

Form 1040 U.S. Individual Income Tax Return

2002

(99)

IRS Use Only - Do not write or staple in this space.

Label (See instructions on page 21.) Use the IRS label. Otherwise, please print or type.	LABEL HERE	For the year Jan. 1-Dec. 31, 2002, or other tax year beginning , 2002, ending , 20		OMB No. 1545-0074
		Your first name and initial JOSEPH R.	Last name BIDEN, JR.	Your social security number [REDACTED]
		If a joint return, spouse's first name and initial JILL T.	Last name BIDEN	Spouse's social security number [REDACTED]
		Home address (number and street). If you have a P.O. box, see page 21. [REDACTED]		Apt. no. [REDACTED]
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? ☒ **You** Yes ☐ No ☒ **Spouse** Yes ☐ No

Filing Status Check only one box.
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
c **Dependents:**

(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)
ASHLEY B.	BIDEN	[REDACTED]	DAUGHTER	

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

Income Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W-2, see page 23. Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	227,525.
8a	Taxable interest. Attach Schedule B if required	8a	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	10	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 <input type="checkbox"/>	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.

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Tax and Credits

Standard Deduction for -

• People who checked any box on line 37a or 37b of 1 who can be claimed as a dependent.

• All others:

Single, \$4,700

Head of household, \$6,900

Married filing jointly or Qualifying widow(er), \$7,850

Married filing separately, \$3,925

36	Amount from line 35 (adjusted gross income)	36	227,811.
37a	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	37a	
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien	37b	
38	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	38	50,962.
39	Subtract line 38 from line 36	39	176,849.
40	If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on line 6d. If line 36 is over \$103,000, see the worksheet on page 35	40	7,380.
41	Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-	41	169,469.
42	Tax. Check if any tax from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	42	41,251.
43	Alternative minimum tax. Attach Form 6251	43	
44	Add lines 42 and 43	44	41,251.
45	Foreign tax credit. Attach Form 1116 if required	45	
46	Credit for child and dependent care expenses. Attach Form 2441	46	
47	Credit for the elderly or the disabled. Attach Schedule R	47	
48	Education credits. Attach Form 8863	48	
49	Retirement savings contributions credit. Attach Form 8880	49	
50	Child tax credit (see page 39)	50	
51	Adoption credit. Attach Form 8839	51	
52	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	52	
53	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	53	
54	Add lines 45 through 53. These are your total credits	54	
55	Subtract line 54 from line 44. If line 54 is more than line 44, enter -0-	55	41,251.

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	57	
58	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach 5329 if required	58	
59	Advance earned income credit payments from Form(s) W-2	59	
60	Household employment taxes. Attach Schedule H	60	505.
61	Add lines 55 through 60. This is your total tax	61	41,756.

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	43,972.
63	2002 estimated tax payments and amount applied from 2001 return	63	
64	Earned income credit (EIC)	64	
65	Excess social security and tier 1 RRTA tax withheld (see page 56) STMT 2	65	1,356.
66	Additional child tax credit. Attach Form 8812	66	
67	Amount paid with request for extension to file (see page 56)	67	
68	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	68	
69	Add lines 62 through 68. These are your total payments	69	45,328.

Refund

Direct deposit? See page 56 and fill in 71b, 71c, and 71d.

70	If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid	70	3,572.
71a	Amount of line 70 you want refunded to you	71a	3,572.
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	d Account number
72	Amount of line 70 you want applied to your 2003 estimated tax	72	

Amount You Owe

73	Amount you owe. Subtract line 69 from line 61. For details on how to pay, see page 57	73	
74	Estimated tax penalty (see page 57)	74	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 58)? ☒ Yes. Complete the following. ☐ No

Designee's name	PREPARER	Phone no.		Personal identification number (PIN)	
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Sign**Here**

Joint return? See page 21. 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	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	U.S. SENATOR	
		TEACHER	

Paid**Preparer's****Use Only**

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
			P00035375
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	
COGEN SKLAR LLP	23-1406493		

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

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 36	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	9,672.
	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.
Interest You Paid (See page A-3.)	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	
Note: Personal interest is not deductible.	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.
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	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.
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 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	
Other Miscellaneous Deductions	27 Other - from list on page A-6. List type and amount	27	
Total Itemized Deductions	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 4 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.

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

Your social security number

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

Schedule B - Interest and Ordinary Dividends

Attachment
Sequence No. 08**Part I**
Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶

WILMINGTON TRUST

U.S. SENATE FEDERAL CREDIT UNION

NEW CASTLE SCHOOL EMPLOYEES CU

Note: If you received a Form 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 form.

Amount

1.

9.

20.

- 2 Add the amounts on line 1 2 30.

- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You must attach Form 8815 3

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a 4 30.

Note. If line 4 is over \$1,500, you must complete Part III.

Part II
Ordinary Dividends

- 5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13. ▶

Amount

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9 6

Note. If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; OR (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2002, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? X

- b If "Yes," enter the name of the foreign country ▶

- 8 During 2002, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? X

- If "Yes," you may have to file Form 3520. See page B-2

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10-25-02

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

Schedule B (Form 1040) 2002

**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

2002Attachment
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	Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	6	505.	
7	Advance earned income credit (EIC) payments, if any	7		
8	Net taxes (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?
- 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?

	Yes	No
10		
11		
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 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.

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

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.