

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

Form section for label information including name, address, and social security numbers.

Presidential Election Campaign section with checkboxes for funding preferences.

Filing Status section with options for Single, Married, Head of household, and Qualifying widow(er).

Exemptions section including dependent information for Ashley Biden and total exemption count.

Income section listing various income sources like wages, interest, dividends, and total income of 215,432.

Adjusted Gross Income section listing deductions like IRA, medical, and moving expenses, resulting in an adjusted gross income of 215,432.

Tax and Credits	34 Amount from line 33 (adjusted gross income) 34 215,432. 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 <input type="checkbox"/> b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 29 and check here 35b <input type="checkbox"/> 36 Enter the larger of 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 69,727. 37 Subtract line 36 from line 34 37 145,705. 38 If line 34 is \$93,400 or less, multiply \$2,700 by the total number of exemptions claimed on line 6d. If line 34 is over \$93,400, see the worksheet on page 30 for the amount to enter 38 6,156. 39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- 39 139,549. 40 Tax. See page 30. Check if any tax from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 40 34,686. 41 Credit for child and dependent care expenses. Attach Form 2441 41 <input type="checkbox"/> 42 Credit for the elderly or the disabled. Attach Schedule R 42 <input type="checkbox"/> 43 Child tax credit (see page 31) 43 <input type="checkbox"/> 44 Education credits. Attach Form 8863 44 <input type="checkbox"/> 45 Adoption credit. Attach Form 8839 45 <input type="checkbox"/> 46 Foreign tax credit. Attach Form 1116 if required 46 <input type="checkbox"/> 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 <input type="checkbox"/> 48 Add lines 41 through 47. These are your total credits 48 <input type="checkbox"/> 49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0- 49 34,686.
	50 Self-employment tax. Attach Schedule SE 50 <input type="checkbox"/> 51 Alternative minimum tax. Attach Form 6251 51 <input type="checkbox"/> 52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 52 <input type="checkbox"/> 53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required 53 <input type="checkbox"/> 54 Advance earned income credit payments from Form(s) W-2 54 <input type="checkbox"/> 55 Household employment taxes. Attach Schedule H 55 445. 56 Add lines 49 through 55. This is your total tax 56 35,131.
	57 Federal income tax withheld from Forms W-2 and 1099 57 41,231. 58 1998 estimated tax payments and amount applied from 1997 return 58 <input type="checkbox"/> 59a Earned income credit. Attach Schedule EIC if you have a qualifying child b Nontaxable earned income: amount <input type="checkbox"/> and type <input type="checkbox"/> 59a <input type="checkbox"/> 60 Additional child tax credit. Attach Form 8812 60 <input type="checkbox"/> 61 Amount paid with Form 4868 (request for extension) 61 <input type="checkbox"/> 62 Excess social security and RRTA tax withheld (see page 43) <u>STMT 1</u> 62 1,104. 63 Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 63 <input type="checkbox"/> 64 Add lines 57, 58, 59a, and 60 through 63. These are your total payments 64 42,335.
	65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID 65 7,204. 66a Amount of line 65 you want REFUNDED TO YOU 66a 7,204. b Routing number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="checkbox"/> 67 Amount of line 65 you want APPLIED TO YOUR 1999 ESTIMATED TAX 67 <input type="checkbox"/>
	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 44 68 <input type="checkbox"/> 69 Estimated tax penalty. Also include on line 68 69 <input type="checkbox"/>
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. 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 social security no. _____ Firm's name (or yours if self-employed) and address BDO SEIDMAN, LLP EIN 13 5381590 ZIP code _____

Standard Deduction for Most People
 Single: \$4,250
 Head of household: \$6,250
 Married filing jointly or Qualifying widow(er): \$7,100
 Married filing separately: \$3,550

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service
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

1998

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-1)	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 (See page A-2.)	5	State and local income taxes	5	12,323.	
	6	Real estate taxes (see page A-2)	6	7,872.	
	7	Personal property taxes	7		
	8	Other taxes. List type and amount ▶ ----- -----	8		
	9	Add lines 5 through 8	9	20,195.	
	Interest You Paid (See page A-3.)	10	Home mortgage interest and points reported to you on Form 1098	10	51,913.
		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 ▶ <u>SUN NATIONAL BANK, WILMINGTON, DE</u> -----	11	152.
		12	Points not reported to you on Form 1098. See page A-3 for special rules	12	
13		Investment interest. Attach Form 4952 if required. (See page A-3.)	13		
14	Add lines 10 through 13	14	52,065.		
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	75.	
	17	Carryover from prior year	17		
	18	Add lines 15 through 17	18	195.	
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-6 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		
	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 \$124,500 (over \$62,250 if married filing separately)? 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, the larger of this amount or your standard deduction. YES. Your deduction may be limited. See page A-6 for the amount to enter.	28	69,727.	

**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, 1040NR, 1040NR-EZ, 1040-SS, or 1041.

▶ See separate instructions.

OMB No. 1545-0074

1998

Attachment
Sequence No. 44

Name of employer

Social security number

Employer identification number

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

Caution: The \$1,100 per year test applies only to line A. The \$1,000 per quarter test applies only to line C and line 9.

A Did you pay **any one** household employee cash wages of \$1,100 or more in 1998? (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 1998 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 1997 or 1998 to household employees? (**Do not** count cash wages paid in 1997 or 1998 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	2,910.
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	361.
3	Total cash wages subject to Medicare taxes (see page 3)	3	2,910.
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	84.
5	Federal income tax withheld, if any	5	
6	Add lines 2, 4, and 5	6	445.
7	Advance earned income credit (EIC) payments, if any	7	
8	Total social security, Medicare, and income taxes. Subtract line 7 from line 6	8	445.

9 Did you pay **total** cash wages of \$1,000 or more in **any calendar quarter** of 1997 or 1998 to household employees? (**Do not** count cash wages paid in 1997 or 1998 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) 1998

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 1998 by April 15, 1999? 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 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 _____

	TAXPAYER	SPOUSE
1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN \$4,240.80 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE	5,345.	3,357.
2. ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON FORM 1040, LINE 56		
3. ADD LINES 1 AND 2	5,345.	3,357.
4. SOCIAL SECURITY TAX LIMIT	4,241.	4,241.
5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN FORM 1040, LINE 62	<u>1,104.</u>	<u>0.</u>

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SCHEDULE A CONTRIBUTIONS OTHER THAN CASH OR CHECK STATEMENT 2

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
NONCASH CHARITABLE CONTRIBUTIONS	75.		
SUBTOTALS	75.		
TOTAL TO SCHEDULE A, LINE 16			75.