only) Column B	Enter credit amount	11		
12.	Other Non-Hefundable Credits (see instructions)		12		
, 13.	offine Care Cledit. Must attach Form 2441; Sch. 2, 1040A (Enter 50% of Federa	l credit)	13		
14.	Earned Income Tax Credit. See instructions on Page 8 for ALL required documents	sentation.	14		
15.	Total Non-Helundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter hi	ere	15	110.	220
16.	BALANCE, Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter ")' (Zero)	16	1,866.	220. 9,298.
17.	Delaware Tax Withheld (Attach W2s/1099s) 3,023.		17	1,000.	9.,498.
18.	2008 Estimated Tax Paid & Payments with Extensions 290.	000	18		
19.	S Corporation Payments Form 1100S/A-1 Required	· · · · · · · · · · · · · · · · · · ·	19		
20.	TOTAL Refundable Credits. Add Lines 17, 18 and 19 and enter here		20	2 212	0.400
21.	BALANCE DUE. If Line 16 is greater than Line 20, subtract 20 from 16 and enter I		21	3,313.	8,482.
<u>22.</u>	OVERPAYMENT. If Line 20 is greater than Line 16, subtract 16 from 20 and enter		2	1 / 4 / 7	816.
<u>23.</u>	CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and a	ittach DE Schodula III	4	1 447.	
24.	AMOUNT OF LINE 22 TO BE APPLIED TO 2009 ESTIMATED TAX ACCOUNT			23	
25.	PENALTIES AND INTEREST DUE. If Line 21 is greater than \$400, see estimated ta	y instructions			
26.	NET BALANCE DUE (For Filing Status 4, see instructions, Page 9) For all other filing statuses, enter Line 21 plus Lines 23	v algranding		TER ▶ 25	
27.	NET REFUND (For Filing Status 4, see instructions, Page 9)	7500 DUE 45 5	ray IN F	ULL ▶ 26	
	For all other filing statuses, subtract Lines 22, 24 and 25 from the 20	ZEHO DUE/10 BI	EREFUN	DED ▶ [27]	631.



For all other filing statuses, subtract Lines 23, 24 and 25 from Line 22

STAPLE CHECK HERE

STAPLE W.2 FORMS HERE

2008 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 instructions.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

MOD	IFICATIONS TO FEDERAL ADJUSTED GROSS INCOME	Filing Status 4 ONLY Spouse Information COLUMN A	All other filing statuses You or You plus Spouse COLUMN B					
SECT	SECTION A - ADDITIONS (+)							
28.	Enter Federal AGI amount from Federal 1040, Line 37; 1040A, Line 21; or 1	68,089.	201,167.					
29.	9. Interest on State & Local obligations other than Delaware 29							
30.	Fiduciary adjustment, oil depletion							
31.	TOTAL - Add Lines 29 and 30							
	,							
32.	Subtotal. Add Lines 28 and 31 68,089.	201,167. 32						
SECT	ION B - SUBTRACTIONS (-)							
33.	Interest received on U.S. Obligations							
34.	Pension/Retirement Exclusions (For a definition of eligible income, see in	nstructions)34		16.				
35.	Delaware State tax refund, Delaware lottery, fiduciary adjustment, work opp	•	ļ					
	Travelink Program, Delaware NOL Carry forward please see instructions.							
36.	Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump S			5,554.				
37.	SUBTOTAL. Add Lines 33, 34, 35 and 36 and enter here *			5,570.				
38.	Subtotal. Subtract Line 37 from Line 32 68,089.			r				
39.	Exclusion for certain persons 60 and over or disabled (See instructions) $_{\odot}$							
40.	TOTAL - Add Lines 37 and 39			5,570.				
41.	DELAWARE ADJUSTED GROSS INCOME. Subtract Line 40 from Line 32. Ea	-	68,089.	195,597.				
	ION C - ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A) If e lo specifically allocate deductions between spouses, you must prorate i		you are					
42.	Enter total Remized Deductions from Schedule A, Federal Form 1040, Line 3	29 STMT 2 42	28,472.	33,145.				
43.	Enter Foreign Taxes Paid (See instructions)	43						
44.	Enter Charitable Mileage Deduction (See instructions)	44						
45.	SUBTOTAL Add Lines 42, 43, and 44 and enter here		28,472.	33,145.				
46a.	Enter State Income Tax included in Line 42 above (See instructions)	46a	2,970.	8,049.				
46b.	Enter Form 700 Tax Credit Adjustment (See instructions)							
47.	TOTAL - Subtract Line 46a and 46b from Line 45. Enter here and on Page 1	, Line 2 (See instructions) 47	25,502.	25,096.				
	ION D - DIRECT DEPOSIT INFORMATION If you would like your refund depo		DATE OF DEATH					
your c	checking or savings account, complete boxes a, b and c below. See instruction	ons for details.	Column A	Column B				
a.	. Routing Number b. Type:	Checking Savings	SPOUSE	TAXPAYER				
	. Account Number	3	/ /	/ /				
	Note: If your reland is adjusted by \$10.00 or more, a paper check will be issued and ma	ailed to the address on your return.	Month Day Year	Month Day Year				
Under	BE SURE TO SIGN YOUR RETURN BELO penalties of period, I declare that I have examined this return, including acc	OW AND KEEP A COPY FO	R YOUR RECORDS	ue, correct and complete.				
		Signature & Paid Proparer / A	111 1	Date /				
	4.15.09	111/2/1/11	He W	4/18/08				
Spou	ise's bignature in tiling tout of combined return Date	Address-ZIP CodeGELMAN	, ROSENBERG					
<u> </u>	1 hour 4.15.09	BETHES	DA, MARYLAN	D 20814-2930				
Hom		Business Phone		EIN, SSN OR PTIN				
		<u>(301) 951-9090</u>						
E-ivia	E-Mail Address E-Mail Address							
If a 2D barcode (black and white box) appears in the upper right hand corner of page 1 of this form, send the return to one of the following addresses:								
MAKE CHECKS PAYABLE AND MAIL TO: MAIL REFUND DUE RETURNS TO: MAIL ZERO DUE RETURNS TO: MAKE CHECKS PAYABLE AND MAIL TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8711, WILMINGTON, DELAWARE 19899-8711 DELAWARE DIVISION OF REVENUE, P.O. BOX 8711, WILMINGTON, DELAWARE 19899-8711 DELAWARE DIVISION OF REVENUE, P.O. BOX 508, WILMINGTON, DELAWARE 19899-0508								
MAIL REFUND DUE RETURNS TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8765, WILMINGTON, DELAWARE 19899-8765 MAIL ZERO DUE RETURNS TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8711, WILMINGTON, DELAWARE 19899-8711								

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

842011 12-24-08 (Rev 10/15/08) (VENDOR ID # 1019)



A HERROT.

DE 200-01 SOC SEC/RR RETIREMENT/HIGHER EDUC EXC	L/LUMP SUM DIST	STATEMENT 1
DESCRIPTION	SPOUSE	TAXPAYER OR JOINT
SOCIAL SECURITY BENEFITS	0.	5,554.
TOTAL TO FORM DE 200-01, PAGE 2, LINE 36	0.	5,554.



DE	200-01 DELAWARE ITEMI	ZED DEDUC	TION WORKSHE	ET STA	TEMENT 2
			SPOUSE	TAXPAYER	TOTAL
E C C E F	TOTAL TAXES, SCHEDULE A, LINE INTEREST PAID, SCHEDULE A, LI CONTRIBUTIONS, SCHEDULE A, LI CASUALTY & THEFT, SCHEDULE A,	CAL EXPENSES, SCHEDULE A, LINE 4. LL TAXES, SCHEDULE A, LINE 9 CREST PAID, SCHEDULE A, LINE 15 . CRIBUTIONS, SCHEDULE A, LINE 19 . CRIBUTY & THEFT, SCHEDULE A, LN 20 . CELLANEOUS, SCHEDULE A, LINE 27 . CR MISC., SCHEDULE A, LINE 28	9,196. 18,632. 917.	14,365. 18,632. 968.	23,561. 37,264. 1,885.
1.	TOTAL ITEMIZED DEDUCTIONS		28,745.	33,965.	62,710.
2.		3	68,089.	201,167.	269,256.
3.	LIMITED ITEMIZED DEDUCTIONS DISSALLOWED		273.	820.	1,093.
4.	TOTAL ITEMIZED DEDUCTION. SUE LINE 3 FROM LINE 1	STRACT	28,472.	33,145.	61,617.
TOT	AL TO FORM 200-01, PAGE 2, LINE	E 42	28,472.	33,145.	

FOR DELAWARE PURPOSES

SCHEDULES A&B (Form 1040)

Schedule A - Itemized Deductions

(Schedule B is on page 2)

Attachment Sequence No. 07

Your social security number

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

➤ Attach to Form 1040.

➤ See Instructions for Schedules A&B (Form 1040).

OMB No. 1545-0074

ם נומקסטד	рT	DEN JR. & JILL T BIDEN	, ,				
	BI	Caution. Do not include expenses reimbursed or paid by others.	1				
Medical		** I'-1 and deptal expenses (see page A-1)	1 -			_	
and	1	Enter amount from Form 1040, line 38					
Dental	2	Multiply line 2 by 7.5% (.075)	3			_	
Expenses	3	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-] 4	1	
Taxes You		State and local (check only one box):					
Paid	9	a X Income taxes, or	5	<u>11, :</u>	<u> 215</u>	<u> </u>	
		b General sales taxes					
(See page A-2.)	6	Real estate taxes (see page A-5)	6	12,	<u>346</u>	4	
page A.Z.,	7	Personal property taxes	7				
	8	Other taxes. List type and amount					
	o 1≥	Other taxes. Electype and annual annu					
	įs.		8				00 561
	0	Add lines 5 through 8	<u> </u>		<u> ç</u>		23,561.
Interest	9_	21 and 22 interest and points reported to you on Form 1098	10	37,	<u> 264</u>	<u>•</u>	
Interest You Paid (See page A·5.)	10 11	Home mortgage interest and points reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address					
Note.	•		11				
Personal	12	But the standard to you on Form 1098	12		~	_	•
interest is	13	Qualified mortgage insurance premiums (See page A-6)	13			_	
not deductible.	14	Investment interest, Attach Form 4952 if required. (See page A-6.)	14				27 264
	15	Add lines 10 through 14				15	37,264.
Gifts to	16	Gifts by cash or check	16		335	•	
Charity	17	Other than by cash or check. If any gift of \$250 or more, see page A-8.					
If you made a	17	Vou must attach Form 8283 if over \$500	17		550) .	
gift and got a	18		18			_	1 005
benefit for it, see page A-7.	19			,,,,,	·	19	1,885
Casualty and							
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See page A-8.)			<u>,l</u> ,	20	
Job Expenses	21	Unreimbursed employee expenses - job travel, union dues, job education, etc.					
and Certain		Attach Form 2106 or 2106-EZ if required. (See page A-9.)					
Miscellaneous						Ì	
Deductions			21				
	22	Tax preparation fees	22				
	23	and amount parts deposit how etc. List type and amount				1	
(See		>					
page A-9.)		,				Ì	
			23				
	24	Add lines 21 through 23	24				
	25		4				
	26	Multiply line 25 by 2% (.02)	26			_	
	27	and the office of its more than line 24 enter θ .	,	<u></u>	····	27	
Other	28				ļ		
Miscellaneous Deductions		>					
						28	
		easo osa / easo oze if married filing congratabil?					
Total	29	Is Form 1040, line 38, over \$159,950 (over \$79,975 if married filing separately)?)				
Itemized Deductions	\$	No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	γ		>	29	61,617
		X Yes. Your deduction may be limited. See page A-10 for the amount to enter	۰۷ eck here	· >			
	30	If you elect to itemize deductions even though they are less than your standard deduction, ch	ook jiel	9	ched	ule A (F	orm 1040) 200
LHA 819501 11	- 10-08	For Paperwork Reduction Act Notice, see Form 1040 instructions.		3	J.,.Cu		