

Label (See instructions on page 19.)

Use the IRS label. Otherwise, please print or type.

Form header section containing personal information: Name (JOSEPH R. BIDEN, JR.), Spouse's name (JILL T. BIDEN), Address, and Social Security Numbers.

Presidential Election Campaign section with checkboxes for 'You' and 'Spouse'.

Filing Status section with options: 1 Single, 2 Married filing joint return (checked), 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er).

Exemptions section including 'a' (Yourself), 'b' (Spouse), and 'c' (Dependents) with a table listing dependents like ASHLEY BIDEN (DAUGHTER).

COPY

Income section with lines 7 through 22, including wages, interest, dividends, and total income of 220,712.

Adjusted Gross Income section with lines 23 through 33, including deductions for IRA, student loan, and health insurance, resulting in an adjusted gross income of 220,712.

Tax and Credits

Standard Deduction for - People who checked any box on line 35a or 35b of who can be claimed as a dependent

All others: Single, \$4,550 Head of household, \$6,650 Married filing jointly or Qualifying widow(er), \$7,600 Married filing separately, \$3,800

34 Amount from line 33 (adjusted gross income) 35a Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind. Add the number of boxes checked above and enter the total here 35b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien 36 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 37 Subtract line 36 from line 34 38 If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet on page 32 39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- 40 Tax. Check if tax from a Form(s) 8814 b Form 4972 41 Alternative minimum tax. Attach Form 6251 42 Add lines 40 and 41 43 Foreign tax credit. Attach Form 1116 if required 44 Credit for child and dependent care expenses. Attach Form 2441 45 Credit for the elderly or the disabled. Attach Schedule R 46 Education credits. Attach Form 8863 47 Rate reduction credit. See the worksheet on page 36 48 Child tax credit (see page 37) 49 Adoption credit. Attach Form 8839 50 Other credits from: a Form 3800 b Form 8396 c Form 8801 d Form (specify) 51 Add lines 43 through 50. These are your total credits 52 Subtract line 51 from line 42. If line 51 is more than line 42, enter -0-

Table with 2 columns: Line number and Amount. Row 34: 220,712. Row 36: 52,054. Row 37: 168,658. Row 38: 7,134. Row 39: 161,524. Row 40: 40,337. Row 42: 40,337. Row 51: 40,337. Row 52: 40,337.

Other Taxes

53 Self-employment tax. Attach Schedule SE 54 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 55 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach 5329 if required 56 Advance earned income credit payments from Form(s) W-2 57 Household employment taxes. Attach Schedule H 58 Add lines 52 through 57. This is your total tax

Table with 2 columns: Line number and Amount. Row 56: 391. Row 58: 40,728.

Payments

If you have a qualifying child, attach Schedule EIC.

59 Federal income tax withheld from Forms W-2 and 1099 60 2001 estimated tax payments and amount applied from 2000 return 61a Earned income credit (EIC) 61b Nontaxable earned income 62 Excess social security and RRTA tax withheld (see page 51) STMT 1 63 Additional child tax credit. Attach Form 8812 64 Amount paid with request for extension to file (see page 51) 65 Other payments. Check if from a Form 2439 b Form 4136 66 Add lines 59, 60, 61a, and 62 through 65. These are your total payments

Table with 2 columns: Line number and Amount. Row 59: 44,448. Row 62: 1,186. Row 66: 45,634.

Refund

Direct deposit? See page 51 and fill in 68b, 68c, and 68d.

67 If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid 68a Amount of line 67 you want refunded to you 68b Routing number 68c Type: Checking Savings 68d Account number 69 Amount of line 67 you want applied to your 2002 estimated tax

Table with 2 columns: Line number and Amount. Row 67: 4,906. Row 68a: 4,906. Row 69: 4,906.

Amount You Owe

70 Amount you owe. Subtract line 66 from line 58. For details on how to pay, see page 52 71 Estimated tax penalty. Also include on line 70

Table with 2 columns: Line number and Amount. Row 70: 4,906. Row 71: 4,906.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 53)? Yes. Complete the following. No Designee's name Phone no. Personal identification number (PIN)

Sign Here

Joint return? See page 19. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation U.S. SENATOR Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code

Preparer's signature Date 3/16/02 Check if self-employed Preparer's SSN or PTIN P00035375 EIN 1315381590 Firm's name (or yours if self-employed), address, and ZIP code BDO SEIDMAN, LLP

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**SCHEDULES A&B
(Form 1040)**

Department of the Treasury
Internal Revenue Service (89)
Name(s) shown on Form 1040

Schedule A - Itemized Deductions
(Schedule B is on page 2)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

2001

Attachment
Sequence No. 07

Your social security number

JOSEPH R. BIDEN, JR. & JILL T. BIDEN

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-2)	1			
2	Enter amount from Form 1040, line 34	2			
3	Multiply line 2 above by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		5	State and local income taxes	9,369.	
(See page A-2.)		6	Real estate taxes (see page A-2)	6,205.	
		7	Personal property taxes		
		8	Other taxes. List type and amount		
		8			
		9	Add lines 5 through 8		15,574.
Interest You Paid		10	Home mortgage interest and points reported to you on Form 1098	38,753.	
(See page A-3.)		11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address		
		11			
Note:		12	Points not reported to you on Form 1098. (See page A-3.)		
Personal interest is not deductible.		13	Investment interest. Attach Form 4952 if required. (See page A-3.)		
		14	Add lines 10 through 13		38,753.
Gifts to Charity		15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	360.	
If you made a gift and got a benefit for it, see page A-4.		16	Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500		
		17	Carryover from prior year		
		18	Add lines 15 through 17		360.
Casualty and Theft Losses		19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)		
Job Expenses and Most Other Miscellaneous Deductions		20	Unreimbursed employee expenses - job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See page A-5.)		
(See page A-5 for expenses to deduct here.)		21	Tax preparation fees		
		22	Other expenses - investment, safe deposit box, etc. List type and amount		
		22			
		23	Add lines 20 through 22		
		24	Enter amount from Form 1040, line 34	24	
		25	Multiply line 24 above by 2% (.02)		
		26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-		
Other Miscellaneous Deductions		27	Other - from list on page A-6. List type and amount		
		27			
Total Itemized Deductions		28	Is Form 1040, line 34, over \$132,950 (over \$66,475 if married filing separately)? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.		52,054.

**SCHEDULE H
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

▶ Attach to Form 1040, 1040NR, 1040NR-EZ, 1040-SS, or 1041.

▶ See separate instructions.

OMB No. 1545-0074

2001

Attachment
Sequence No. 44

Name of employer

Social security number

Employer identification number

JOSEPH R. BIDEN, JR. & JILL T. BIDEN

A Did you pay **any one** household employee cash wages of \$1,300 or more in 2001? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page 3 before you answer this question.)

- Yes.** Skip lines B and C and go to line 1.
- No.** Go to line B.

B Did you withhold Federal income tax during 2001 for any household employee?

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

C Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2000 or 2001 to household employees? (Do not count cash wages paid in 2000 or 2001 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Do not file this schedule.
- Yes.** Skip lines 1-9 and go to line 10 on page 2.

Part 1 Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see page 3)	1	2,560.
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	317.
3	Total cash wages subject to Medicare taxes (see page 3)	3	2,560.
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	74.
5	Federal income tax withheld, if any	5	
6	Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	6	391.
7	Advance earned income credit (EIC) payments, if any	7	
8	Net taxes (subtract line 7 from line 6)	8	391.

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2000 or 2001 to household employees? (Do not count cash wages paid in 2000 or 2001 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Enter the amount from line 8 above on Form 1040, line 57. If you are not required to file Form 1040, see the line 9 instructions on page 4.
- Yes.** Go to line 10 on page 2.

LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule H (Form 1040) 2001

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state?	10	
11 Did you pay all state unemployment contributions for 2001 by April 15, 2002? Fiscal year filers, see page 4	11	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12	

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

Section A

13 Name of the state where you paid unemployment contributions ▶ _____

14 State reporting number as shown on state unemployment tax return ▶ _____

15 Contributions paid to your state unemployment fund (see page 4) | 15 |

16 Total cash wages subject to FUTA tax (see page 4) | 16 |

17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26 | 17 |

Section B

18 Complete all columns below that apply (if you need more space, see page 4):

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

19 Totals | 19 |

20 Add columns (h) and (i) of line 19 | 20 |

21 Total cash wages subject to FUTA tax (see the line 16 instructions on page 4) | 21 |

22 Multiply line 21 by 6.2% (.062) | 22 |

23 Multiply line 21 by 5.4% (.054) | 23 |

24 Enter the smaller of line 20 or line 23 | 24 |

25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26 | 25 |

Part III Total Household Employment Taxes

26 Enter the amount from line 8 | 26 |

27 Add line 17 (or line 25) and line 26 | 27 |

28 Are you required to file Form 1040?
 Yes. Stop. Enter the amount from line 27 above on Form 1040, line 57. Do not complete Part IV below.
 No. You may have to complete Part IV. See page 4 for details.

Part IV Address and Signature - Complete this part only if required. See the line 28 instructions on page 4.

Address (number and street) or P.O. box if mail is not delivered to street address _____ Apt. room, or suite no. _____

City, town or post office, state, and ZIP code _____

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Employer's signature _____ Date _____

	TAXPAYER	SPOUSE
1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN \$4,984.80 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE	6,171.	4,087.
2. ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON FORM 1040, LINE 58		
3. ADD LINES 1 AND 2	6,171.	4,087.
4. SOCIAL SECURITY TAX LIMIT	4,985.	4,985.
5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN FORM 1040, LINE 62	1,186.	0.