

Label (See instructions on page 18.) Use the IRS label. Otherwise, please print or type.

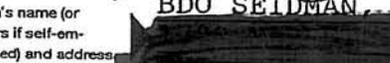
Label section containing personal information: Your first name and initial (JOSEPH R.), Last name (BIDEN, JR.), Spouse's first name and initial (JILL T.), Last name (BIDEN), Home address, City, town or post office, state, and ZIP code, and Presidential Election Campaign information.

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: 6a Yourself (checked), 6b Spouse (checked), 6c Dependents table with entry for ASHLEY BIDEN (DAUGHTER), 6d Total number of exemptions claimed (3).

Income section table with rows 7-22. Total income on line 22 is 210,797.

Adjusted Gross Income section with rows 23-33. Adjusted gross income on line 33 is 210,797.

Tax and Credits	34	Amount from line 33 (adjusted gross income)	34	210,797.
	35a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35a	
	b	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 30 and check here	35b	<input type="checkbox"/>
Standard Deduction for Most People Single: \$4,300 Head of household: \$6,350 Married filing jointly or Qualifying widow(er): \$7,200 Married filing separately: \$3,600	36	Enter your itemized deductions from Schedule A, line 28, OR standard deduction shown on the left. But see page 30 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent	36	48,233.
	37	Subtract line 36 from line 34	37	162,564.
	38	If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d. If line 34 is over \$94,975, see the worksheet on page 31 for the amount to enter	38	6,765.
	39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	155,799.
	40	Tax. (see page 31). Check if any tax from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	39,580.
	41	Credit for child and dependent care expenses. Attach Form 2441	41	
	42	Credit for the elderly or the disabled. Attach Schedule R	42	
	43	Child tax credit (see page 33)	43	
	44	Education credits. Attach Form 8863	44	
	45	Adoption credit. Attach Form 8839	45	
46	Foreign tax credit. Attach Form 1116 if required	46		
47	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	47		
48	Add lines 41 through 47. These are your total credits	48		
49	Subtract line 48 from line 40. If line 48 is more than line 40, enter -0-	49	39,580.	
Other Taxes	50	Self-employment tax. Attach Schedule SE	50	
	51	Alternative minimum tax. Attach Form 6251	51	
	52	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	52	
	53	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	53	170.
	54	Advance earned income credit payments from Form(s) W-2	54	
	55	Household employment taxes. Attach Schedule H	55	559.
	56	Add lines 49 through 55. This is your total tax	56	40,309.
Payments	57	Federal income tax withheld from Forms W-2 and 1099	57	41,986.
	58	1999 estimated tax payments and amount applied from 1998 return	58	
	59a	Earned income credit. Attach Sch. EIC if you have a qualifying child	59a	
	b	Nontaxable earned income: amount and type		
	60	Additional child tax credit. Attach Form 8812	60	
	61	Amount paid with request for extension to file (see page 48)	61	
	62	Excess social security and RRTA tax withheld (see page 48) <u>STMT 1</u>	62	1,271.
	63	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	63	
	64	Add lines 57, 58, 59a, and 60 through 63. These are your total payments	64	43,257.
Refund	65	If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID	65	2,948.
	66a	Amount of line 65 you want REFUNDED TO YOU	66a	2,948.
	b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number		
	67	Amount of line 65 you want APPLIED TO YOUR 2000 ESTIMATED TAX	67	
Amount You Owe	68	If line 56 is more than line 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE. For details on how to pay, see page 49	68	
	69	Estimated tax penalty. Also include on line 68	69	
Sign Here	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.			
Keep a copy for your records.	Your signature 	Date	Your occupation U.S. SENATOR	Daytime telephone number (optional)
	Spouse's signature. If a joint return, BOTH must sign. 	Date	Spouse's occupation TEACHER	
Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN P00035375
	Firm's name (or yours if self-employed) and address BDO SEIDMAN, LLP 	EIN	ZIP code	1315381590

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

Department of the Treasury
Internal Revenue Service (99)

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

1999

Attachment
Sequence No. 07

Your social security number

Name(s) shown on Form 1040

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-1)	1		
	2	Enter amount from Form 1040, line 34 2	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 (See page A-2.)	5	State and local income taxes	5	9,832.	
	6	Real estate taxes (see page A-2)	6	4,932.	
	7	Personal property taxes	7		
	8	Other taxes. List type and amount ----- ----- -----	8		
	9	Add lines 5 through 8	9	14,764.	
	Interest You Paid (See page A-3.)	10	Home mortgage interest and points reported to you on Form 1098	10	35,875.
		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	
		12	Points not reported to you on Form 1098. (See page A-3.)	12	
		13	Investment interest. Attach Form 4952 if required. (See page A-3.)	13	
14		Add lines 10 through 13	14	35,875.	
Gifts to Charity If you made a gift and got a benefit for it, see page A-4.	15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	15	120.	
	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	16		
	17	Carryover from prior year	17		
	18	Add lines 15 through 17	18	120.	
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19		
Job Expenses and Most Other Miscellaneous Deductions (See page A-5 for expenses to deduct here.)	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.) ----- -----	20		
	21	Tax preparation fees	21		
	22	Other expenses - investment, safe deposit box, etc. List type and amount ----- ----- -----	22		
	23	Add lines 20 through 22	23		
	24	Enter amount from Form 1040, line 34 24	24		
	25	Multiply line 24 above by 2% (.02)	25		
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26		
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 \$126,600 (over \$63,300 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 on Form 1040, line 36. <input checked="" type="checkbox"/> YES. Your deduction may be limited. See page A-6 for the amount to enter.	28	48,233.	

Form **5329**

Department of the Treasury
Internal Revenue Service

**Additional Taxes Attributable to IRAs, Other
Qualified Retirement Plans, Annuities, Modified
Endowment Contracts, and MSAs**

(Under Sections 72, 530, 4973, and 4974 of the Internal Revenue Code)
▶ Attach to Form 1040. ▶ See separate instructions.

OMB No. 1545-0203

1999

Attachment
Sequence No. 29

Name of individual subject to additional tax. (If married filing jointly, see page 2 of the instructions.)
JILL T. BIDEN

Your social security number
[REDACTED]

Home address (number and street), or P.O. box if mail is not delivered to your home
Apt. no.

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

If this is an amended return, check here

If you are subject **only** to the 10% tax on early distributions, you may be able to report this tax directly on Form 1040 without filing Form 5329. See **Who Must File** on page 1 of the instructions.

Part I Tax on Early Distributions

Complete this part if a taxable distribution was made from your qualified retirement plan (including an IRA other than an education IRA), annuity contract, or modified endowment contract before you reached age 59 1/2. If a distribution was incorrectly indicated on Form 1099-R as an early distribution (no known exception to the additional tax), or you received a Roth IRA distribution, see page 2 of the instructions.

Note: You must include the taxable amount of the distribution on Form 1040, line 15b or 16b.

1	Early distributions included in gross income. For Roth IRA distributions, see page 2	SEE STATEMENT 2	1	1,696.
2	Early distributions not subject to additional tax. Enter the appropriate exception number from page 2 of the instructions:		2	
3	Amount subject to additional tax. Subtract line 2 from line 1		3	1,696.
4	Tax due. Enter 10% (.10) of line 3. Also include this amount on Form 1040, line 53		4	170.

Caution: If any part of the amount on line 3 was a distribution from a SIMPLE retirement plan, you may have to include 25% of that amount on line 4 instead of 10%. See page 2 of the instructions.

Part II Tax on Certain Taxable Distributions From Education (Ed) IRAs

Complete this part if you had a taxable amount on Form 8606, line 30.

Note: You must include the taxable amount of the distribution on Form 1040, line 15b.

5	Taxable distributions from your Ed IRAs, from Form 8606, line 30	5	
6	Taxable distributions not subject to additional tax. See page 2	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	Tax due. Enter 10% (.10) of line 7. Also include this amount on Form 1040, line 53	8	

Part III Tax on Excess Contributions to Traditional IRAs

Complete this part if you contributed more to your traditional IRAs for 1999 than is allowable or you had an excess contribution on line 16 of your 1998 Form 5329.

9	Enter your excess contributions from line 16 of your 1998 Form 5329. If zero, go to line 15	9	
10	If your traditional IRA contributions for 1999 are less than your maximum allowable contribution, see page 3; otherwise, enter -0-	10	
11	Taxable 1999 distributions from your traditional IRAs	11	
12	1999 withdrawals of prior year excess contributions included on line 9. See page 3	12	
13	Add lines 10, 11, and 12	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15	Excess contributions for 1999. See page 3. Do not include this amount on Form 1040, line 23	15	
16	Total excess contributions. Add lines 14 and 15	16	
17	Tax due. Enter 6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 1999. Also include this amount on Form 1040, line 53	17	

LHA For Paperwork Reduction Act Notice, see page 4 of separate instructions.

Form 5329 (1999)

Part IV Tax on Excess Contributions to Roth IRAs

Complete this part if you contributed more to your Roth IRAs for 1999 than is allowable or you had an excess contribution on line 18 of your 1998 Form 5329.

18	Enter your excess contributions from line 18 of your 1998 Form 5329. If zero, go to line 23		18
19	If your Roth IRA contributions for 1999 are less than your maximum allowable contribution, see page 3; otherwise, enter -0-	19	
20	1999 distributions from your Roth IRAs, from Form 8606, line 17	20	
21	Add lines 19 and 20		21
22	1998 excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-		22
23	Excess contributions for 1999. See page 3		23
24	Total excess contributions. Add lines 22 and 23		24
25	Tax due. Enter 6% (.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 1999. Also include this amount on Form 1040, line 53		25

Part V Tax on Excess Contributions to Education (Ed) IRAs

Complete this part if the contributions made to your Ed IRAs in 1999 were more than is allowable or an excess contribution is shown on line 20 of your 1998 Form 5329.

26	Enter your excess contributions from line 20 of your 1998 Form 5329. If zero, go to line 31		26
27	If the contributions made to your Ed IRAs for 1999 are less than the maximum allowable contribution, see page 3; otherwise, enter -0-	27	
28	1999 distributions from your Ed IRAs, from Form 8606, line 28	28	
29	Add lines 27 and 28		29
30	1998 excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-		30
31	Excess contributions for 1999. See page 3		31
32	Total excess contributions. Add lines 30 and 31		32
33	Tax due. Enter 6% (.06) of the smaller of line 32 or the value of your Ed IRAs on December 31, 1999. Also include this amount on Form 1040, line 53		33

Part VI Tax on Excess Contributions to Medical Savings Accounts (MSAs)

Complete this part if you or your employer contributed more to your MSAs in 1999 than is allowable or an excess contribution is shown on line 29 of your 1998 Form 5329.

34	Enter the excess contributions from line 29 of your 1998 Form 5329. If zero, go to line 39		34
35	If the contributions made to your MSAs for 1999 are less than the maximum allowable contribution, see page 3; otherwise, enter -0-	35	
36	Taxable 1999 distributions from your MSAs, from Form 8853, line 10	36	
37	Add lines 35 and 36		37
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-		38
39	Excess contributions for 1999. See page 4. Do not include this amount on Form 1040, line 25		39
40	Total excess contributions. Add lines 38 and 39		40
41	Tax due. Enter 6% (.06) of the smaller of line 40 or the value of your MSAs on December 31, 1999. Also include this amount on Form 1040, line 53		41

Part VII Tax on Excess Accumulation in Qualified Retirement Plans

Complete this part if you did not receive the minimum required distribution from your qualified retirement plan (including an IRA other than an Ed IRA or Roth IRA).

42	Minimum required distribution. See page 4		42
43	Amount actually distributed to you		43
44	Subtract line 43 from line 42. If zero or less, enter -0-		44
45	Tax due. Enter 50% (.50) of line 44. Also include this amount on Form 1040, line 53		45

Signature. Complete **ONLY** if you are filing this form by itself and not with your tax return.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here

Your signature _____ Date _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____

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

Check if self-employed

Preparer's SSN or PTIN _____

EIN _____

ZIP code _____

**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

1999
Attachment
Sequence No. 44

Name of employer

Social security number

Employer identification number

51-0188032

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

A Did you pay any one household employee cash wages of \$1,100 or more in 1999? (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 1999 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 1998 or 1999 to household employees? (Do not count cash wages paid in 1998 or 1999 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 I Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see page 3)	1	3,653.
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	453.
3	Total cash wages subject to Medicare taxes (see page 3)	3	3,653.
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	106.
5	Federal income tax withheld, if any	5	
6	Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	6	559.
7	Advance earned income credit (EIC) payments, if any	7	
8	Net taxes (subtract line 7 from line 6)	8	559.

9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 1998 or 1999 to household employees? (Do not count cash wages paid in 1998 or 1999 to your spouse, your child under age 21, or your parent.)

- No. Stop. Enter the amount from line 8 above on Form 1040, line 55. 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) 1999

Part II Federal Unemployment (FUTA) Tax

- 10 Did you pay unemployment contributions to only one state?

	Yes	No
10	X	
11	X	
12	X	
- 11 Did you pay all state unemployment contributions for 1999 by April 17, 2000? Fiscal year filers, see page 4
- 12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

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 55. 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 _____

b Employer's identification number: 51-6000279
 c Employer's name, address, and ZIP code:
 TREASURER - STATE OF DELAWARE
 540 S. DUPONT HWY., STE. 3
 DOVER DE 19901

e Employer's name, address, and ZIP code:
 JILL TRACY BIDEN
 [REDACTED]

13 See instructions for Box 13: C 41.44 E 3240.00 G 2408.50	1 Wages, tips, other compensation: 49769.30	2 Federal income tax withheld: 6497.91
	3 Social Security wages: 56949.32	4 Social Security tax withheld: 3530.86
	5 Medicare wages and tips: 56949.32	6 Medicare tax withheld: 825.77
	7 Social Security tips:	8 Allocated tips:
	9 Advance EIC payment:	10 Dependent care benefits:
	11 Nonqualified plans:	12 Benefits included in Box 1:
14 Other: PENSION IRS 414(H) FLEX/PRETAX SECT125	1531.52	101.40

15 State:	16 State Employer's state I.D. No.:	17 State wages, tips, etc.:	18 State income tax:
DE	516000279	49769.30	2447.83

Form W-2 Wage and Tax Statement 1999 Department of the Treasury - Internal Revenue Service OMB # 1545-0008 Copy C for Employee's Records

a Control Number: 990194	OMB No. 1545-0008	
b Employer's identification number: 23-1386178	1 Wages, tips, other compensation: 20500.00	2 Federal income tax withheld: 2367.83
c Employer's name, address, and ZIP code: Widener University One University Place Chester, PA 19013	3 Social Security Wages: 20500.00	4 Social Security withheld: 1271.00
	5 Medicare wages and tips: 20500.00	6 Medicare tax withheld: 297.29
	7 Social Security tips:	8 Allocated tips:
d Employee's social security number:	9 Advance EIC Payment:	10 Dependent care benefits:
e Employee's name (first, middle initial, last): Joseph R Biden	11 Nonqualifying plans:	12 Benefits included in Box 1:
	13 See Intrs. for Box 13:	14 Other:
f Employee's address and ZIP code:	15 Statutory employee <input type="checkbox"/> Deceased <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep. <input type="checkbox"/> Deferred compensation <input type="checkbox"/>	
16 State: De	17 State wages, tips, etc.: 20500.00	18 State income tax: 755.64
19 Locality name:	20 Local wages, tips, etc.:	21 Local income tax:

Form W-2 Wage and Tax Statement 1999 Copy C, For EMPLOYEE'S RECORDS Department of the Treasury - Internal Revenue Service Fold and tear along perforations

This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

W-2 Wage and Tax Statement 1999

Copy 2 - To Be Filed With Employee's City, or Local Income Tax Return.

a Control number	b Employer's identification number: 53-6002558	c Employer's name, address, and ZIP code: UNITED STATES SENATE DISBURSING OFFICE RM. SH-127 HART OFFICE BLDG. WASHINGTON, D.C. 20510-7104	d Employee's social security number: [REDACTED]	e Employer's name, address, and ZIP code: JOSEPH R BIDEN UNITED STATES SENATE WASHINGTON DC 20510
1 Wages, tips, other compensation: 136700.00	2 Federal income tax withheld: 33119.54	3 Social security wages: 72600.00	4 Social security tax withheld: 4501.20	5 Medicare wages and tips: 136700.00
6 Medicare tax withheld: 1982.15	7 Social security tips:	8 Allocated tips:	9 Advance EIC payment:	10 Dependent care benefits:
11 Nonqualified plans:	12 Benefits included in box 1:	13 Thrift Savings Plan deferred compensation not included in block 1, 17, 20:	14 Other:	15 Deceased <input type="checkbox"/> Pension Plan <input checked="" type="checkbox"/> F.R.D. <input type="checkbox"/> STATE <input type="checkbox"/>
16 State: DE	17 State wages, tips, etc.: 136700.00	18 State income tax: 6627.84	19 State Employer's state I.D. No.: DE 1-536002558001	20 State wages, tips, etc.: 136700.00
21 Local income tax:	22 Local wages, tips, etc.:	23 Local income tax:		