

For the year Jan. 1-Dec. 31, 2002, or other tax year beginning \_\_\_\_\_, 2002, ending \_\_\_\_\_, 20 OMB No. 1545-0074

**Label** (See instructions on page 21.) Use the IRS label. Otherwise, please print or type.

**LABEL HERE**

Your first name and initial <b>JOSEPH R.</b>	Last name <b>BIDEN, JR.</b>	Your social security number [REDACTED]
If a joint return, spouse's first name and initial <b>JILL T.</b>	Last name <b>BIDEN</b>	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see page 21. [REDACTED]		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 21. [REDACTED]		

**▲ Important! ▲**  
You must enter your SSN(s) above.

**Presidential Election Campaign** (See page 21.) **Note.** Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund?  Yes  No  Yes  No

**Filing Status**

1  Single  
2  Married filing jointly (even if only one had income)  
3  Married filing separately. Enter spouse's SSN above and full name here. \_\_\_\_\_  
4  Head of household (with qualifying person). (See page 21.) If the qualifying person is a child but not your dependent, enter this child's name here. \_\_\_\_\_  
5  Qualifying widow(er) with dependent child (year spouse died \_\_\_\_\_). (See page 21.)

**Exemptions**

6a  Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.  
b  Spouse

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 22)
<b>ASHLEY B.</b>	<b>BIDEN</b>	[REDACTED]	<b>DAUGHTER</b>	

No. of boxes checked on 6a and 6b: **2**  
No. of your children on 6c who:  
• lived with you: **1**  
• did not live with you due to divorce or separation (see page 22): \_\_\_\_\_  
Dependents on 6c not entered above: \_\_\_\_\_  
Add numbers on lines above: **3**

d Total number of exemptions claimed: **3**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2: **227,525.**

8a Taxable interest. Attach Schedule B if required: **30.**

b Tax-exempt interest. Do not include on line 8a: **8b**

9 Ordinary dividends. Attach Schedule B if required: **9**

10 Taxable refunds, credits, or offsets of state and local income taxes: **256.**

11 Alimony received: **11**

12 Business income or (loss). Attach Schedule C or C-EZ: **12**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here : **13**

14 Other gains or (losses). Attach Form 4797: **14**

15a IRA distributions: **15a** b Taxable amount (see page 25): **15b**

16a Pensions and annuities: **16a** b Taxable amount (see page 25): **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E: **17**

18 Farm income or (loss). Attach Schedule F: **18**

19 Unemployment compensation: **19**

20a Social security benefits: **20a** b Taxable amount (see page 27): **20b**

21 Other income. List type and amount (see page 29): **21**

22 Add the amounts in the far right column for lines 7 through 21. This is your total income: **22 227,811.**

**Adjusted Gross Income**

23 Educator expenses (see page 29): **23**

24 IRA deduction (see page 29): **24**

25 Student loan interest deduction (see page 31): **25**

26 Tuition and fees deduction (see page 32): **26**

27 Archer MSA deduction. Attach Form 8853: **27**

28 Moving expenses. Attach Form 3903: **28**

29 One-half of self-employment tax. Attach Schedule SE: **29**

30 Self-employed health insurance deduction (see page 33): **30**

31 Self-employed SEP, SIMPLE, and qualified plans: **31**

32 Penalty on early withdrawal of savings: **32**

33a Alimony paid b Recipient's SSN: **33a**

34 Add lines 23 through 33a: **34**

35 Subtract line 34 from line 22. This is your adjusted gross income: **35 227,811.**



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

Department of the Treasury  
Internal Revenue Service (99)  
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

**2002**

Attachment  
Sequence No. 07

Your social security number

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

		1	2	3	4	
<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see page A-2) .....					
	2 Enter amount from Form 1040, line 36 .....		2			
	3 Multiply line 2 above by 7.5% (.075) .....					
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- .....					4	
<b>Taxes You Paid</b> (See page A-2.)	5 State and local income taxes .....	5			9,672.	
	6 Real estate taxes (see page A-2) .....	6			6,372.	
	7 Personal property taxes .....	7				
	8 Other taxes. List type and amount ▶ ----- ----- -----	8				
	9 Add lines 5 through 8 .....	9				16,044.
	<b>Interest You Paid</b> (See page A-3.)  <b>Note:</b> Personal interest is not deductible.	10 Home mortgage interest and points reported to you on Form 1098 <u>STMT 3</u> .....	10			37,373.
		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				37,373.
<b>Gifts to Charity</b>  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			260.	
	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				260.
<b>Casualty and Theft Losses</b>	19 Casualty or theft loss(es). Attach Form 4684. (See page A-5.) .....	19				
<b>Job Expenses and Most Other Miscellaneous Deductions</b>  (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 36 .....	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				
<b>Other Miscellaneous Deductions</b>	27 Other - from list on page A-6. List type and amount ▶ ----- ----- -----	27				
<b>Total Itemized Deductions</b>	28 Is Form 1040, line 36, over \$137,300 (over \$68,650 if married filing separately)? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 1 through 27. Also, enter this amount on Form 1040, line 38. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.	28			50,962.	



**SCHEDULE H  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Household Employment Tax**

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

▶ Attach to Form 1040, 1040NR, 1040-SS, or 1041.  
▶ See separate instructions.

OMB No. 1545-0074

**2002**  
Attachment  
Sequence No. 44

Name of employer

JOSEPH R. BIDEN, JR.

Social security number

Employer identification number

51-0188032

**A** Did you pay **any one** household employee cash wages of \$1,300 or more in 2002? (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 2002 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 2001 or 2002 to household employees? (Do not count cash wages paid in 2001 or 2002 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	3,300.
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	409.
3	Total cash wages subject to Medicare taxes (see page 3)	3	3,300.
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	96.
5	Federal income tax withheld, if any	5	
6	<b>Total social security, Medicare, and income taxes</b> (add lines 2, 4, and 5)	6	505.
7	Advance earned income credit (EIC) payments, if any	7	
8	<b>Net taxes</b> (subtract line 7 from line 6)	8	505.

**9** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2001 or 2002 to household employees? (Do not count cash wages paid in 2001 or 2002 to your spouse, your child under age 21, or your parent.)

- No.** Stop. Enter the amount from line 8 above on Form 1040, line 60. 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) 2002

**Part II Federal Unemployment (FUTA) Tax**

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

	Yes	No
10		
11		
12		
- 11 Did you pay all state unemployment contributions for 2002 by April 15, 2003? 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 60. 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 \_\_\_\_\_

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



FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S STATE OF DELAWARE	58,124.	7,942.	2,480.		4,095.	958.
T WIDNER UNIVERSITY	21,867.	1,974.	747.		1,356.	317.
T UNITED STATES SENATE	147,534.	34,056.	6,445.		5,264.	2,139.
TOTALS	227,525.	43,972.	9,672.		10,715.	3,414.



FORM 1040 EXCESS SOCIAL SECURITY TAX WORKSHEET STATEMENT 2

	TAXPAYER	SPOUSE
1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN \$5,263.80 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE . . . . .	6,620.	4,095.
2. ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON FORM 1040, LINE 61 . . . . .		
3. ADD LINES 1 AND 2 . . . . .	6,620.	4,095.
4. SOCIAL SECURITY TAX LIMIT . . . . .	5,264.	5,264.
5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN FORM 1040, LINE 65. . . . .	1,356.	0.

SCHEDULE A MORTGAGE INTEREST AND POINTS REPORTED ON FORM 1098 STATEMENT 3

DESCRIPTION	AMOUNT
COMMERCE	4,878.
CHASE MANHATTAN	32,495.
TOTAL TO SCHEDULE A, LINE 10	37,373.