£ 1040	Depa	artment of the Treasury - Internal Revenue S	ervice	0000	. 1		1					
<u>틸</u> 1040	U.S	S. Individual Income Tax	Return	2022	, c	OMB No. 1545-007	4 IRS Us	e Only - D	o not write	or staple i	1 this	space.
Filing Status	s	ingle X Married filing jointly	Married filing se	eparately (MFS)	Head	of household (H	юн) П	Qualifyin	g survivi	ing spous	e (Q	 SS)
Check only	If you	ı checked the MFS box, enter the nar										
one box.		d but not your dependent	r									
Your first nam		middle initial	Last name					Y	our socia	l security	/ nui	nber
JOSEPH F			BIDEN 3	JR.								
	spous	e's first name and middle initial	Last name					Sp	ouse's s	ocial sec	urity	number
JILL T.			BIDEN	1-1-								
Home address	s (num	ber and street). If you have a P.	O. box, see instru	ictions.			Apt. no.	Cl	neck here	al Election	r you	ır .
City, town, or	post c	office. If you have a foreign addre	ess, also complet	e spaces below.		State ZIP o	ode			iling joint fund. Che		
• • •	_'	, o		•		1		Ďε	low will	not chang		
Foreign counti	y nan	ne	Foreig	n province/state	e/county	/ Foreign po	stal code	re	fund.	X You	X	Spouse
Digital	At any	time during 2022, did you: (a) r	eceive (as a rewa	rd, award, or pa	yment fo	or property or	services);	or (b) s	ell,			
_		inge, gift, or otherwise dispose o	•		-		•	٠,		Yes	X	No
Standard	Some	one can claim: You as a dep	endent You	r spouse as a de	epender	nt						
Deduction _	s	pouse itemizes on a separate rel	urn or you were	a dual-status alie	en							
				F	_							
		Were born before January 2, 19	58 Are blind	Spouse:	Was b	orn before Janu	iary 2, 1958	3	Is blind			***************************************
Dependents (s	ee ins	tructions):		(2) Social security r	number	(3) Relationsh	ip to you	1		if qualifies		
than four(1) F	irst na	me Last na	me					Child	d tax credit	t Credit fo	r othe	r dependents
depend-								ļ	Н_		Щ	
ents, see Instr. and									#		Щ	
check											+	
here				· · · · · · · · · · · · · · · · · · ·			33.6m 1	Ц	Н.	40	\perp \sqcup	225
Income		Total amount from Form(s) W-2						<u>1a</u>	+	48.	۷,	335.
Attach Form(s)		Household employee wages no							+-			
W-2 here. Also attach Forms		Tip income not reported on line							+-			
W-2G and		Medicaid waiver payments not							+	····		
1099-R if tax was withheld.		Taxable dependent care benefit Employer-provided adoption be							+			
If you did not		Wages from Form 8919, line 6							-	***************************************		
get a Form		Other earned income (see instr							+			
W-2, see instructions.	i	Nontaxable combat pay election						- 111				
modraotiono:	7	Add lines 1a through 1h						1z		48	2.	335.
Attach		Tax-exempt interest	2a			ole interest						273.
Sch. B if		Qualified dividends	3a		b Ordin	ary dividends		3b	1			
required.	1	IRA distributions	4a					41.				879.
[a	-	Pensions and annuities	5a	35,409.		ole amount		5b		3!		240.
Standard Deduction for -		Social security benefits	6a	58,465.	b Taxal	ole amount		6b				695.
 Single or Married 	С	If you elect to use the lump-sur	n election method	d, check here (se	ee instru	ıctions)						
filing separately, \$12,950	7	Capital gain or (loss). Attach So	hedule D if requi	red. If not requir	ed, che	ck here		7				
 Married filing 	8	Other income from Schedule 1	line 10					8		. !	5,	092.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b						9		579	9,	514.
surviving spouse, \$25,900	10	Adjustments to income from So	chedule 1, line 26					10				
Head of	11	Subtract line 10 from line 9. Th	s is your adjuste							579	9,	514.
household, \$19,400	12	Standard deduction or itemiz	ed deductions (1	from Schedule A	N)			12		4	4,	602.
 If you checked 	13	Qualified business income ded	uction from Form	8995 or Form 8	995-A			13				
any box under Standard	14	Add lines 12 and 13						14	<u> </u>	4.	4,	602.
Deduction, see instructions.	15	Subtract line 14 from line 11. If	zero or less, ente	er -0 This is you	r taxab	le income		15	<u></u>	534	1,	912.
	J							Balisti				

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

Form 1040 (2022)

Form 1040 (2022)	JOS	SEPH 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	134,725.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	134,725.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	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	134,725.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	2,933.
	24	Add lines 22 and 23. This is your total tax	24	137,658.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2 25a 90,874.		
	b	Form(s) 1099 25b 10,352.		
	C	Other forms (see instructions) 25c 1,800.		
	d	Add lines 25a through 25c	25d	103,026.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	30,000.
qualifying child,	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812 28		
	29	American opportunity credit from Form 8863, line 8		
	30	Reserved for future use 30		
	31	Amount from Schedule 3, line 15 31		•
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	133,026.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	
Direct deposit?		Routing number c Type: Checking Savings		
See instructions.	d	Account number		
-	36	Amount of line 34 you want applied to your 2023 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the amount you owe.		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	4,632.
	38	Estimated tax penalty (see instructions) 38		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee		tructions Yes. Complete bel	ow.	∏No
		ignee's Phone Personal iden		—
	nam	WALTER H DEYHLE, CPA no. number (PIN)		
	Und	er penal os of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my ect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	knowledg	e and belief, they are true,
Sign		r signature Date Your occupation		If the IRS sent you an Identity
Here		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Protection PIN, enter it here (see inst.)
		mes R. See 41023 PRESIDENT		
Joint return?	Spe	use's signature, if a joint return, both must sign. Date Spouse's occupation		If the IRS sent your spouse
See instructions.				an Identity Protection PIN, enter it here (see inst.)
Keep a copy for your records.	1/	MM 1. / Tiken 14.1023 EDUCATOR		
	Pylo	ne no. Email address		,
Paid F	reperer'	s name Preparer's signature Date PTIN		
Preparer 7	/AL	PER H DEYHLE,		Check if:
Use Only	CPA			Self-employed
-			Phor	
Firm's GE	LMAN	I, ROSENBERG & FREEDMAN		
				Firm's EiN
Firm's address				
Go to www.irs.	gov/Fo	orm 1040 for instructions and the latest information.		Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR, Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number JOSEPH R. BIDEN JR. & JILL T. BIDEN Additional Income Taxable refunds, credits, or offsets of state and local income taxes 0 -1 Alimony received 2a 2a Date of original divorce or separation agreement (see instructions) Business income or (loss). Attach Schedule C 3 3 Other gains or (losses). Attach Form 4797 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5.092. 5 5 6 Farm income or (loss). Attach Schedule F 7 Unemployment compensation 7 Other income: Net operating loss b Gambling 8b Cancellation of debt С 8c Foreign earned income exclusion from Form 2555 8d Income from Form 8853 8e Income from Form 8889 8f Alaska Permanent Fund dividends a 8g h Jury duty pay _____ 8h Prizes and awards 8i Activity not engaged in for profit income **8**j Stock options _____ 8k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such 81 property Olympic and Paralympic medals and USOC prize money (see instructions) 8m Section 951(a) inclusion (see instructions) 8n Section 951A(a) inclusion (see instructions) 80 Section 461(I) excess business loss adjustment 8p Taxable distributions from an ABLE account (see instructions) 8q Scholarship and fellowship grants not reported on Form W-2 8r Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t Wages earned while incarcerated 8u Other income. List type and amount: Total other income. Add lines 8a through 8z 9

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

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

Schedule 1 (Form 1040) 2022

5,092

10

Part	II Adjustments to Income			
11	Educator expenses		. 11	
12	Certain business expenses of reservists, performing artists, and fee-basis	government officials. Attach		
	Form 2106		. 12	
13	Health savings account deduction. Attach Form 8889		13	
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		1 1	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):		_	
20	IRA deduction		20	
21	Student loan interest deduction		. 21	
22	Reserved for future use		. 22	
23	Archer MSA deduction			
24	Other adjustments:	1 1		
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from			
	the rental of personal property engaged in for profit	24b		
C	Nontaxable amount of the value of Olympic and Paralympic			
	medals and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	24d		
е	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			
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1			
	(Form 1041)	24k	_	
Z	Other adjustments. List type and amount:			
	<u> </u>			,
		24z	_	
25			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income.			
	here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

Schedule 1 (Form 1040) 2022

SCHEDULE 2

(Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2022 Attachment 02

•	s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number		
JOSI	EPH R. BIDEN JR. & JILL T. BIDEN			
Part	l Tax	_		
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			
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	525.	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10		
11	Additional Medicare Tax. Attach Form 8959	11	2,174.	
12	Net investment income tax. Attach Form 8960	12	234.	
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		
			(continued on page 2)	

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

Schedule 2 (Form 1040) 2022

ched Part	ule 2 (Form 1040) 2022 II Other Taxes (continued)			. Page 2
17	Other additional taxes:			
	Recapture of other credits. List type, form number, and amount			
<u> </u>	Troduptare of other orodite. Electrypo, form number, and amount	17a		
b	Recapture of federal mortgage subsidy, if you sold your home			
	see instructions	17b		
С	Additional tax on HSA distributions. Attach Form 8889			
d	Additional tax on an HSA because you didn't remain an eligible			
	individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853			
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	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments			
ı	Tax on accumulation distribution of trusts			
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		
0	Tax on non-effectively connected income for any part of the			
	year you were a nonresident alien from Form 1040-NR	17o		
р	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		1 1	
20	Section 965 net tax liability installment from Form 965-A	20		· · · · · · · · · · · · · · · · · · ·
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		21	2,933.

Schedule 2 (Form 1040) 2022

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

Itemized Deductions

Go to www.irs.gov/ScheduleA for instructions and the latest information.
Attach to Form 1040 or 1040-SR,

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

OMB No. 1545-0074

2022

Attachment 07

Name(s) shown on Form 1040 or 1040-SR Your social security number JOSEPH R. BIDEN JR. & JILL T. BIDEN Medical Caution: Do not include expenses reimbursed or paid by others. and Medical and dental expenses (see instructions) **Dental** Enter amount from Form 1040 or 1040-SR, line 11 ______ 2 **Expenses** Multiply line 2 by 7.5% (0.075) Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- ... **Taxes You** State and local taxes. Paid a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box _____ 33,042. b State and local real estate taxes (see instructions) 23,152. 5b c State and local personal property taxes 5c 56,194. d Add lines 5a through 5c 5d e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing 10,000. separately) 5e Other taxes. List type and amount: 6 10,000. Add lines 5e and 6 Interest You 8 Home mortgage interest and points. If you didn't use all of your home Paid mortgage loan(s) to buy, build, or improve your home, see Caution: Your mortgage interest a Home mortgage interest and points reported to you on Form 1098. See deduction may be 14,422. limited. See instructions if limited instructions. b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address 8b c Points not reported to you on Form 1098. See instructions for special rules 8c d Reserved for future use 8d 14,422. e Add lines 8a through 8c Investment interest, Attach Form 4952 if required, See 9 14,422. Add lines 8e and 9 Gifts to Gifts by cash or check. If you made any gift of \$250 or more, Charity 20,180. STMT 5 see instructions 11 Other than by cash or check. If you made any gift of \$250 or more, Caution: If you see instructions. You must attach Form 8283 if over \$500 made a gift and 12 got a benefit for it, Carryover from prior year 13 see instructions. 20,180. Add lines 11 through 13 14 Casualty and Casualty and theft loss(es) from a federally declared disaster (other than net qualified **Theft Losses** disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions 15 Other Other - from list in instructions. List type and amount: Itemized **Deductions** Total Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Itemized Form 1040 or 1040-SR, line 12 44,602. Deductions 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box

SCHEDULE B

(Form 1040)

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

Interest and Ordinary Dividends

Go to www.irs.gov/ScheduleB for instructions and the latest information. Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

Your social security number

JOSEPH R.	E	IDEN JR. & JILL T. BIDEN			
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the	Γ Γ	Amount	
Interest		property as a personal residence, see the instructions and list this interest first. Also, show that			
IIIterest		buyer's social security number and address			
		MANUFACTURERS AND TRADERS TRUST COMPANY			9.
		MANUFACTURERS AND TRADERS TRUST COMPANY		······································	5.
		MANUFACTURERS AND TRADERS TRUST COMPANY			55.
		MASSACHUSETTS MUTUAL LIFE INSURANCE CO		4	84.
		MASSACHUSETTS MUTUAL LIFE INSURANCE CO	 	1	39.
		MASSACHUSETTS MUTUAL LIFE INSURANCE CO	I . ⊢		
			1		49.
		MASSACHUSETTS MUTUAL LIFE INSURANCE CO WSFS BANK			16.
Note: If you			<u> </u>	5,9	00.
received a Form		PNC			16.
1099-INT, Form 1099-OID,					
or substitute					
statement from a brokerage firm,					
list the firm's					
name as the payer and enter					
the total interest					
shown on that	2	Add the amounts on line 1	2	6,2	73.
form.	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.			
		Attach Form 8815	3		
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	6,2	73.
		te: If line 4 is over \$1,500, you must complete Part III.		Amount	
Part II		List name of payer			
Ordinary					
Dividends					
Dividends					
		· · · · · · · · · · · · · · · · · · ·			
		The second secon			
		· · · · · · · · · · · · · · · · · · ·	5		
Note: If you received a Form					
1099-DIV or			I ⊢		
substitute statement from					
a brokerage firm,			 		
list the firm's				11	
name as the payer and enter			l		
the ordinary					
dividends shown on that form.					
on that form.		Market Control of the			
	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6		
		e: If line 6 is over \$1,500, you must complete Part III.		· · · · · · · · · · · · · · · · · · ·	
Part III		must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had	a	Yes	No
Foreign		ign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			140
Accounts	7a	At any time during 2022, did you have a financial interest in or signature authority over a financial ac	count (suc	ո	
and Trusts		as a bank account, securities account, or brokerage account) located in a foreign country? See instr	uctions		X
Caution: If required, failure to file		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (F	BAR),		
Fin CEN Form 114 may		to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for			
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 final		•••	
to file Form 8938, Statement of Specified		account(s) are located			
Foreign Financial	8	During 2022, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign	trust?		
Assets. See Instr. 227501 12-07-22	-	If "Yes," you may have to file Form 3520. See instructions			х
		, , and , an	• • • • • • • • • • • • • • • • • • • •		

											•
	dule E (Form 1040) 2022 e(s) shown on return. Do not enter name and s	social security nu	ımber if shown	on page 1.				Attachment Seque			Page 2 Irity number
.то	SEPH R. BIDEN JR.	, C TTT	T M T	TUENT					'		y namoo
	tion: The IRS compares amounts				mounts sho	own on Sc	hedi	ıle(s) K-1.	<u> </u>		-
	rt II Income or Loss Fr						nout	310(0) 11 11			
	Note: If you report a loss	s, receive a	distribution,	dispose of	•						
	stock, or receive a loan i computation. If you repo	repayment fi ort a loss froi	rom an Sicc m an at-risk	rporation, y activity for	ou must o which anv	heck the back amount is	box i s not	in column (e) on line 28 : t at risk, vou must check	and at	tach the re ox in colun	quired basis nn (f) on
	line 28 and attach Form	6198. See i	instructions	•			- 110	, armon, you must onless			(1)
27	Are you reporting any loss not a	allowed in a	prior year d	ue to the at	risk or bas	is limitatio	ns, a	a prior year unallowed los	ss fror	n a	
	passive activity (if that loss was	not reporte	d on Form 8	3582), or un	reimbursec	l partnersh	nip e	xpenses? If you answere	ed "Ye	s,"	
	see instructions before complet	ting this sect	tion		,					Yes	X No
28	(a)	Name			(b) Enter P for partnership: S for S corporation	(C) Check if foreign	اسا	(d) Employer	(e basis	Check if computation	(f) Check if any amount is
			· · · ·			partnership	- 101	entification number ———	is	required	not at risk
<u>A</u>	CELTICCAPRI CORP	· • · · · · · · · · · · · · · · · · · ·			S		_			X	**************************************
В	GIACOPPA CORP	•			S		┝	-	ļ	X	
C		····					-				
ъ	Passive Incon	no and Loca					<u> </u>	Nonpassive Income and	41.000		
	(g) Passive loss allowed	<u>-</u>	(h) Passiv	e income	(i) Nong	passive loss		(i) Section 179 expense		Nonpassiv	/e income
	(attach Form 8582 if requi		from Sche			ved (see dule K-1)		deduction from Form 4562		rom Sche c	
Α		-			Conc	udio It-1)					2,933.
В											2,159.
С				,		-					
D			1								
29a	Totals										5,092.
b	Totals										
30	Add columns (h) and (k) of line 2								30		5,092.
31	Add columns (g), (i), and (j) of lin								31	(
32	Total partnership and S corpo				lines 30 ar	nd 31			32		5,092.
Pa	rt III Income or Loss Fro	om Estate	s and ir	usis							•
33			((a) Name						(b) Em identificatio	
$\overline{}$					_						
В									-		
<u> </u>	Passi	ive Income	and Loss	· · · · · · · · · · · · · · · · · · ·				Nonpassive Inc	come	and Loss	
	(c) Passive deduction or lo	oss allowed		(d) Pa	ssive incor	ne	(e	e) Deduction or loss		Other inco	ome from
	(attach Form 8582 if r				Schedule K		from Schedule K-1		\ \frac{1}{2}	Schedul	
Α											
В											
34a	Totals										
b	Totals										
35	Add columns (d) and (f) of line 3	14a							35		
36	Add columns (c) and (e) of line 3							•••••	36	(
37	Total estate and trust income rt IV Income or Loss Fro					at Cand			37	laldas	
Pa	rt IV Income or Loss Fro	ili neai E				ss inclusio		(d) Taxable income	uai r		
38	(a) Name	i	(b) Emp dentificatior		from Sch	edules Q,	line	(net loss) from	s	e) Incom(chedules (
					ZC (See I	nstruction	IS)	Schedules Q, line 1b			,
39	Combine columns (d) and (e) on	ly Enter the	result here	and include	in the tot:	al on line 4	L1 be	elow	39		
	rt V Summary	ny i militari tila	oodii Hole	and molude	s mi and tota	<u> </u>					
40	Net farm rental income or (loss)	from Form	4835 . Also.	complete li	ne 42 belo	w		ACMIDISTRA	40		11-11
41	Total income or (loss). Combine lin								41		5,092.
42	Reconciliation of farming and fishi	ng income. E	nter your gr e	oss farming a	and fishing ir	ncome	Ì				
	reported on Form 4835, line 7; Sche	edule K-1 (For	m 1065), box	< 14, code B;	Schedule K-	1					
	(Form 1120-S), box 17, code AD; ar	nd Schedule K	(-1 (Form 104	11), box 14, c	ode F. See in:	structions.	42				
43	Reconciliation for real estate	-	-			.[
	professional (see instructions), e	enter the net	income or	(loss) you re	ported any	where	.				

on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities

SCHEDULE H

(Form 1040)

Department of the Treasury Internal Revenue Service

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes) Attach to Form 1040, 1040-SR, 1040-NR, 1040-SS, or 1041.

OMB No. 1545-0074

Name of employer

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

Social security number **Employer identification number** JOSEPH R. BIDEN JR. & JILL T. BIDEN Calendar year taxpayers having no household employees in 2022 don't have to complete this form for 2022. Did you pay any one household employee cash wages of \$2,400 or more in 2022? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.) X Yes. Skip lines B and C and go to line 1a. No. Go to line B. Did you withhold federal income tax during 2022 for any household employee? Yes. Skip line C and go to line 7. Go to line C. No. С Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2021 or 2022 to all household employees? (Don't count cash wages paid in 2021 or 2022 to your spouse, your child under age 21, or your parent.) Stop. Don't file this schedule. Skip lines 1a-9 and go to line 10. Social Security, Medicare, and Federal Income Taxes 1a 3,300. Total cash wages subject to social security tax Qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2020, and before April 1, 2021, included on line 1a 1b 409. Social security tax. Multiply line 1a by 12.4% (0.124) 2a Employer share of social security tax on qualified sick and family leave wages paid in 2022 for leave 2b taken after March 31, 2020, and before April 1, 2021. Multiply line 1b by 6.2% (0.062) 409. Total social security tax. Subtract line 2b from line 2a 2c 3 96. Medicare tax. Multiply line 3 by 2.9% (0.029) 4 5 Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009) 6 6 Federal income tax withheld, if any 7 7 505. Total social security, Medicare, and federal income taxes. Add lines 2c, 4, 6, and 7 8a Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 ______ 8b Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 8c Total social security, Medicare, and federal income taxes after nonrefundable credits. Add lines 8b 505. and 8c and then subtract that total from line 8a 8d Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 8e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 Qualified sick leave wages for leave taken before April 1, 2021 8a Qualified health plan expenses allocable to qualified sick leave wages reported on line 8g 8h Qualified family leave wages for leave taken before April 1, 2021 Qualified health plan expenses allocable to qualified family leave wages reported on line 8i 8j Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 8k Qualified health plan expenses allocable to qualified sick leave wages reported on line 8k Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 8m Qualified health plan expenses allocable to qualified family leave wages reported on line 8m Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2021 or 2022 to all household employees? (Don't count cash wages paid in 2021 or 2022 to your spouse, your child under age 21, or your parent.) No. Stop. Include the amount from line 8d above on Schedule 2 (Form 1040), line 9. Include the amounts, if any, from line 8e on Schedule 3 (Form 1040), line 13b, and line 8f on Schedule 3 (Form 1040), line 13h. If you're not required to file Form 1040, see the line 9 instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Schedule H (Form 1040) 2022

X Yes. Go to line 10.

Part II	Federal U	nemployment (FUTA) Tax										
												Yes	No
		ment contributions	to only one state?	If you paid cor	tributions to	a crec	dit reduction	state,					
	ructions and c	***************************************									10	X	
		inemployment contri									11	X	<u> </u>
		e taxable for FUTA t				nt tax?					12	X	<u></u>
•		"Yes" box on all the	, ,			•							
If you	checked the	"No" box on any of	the lines above, sk			Section	n B.						
				Section A					Г				
13 Name of	f the state who	ere you paid unemplo	syment contribution	ons]	DE		.				
					1	1							
		your state unemploy				4		10	•				
15 Total ca	sh wages sub	ject to FUTA tax					•••••		15			3,3	
16 FUTA ta	ıx. Multiply lin	e 15 by 0.6% (0.006)	. Enter the result h			o to line	e 25		16				<u>20.</u>
	-			Section E			<u>-</u>						
		below that apply (if)											
(a) Name Ta	(b) xable wages (as	State expe	c) rience rate	(d) State	(e) Multiply col	I. (b)	(f) Multiply col.	(b)	(g Subtrac		Cn	(h) ntributio	nns
of def	ined in state act)		iod	experience	by 0.054		by col. (d)		from c	ol. (e).	pa	id to sta	ite
state		From	То	rate					enter	-0		fund	
	-			_									
					,	1		18	I stationary	ar I	•		
19 Add colu	umns (g) and (h) of line 18				9			4				
		ect to FUTA tax (see							20				
		% (0.06)			1				21				
		% (0.054)			22	2			\dashv				
		ne 19 or line 22.											
		nployment contribution	•						ا	â			
and che		o 02 from line 01. Er							23				
		ne 23 from line 21. Er sehold Employn		and go to line	25				24				
	***************************************	line 8d. If you check		on line C of no					05	Т			05.
										+			25.
	required to file	and line 25	• • • • • • • • • • • • • • • • • • • •		•••••		••••••		26	٠			25.
	•	e the amount from li	no 26 abovo on So	shadula 2 (Earn	n 1040) lina	O Incl	uda tha ama	unto if	any fra	m lina Oa			
LAL 163.		3 (Form 1040), line							-		,		
No.		ve to complete Part I			OIIII 1040 <i>)</i> ,	1116 131	i. Don't cor	iibiete r	ailivi	Jelow.			
Part IV		nd Signature -			d. See the li	ne 27 i	nstructions					-	
Address (number	and street) or P.O.	box if mail isn't delivered to	street address	y q			TOU GOLOTION		Apt., r	oom, or suite	no.		
City, town or pos	t office, state, and	ZIP code							1				
Under penalties of	of perjury, I declare	that I have examined this so	hedule, including accom	npanying statements	, and to the bes	t of my kn	owledge and be	ief, it is tru	ie, correct	t, and comple	ete. No p	art of ar	ny
which preparer had	o a state unemployr as any knowledge.	nent fund claimed as a cred	it was, or is to be, deduc	eted from the payme	nts to employee	s. Declara	tion of preparer	other than	taxpayer	is based on	all infor	mation c	of
Employer's sign	ature		·	-		_	Date			***	-		
	Print/Type	preparer's name	Prenarer'	s signature		Date		heck	if	PTIN			-
Paid			1.1554101	_ 5.5.14.410		-410		elf- emp		""			
Preparer	I I IIIII 3 Halli	9	1					Firm's E		1			
Use Only	·												
	Firm's addr	ess	N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					Phone r	10.				-
							1						

Form **8959**

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.

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

Go to www.irs.gov/Form8959 for instructions and the latest information.

2022
Attachment

Your social security number Name(s) shown on return JOSEPH R. BIDEN JR. & JILL T. BIDEN **Additional Medicare Tax on Medicare Wages** 1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 491,530. 2 Unreported tips from Form 4137, line 6 2 3 Wages from Form 8919, line 6 491,530. 4 Add lines 1 through 3 4 **5** Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 250,000. Single, Head of household, or Qualifying surviving spouse \$200,000 6 Subtract line 5 from line 4. If zero or less, enter -0-241,530. 6 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to 2,174. Part II Additional Medicare Tax on Self-Employment Income 8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) 8 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000 10 Enter the amount from line 4 10 11 Subtract line 10 from line 9. If zero or less, enter -0-12 Subtract line 11 from line 8. If zero or less, enter -0-13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and 13 Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 14 15 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000 16 Subtract line 15 from line 14. If zero or less, enter -0-17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV 17 **Total Additional Medicare Tax** Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR

	0, 10 10 00 more, 000 moradono, 10, and 30 10, art 1		********
Pa	rt V Withholding Reconciliation		
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
	W-2, enter the total of the amounts from box 6	19	8,927.
20	Enter the amount from line 1	20	491,530.
21			7 107
	withholding on Medicare wages	21	7,127.
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare	a Tax	
	withholding on Medicare wages		

23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box
14 (see instructions)
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with

24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)
223111 11-30-22 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

or 1040-SS filers, see instructions), and go to Part V

1,800. Form **8959** (2022)

2,174.

1,800.

18

23

Form **8960**

Net Investment Income Tax - Individuals, Estates, and Trusts

OMB No. 1545-2227

2022

Department of the Treasury Internal Revenue Service Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

	es) snown on your tax return EPH R. BIDEN JR. & JILL T. BIDEN		Yours	social seci	urity number or EIN
Par				•	-
	Section 6013(h) election (see instructions)				
	Regulations section 1.1411-10(g) election (eaa inetriid	etione)		
1	Taxable interest (see instructions)			1	6,273.
2	Ordinary dividends (see instructions)			2	0,2,5.
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts,	1 1			*
	etc. (see instructions)	4a	5,092.		
b	Adjustment for net income or loss derived in the ordinary course of	144		1	
_	a non-section 1411 trade or business (see instructions) STATEMENT 6	4b	-5,092.		
С	Combine lines 4a and 4b		3,0520	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			1	
	net investment income tax (see instructions)	5b			
С	Adjustment from disposition of partnership interest or S corporation			1	
	stock (see instructions)	5c			
d	Combine lines 5a through 5c		17049768	5d	
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	6,273.
Par	t II Investment Expenses Allocable to Investment Income and	Modific	ations		
9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)		104.		
C	Miscellaneous investment expenses (see instructions)	-			
d	Add lines 9a, 9b, and 9c			9d	104.
10	Additional modifications (see instructions)		•••••	10	
11	Total deductions and modifications. Add lines 9d and 10			11	104.
Par	t III Tax Computation				
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, com	plete			
	lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-			12	6,169.
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	579,514.		
14	Threshold based on filing status (see instructions)	14	250,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	329,514.		
16	Enter the smaller of line 12 or line 15			16	6,169.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter h				
	include on your tax return (see instructions)		•••••	17	234.
	Estates and Trusts:		•		
18a	Net investment income (line 12 above)	18a			•
b	Deductions for distributions of net investment income and				
	deductions under section 642(c) (see instructions)	18b			
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	4	110000	
C	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20	Enter the smaller of line 18c or line 19c			20	The state of the s
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). $$				
	and include on your tax return (see instructions)			21	
LHA	For Paperwork Reduction Act Notice, see your tax return instructions.				Form 8960 (2022)

(Rev. December 2022) Department of the Treasury Internal Revenue Service

S Corporation Shareholder Stock and **Debt Basis Limitations**

OMB No. 1545-2302

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.

	e of shareholder			,	Identifyir	ng numl	ber
JII	L T. BIDEN						
	lame of S corporation				B Empl	oyer ide	entification number
GIA	COPPA CORP		3000000				
C S	tock block (see instructions):						
D C	check applicable box(es) to indicate how s	stock was acquired:					
	(1) Criginal shareholder (2)	Purchased (3)	Inherited	(4) 🔲 Gift	(5) 🔲 O	ther:	
	heck if you have a Regulations section 1.	.1367-1(g) election in effect	t during the tax ye	ar for this S o	orporation		<u></u>
Par	t I Shareholder Stock Basis						
1	Stock basis at the beginning of the corp	oration's tax year				1	85,589.
2	Basis from any capital contributions mad	de or additional stock acqu	ired during the ta	x year		2	
3a	Ordinary business income (enter losses i	n Part III)	3	a	2,159.		
b	Net rental real estate income (enter losse	es in Part III)	3	b			
C	Other net rental income (enter losses in I	Part III)	3	С			t
d	Interest income		3	d			
	Ordinary dividends			е			
f	Royalties			f			
g	Net capital gains (enter losses in Part III)		3	g			
	Net section 1231 gain (enter losses in Pa			h			
i	Other income (enter losses in Part III)			i			
j	Excess depletion adjustment		3	j			
k	Tax-exempt income						
1	Recapture of business credits		3	ı			
m	Other items that increase stock basis		3r	n			
4	Add lines 3a through 3m					4	2,159.
5	Stock basis before distributions. Add line	es 1, 2, and 4				5	87,748.
6	Distributions (excluding dividend distribu					6	54,000.
	Note: If line 6 is larger than line 5, subtra						
	Form 8949 and Schedule D. See instruct	tions.					
7	Stock basis after distributions. Subtract	line 6 from line 5. If the res	ult is zero or less,	enter -0-, skip)		
	lines 8 through 14, and enter -0- on line 1	15				7	33,748.
8a	Nondeductible expenses			а			
b			·	b			
С	Business credits (sections 50(c)(1) and (5			С			
9						9	
10	Stock basis before loss and deduction it						···
	enter -0-, skip lines 11 through 14, and e	nter -0- on line 15			,	10	33,748.
11	Allowable loss and deduction items. Ente					11	<u>, </u>
12	Debt basis restoration (see net increase		,			12	· · · · · · · · · · · · · · · · · · ·
13	Other items that decrease stock basis					13	
14	Add lines 11, 12, and 13	***************************************				14	
15	Stock basis at the end of the corporation's ta	x vear. Subtract line 14 from	line 10. If the result	is zero or less.	enter -0	15	33,748.
Par		*					
	Section .	A - Amount of Debt	(If more than thre	e debts, see i	nstructions.)		
		(a) Debt 1	(ы) Debt 2		(c) Debt 3		•
	Description	Formal note	Formal no		Formal note		(d) Total
		Open account	Open acc	ount [Open accou	nt	
16 L	pan balance at the beginning of the						
	orporation's tax year						
	dditional loans (see instructions)						
	pan balance before repayment. Add lines 16 and 17						
	rincipal portion of debt repayment (this line						
de	pesn't include interest)	()	<u> </u>	()[()
	pan balance at the end of the corporation's						
ta	x year. Subtract line 19 from line 18						
202501	12-19-22 LHA For Paperwork Reduct	ion Act Notice, see separ	ate instructions.				Form 7203 (12-2022)

Fo	orm 7203 (Rev. 12-2022)		·			All Section 1				Page 2
	Part II Shareholder Debt Basis (co	ntinue	d) ation D. Adi	tmo.	ata ta Dal	ht Doo	·			
-	Description		<mark>tion B - Adj</mark> a) Debt 1	ustmer	(b) Debt 2		,	Debt 3	T	(d) Total
21	Debt basis at the beginning of the		I DODL I		(b) DODE Z		(6) -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(4) 1 5 5 5 1
	corporation's tax year									
22	Enter the amount, if any, from line 17				'					
	Debt basis restoration (see instructions)									
	Debt basis before repayment. Add	_								
	lines 21, 22, and 23									
25	Divide line 24 by line 18						*	W. C.		
	Nontaxable debt repayment. Multiply									
	line 25 by line 19									
27	Debt basis before nondeductible expenses									
	and losses. Subtract line 26 from line 24									
28	Nondeductible expenses and oil and gas									
	depletion deductions in excess of stock basis									
29	Debt basis before losses and deductions.						-			
	Subtract line 28 from line 27. If the result is									
	zero or less, enter -0-									-
30	Allowable losses in excess of stock basis.									
	Enter the amount from line 47, column (d)						<i>i</i>		ļ	and the state of t
31	Debt basis at the end of the corporation's			-						
	tax year. Subtract line 30 from line 29. If the									
	result is zero or less, enter -0-									
_		Se	ction C - Ga	in on L	oan Repa	aymen	t		1	
32	Repayment. Enter the amount from									
	line 19							***************************************		
33	Nontaxable repayments. Enter the									•
	amount from line 26							,	+	
34	Reportable gain. Subtract line 33 from									
F	line 32 Part III Shareholder Allowable Los	s and	Deduction I	tems				· · · · · · · · · · · · · · · · · · ·		
		T	(a) Current	~~~~~	Carryover	(c) /	Allowable	(d) Allowa	able	(e) Carryover
	Description	١,	year losses nd deductions		nounts in (e)) from		ss from ck basis	loss from		amounts
		· ·	na deductions		evious year	510	CK Dasis	uent nas	15	
3	Ordinary business loss									
	Net rental real estate loss									
	7 Other net rental loss									
38	3 Net capital loss				,	·				
39	Net section 1231 loss									
	Other loss	i								
4	1 Şection 179 deductions									
42	2 Charitable contributions	L_								
43	3 Investment interest expense									
44	Section 59(e)(2) expenditures									
4	5 Other deductions									
46	Foreign taxes paid or accrued							,		
47	7 Total loss. Add lines 35 through 46									
	for each column. Enter the total loss in									
	column (c) on line 11 and enter the total									
	loss in column (d) on line 30			<u></u>		L				7203 (10,000)

Form **7203**

(Rev. December 2022)
Department of the Treasury
Internal Revenue Service
Name of shareholder

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

		ying numb	er
	SEPH R. BIDEN JR.		
		ployer ide	ntification number
CEI	TICCAPRI CORP.		
C 5	Stock block (see instructions):	AND THE RESERVE OF THE PERSON	
D C	Check applicable box(es) to indicate how stock was acquired:		
	(1) Original shareholder (2) Purchased (3) Inherited (4) Gift (5)	Other:	
EC	Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation		
Par	rt I Shareholder Stock Basis		
1	Stock basis at the beginning of the corporation's tax year	1	8,108.
2	Basis from any capital contributions made or additional stock acquired during the tax year		
3a	Ordinary business income (enter losses in Part III)		
b	Net rental real estate income (enter losses in Part III) 3b		
С	Other net rental income (enter losses in Part III)		
d	Interest income 3d		
е	Ordinary dividends 3e		
f	Royalties 3f		
g	Net capital gains (enter losses in Part III)		
h	Net section 1231 gain (enter losses in Part III)		
i	Other income (enter losses in Part III)	7	
i	Excess depletion adjustment 3j	7 1	
k	Tax-exempt income 3k	7	
1	Recapture of business credits 3I		
m			
4	Add lines 3a through 3m	7 4	2,933.
5	Stock basis before distributions. Add lines 1, 2, and 4	5	11,041.
6	Distributions (excluding dividend distributions)		5,927.
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.		
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip		
•	lines 8 through 14, and enter -0- on line 15	7	5,114.
8a	Nondeductible expenses 8a		
b	Depletion for oil and gas 8b	\exists	
c	Business credits (sections 50(c)(1) and (5)) 8c	7 1	
9	Add lines 8a through 8c	9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less,		
	enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	5,114.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)		<u> </u>
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	5,114.
	rt II Shareholder Debt Basis		
	Section A - Amount of Debt (If more than three debts, see instructions.)		,
	(a) Debt 1 (b) Debt 2 (c) Debt 3		
	Description Formal note Formal note Formal note	te	(d) Total
	Open account Open account Open account	ount	•
16 L	oan balance at the beginning of the		
C	orporation's tax year		
17 A	dditional loans (see instructions)		
18 Lo	oan balance before repayment. Add lines 16 and 17		4.4
19 P	rincipal portion of debt repayment (this line		
d	oesn't include interest)		.)
20 L	oan balance at the end of the corporation's		
to	ay year. Subtract line 19 from line 18		

Page 2

_	Description	50		ustments to De			N-1-1-0		, Total
_			(a) Debt 1	(ы) Debt 2	2	(c) [ebt 3	<u> </u>	(d) Total
21	Debt basis at the beginning of the								
	corporation's tax year			•		ļ			in-
	Enter the amount, if any, from line 17	ļ			****	<u> </u>			
	Debt basis restoration (see instructions)								near and a factor of
24	Debt basis before repayment. Add								
	lines 21, 22, and 23				***************************************				
	Divide line 24 by line 18					<u> </u>	-		
26	Nontaxable debt repayment. Multiply								
	line 25 by line 19							ļ	
27	Debt basis before nondeductible expenses								4
	and losses. Subtract line 26 from line 24								
28	Nondeductible expenses and oil and gas								
	depletion deductions in excess of stock basis								
29	Debt basis before losses and deductions.								
	Subtract line 28 from line 27. If the result is								
	zero or less, enter -0-					_			
30	Allowable losses in excess of stock basis.								
	Enter the amount from line 47, column (d)	<u> </u>							
31	Debt basis at the end of the corporation's								
	tax year. Subtract line 30 from line 29. If the					*			
	result is zero or less, enter -0-		estion C Co	_ ∣ in on Loan Rep					
_	B		ection C - Ga	in on Loan Rep	ayınıen	L			
32	Repayment. Enter the amount from								
	line 19								
33	Nontaxable repayments. Enter the								
24	amount from line 26							ļ	
	Reportable gain. Subtract line 33 from								
P	line 32 art III Shareholder Allowable Los	s and	d Deduction I	tems	<u> </u>	<u> </u>			
(#. c)			(a) Current	(b) Carryover	(c)	Allowable	(d) Allowa	ble	(e) Carryover
	Description		year losses and deductions	amounts (column (e)) from the previous year) ĺo	ss from ock basis	loss fron debt basi	1	amounts
35	Ordinary business loss								
36	Net rental real estate loss	L							
	Other net rental loss								
	Net capital loss		.,						
	Net section 1231 loss								
40	Other loss	L							
41	Section 179 deductions	L							
42	Charitable contributions								
43	Investment interest expense	L							
44	Section 59(e)(2) expenditures	L				AA WARAAN AANIMINA			
	Other deductions	1	a Andre College College	400.					A 2010/750000
46	Foreign taxes paid or accrued	L							
47	Total loss. Add lines 35 through 46	1							
	for each column. Enter the total loss in		•						
		1.		1	1		I .	1	
	column (c) on line 11 and enter the total							- 1	

Form **7203**(Rev. December 2022) Department of the Treasury Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. 203

Nam	e of shareholder				Identifyi	ng num	ber
JII	LL T. BIDEN						
A	lame of S corporation				B Emp	loyer ide	entification number
GIZ	ACOPPA CORP						
CS	Stock block (see instructions):						
D (Check applicable box(es) to indicate how s	stock was acquired:					
	(1) Original shareholder (2)	Purchased (3)	Inherited	(4)	Gift (5) O	ther:	
E	Check if you have a Regulations section 1.	1367-1(g) election in effect	t during the tax	k year for thi	s S corporation		
	rt I Shareholder Stock Basis	- SAAAAAAA					
1	Stock basis at the beginning of the corpo	oration's tax year				1	85,589.
2	Basis from any capital contributions made					2	
За	Ordinary business income (enter losses i			3a	2,159.		,
b	Net rental real estate income (enter losse			3b			
С	Other net rental income (enter losses in I			3c	- MANAGE - 11		
d	Interest income			3d			
e	Ordinary dividends			3e	*		
f	Royalties			3f			
g g	Net capital gains (enter losses in Part III)			3g	· · · · · · · · · · · · · · · · · · ·		
_	Net section 1231 gain (enter losses in Partin)			3h			
i	Other income (enter losses in Part III)			3i			
'				3j			
	Excess depletion adjustment			3k			
k	Tax-exempt income						
	Recapture of business credits						
m	Other items that increase stock basis					1000 Miles	2 150
4	Add lines 3a through 3m					4	2,159. 87,748.
5	Stock basis before distributions. Add line					5	54,000.
6	Distributions (excluding dividend distribu	,				6	34,000.
	Note: If line 6 is larger than line 5, subtra Form 8949 and Schedule D. See instruct		port the result	as a capital	gain on		
		•					
7	Stock basis after distributions. Subtract			•			22 740
	lines 8 through 14, and enter -0- on line 1					7	33,748.
8a				8a			
þ				8b			
С	Business credits (sections 50(c)(1) and (5						
9	Add lines 8a through 8c					9	
10	Stock basis before loss and deduction it						
	enter -0-, skip lines 11 through 14, and en					10	33,748.
11	Allowable loss and deduction items. Ente		, column (c)			11	·
12	Debt basis restoration (see net increase i	n instructions for line 23)				12	
13	Other items that decrease stock basis					13	
14	Add lines 11, 12, and 13				•••••	14	
15	Stock basis at the end of the corporation's ta	x year. Subtract line 14 from	line 10. If the re	sult is zero or	less, enter -0	15	33,748.
Pai	t II Shareholder Debt Basis						
	Section .	A - Amount of Debt					
	Dan and attack	(a) Debt 1	(ь) Del	bt 2	(c) Debt 3		
	Description	Formal note	Forma	al note	Formal note		(d) Total
		Open account	, Open	account	Open accou	nt	
16 L	oan balance at the beginning of the						
C	orporation's tax year						-
17 A	dditional loans (see instructions)						
18 L	oan balance before repayment. Add lines 16 and 17						
19 P	rincipal portion of debt repayment (this line						
d	oesn't include interest)	()	()	()
	oan balance at the end of the corporation's					T	
	ax year. Subtract line 19 from line 18						

202501 12-19-22 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **7203** (12-2022)

47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total

loss in column (d) on line 30

Form **7203**

S Corporation Shareholder Stock and Debt Basis Limitations

(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

	e of shareholder				Identifyir	ng numb	er
JOS	EPH R. BIDEN JR.						
A 1	ame of S corporation				B Empl	oyer ider	tification number
CEI	TICCAPRI CORP.						
CS	tock block (see instructions):						
D (heck applicable box(es) to indicate how st	ock was acquired:					
	(1) Original shareholder (2)	Purchased (3)	Inherited	(4)	Gift (5) 🔲 O	ther:	
E (heck if you have a Regulations section 1.1	367-1(g) election in effect	during the tax	year for this			
Pa	t I Shareholder Stock Basis						
1	Stock basis at the beginning of the corpo	ration's tax year				1	8,108.
· 2	Basis from any capital contributions made				and the second s	2	
За	Ordinary business income (enter losses in			За	2,933.		
b	Net rental real estate income (enter losses		*	3b	•		
c	Other net rental income (enter losses in P	,		3c			
d	Interest income			3d			
e	Ordinary dividends			3e			
f	Royalties			3f			
g	Net capital gains (enter losses in Part III)			3g			
h	Net section 1231 gain (enter losses in Par			3h			
:	Other income (enter losses in Part III)			3i			
'				- 1			
. J	Excess depletion adjustment			3j			
K	Tax-exempt income		•••••	3k			
1	Recapture of business credits			31			
m	Other items that increase stock basis			3m		NEW SERVICE	2 022
4	Add lines 3a through 3m					4	2,933. 11,041.
5	Stock basis before distributions. Add lines					5	
6	Distributions (excluding dividend distribut	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				6	5,927.
	Note: If line 6 is larger than line 5, subtractions 8949 and Schedule D. See instructions		port the result	as a capital (gain on		
7	Stock basis after distributions. Subtract li				•		- 111
	lines 8 through 14, and enter -0- on line 15					7	5,114.
8a	Nondeductible expenses			8a			
b				8b			
C	Business credits (sections 50(c)(1) and (5))		8c		0.1000	
9	Add lines 8a through 8c			,		9	
10	Stock basis before loss and deduction ite						
	enter -0-, skip lines 11 through 14, and en					10	5,114.
11	Allowable loss and deduction items. Enter	the amount from line 47,	column (c)			11	
12	Debt basis restoration (see net increase in	instructions for line 23)				12	
13	Other items that decrease stock basis					13	winien)
14	Add lines 11, 12, and 13					14	
15	Stock basis at the end of the corporation's tax	year. Subtract line 14 from	line 10. If the re	sult is zero or	less, enter -0	15	5,114.
Par	t II Shareholder Debt Basis				,		
	Section A	- Amount of Debt	(If more than t	ree debts, s	ee instructions.)		
		(a) Debt 1	(b) Deb	ot 2	(c) Debt 3		
	Description	Formal note	Forma	l note	Formal note		(d) Total
		Open account	Open	account	Open accou	nt	
16 L	pan balance at the beginning of the						
C	orporation's tax year			,			
	dditional loans (see instructions)						
	an balance before repayment. Add lines 16 and 17						
19 P	incipal portion of debt repayment (this line						
	pesn't include interest)	()	()	()(
	pan balance at the end of the corporation's					(`	
	x year. Subtract line 19 from line 18						

Form **7203** (12-2022)

column (c) on line 11 and enter the total

loss in column (d) on line 30

S EMPLOYER'S NAME S NORTHERN VIRGINIA COMMUNITY CO T DFAS-CIVPAY DIRECTORATE		-	STATE TAX WITHHELD 3,985. 24,735.	CITY SDI TAX W/H	FICA TAX 5,675.	
COMMUNITY CO T DFAS-CIVPAY DIRECTORATE TOTALS	482,335.	80,175.	24,735.			
DIRECTORATE TOTALS	482,335.				9,114.	7 600
		90,874.	28.720			7,000.
FORM 1040			20,720		14,789.	8,927.
	IRA	DISTRIBUTI	ONS		STATE	EMENT 2
NAME OF PAYER				ROSS RIBUTION	TAXABL	E AMOUNT
WELLS FARGO 879.						879.
TOTAL TO FORM 1040, LINES	4A AND 4	В		879	•	879.
FORM 1040	PENSI	ONS AND ANN	UITIES		STATE	MENT 3
OFFICE OF PENSIONS						
AMOUNT RECEIVED THIS YEA NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBUTIO		D ON SCH D		34,460 169		
						34,291.
TIAA						
AMOUNT RECEIVED THIS YEA NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBUTION		D ON SCH D		949	9.	
						949.
	040, LINE	5B				35,240.

3. ADD THE AMOUNTS ON FORM 1040, LINES 1Z, 2A, 2B, 3B, 4B, 5B, 7 AND 8. IF FILING FORM 8815, DON'T INCLUDE THE AMOUNT FROM LINE 2B. INSTEAD, USE THE AMOUNT FROM SCHEDULE B, LINE 2. DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099 4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM FOREIGN EARNED FUERTO RICO THAT YOU CLAIMED 5. ADD LINES 2, 3, AND 4 6. ADD THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20, AND 23 AND 25 7. SUBTRACT LINE 6 FROM LINE 5 8. ENTER: \$25000. IF YOU CHECKED BOX A OR D, OR \$32,000. IF YOU CHECKED BOX B, OR \$32,000. IF YOU CHECKED BOX C 9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0- ON FORM 1040, LINE 6B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2022, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD 'BENEFITS' ON LINE 6A. [X] YES. SUBTRACT LINE 8 FROM LINE 7 10. ENTER \$9000. IF YOU CHECKED BOX A OR D, \$12000. IF YOU CHECKED BOX C 11. SUBTRACT LINE 10 FROM LINE 7 10. ENTER \$9000. IF YOU CHECKED BOX C 11. SUBTRACT LINE 8 FROM LINE 7 12. ENTER SMALLER OF LINE 9 OR LINE 10 13. ENTER ONE HALF OF LINE 12 14. ENTER THE SMALLER OF LINE 10 OR LINE 13 15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 437,794. 443,794. 49,695.	FORM	1040 SOCIAL SECURITY BENEFITS WORKSHEET	STATEMENT 4
A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING SURVIVING SPOUSE B. MARRIED FILING JOINTLY C. MARRIED FILING JOINTLY C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE FOR ALL OF 2022 D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2022 1. ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON FORM 1040, LINE 6A IF YOU CHECKED BOX B: TAXPAYER AMOUNT 38,981. SPOUSE AMOUNT 19,484. 2. MULTIPLY LINE 1 BY 50\$ (0.50) 3. ADD THE AMOUNTS ON FORM 1040, LINES 12, 2A, 2B, 3B, 4B, 5B, 7 AND 8. IF FILING FORM 3815, DON'T INCLUDE THE AMOUNT FROM LINE 2B. INSTEAD, USE THE AMOUNT FROM SCHEDULE B, LINE 2. DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099 4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED 5. ADD LINES 2, 3, AND 4 6. ADD THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20, AND 23 AND 25 7. SUBTRACT LINE 6 FROM LINE 5 8. ENTER: \$25000. IF YOU CHECKED BOX A OR D, OR \$32000. IF YOU CHECKED BOX C 9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [1] NO. STOP, NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0 - ON FORM 1040, LINE 6B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2022, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 6A. [X] YES. SUBTRACT LINE 8 FROM LINE 7 10. ENTER SMOUO. IF YOU CHECKED BOX			
 X B. MARRIED FILING SCHARATELY AND LIVED WITH YOUR SPOUSE AT ANY TIME DURING 2022 D. MARRIED FILING SCHARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2022 1. ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON FORM 1040, LINE 6A			
C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE AT ANY TIME DURING 2022 D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2022 1. ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON FORM 1040, LINE 6A			
AT ANY TIME DURING 2022 D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2022 1. ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR FORMS 558.1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON FORM 1040, LINE 6A IF YOU CHECKED BOX B: TAXPAYER AMOUNT 38,981. SPOUSE AMOUNT 19,484. 2. MULTIPLY LINE 1 BY 50% (0.50) 3. ADD THE AMOUNTS ON FORM 1040, LINES 12, 2A, 2B, 3B, 4B, 5B, 7 AND 8. IF FILING FORM 8815, DON'T INCLUDE THE AMOUNT FROM LINE 2B. INSTEAD, USE THE AMOUNT FROM SCHEDULE B, LINE 2. DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099 4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUBRTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED 5. ADD LINES 2, 3, AND 4 6. ADD THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20, AND 23 AND 25 7. SUBTRACT LINE 6 FROM LINE 5 8. ENTER: \$25000. IF YOU CHECKED BOX A OR D, OR \$232000. IF YOU CHECKED BOX B, OR \$232000. IF YOU CHECKED BOX C 9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0 ON FORM 1040, LINE 6B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVE DAPART FROM YOUR SPOUSE FOR ALL OF 2022, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 6A. [X] YES. SUBTRACT LINE 8 FROM LINE 7 10. ENTER \$9000. IF YOU CHECKED BOX B \$ 0 - IF			
1. ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON FORM 1040, LINE 6A IF YOU CHECKED BOX B: TAXPAYER AMOUNT 38,981. SPOUSE AMOUNT 19,484. 2. MULTIPLY LINE 1 BY 50% (0.50) 3. ADD THE AMOUNTS ON FORM 1040, LINES 12, 2A, 2B, 3B, 4B, 5B, 7 AND 8. IF FILING FORM 8815, DON'T INCLUDE THE AMOUNT FROM LINE 2B. INSTEAD, USE THE AMOUNT FROM SCHEDULE B, LINE 2. DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099 4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUBRTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED 5. ADD LINES 2, 3, AND 4 6. ADD THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20, AND 23 AND 25 7. SUBTRACT LINE 6 FROM LINE 5 8. ENTER: \$25000. IF YOU CHECKED BOX A OR D, OR \$322000. IF YOU CHECKED BOX B, OR \$232000. IF YOU CHECKED BOX C 9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0 ON FORM 1040, LINE 6A. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVE DAPART FROM YOUR SPOUSE FOR ALL OF 2022, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 6A. [12] YES. SUBTRACT LINE 8 FROM LINE 7 10. ENTER \$9000. IF YOU CHECKED BOX C 11. SUBTRACT LINE 10 FROM LINE 9 OR LINE 10 12. ENTER THE SMALLER OF LINE 2 OR LINE 10 13. ENTER ONE HALF OF LINE 2 14. ENTER THE SMALLER OF LINE 12 15. MULTIPLY LINE 1 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-10 (.000.) 11 (.000.) 15 (.000			
FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON FORM 1040, LINE 6A	D.		
FORM 1040, LINE 6A IF YOU CHECKED BOX B: TAXPAYER AMOUNT SPOUSE AMOUNT 19,484. 2. MULTIPLY LINE 1 BY 50% (0.50) 3. ADD THE AMOUNTS ON FORM 1040, LINES 1Z, 2A, 2B, 3B, 4B, 5B, 7 AND 8. IF FILING FORM 8815, DON'T INCLUDE THE AMOUNT FROM LINE 2B. INSTEAD, USE THE AMOUNT FROM SCHEDULE B, LINE 2. DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099 4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED 5. ADD LINES 2, 3, AND 4 6. ADD THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20, AND 23 AND 25 8. ENTER: \$25000. IF YOU CHECKED BOX A OR D, \$-0- IF YOU CHECKED BOX C 9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [] NO. STOP. NOME OF YOUR SCCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0- ON FORM 1040, LINE 6B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2022, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 6A. [X] YES. SUBTRACT LINE 8 FROM LINE 6. [X] YES. SUBTRACT LINE 8 FROM LINE 6. [X] YES. SUBTRACT LINE 8 FROM LINE 6A. [X] YES. SUBTRACT LINE 8 FROM LIN	1. E	NTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR	
IF YOU CHECKED BOX B: TAXPAYER AMOUNT			
SPOUSE AMOUNT 19,484. 2. MULTIPLY LINE 1 BY 50% (0.50) 3. ADD THE AMOUNTS ON FORM 1040, LINES 1Z, 2A, 2B, 3B, 4B, 5B, 7 AND 8. IF FILING FORM 8815, DON'T INCLUDE THE AMOUNT FROM LINE 2B. INSTEAD, USE THE AMOUNT FROM SCHEDULE B, LINE 2. DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR REB-1099 4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED 5. ADD LINES 2, 3, AND 4 6. ADD THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20, AND 23 AND 25 7. SUBTRACT LINE 6 FROM LINE 5 8. ENTER: \$25000. IF YOU CHECKED BOX A OR D, OR \$32000. IF YOU CHECKED BOX B, OR \$22000. IF YOU CHECKED BOX C 9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0 - ON FORM 1040, LINE 6B. IF YOU ARE MARRIED FILLING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2022, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 6A. [X] YES. SUBTRACT LINE 8 FROM LINE 7 10. ENTER \$9000. IF YOU CHECKED BOX C 11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0 - 12,000. 15 YOU CHECKED BOX C 12. ENTER THE SMALLER OF LINE 9. IF ZERO OR LESS, ENTER -0 - 12,000. 15 YOU CHECKED BOX C 11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0 - 12,000. 15 YOU CHECKED BOX C 12. ENTER THE SMALLER OF LINE 10 - 6,000. 15 YOU CHECKED BOX C 14. ENTER THE SMALLER OF LINE 2 OR LINE 13 - 6,000. 15 YOU CHECKED BOX C 15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0 - 437,794. 443,794. 49,695. 18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 - 49,695.	F		58,465.
2. MULTIPLY LINE 1 BY 50% (0.50) 3. ADD THE AMOUNTS ON FORM 1040, LINES 1Z, 2A, 2B, 3B, 4B, 5B, 7 AND 8. IF FILING FORM 8815, DON'T INCLUDE THE AMOUNT FROM LINE 2B. INSTEAD, USE THE AMOUNT FROM SCHEDULE B, LINE 2. DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099 4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED 5. ADD LINES 2, 3, AND 4 6. ADD THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20, AND 23 AND 25 7. SUBTRACT LINE 6 FROM LINE 5 8. ENTER: \$25000. IF YOU CHECKED BOX A OR D, OR \$32000. IF YOU CHECKED BOX B, OR \$-0 - IF YOU CHECKED BOX C 9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0- ON FORM 1040, LINE 6B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2022, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 6A. [X] YES. SUBTRACT LINE 8 FROM LINE 7 10. ENTER \$9000. IF YOU CHECKED BOX C 11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- \$12,000. \$15,			
7 AND 8. IF FILING FORM 8815, DON'T INCLUDE THE AMOUNT FROM LINE 2B. INSTEAD, USE THE AMOUNT FROM SCHEDULE B, LINE 2. DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099 4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED 5. ADD LINES 2, 3, AND 4 6. ADD THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20, AND 23 AND 25 7. SUBTRACT LINE 6 FROM LINE 5 8. ENTER: \$25000. IF YOU CHECKED BOX A OR D, OR \$32000. IF YOU CHECKED BOX B, OR \$-0- IF YOU CHECKED BOX B, OR \$-0- IF YOU CHECKED BOX C 9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0- ON FORM 1040, LINE 6B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2022, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 6A. [X] YES. SUBTRACT LINE 8 FROM LINE 7 10. ENTER \$9000. IF YOU CHECKED BOX A OR D, \$12000. IF YOU CHECKED BOX B \$-0- IF YOU CHECKED BOX B \$-0- IF YOU CHECKED BOX C 11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 15. YOU CHECKED BOX C 11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 12. ENTER THE SMALLER OF LINE 9 OR LINE 10 13. ENTER ONE HALF OF LINE 2 OR LINE 13 14. ENTER THE SMALLER OF LINE 2 OR LINE 13 15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 1437,794. 144, MULTIPLY LINE 1 BY 85% (.85) 18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 149,695.	2. M	ULTIPLY LINE 1 BY 50% (0.50)	29,233.
LINE 2B. INSTEAD, USE THE AMOUNT FROM SCHEDULE B, LINE 2. DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099 4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED 559,052 6. ADD LINES 2, 3, AND 4 6. ADD THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20, AND 23 AND 25 7. SUBTRACT LINE 6 FROM LINE 5 8. ENTER: \$25000. IF YOU CHECKED BOX A OR D, OR \$32000. IF YOU CHECKED BOX C 9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0 - ON FORM 1040, LINE 6B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2022, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 6A. [X] YES. SUBTRACT LINE 8 FROM LINE 7 10. ENTER \$9000. IF YOU CHECKED BOX B \$12,000. \$12000. IF YOU CHECKED BOX C 11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 21. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO, ENTER -0- 21. ENTER THE SMALLER OF LINE 9 OR LINE 10 12. ENTER ONE HALF OF LINE 2 OR LINE 13 14. ENTER THE SMALLER OF LINE 2 OR LINE 13 15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 437,794. 443,794. 49,695.	3. A	DD THE AMOUNTS ON FORM 1040, LINES 1Z, 2A, 2B, 3B, 4B, 5B,	
DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099 4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED 5. ADD LINES 2, 3, AND 4 6. ADD THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20, AND 23 AND 25 7. SUBTRACT LINE 6 FROM LINE 5 8. ENTER: \$25000. IF YOU CHECKED BOX A OR D, OR \$32000. IF YOU CHECKED BOX B, OR \$-0 - IF YOU CHECKED BOX C 9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0 - ON FORM 1040, LINE 6B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2022, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 6A. [X] YES. SUBTRACT LINE 8 FROM LINE 7 10. ENTER \$9000. IF YOU CHECKED BOX B \$-0 - IF YOU CHECKED BOX C 11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0 - 515,052. 12. ENTER THE SMALLER OF LINE 9 OR LINE 10 12,000. 13. ENTER ONE HALF OF LINE 2 OR LINE 10 12,000. 14. ENTER THE SMALLER OF LINE 2 OR LINE 13 15 ZERO, ENTER -0 447,794. 16. ADD LINES 14 AND 15 43,794. 17. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0 427,794. 18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 49,695.			
## RRB-1099 4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED 5. ADD LINES 2, 3, AND 4 6. ADD THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20, AND 23 AND 25 7. SUBTRACT LINE 6 FROM LINE 5 8. ENTER: \$25000. IF YOU CHECKED BOX A OR D, OR \$32000. IF YOU CHECKED BOX B, OR \$-0- IF YOU CHECKED BOX C 9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0- ON FORM 1040, LINE 6B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2022, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 6A. [X] YES. SUBTRACT LINE 8 FROM LINE 7 10. ENTER \$9000. IF YOU CHECKED BOX C 11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 515,052. 12. ENTER THE SMALLER OF LINE 9 OR LINE 10 13. ENTER ONE HALF OF LINE 2 OR LINE 13 15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 437,794. 443,794. 49,695.			
INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED 5. ADD LINES 2, 3, AND 4 6. ADD THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20, AND 23 AND 25 7. SUBTRACT LINE 6 FROM LINE 5 8. ENTER: \$25000. IF YOU CHECKED BOX A OR D, OR \$32000. IF YOU CHECKED BOX B, OR \$32000. IF YOU CHECKED BOX C 9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0- ON FORM 1040, LINE 6B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2022, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 6A. [X] YES. SUBTRACT LINE 8 FROM LINE 7 10. ENTER \$9000. IF YOU CHECKED BOX A OR D, \$12000. IF YOU CHECKED BOX C 11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 15. YOU CHECKED BOX C 12. ENTER THE SMALLER OF LINE 9 OR LINE 10 13. ENTER ONE HALF OF LINE 12 14. ENTER THE SMALLER OF LINE 2 OR LINE 13 15. MULTIPLY LINE 1 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 437,794. 449,695. 18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 49,695.			529,819.
OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED 5. ADD LINES 2, 3, AND 4 6. ADD THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20, AND 23 AND 25 7. SUBTRACT LINE 6 FROM LINE 5 8. ENTER: \$25000. IF YOU CHECKED BOX A OR D, OR \$32000. IF YOU CHECKED BOX B, OR \$-0 — IF YOU CHECKED BOX C 9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0 — ON FORM 1040, LINE 6B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2022, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 6A. [X] YES. SUBTRACT LINE 8 FROM LINE 7 10. ENTER \$9000. IF YOU CHECKED BOX A OR D, \$12000. IF YOU CHECKED BOX B \$-0 — IF YOU CHECKED BOX C 11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0 — 515,052. 12. ENTER THE SMALLER OF LINE 9 OR LINE 10 13. ENTER ONE HALF OF LINE 12 14. ENTER THE SMALLER OF LINE 20 R LINE 13 15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0 — 437,794. 16. ADD LINES 14 AND 15 18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 49,695.			
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8. ENTER: \$25000. IF YOU CHECKED BOX A OR D, OR \$32000. IF YOU CHECKED BOX B, OR \$-0- IF YOU CHECKED BOX B, OR \$-0- IF YOU CHECKED BOX C 9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0- ON FORM 1040, LINE 6B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2022, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 6A. [X] YES. SUBTRACT LINE 8 FROM LINE 7 10. ENTER \$9000. IF YOU CHECKED BOX A OR D, \$12000. IF YOU CHECKED BOX B \$-0- IF YOU CHECKED BOX C 11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 12. ENTER THE SMALLER OF LINE 9 OR LINE 10 13. ENTER ONE HALF OF LINE 12 14. ENTER THE SMALLER OF LINE 2 OR LINE 13 15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 16. ADD LINES 14 AND 15 17. MULTIPLY LINE 1 BY 85% (.85) 18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 49,695.			0.
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\$-0- IF YOU CHECKED BOX C 9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0- ON FORM 1040, LINE 6B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2022, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 6A. [X] YES. SUBTRACT LINE 8 FROM LINE 7 10. ENTER \$9000. IF YOU CHECKED BOX A OR D, \$12000. IF YOU CHECKED BOX C 11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 12. ENTER THE SMALLER OF LINE 9 OR LINE 10 13. ENTER ONE HALF OF LINE 12 14. ENTER THE SMALLER OF LINE 2 OR LINE 13 15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 437,794. 443,794. 16. ADD LINES 14 AND 15 17. MULTIPLY LINE 1 BY 85% (.85) 18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 49,695.	0	\$32000. IF YOU CHECKED BOX B, OR	
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[X] YES. SUBTRACT LINE 8 FROM LINE 7 10. ENTER \$9000. IF YOU CHECKED BOX A OR D, \$12000. IF YOU CHECKED BOX B \$-0- IF YOU CHECKED BOX C 11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 12. ENTER THE SMALLER OF LINE 9 OR LINE 10 13. ENTER ONE HALF OF LINE 12 14. ENTER THE SMALLER OF LINE 2 OR LINE 13 15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 16. ADD LINES 14 AND 15 17. MULTIPLY LINE 1 BY 85% (.85) 18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 49,695.			
10. ENTER \$9000. IF YOU CHECKED BOX A OR D, \$12000. IF YOU CHECKED BOX B \$-0- IF YOU CHECKED BOX C 12,000. 11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 515,052. 12. ENTER THE SMALLER OF LINE 9 OR LINE 10 12,000. 13. ENTER ONE HALF OF LINE 12 6,000. 14. ENTER THE SMALLER OF LINE 2 OR LINE 13 6,000. 15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 437,794. 16. ADD LINES 14 AND 15 443,794. 17. MULTIPLY LINE 1 BY 85% (.85) 49,695.			F07 0F0
\$12000. IF YOU CHECKED BOX B \$-0- IF YOU CHECKED BOX C 11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 515,052. 12. ENTER THE SMALLER OF LINE 9 OR LINE 10 12,000. 13. ENTER ONE HALF OF LINE 12 6,000. 14. ENTER THE SMALLER OF LINE 2 OR LINE 13 6,000. 15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 437,794. 16. ADD LINES 14 AND 15 443,794. 17. MULTIPLY LINE 1 BY 85% (.85) 49,695.			527,052.
11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 12. ENTER THE SMALLER OF LINE 9 OR LINE 10 13. ENTER ONE HALF OF LINE 12 14. ENTER THE SMALLER OF LINE 2 OR LINE 13 15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 16. ADD LINES 14 AND 15 17. MULTIPLY LINE 1 BY 85% (.85) 18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 49,695.	10.		
12. ENTER THE SMALLER OF LINE 9 OR LINE 10 13. ENTER ONE HALF OF LINE 12 14. ENTER THE SMALLER OF LINE 2 OR LINE 13 15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 16. ADD LINES 14 AND 15 17. MULTIPLY LINE 1 BY 85% (.85) 18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 49,695.			12,000.
13. ENTER ONE HALF OF LINE 12 14. ENTER THE SMALLER OF LINE 2 OR LINE 13 15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 16. ADD LINES 14 AND 15 17. MULTIPLY LINE 1 BY 85% (.85) 18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 49,695.	11. S	UBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0-	
14. ENTER THE SMALLER OF LINE 2 OR LINE 13 15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 16. ADD LINES 14 AND 15 17. MULTIPLY LINE 1 BY 85% (.85) 18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 49,695.			
15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 16. ADD LINES 14 AND 15 17. MULTIPLY LINE 1 BY 85% (.85) 18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 49,695.			
17. MULTIPLY LINE 1 BY 85% (.85) 18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 49,695.	15. M	ULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-	437,794.
18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 49,695.			443,794.
	1/. M	OPITEDI PINE T RI 824 (*82)	49,695.
* ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 6B	18. T	AXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17	49,695.
	*	ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 6B =	

SCHEDULE A CA	SH CONTRIBUTIONS	STATEMENT 5		
DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT	
BEAU BIDEN FOUNDATION		5,000.		
CRANSTON HEIGHTS FIRE COMPANY		1,000.		
HOLY TRINITY CATHOLIC CHURCH		175.		
MINISTRY OF CARING		1,000.		
NOVA		2,000.		
ST. EDMUNDS		150.		
ST. JOSEPH ON THE BRANDYWINE		1,680.		
ST. PATRICK'S CENTER		600.		
FRAGEDY ASSISTANCE PROGRAM FOR		4 000		
SURVIVORS		4,000.		
WESTMINSTER PRESBYTERIAN CHURCH FRATERNAL ORDER OF POLICE		1,125.		
OUNDATION		2,000.		
ST. PETERS ON CAPITOL HILL		500.		
SACRED HEART		250.		
THE ALS ASSOCIATION		200.		
EPILEPSY FOUNDATION		200.		
PHILADELPHIA EAGLES AUTISM				
CHARITY		200.		
EVERGREEN CHAPEL		25.		
IOLY SPIRIT		25.		
ST. ANN'S		25.		
ST. ANTHONY OF PADUA		25.		
SUBTOTALS		20,180.		
OTAL TO SCHEDULE A, LINE 11			20,180	

FORM 8960	TRADE OR BUSINESS INCOME	STATEMENT 6
GIACOPPA CORP CELTICCAPRI		-2,159. -2,933.
AMOUNT TO FORM 8960, LI	NE 4B	-5,092.

DELAWARE F2022 DIVISION OF REVENUE PIT-RES

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

		For Fisca	al Year begin	ning			and	ending	J					
You	ır Taxpayer ID		Spouse Tax	kpayer ID	r" .								Amended Retur Must include pa	n .ge 3
									I	Filing Status (Must	chec	k one)		
							1.	Sing	gle, Divorced, V	• •			Married & Filing Separat	te Forms
	First Name	M.I.	Last Name			Suffix								
JO	SEPH	R	BIDEN	JR.			4.	X Mar	ried & Filing Co	mbined Separate on this for	m 5 .		Head of Household	
	use First Name	M.I.	Last Name		;	Suffix								
JI		${f T}$	BIDEN					Form						
Pres	ent Home Address (Number and S	street)			Apartmen	t#	۲	IT-UNI	D If y	ou were a part-year				es you
0!+			0	~.						reside	u III L	Hawa	1 c.	
City			State	Zip	Code		P	ttache	d ·				44	
										mm-dd-yyyy			mm-dd-yyyy	
	Column A is for Spouse info	rmation, F	Filing status	4 only.	All other f	iling stat	tus u	se Co	lumn B.				•	
	SECTION A-ADDITIONS		•	-		•				Column A			Column B	
1.	FEDERAL AGI AMOUNT FROM	FEDERAL FO	DRM 1040						1.	141286	.00	1.	438228	.00
2.	INTEREST ON STATE & LOCAL	OBLIGATIO	NS OTHER THA	AN DELAY	WARE				2.		.00	2.		.00
3.	FIDUCIARY ADJUSTMENT, OIL	DEPLETION	I						3.		.00	3.		.00
4.	TOTAL - Add Lines 1 through 3								4.	141286	.00	4.	438228	.00
	SECTION B-SUBTRACTION	NS												
5.	INTEREST RECEIVED ON U.S. (5.		.00			.00
6. -	PENSION/RETIREMENT EXCLUS								6.	12500	.00	6.	2161	.00
7.	DELAWARE STATE TAX REFUN	•		•	RK OPPORT	UNITY TA	λX		_			_		
0.	CREDIT, DELAWARE NOL CARE								7.		.00	7.		.00
oa.	TAXABLE SOCIAL SECURITY/RI						e Mar	TATOS	2 00	16561		0.	22121	
8b.	EXCLUSION/CERTAIN LUMP SU							M.T.	2 8a. 8b.	10201			33134	.00
9.	529 CONTRIBUTION TO DELAW Add Lines 5 through 8b	ARE-SPUN	סטאבט וטוווט	N PROGR	HAM UK AB	LE PRUG	HAM		9.	29061		8b.	35295	.00 .00
10.	•								10.	112225		10.	402933	.00
11.		SONS 60 AN	ND OVER OR D	ISABLED) (See instruct	ions)			11.	11222		11.	102555	.00
12.									12.	112225			402933	.00
	SECTION C- DEDUCTIONS													.00
	If columns A and B are used and you are unable	to specifically all	locate deductions bety	ween spouses	s, you must prora	ate in accordan	ice with i	income.						
13.	TOTAL ITEMIZED DEDUCTIONS	FROM DEL	AWARE SCHE	DULE A (1	Must attac	h PIT-RS	SA)		13.	22301	.00	13.	22301	.00
14.	FOREIGN TAXES PAID (See instru	ctions)							14.		.00	14.	•	.00
15.	CHARITABLE MILEAGE DEDUCT	TION (See ins	tructions)						15.			15.		.00
16.		-							16.	22301	.00	16.	22301	.00
17.			-	•					17.	00001		17.	00001	.00
18.					Enter here and on				18.	22301			22301	.00
19.	Filing Statuses 1.3 & 5 ent			k here		II you b.				MIZED DEDUCTION: 3, and 5, enter itemized				В;
	a. Filing Status 2 enter \$6500					D.				itemized deductions fro				
	Filing Status 4 enter \$3250	in Column A ai	na in Column B		•				19.	22301	nn	10	22301	00
20.	ADDITIONAL STANDARD DEDU	CTIONS (No	t Allowed wit	h Itemiz	red Deduc	tions - se	e ins	tructio		22301	.00	13.	22501	.00
	Multiply the number of boxes checke								-	or each appropriate colu	ımn. A	dl others	s enter total in Column	В.
	Column A - if Spouse was: 65 or ove				were: 65 or o		ind		20.		.00			.00
21.	TOTAL DEDUCTIONS - Add Line 19	and Line 20 a	and enter here.						21.	22301			22301	
	SECTION D- CALCULATIO	NS												
22	TAXABLE INCOME - Subtract L	ine 21 fror	n Line 12, an	d compi	ute tax on	this amo	ount		22	89924			380632	
23.	TAX LIABILITY FROM TAX RATI			structions))				23.	4918	.00	23.	24105	.00
24.	TAX ON LUMP SUM DISTRIBUT	ION (Form	PIT-STC)				•		24.		.00	24.	,	.00

DELAWARE, DIVISION OF REVENUE

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

	'					
C	OLUMNS; Column A is for Spouse information, Filing status 4 only. All other filing status use Column B		COLUMN A		COLUMN B	
	TOTAL TAX - Add Line 23 and Line 24	25.	4918	.00 25.	24105	.00
	PERSONAL CREDITS II you are Filing Status 3, see Instructions. If you use Filing Status 4, enter the					
	Enter number of exemptions 2 X \$110 total for each appropriate column, All others enter total in Column B.					
	On Line 28a, 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 x\$110	26b.	110	.00 26b,	110	.00
27.	TAX IMPOSED BY OTHER STATES (Must attach copy of PIT-RSS and other state return.)	27.	3139	.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.	3359	.00 31.	220	.00
32.	BALANCE - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0.	32.	1559	.00 32.	23885	.00
33.	EARNED INCOME TAX CREDIT. REFUNDABLE NON-REFUNDABLE (See Instructions)	33.		.00 33.		.00
34.	DELAWARE TAX WITHHELD (Attach W2s/1099s)	34.	672	.00 34.	24782	.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.		.00 39.	24782	.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.	887	.00 40.		.00
41.	OVERPAYMENT (f 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.	897	.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 2023 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.		.00
46.	NET REFUND. For Filling Status 4, see Instructions. For all other filling statuses, Subtract Line 42, Line 43, and Line 44 from	Line 41.		46.	10	.00
	SECTION E - DIRECT DEPOSIT INFORMATION II you would like your refund deposited directly to your ch	ecking or savi	ings account, complete S	ection E below.	See instructions for details.	
AC	COUNT TYPE ROUTING NUMBER ACCOUNT NUMBER				Is this reland going to or through an account that	
	CHECKING				is located outside of the	
	SAVINGS				States?	
					YES	NO
	DMV STATE ID #					
	BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS					
	der penalties of perjury, I declare that I have examined this return, including accompanying PAID PREPARER INFORM	ATION				

BE SURE TO	GN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS
Under penalties	f perjury. I declare that I have examined this return, including accompanylr

F.10.23

HOME PHONE NUMBER

BUSINESS PHONE NUMBER

CITY

ADDRESS

STATE ZIP CODE

DATE

EIN, SSN or PTIN

PAID PREPARER SIGNATURE

PHONE NUMBER

EMAIL ADDRESS

EMAIL ADDRESS

BALANCE DUE WITH
PAYMENT ENCLOSED (LINE45)
MAIL COMPLETED FOR M 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

DELAWARE F2022 DIVISIONOFREVENUE PIT-RSS

DELAWARE RESIDENT SCHEDULES

FIRST NAME

LAST NAME

TAXPAYER ID

JOSEPH R.

BIDEN JR.

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.

	DE SCHEDULE I - CREDIT FOR INCOME	TAXES PAID TO ANOTHER STATE		Filing Status 4 ONLY			All other filing statuses
	Enter the credit in the highest to lowest amount of	order.		Spouse Information			You or You plus Spouse COLUMN B
	See the instructions and complete the work	sheet prior to completing DE Schedule 1.		COLUMN A			COLUMN D
1.	Tax imposed by State of VA	(Enter 2 character state name)	1.	3139	.00	1.	00
2.	Tax imposed by State of	(Enter 2 character state name)	2.		.00	2.	.00
3.	Tax imposed by State of	(Enter 2 character state name)	3.		.00	3.	.00
4.	Tax imposed by State of	(Enter 2 character state name)	4.		.00	4.	.00
5.	Tax imposed by State of	(Enter 2 character state name)	5.		.00	5.	.00
6.	Enter the total here and on Form PIT-RES	Page 2, Line 27. You must attach a		•			
	copy of the other state return(s) with your De	aware tax return	6.	3139	.00	6.	.00

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

7a. CHILD'S FIRST NAME

7b. CHILD'S LAST NAME

8. CHILD'S SSN

9. CHILD'S DATE OF BIRTH

10.	Was the child under age 24 at the end of 202	2. a st	udei	nt, and younger than you		CHILD 1		CHILD	2	(CHILD 3	
	(or your spouse, if filing jointly)?				Yes	N	0	Yes	No	Yes	No	
11.	Was the child permanently and totally of	lisable	d d	uring any part of 2022?		CHILD 1		CHILD	2	(CHILD 3	
					Yes	N	0	Yes	No	Yes	No	
12.	DELAWARE STATE INCOME TAX LESS NON	-REFU	NDA	BLE CREDITS - Enter the hig	gher tax a	mount fro	m Co	olumn A or				
	Column B of Form PIT-RES Line 32								12.			.00
13.	FEDERAL EARNED INCOME TAX CREDIT (E	TC) - E	nte	er amount from IRS form 1	040 or	1040-SR,	Line	e 27	13.			.00
14.	REFUNDABLE EITC CALCULATION - Multipl	y Line	13	x 0.045 and enter here					14.			.00
15.	NON-REFUNDABLE EITC CALCULATION - M	ultiply	Lin	e 13 x 0.20 and enter her	e				15.			.00
16.	REFUNDABLE EITC - If Line 14 is greater	than o	rec	jual to Line 12, enter the a	amount :	from Line	14	here and on Line	33			
	of Form PIT-RES and check the refunda	ıble bo	x o	n Line 33 of Form PIT-RE	S				16.			.00
17.	NON-REFUNDABLE EITC - If Line 14 is less	than	Lin	e 12, compare Line 12 to	Line 15,	enter the	s sm	aller amount here				
	and on Line 33 of Form PIT-RES, and cl	neck t	he r	non-refundable box on Lin	e 33 of	Form PIT	-RES	3	17.			.00
17. C	E SCHEDULE III - CONTRIBUTIONS T					See the ins	truct	ions for ALL require	d document	ation to att	ach.	
	See instructions for a description o				ow.							
	A. Non-Game Wildlife	.00	H.	DE National Guard		.00	Ο.	Senior Trust Fund				.00
	B. Beau Biden Fund	.00	l.	Juvenile Diabetes Fund		.00	P.	Veterans Trust Fund				.00
	C. Emergency Housing	.00	J,	Multiple Sclerosis Soc.		.00	Q.	Protect DE's Child Fno				.00
	D. Breast Cancer Edu.	.00	K.	Ovarian Cancer Fnd		.00	R.	Food Bank of DE				.00
	E. Organ Donations	.00	L.	21st Fund for Children		.00	S.	DE Hab For Humanity				.00
	F. Diabetes Education	.00	M.	White Clay Creek		.00	T.	B+ Childhood Cancer				.00
	G. Veterans Home	.00	N.	Home of the Brave		.00	U.	Combined Campaign	for Justice			.00
19.	Enter the total Contribution amount her	e and	on	Form PIT-RES, Line 42					19.			.00

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

DELAWARE, 2022 DIVISION OF REVENUE PIT-RSS

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.

TYPE	EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TAXPAYER OR SPOUSE
IRS10991	ROFFICE OF PE		DE	34460	672	Taxpayer X Spouse
IRS10991	RTIAA	••	NC	949	47	X Taxpayer
IRSW2	DFAS-CIVPAY		ОН	400000	24735	Spouse X Taxpayer Spouse Taxpayer
						Spouse Taxpayer
						Spouse Taxpayer
			·			Spouse Taxpayer
						Spouse Taxpayer
						Spouse Taxpayer
						Spouse Taxpayer
						Spouse Taxpayer
		,				Spouse

DE SCHEDULE 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

DELAWARE F2022 DIVISION OF REVENUE PIT-RSA

RESIDENT SCHEDULE A - ITEMIZED DEDUCTIONS

NAME(S)		TAXPAYER ID

MEDICAL AND DENTAL EXPENSES MEDICAL AND DENTAL EXPENSES MEDICAL AND DENTAL EXPENSES MEDICAL EXPENSES	JOSEPH R.	В	DEN JR. & JILL T. BIDEN		
MEDICAL AND DENTAL EXPENSES 2 1.		1.	Medical and dental expenses		00
Multiply Line 2 by 7.5% (0.075) DENTAL EXPENSES			•		
Subtract Line 3 from Line 1. if Line 3 is more than Line 1, enter 0. STATE and LOCAL taxes a. STATE and LOCAL real estate taxes (you may include either income taxes, check this box. b. STATE and LOCAL real estate taxes (you may include either income taxes, check this box. c. STATE and LOCAL real estate taxes d. STATE and LOCAL re			•		
TAXES YOU PAID	DENTAL EXPENSES				
TAXES YOU PAID INTEREST YOU PAID Output Dealine Clause 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. A 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. A 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.) A 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.) A 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.) A Home mortgage interest not reported to you on Federal Form 1098 (if paid to the person from whom you bought the home, show that person's name, identifying no., and address.) C - Points not reported to you on Federal Form 1098 (if paid to the person from whom you bought the home, show that person's name, identifying no., and address.) C - Points not reported to you on Federal Form 1098 (if paid to the person from whom you bought the home, show that person's name, identifying no., and address.) C - Points not reported to you on Federal Form 1098 (if paid to the person from whom you bought the home, show that person's name, identifying no., and address.) C - Points not reported to you on Federal Form 1098 (if paid to the person from whom you bought the home, show that person's name, identifying no., and address.) C - Points not reported to you on Federal Form 1098 (if paid to the person from your one to person interest. Attach Federal Form 1098 (if paid to the person from your one to person interest interest. Attach Federal Form 1098 (if paid to the person from your one to person interest interest. Attach Federal Form 1098 (if paid to the person from your one to person interest interest. Attach Federal Form 1098 (if paid to the person from your one to person					.00
TAXES YOU PAID TAXES YOU HARRES TO YOU HOME, SO ON HERE AND HAVE A SO ON HEAD AND HAVE A SO ON HERE AND HAVE A SO ON HEAD AND		٥.		846	00
TAXES YOU PAID A					.00
C. STATE and LOCAL real estate taxes			The state of the s		nο
TAXES YOU PAID 6. STATE and LOCAL personal property taxes 6. Add Line 5a through Line 5d 7. Add Line 5 and Line 6 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.) a. Home mortgage interest and points reported to you on Federal Form 1098 b. Home mortgage interest and points reported to you on Federal Form 1098 (if paid to the person from whom you bought the home, show that person's name, identifying no., and address.) c. Points not reported to you on Federal Form 1098 (if paid to the person from whom you bought the home, show that person's name, identifying no., and address.) c. Points not reported to you on Federal Form 1098 (if paid to the person from whom you bought the home, show that person's name, identifying no., and address.) c. Points not reported to you on Federal Form 1098 d. Reserved for future use e. Add Line 8a through Line 8c no.00 d. Reserved for future use e. Add Line 8a and Line 9 11. Gifts by cash or check. (if you made any gift of \$250 or more, see instructions. GIFTS TO CHARITY 12. If you made a gift angle tabenetic for it, uses Federal Schedule A Instruction. 13. CASUALTY AND THEFT LOSSES OTHER ITEMIZED DEDUCTIONS 15. Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). (Atd Line 11 through Line 13 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). (Atd Line 11 through Line 13 Costal Line 7, Line 10, Line 14, Line 15, and Line 16. (if filling status 1, 2, 3, or 5, enter this amount on Form PIT-RES, Line 13 (See instructions). 10. If filling status 4, allocate itemized deductions here and enter in the (A) 11. Implication to limitate deductions on Form PIT-RES, Line 13 (see instructions). 12. 2301 .00 13. (by us elect to liemize deductions even though they are less than your standard deduction, check here.			• • •	23152	
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b. If filing status 4, allocate itemized deductions here and enter in the appropriate columns on Form PIT-RES, Line 13 (see instructions).		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		
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appropriate columns on Form PIT-RES, Line 13 (see instructions). 22301 .00 22301 .00 18. If you elect to itemize deductions even though they are less than your standard deduction, check here.			b. If filing status 4, allocate itemized deductions here and enter in the (A)		
	DEDUCTIONS		00001	22301	.00
		18.			

Attach this form to your Delaware State tax return.

DE PIT-RES CREDIT FOR TAX IMPOSED BY OT	HER STATE	STATEMENT 1
STATE OF VIRGINIA, SPOUSE		
DELAWARE AGI (FORM PIT-RES OR PIT-NON, PAGE 1) VIRGINIA ADJUSTED GROSS INCOME DELAWARE TAX (FORM PIT-RES OR PIT-NON, PAGE 1) TAX IMPOSED BY STATE OF VIRGINIA "PERCENTAGE FACTOR" = OTHER STATE'S AGI DIVIDED IN	DV DELAWADE ACT	112,225. 72,715. 4,918. 3,139.
= 72,715. / 112,225.	BY DELAWARE AGI	.647939
"PRO-RATA TAX" = DELAWARE TAX TIMES PERCENTED = 4,918. X .647939 AMOUNT OF CREDIT = LESSER OF: (A) DELAWARE TAX		3,187.
	BY OTHER STATE	
AMOUNT OF CREDIT, STATE OF VIRGINIA		3,139.
TOTAL TO FORM PIT-RES, LINE 27		3,139.
DE PIT-RES SOC SEC/RR RETIREMENT/HIGHER EDUC EXC	CL/LUMP SUM DIST	STATEMENT 2
DESCRIPTION	SPOUSE	TAXPAYER OR JOINT
SOCIAL SECURITY BENEFITS	16,561.	33,134.
SOCIAL SECURITI BENEFITS		

DE PIT-RES	DELAWARE ITEMIZED DEDU	UCTION WORKSHE	EET STA	ATEMENT 3
		SPOUSE	TAXPAYER	TOTAL
B. TOTAL TAXES, C. INTEREST PAI D. CONTRIBUTION E. CASUALTY & T	NSES, PIT-RSA, LINE 4 PIT-RSA, LINE 7 * D, PIT-RSA, LINE 10 S, PIT-RSA, LINE 14 HEFT, PIT-RSA, LINE 15 IONS, PIT-RSA, LINE 16	5,000. 7,211. 10,090.	5,000. 7,211. 10,090.	10,000. 14,422. 20,180.
TOTAL ITEMIZED	DEDUCTIONS	22,301.	22,301.	44,602.
*STATE AND LOCA	L TAXES MAY BE LIMITED WE	HEN MARRIED FI	LING SEPARATE	
TOTAL TO FORM PIT	-RES LINE 13	22,301.	22,301.	

DE PIT-RSA STATE AND L	OCAL TAXES	S.	PATEMENT 4
STATE AND LOCAL TAXES	SPOUSE	TAXPAYER	TOTAL
1. STATE AND LOCAL INCOME TAXES NOT CLAIMED AS A CREDIT ON FORM 200-01 2. STATE AND LOCAL GENERAL SALES TAXES	846.		846.
3. REAL ESTATE TAXES 4. PERSONAL PROPERTY TAXES	11,576.	11,576.	23,152.
5. ADD LINE 5A THROUGH LINE 5D 6 ENTER \$10,000 (\$5,000 IF MFS)	12,422. 5,000.	11,576. 5,000.	23,998.
7. ENTER THE SMALLER OF LINES 6 OR 5	5,000.	5,000.	10,000.
TOTAL TO FORM PIT-RSA, LINE 5F		_	10,000.

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2022 Virginia Nonresident Income Tax Return

Page 1

Due May 1, 2023

l Firet Name						sures.					
First Name		MI	Last Name			Suffix	Your Social Se	curity Nu	ımber	Ched	
JILL		T	BIDEN						Ì	dece	eased
Spouse's First Name (Filing St	atus 2 Only)	MI	Last Name	,		Suffix	Spouse's Soci	al Securi	ty Number	Chec dece	ck if eased
Present Home Address (Numb	per and Street or	r Rura	ıl Route)					. –			
•			•)	our Birth Da				
						0	mm-dd-yy)	_	•		⊣ ∣
 City, Town or Post Office	****			State ZIF	Code	Spou	se's Birth Da mm-dd-yy;				
only, rown or rost office				Joiate Zir	Code	l	(iiiiii dd yy	" L	•		그
-				<u> </u>		<u> </u>					
State of Residence	-		of Virginia City or 0	County in which	ch principal plac	e of bus	iness, empl	oymen [*]	t, or	Locality C	ode
	income source	is lo	cated.			-			_		
DE							City OF	<u> </u>		1	
	Amended	Retur	'n		(s) or Address D		c	versea	as on Due	Date	
	Reaso	on Co	ode		hown on 2021	VΑ					
Check Applicable				Returr	1				,		
Boxes	Dependent	t on A	Another's Return	Qualif	ing Farmer, Fis	herman,	or E	IC Clai	imed on fe	ederal return	,
	•			Merch	ant Seaman	•	\$.00	
				anna ann an ann an ann an ann an ann an			т				
Filing Status Enter Filing	s Status Code in	hox l	helow		Exemptions /	Add Sec	tions 1 and	2 Ente	or the sum	on Line 12	
•	ederal head of h				Spous	se if		Z. LIILC	or tile suit		
					You Filing S	tatus De 3	pendents			Total Sect	tion 1
	•		oth must have Vir	•	11 + [п г	[1 x		93	,
— 1	•		ne From Any Sou	rce	<u> </u>	_ + L	= [<u> </u>	\$930 =	93	0
4 = Married,	Filing Separate I	Retur	ns								
					You 65 Spouse 6	5 You Blind	Spouse Blind			Total Sect	tion 2
If Filing Status 3 or 4, ent	ter spouse's SSN	V in th	ne Spouse's Socia	al Security							
Number box at top of for	•	ouse's	s Name		1 +	+	+ = [<u>1</u> x	\$800 =	80	00
JOSEPH R. B	IDEN J										
4 4 10 1 10											
 Adjusted Gross Incor 	me trom tederal i	return	۱ - Not federal taxa	able income.				. 1	1	41286	00
 Adjusted Gross Incor Additions from Scheo 									1	41286	00
2 Additions from Scheo	dule 763 ADJ, Li	ine 3.								41286	$\overline{}$
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2 Additions from Scheo 3 Add Lines 1 and 2.	dule 763 ADJ, Li	ine 3.						3			00
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	22 FORM 763 Page 2 r Name Your SSN				
	LL T. BIDEN				
198	b Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.	1	9b [00
20		*******	20		00
21	2021 overpayment credited to 2022 estimated tax.		21		00
22			22 [00
23	Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.		23 [00
24	Total credits from Schedule OSC.	******	24		00
25	Credits from Schedule CR, Section 5, Line 1A.		25 💄		00
26	Total payments and credits. Add Lines 19a through 25.		26	3985	00
27	If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE.		27		00
28	If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT.		28	846	00
29		*******	²⁹ -		00
30			30		00
31			31 -		00
32			_		l
	See instructions Enclose 760C or 760F and check here	لــا	32		00
33					
0.4	See instructions. Check here if no sales and use tax is due.		33 34		00
34			°⁴		100
35	Line 34 is larger than Line 28, enter the difference. AMOUNT YOU OWE. Enclose payment or pay at		35		00
	www.tax.virginia.gov. Check here if paying by credit or debit card - See instructions.		33		100
		1 1	- 1		1
36			36 L	846	00
36 If th	If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be REFUNDED TO		36	846	00
lf th	If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be REFUNDED TO Note Direct Deposit section below is not completed, your refund will be issued by check.			846	00
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f th DIR	If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be REFUNDED TO Your Deposit section below is not completed, your refund will be issued by check. ECT BANK DEPOSIT Your Bank Routing Transit Number Your Bank Account Number	/OU.		<i>t</i> ===	00
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Firm's Name (or Yours if Self-Employed)

GELMAN, ROSENBERG &

Preparer's Phone Number

ID Theft PIN

Filing Election Code

Preparer's Name

2022 VA Schedule A/CG

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

JILL T BIDEN	Г	•	٦
Filing Status Claimed on Federal Return Medical & Dental Expenses	2	1.	
2 Adjusted Gross Income		2.	141286.
3 Multiply Line 2 by 10%		3.	14129.
4 Subtract Line 3 from Line 1		4.	
5a State and Local Taxes	Claiming General Sales Tax	5a.	6825.
5b State and Local Real Estate Taxes		5b.	11576.
5c State and Local Personal Property Taxes		5c.	
6 Other Deductible Taxes - Type & Amount	Fundam Income Trians	6.	
7 Add Lines 5a, 5b, 5c and 6	Foreign Income Taxes	7.	18401.
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 Mortgage Insurance Premiums		8d.	
8e Add Lines 8a - 8d		8e.	
9 Investment Interest		9.	
10 Add Lines 8e and 9		10.	
11 Gifts by Cash or Check		11.	10090.
12 Other Than by Cash or Check		12.	
13 Carryover From Prior Year		13.	
14 Add Lines 11 through 13		14.	10090.
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 Limit	ited, Enter Worksheet Line 12a or 12b	17.	28491.
18 If Total on Line 17 was limited, Enter Amt Part B Line 15, Otherwi	ise enter Line 5a above & any foreign income tax	18.	6825.
19 Virginia Itemized Deductions 283151 01-03-23 1019	L	19.	21666.

2022 Schedule INC/CGReport 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.
					\neg
	W	3985.			82335.

Total VA Withholding

SSN

VA Withholding

You

3985.

Spouse

Total # of W-2s, 1099s & VK-1s

01

VA 763 SP OTHER INCOME - SP		STATEMENT 3
DESCRIPTION	COLUMN A ALL SOURCES	COLUMN B VIRGINIA SOURCE
TAXABLE SOCIAL SECURITY BENEFITS	16,561.	0.
TOTAL TO FORM 763 SP, PAGE 2, LINE 11	16,561.	0.