Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type. Presidential Election Campa Filing Status Check only one box.	A STANDARD OF THE STANDARD OF	Single Married filing jointly (even if only one had	Last name BIDEN, Last name BIDEN P.O. box, see page 16. Iforeign address, see page 16. Ifiling jointly, want \$3 to dincome) SSN above	D go to this fund (see posens of the person is a chiname here.	Apt. Apt. age 16) hold (with ld but not	qualifyir	ng person). If the qualifying pendent, enter this child's dent child (see page 17)
instructions on page 16.) Use the IRS label. Otherwise, please print or type. Presidential Election Campa Filing Status Check only one box.	aign 1 2 3	TOSEPH R. Ta joint return, spouse's first name and initial TILL T. Tome address (number and street). If you have a one address (number and street). If you have a lity, town or post office, state, and ZIP code. If y	BIDEN, Last name BIDEN P.O. box, see page 16. foreign address, see page 16. filing jointly, want \$3 to d income) SSN above dependent, do not check	o go to this fund (see po 4 Head of house person is a chi name here. > 5 Qualifying wido box 6a	age 16) hold (with ld but not bw(er) wit	Dequalifying your dependent	You must enter You sold security number You sold security number You sold security number You must enter You sold sold sold sold sold sold sold sold
on page 16.) Use the IRS label. Otherwise, please print or type. Presidential Election Campa Filing Status Check only one box.	aign 1 2 3	a joint return, spouse's first name and initial JILL T. ome address (number and street). If you have a lity, town or post office, state, and ZIP code. If you have a Check here if you, or your spouse if Single Married filing jointly (even if only one had Married filing separately. Enter spouse's and full name here. Yourself. If someone can claim you as a X Spouse Dependents:	Last name BIDEN P.O. box, see page 16. If oreign address, see page 16. filling jointly, want \$3 to d income) SSN above dependent, do not check	o go to this fund (see po 4 Head of house person is a chi name here. > 5 Qualifying wido box 6a	age 16) hold (with ld but not bw(er) wit	Dequalifying your dependent	You must enter A your SSN(s) above. Checking a box below will not change your tax or refund. X You X Spouse pendent, enter this child's dent child (see page 17) Boxes checked
Use the IRS label. Otherwise, please print or type. Presidential Election Campa Filing Status Check only one box.	aign 1 2 3	OTILL T. ome address (number and street). If you have a lity, town or post office, state, and ZIP code. If you have a Check here if you, or your spouse if Single Married filing jointly (even if only one had Married filing separately. Enter spouse's and full name here. Yourself. If someone can claim you as a X Spouse Dependents:	P.O. box, see page 16. Inforeign address, see page 16. filing jointly, want \$3 to dincome) SSN above dependent, do not check	p go to this fund (see po 4 Head of house person is a chi name here. ► 5 Qualifying wide box 6a	age 16) hold (with ld but not bw(er) wit	Dequalifying your dependent	You must enter A your SSN(s) above. Checking a box below will not change your tax or refund. X You X Spouseing person). If the qualifying pendent, enter this child's dient child (see page 17) Boxes checked 2
Iabel. Otherwise, please print or type. Presidential Election Campa Filing Status Check only one box.	aign 1 2 3	ome address (number and street). If you have a liv, town or post office, state, and ZIP code. If you have a Check here if you, or your spouse if Single X Married filing jointly (even if only one had Married filing separately. Enter spouse's and full name here. X Yourself. If someone can claim you as a X Spouse Dependents:	P.O. box, see page 16. foreign address, see page 16. filling jointly, want \$3 to d income) SSN above dependent, do not check	p go to this fund (see po 4 Head of house person is a chi name here. ► 5 Qualifying wide box 6a	age 16) hold (with ld but not bw(er) wit	Dequalifying your dependent	Checking a box below will not change your tax or refund. X You X Spouse ng person). If the qualifying pendent, enter this child's light thild (see page 17) Boxes checked
Otherwise, please print or type. Presidential Election Campa Filing Status Check only one box.	aign 1 2 3	Check here if you, or your spouse if Single Married filing jointly (even if only one had Married filing separately. Enter spouse's and full name here. X Yourself. If someone can claim you as a X Spouse Dependents:	filing jointly, want \$3 to d income) SSN above dependent, do not check	p go to this fund (see po 4 Head of house person is a chi name here. ► 5 Qualifying wide box 6a	age 16) hold (with ld but not bw(er) wit	Dequalifying your dependent	Checking a box below will not change your tax or refund. X You X Spouse ng person). If the qualifying pendent, enter this child's light thild (see page 17) Boxes checked
please print or type. Presidential Election Campa Filing Status Check only one box.	aign 1 2 3	Check here if you, or your spouse if Single Married filing jointly (even if only one had Married filing separately. Enter spouse's and full name here. X Yourself. If someone can claim you as a X Spouse Dependents:	filing jointly, want \$3 to d income) SSN above dependent, do not check	p go to this fund (see po 4 Head of house person is a chi name here. ► 5 Qualifying wide box 6a	hold (with ld but not bw(er) wit	qualifyir your dep n depend	Checking a box below will not change your tax or refund. X You X Spouse ng person). If the qualifying pendent, enter this child's dient child (see page 17) Boxes checked 2
Presidential Election Campa Filing Status Check only one box.	aign 1 2 3 6a b	Check here if you, or your spouse if Single Married filing jointly (even if only one had Married filing separately. Enter spouse's and full name here. X Yourself. If someone can claim you as a X Spouse Dependents:	filing jointly, want \$3 to d income) SSN above dependent, do not check	p go to this fund (see po 4 Head of house person is a chi name here. ► 5 Qualifying wide box 6a	hold (with ld but not bw(er) wit	qualifyir your dep n depend	change your tax or refund. X You X Spouse ng person). If the qualifying pendent, enter this child's dent child (see page 17) Boxes checked
Filing Status Check only one box.	1 2 3 6a b	Single X Married filing jointly (even if only one harm of the second o	d income) SSN above dependent, do not check	4	hold (with ld but not bw(er) wit	qualifyir your dep n depend	X You X Spouse ng person). If the qualifying pendent, enter this child's dent child (see page 17) Boxes checked
Filing Status Check only one box	1 2 3 6a b	Single X Married filing jointly (even if only one harm of the second o	d income) SSN above dependent, do not check	4	hold (with ld but not bw(er) wit	qualifyir your dep n depend	ng person). If the qualifying pendent, enter this child's dent child (see page 17) Boxes checked
Check only one box.	3 6a b	Married filing jointly (even if only one had Married filing separately. Enter spouse's and full name here. ▶ X Yourself. If someone can claim you as a X Spouse Dependents:	SSN above dependent, do not check (2) Dependent's social	person is a chi name here. ► 5 Qualifying wide box 6a	ld but not ow(er) wit	your dep	pendent, enter this child's dent child (see page 17) Boxes checked
one box.	3 6a b	Married filing separately. Enter spouse's and full name here. ▶ X Yourself. If someone can claim you as a X Spouse Dependents:	SSN above dependent, do not check (2) Dependent's social	name here. ► 5 Qualifying wide box 6a	ow(er) wit	n depend	dent child (see page 17) Boxes checked 2
one box.	6a b	and full name here. ► a X Yourself. If someone can claim you as a X Spouse Dependents:	dependent, do not check	5 Qualifying wide box 6a	w(er) wit		Boxes checked 2
Exemptions	b	X Yourself. If someone can claim you as a X Spouse Dependents:	(2) Dependent's social	box 6a	,		Boxes checked 2
Exemptions	b	X Spouse	(2) Dependent's social		•••••	••••••	on 6a and 6h
	C	Dependents:	(2) Dependent's social				No. of children
		(1) First name Last name			s	[4]VI[90	
			•	relationship to		ing child child tax cr (see page	redit lived with you did not live with
		The state of the s	: :			(aco page	you due to divorce or separation
						-	(see page 20)
If more than four dependents,							Dependents on 6c not entered above
see page 19.			1 1	•			Add numbers
, 	d	Total number of exemptions claimed					on lines 2
Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	2			7 .	
Attach Form(s)	8a	Taxable interest. Attach Schedule B if require	d			8a	80.
W-2 here. Also attach Forms	b	, = = = = = = = = on interest	a	8b			
W-2G and	9a b	,	ired			9a	
1099-R If tax	10.			9b			+
was withheld.	11	Taxable refunds, credits, or offsets of state an	d local income taxes				0.
	12	Alimony received	or C 57	•••••••••••••••••••••••••••••••••••••••		11	
If you did not	13	Business income or (loss). Attach Schedule C Capital gain or (loss). Attach Schedule D if rec	Hirad If not required abo	ale hara			
get a W-2, see page 23.	14	Other gains or (losses). Attach Form 4797	janoa, n norreganea, one	CK HEIE		13	
. •	15a	IRA distributions 15a	·	h Tayahle amount	••••••••	15b	ļ
Enclose, but do	16a	Pensions and annuities 16a		b Taxable amount			
not attach, any payment. Also,	17	Rental real estate, royalties, partnerships, S co	prporations, trusts, etc. Att	tach Schedule F	•••••••••••••••••••••••••••••••••••••••	17	
please use	18	Farm income or (loss). Attach Schedule F				18	
Form 1040-V.	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 lin	es 7 through 21. This is y	our total income	🕨	22	248,459.
A -12	23	Archer MSA deduction. Attach Form 8853 Certain business expenses of reservists, performing at	tiets and fee-basis government	23			E
Adjusted	24	Certain business expenses of reservists, performing a officials. Attach Form 2106 or 2106-EZ		24			S
Gross Income	25	Health savings account deduction. Attach Form	n 8889	25			2 . " t
moone	26 27	Moving expenses. Attach Form 3903		26			
		One-half of self-employment tax. Attach Scheo	iule SE	27			-
	28 29	Self-employed SEP, SIMPLE, and qualified pla Self-employed health insurance deduction (se	115	28	-		*
	30	Penalty on early withdrawal of cavings	e page 29)	29			
	31a	Penalty on early withdrawal of savings Alimony paid b Recipient's SSN					
902	32	IRA deduction (see page 31)	<u>-</u>	31a			
	33	Student loan interest deduction (see page 33)		32			
	34	Jury duty pay you gave to your employer		33			
	35	Domestic production activities deduction. Attac	ch Form 8903	35			STATEMENT 1
	36	Add lines 23 through 31a and 32 through 35				36	PIETERPHI I
610001 02-05-07	37	Subtract line 36 from line 22. This is your adju	sted gross income	•••••		37	248,459.
LHA For Disclos	sure, l	Privacy Act, and Paperwork Reduction A	Act Notice, see page 8	30.	1		Form 1040 (2006)

1				
Form 1040 (200	(6) L	JOSEPH R. BIDEN, JR. & JILL T. BIDEN	wh	Dans 9
Tax and	38	Amount from line 37 (adjusted gross income)	38	248,459.
Credits	_ 39	a Check You were born before January 2, 1942, Blind. Total boxes		240,433.
Standard Deduction for -		if: Spouse was born before January 2, 1942, Blind. Checked ▶ 39a		
People who	L.	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here		
checked any box on line 39a	- 40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	58,935.
or 39b 0f who can be claimed	41	Subtract line 40 from line 38	41	189,524.
as a dependent	42	if line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina.		
	1 42	see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	5,720.
All others;	44	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	183,804.
Single or	500000	10111143/2	44	40,869.
Married filing separately,	46	Alternative minimum tax, Attach Form 6251	45	1,158.
\$5,150	47	Add lines 44 and 45	46	42,027.
Married filing jointly or .	48	Foreign tax credit. Attach Form 1116 if required 47 Credit for child and dependent care expenses. Attach Form 2441 48		= x
Qualifying widow(er),	49			41
\$10,300	50	Education credits. Attach Form PRE2		
Head of	51	Education credits. Attach Form 8863 50 Retirement savings contributions credit. Attach Form 8880 51		
household, \$7,550	52	David Add I all the same of th		
	53	Obild have and the first terminal to the second terminal		
	54	Credits from: a Form 8395 b Form 8890 c Form 8859		
	55	Other credits; a Form 3800 b Form 8801 c Form 555		
	56	Add lines 47 through 55. These are your total credits		
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	56	42,027.
Other	58	Self-employment tax. Attach Schedule SE	58	42,027.
Taxes	59	Social security and Medicare tax on tip Income not reported to employer. Attach Form 4137	59	
Idaes	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
,	61	Advance earned income credit payments from Form(s) W-2, box 9	61	
	62	Household employment taxes. Attach Schedule H	62	805.
	63	Add thes 57 dirough 62. This is your total tax	63	42,832.
ayments	64	rederal income tax withheld from Forms W-2 and 1099		
	65	2006 estimated tax payments and amount applied from 2005 return		
If you have La qualifying	_ 66 a	Earned income credit (EIC)		·
child, attach Schedule EIC.		Nontaxable combat pay election 66b		
Scribdole ElC.	67	Excess social security and tier 1 RRTA tax withheld (see page 60)S TMT 3 67 1, 271.		
	68	Additional child tax credit. Attach Form 8812 68		
	69	Amount paid with request for extension to file (see page 60)		
	70	Payments from: a Form 2439 b Form 4136 c Form 8885 70		
	71	Credit for federal telephone excise tax paid. Attach Form 8913 if required 71 40.		
Refund	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	44,563.
rect deposit?	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid.	73	1,731.
ee page 61 nd fill in 74b,	/4d	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	1,731.
c, and 74d, Form 8888.				
mount	76	Amount of line 73 you want applied to your 2007 estimated tax		
ou Owe	77	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76	
hird Part	/ Dr	stimated tax penalty (see page 62)	開發	
esignee	Desi nan	you want to allow another person to discuss this return with the IRS (see page 63)? X Yes. Complete the following PREPARER	lowing. Personal Idea	No ntification
 	Under	no.	umber (PIN)	lef the second
ere		mplete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Date Your occupation Your occupation		
int return? e page 17.		U.S. SENATOR	Dayuner	hone number
ер а сору	7 -	pouse's signature. If a joint return, DOM must sign. Date Spouse's occupation		Abelrang and areas in the control of the control
your ords.		TEACHER		
aid	Prepare		reparer's SS	N or PTIN
	signatu	I Check it self- 1 in		
se Only	Firm's :	ame (or MORISON COGEN LLP		035375 1406493
	yours If	Self-em-		
	oloyed) and ZIP	adoress	THE	

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SCHEDULES A&B (Form 1040)

Department of the Treasury Internal Revenue Service (99) Name(s) shown on Form 1040

619501 11-10-06

Schedule A - Itemized Deductions

Attach to Form 1040.

(Schedule B is on page 2)

▶ See Instructions for Schedules A&B (Form 1040).

OMB No. 1545-0074 2006 Attachment Sequence No. 07 Your social security number

JOSEPH	R.	BIDEN, JR. & JILL T. BIDEN			
Medical		Caution. Do not include expenses reimbursed or paid by others.			
and	1		1		
Dental	2	Enter amount from Form 1040, line 382			
Expenses	3	Multiply line 2 by 7.5% (.075)	2		
	4	Subtract line 3 from line 1. If line 3 is more than line 1 enter 0.		4	
Taxes You	5		5	11,441.	
Paid	6	Real estate taxes (see page A-3)	6	10,349.	
(See	7	Personal property taxes	7	7 70 23 6	
page A-3.)	8	Other taxes. List type and amount			- A
					(A)
			8		
	9			9	21,790.
Interest	10	Home mortgage interest and points reported to you on Form 1098	10	38,724.	22//200
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid to the person		7	
(See		from whom you bought the home, see page A-3 and show that person's name, identifying no., and address		-	
page A-3.)		-			
Note.			11		10
Personal interest is	12		12		
not .	13	Investment interest. Attach Form 4952 if required. (See page A-4.)	13		
deductible.	14	Add lines 10 through 13	1.01	14	38,724.
Gifts to	15	Gifts by cash or check.	15	380.	30,722.
Charity	16				
If you made a		You must attach Form 8283 if over \$500	16		
gift and got a benefit for it,	17	Carryover from prior year	17		
see page A-4.	18		11	18	380.
Casualty and					
Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-6.)			
Job Expenses	20	Unreimbursed employee expenses - job travel, union dues, job education, etc.			
and Certain Miscellaneous		Attach Form 2106 or 2106-EZ if required. (See page A-6.)			
Deductions	ļ				
			20		
	21	Tax preparation fees	21		
*	22	Other expenses - investment, safe deposit box, etc. List type and amount		-	
See	- 1				,
page A-6.)				1. 1	
			22		
	23	Add lines 20 through 22	23		
	24	Enter amount from Form 1040, line 3824			
	25	Multiply line 24 by 2% (.02)	25	1 1	
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-		26	
Other	27	Other - from list on page A-7. List type and amount		198	
Miscellaneous Deductions)				•
				27	
otal	28	Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)?			
temized		No. Your deduction is not limited. Add the amounts in the far right column)		
Deductions		for lines 4 through 27. Also, enter this amount on Form 1040, line 40.	}	▶ 28	58,935.
		X Yes. Your deduction may be limited. See page A-7 for the amount to enter.	J		
···,	29	If you elect to iterfize deductions even though they are less than your standard deduction, chec	k here		
LHA	For	Paperwork Reduction Act Notice, see Form 1040 instructions.		Schedule A	(Form 1040) 2006
		ę.		4.1	

Your social security number

Schedules A&B (Form 1040) 2005

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

JOSEPH R	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 8-1 and list this interest first. Also, show that buyer's social security number and address ► NEW CASTLE SCHOOL EMPLOYEES CU	-	Amount 57.
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.	n,	1	13.
	2 Add the amounts on line 1 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a		80.
	Note. If line 4 is over \$1,500, you must complete Part !!!	4	80.
Part II Ordinary Dividends 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.		5	
Part III	Add the amounts on line 5. Enter the total here and on Form 1040, line 9a Note. If line 6 is over \$1,500, you must complete Part III. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. 7a At any time during 2006, 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 b If "Yes," enter the name of the foreign country.	1	Yes No
627501 11-10-06	During 2006, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign lf "Yes," you may have to file Form 3520. See page B-2	n trust?	The state of the s

Department of the Treasury Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

35

Form 6251 (2006)

Name(s) shown on Form 1040 or Form 1040NR Your social security number JOSEPH R. BIDEN, JR. & JILL T. BIDEN Part Alternative Minimum Taxable Income 1 If filling Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.) 189,524. 1 2 Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 38 2 3 Taxes from Schedule A (Form 1040), line 9 3 4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions 4 5 Miscellaneous deductions from Schedule A (Form 1040), line 26 5 6 If Form 1040, line 38, is over \$150,500 (over \$75,250 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet on page A-7 of the instructions for Schedule A (Form 1040) -1,959. 6 7 Tax refund from Form 1040, line 10 or line 21 7 8 Investment interest expense (difference between regular tax and AMT) 8 9 Depletion (difference between regular tax and AMT) 9 10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount 10 11 Interest from specified private activity bonds exempt from the regular tax 11 12 Qualified small business stock (7% of gain excluded under section 1202) 12 13 Exercise of incentive stock options (excess of AMT income over regular tax income) 13 14 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 14 15 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 15 16 Disposition of property (difference between AMT and regular tax gain or loss) 16 17 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 17 18 Passive activities (difference between AMT and regular tax income or loss) 18 19 Loss limitations (difference between AMT and regular tax income or loss) 20 Circulation costs (difference between regular tax and AMT) 21 Long-term contracts (difference between AMT and regular tax income) 21 22 Mining costs (difference between regular tax and AMT) 22 23 Research and experimental costs (difference between regular tax and AMT) 23 24 Income from certain installment sales before January 1, 1987 24 25 Intangible drilling costs preference 25 26 Other adjustments, including income-based related adjustments 26 27 Alternative tax net operating loss deduction 28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$200,100, see instructions) 209,355. Partille Alternative Minimum Tax 29 Exemption. (If this form is for a child under age 18, see instructions.) IF your filing status is ... AND line 28 is not over ... THEN enter on line 29 Single or head of household \$42,500 Married filing jointly or qualifying widow(er) 150,000 62,550 47,711. Married filing separately 75,000 31,275 If line 28 is over the amount shown above for your filing status, see instructions. 30 Subtract line 29 from line 28. If more than zero or you are filing Form 2555 or 2555-EZ, go to line 31. If zero or less and you are not filing Form 2555 or 2555-EZ, enter -0- on lines 33 and 35 and skip the rest of Part II 161,644. 30 31 • If you are filing Form 2555 or 2555-EZ, see page 8 of the instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured 31 42,027. for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here. All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 32 Alternative minimum tax foreign tax credit (see instructions) 32 33 Tentative minimum tax. Subtract line 32 from line 31 42,027. 34 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Sch J to figure your tax, the amount for line 44 of Form 1040 must be refigured without using Sch J 40,869. 35 Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45 ______ 1,158.

619481 12-22-05 LHA For Paperwork Reduction Act Notice, see instructions.

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E	orm 6251 (2006) JOSEPH R. BIDEN TR. S. TILL T		10 10			
100	orm 6251 (2006) JOSEPH R. BIDEN, JR. & JILL T Partill Tax Computation Using Maximum Capital Gains Rates	BIDEN			Page	1
225	Tax Computation Using Maximum Capital Gains Rates		-	7		
36	Enter the amount from Form 6251, line 30					
37	7 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax		36			_
	Worksheet in the instructions for Form 1040, line 44, or the amount from	1		A STANDARD		
	line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for					
	Schedule D (Form 1040), whichever applies (as refigured for the AMT, if	· · · · · · · · · · · · · · · · · · ·				
	necessary) (see the instructions)			į		
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the		-			
	AMT, if necessary) (see instructions) 38					
39	If you did not complete a Schedule DTax Worksheet for the regular tax or the	-	1			
	AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter					
	the smaller of that result or the amount from line 10 of the Schedule D Tax	la l				
	Worksheet (as refigured for the AMT, if necessary)					
40	Enter the smaller of line 36 or line 39		40			
41	Subtract-line 40 from line 36		41			-
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41	by 26% (.26).				-
	Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing se	parately) from				
	the result	>	42			
43	Enter:					-
	• \$61,300 if married filing jointly or qualifying widow(er),					
	• \$30,650 if single or married filing separately, or					
٠	• \$41,050 if head of household.					
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain					•
	Tax Worksheet in the instructions for Form 1040, line 44, or the amount from					
	line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for	:				
	Schedule D (Form 1040), whichever applies (as figured for the regular tax). If					
	you did not complete either worksheet for the regular tax, enter -0-					
45	0.11-15-145-15-15-15					
40	Subtract line 44 from line 43. If zero or less, enter -0-					
46	Enter the annullar of the DO III OF					
40	Enter the smaller of line 36 or line 37					
47	Enter the smaller of line 45 or line 45					
	Enter the smaller of line 45 or line 46					
48	Multiply line 47 by 5% (.05)		100			
	Manapy 1870 47 by 578 (100)	►	48			_
49	Subtract line 47 from line 46 49	1.				
	49					
50	Multiply line 49 by 15% (.15)		50			
		· ·				-
	If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to lin	e 51.				
51	Subtract line 46 from line 40				ι,	
			- Tagas	•	נ	
52	Multiply line 51 by 25% (.25)	>	52			
						-
53	Add lines 42, 48, 50, and 52		53			

54 If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from

55 Enter the smaller of line 53 or line 54 here and on line 31

the result _____

SCHEDULE H (Form 1040)

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

OMB No. 1545-1971

Attachment Sequence No. 44

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040, 1040NR, 1040-SS, or 1041.

See separate instructions.

Name of employer

Social security number

٠ ,	JOSEPH R. BIDEN, JR.	En	ployer identification numbe
-		4	51-0188032
	Did you pay any one household employee cash wages of \$1,500 or more in 2006? (If any household employed under age 21, your parent, or anyone under age 18, see the line A instructions on page H-3 before you answer	e wa er thi:	as your spouse, your child s question.)
	Yes. Skip lines B and C and go to line 1. No. Go to line B.		
E	Did you withhold federal income tax during 2006 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 2005 or 2006 to all household err (Do not count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or your parent.)	iploy	ees?
_	No. Stop. Do not file this schedule. Yes. Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household emplo	yees	În 2006
	Social Security, Medicare, and Income Taxes		
1	Total cash wages subject to social security taxes (see page H-4)) .	
2	Social security taxes. Multiply line 1 by 12.4% (.124)		2 620.
3	Total cash wages subject to Medicare taxes (see page H-4)		
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	.	4 145.
5	Federal income tax withheld, if any	.	5
6	Total social security, Medicare, and income taxes. Add lines 2, 4, and 5	.	765.
7	Advance earned income credit (EIC) payments, if any	.	7
8	Net taxes (subtract line 7 from line 6)		765.
9	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2005 or 2006 to household employee (Do not count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or your parent.)) 	
	No. Stop. Enter the amount from line 8 above on Form 1040, line 62. If you are not required to file Form the line 9 instructions on page H-4.	1040), see
	X Yes. Go to line 10 on page 2.		
LH/	A For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	Sc	hedule H (Form 1040) nonc

Schodule U.S TO GETTE	TO								
Part II Federal Unemploy	R. BIDEN,	, JR. Tay					. 6	eti (specija)	Page 2
					~		-		Yes No
10 Are you required to pay unemplo	yment contribution	ns to only or	ne state?	••••••					Yes No
The you pay all State unemploym	ent contributions to	or 2006 by A	April 16	20072 Ficos	Lyonr filoro aco	nows II.4	1	1 .	1 X
12 Were all wages that are taxable f Next: If you checked the "Yes" box	on all the lines above	ve. complet	te Section	nΔ		••••••••••••			2 X
If you checked the "No" box o	on any of the lines a	above, skip (Section A	and compl	lete Section B.	9			
13 Name of the state where you paid	d unamployment es		Section	1 A	- DE		Cardonists	36	
14 State reporting number as shown	o on state unemplo	yment tax re	eturn	583	DE 326-0				
15 Contributions paid to your state to	unemployment fund	d (see page	H-4)	1	15	15.			
16 Total cash wages subject to FUT.	A tax (see page H-4	4)		·····			16		5,000.
17 FUTA tax, Multiply line 16 by .00		S	Section	В	ne 26		17		40.
18 Complete all columns below that		more space	, see pag	ge H-5):					
(a) (b) Name State reporting number of as shown on state	(c) Taxable wages (as	(d) State experie	ence rate	(e) State	(f) Multiply col. (c)	(g) Multiply col. (,	(h)	(i)
state unemployment tax	defined in state act)	From	To	experience rate	by .054	by col. (e)	,	Subtract col. (g) from col. (f). If zero or less,	Contributions paid to state unemployment
							-+	enter -0	fund
**	.								
			· · · · · · · · · · · · · · · · · · ·						
		<u> </u>				<u> </u>	\dashv		
19 Totals		<u> </u>					19		
					,		19		
20 Add columns (h) and (i) of line 19					20				
20 Add columns (h) and (i) of line 19 21 Total cash wages subject to FUTA	A tax (see the line 10	6 instruction	ns on pag	L	20		19		
20 Add columns (h) and (i) of line 19 21 Total cash wages subject to FUTA	A tax (see the line 10	6 instruction	ns on pag	L	20				
20 Add columns (h) and (i) of line 19 21 Total cash wages subject to FUTA 22 Multiply line 21 by 6.2% (.062)	A tax (see the line 16	6 instruction	ns on paç	ge H-4)	20		21		
20 Add columns (h) and (i) of line 19 21 Total cash wages subject to FUTA 22 Multiply line 21 by 6.2% (.062)	A tax (see the line 16	6 instruction	ns on paç	ge H-4)	20		21		
20 Add columns (h) and (i) of line 19 21 Total cash wages subject to FUTA 22 Multiply line 21 by 6.2% (.062)	A tax (see the line 16	6 instruction	ns on paç	ge H-4)	20		21		
Add columns (h) and (i) of line 19 Total cash wages subject to FUTA Multiply line 21 by 6.2% (.062) Multiply line 21 by 5.4% (.054) Enter the smaller of line 20 or line FUTA tax. Subtract line 24 from line	A tax (see the line 10	6 instruction	ns on pag	ge H-4)	20		21 22 24		
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					-		
FORM 1040	STAT	EMENT	1				
1. ENTER THE AMOUNT F	ROM FORM 10	40, LINE 22				248,4	59.
2. ENTER THE TOTAL OF THROUGH LINES 33, DOTTED LINE NEXT T							
3. SUBTRACT LINE 2 FR \$80,000 (\$160,000	IF MARRIED :	FILING JOIN	LTA), AOA	E THAN CANNOT			
TAKE THE DEDUCTION	FOR TUITION	N AND FEES			•	248,4	59.
(DEFINED MORE THA	,000 IF MARI E TOTAL QUAI ABOVE) YOU	IS THE AMOUNT RIED FILING LIFIED TUIT: PAID IN 200 ALSO, ENTER	JOINTLY)? ION AND FE IO. DO NO	ES T ENTER			
(DEFINED MORE THAI	ABOVE) YOU N \$4,000.	LIFIED TUIT: PAID IN 200 ALSO, ENTER	6. DO NO	T ENTER			
FORM 104	0, LINE 35.		4				0.
					-		
FORM 1040	WAGES RECE	CVED AND TAX	ES WITHHE	LD	STATI	EMENT	2
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICA TAX	
S STATE OF DELAWARE T WIDENER UNIVERSITY T UNITED STATES SENATE	WIDENER UNIVERSITY 20,500. 1,454. 676.						
TOTALS	248,379.	43,252.	11,441.		11,721.	3,71	.9.



FORM 10	40	EXCESS	SOCIAL	SECURITY	TAX	WORKSHEE	T	STA	TEMENT 3
							TAXP	AYER	SPOUSE
THA BE	ALL SOCIAL N \$5,840.40 SHOWN IN BOX AL HERE	FOR EACH	EMPLOYE	R (THIS T	AX SE	OTILD	7	,111.	4,610.
GRO	ER ANY UNCOL JP-TERM LIFE M 1040, LINE	INSURANCE	INCLUI	CURITY TA	E TOT	TIPS OR			
3. ADD	LINES 1 AND	2					7.	,111.	4,610.
4. SOC	IAL SECURITY	TAX LIMIT					5	840.	5,840.
5. SUB	FRACT LINE 4 INCLUDED IN	FROM LINE FORM 1040	E 3. EXC), LINE	CESS SOCI		CURITY -	1,	271.	0.



FO	RM 6251 EXEMPTION WORKSHEET		STATEMENT 4
1	ENTER: \$42,500 IF SINGLE OR HEAD OF HOUSEHOLD; \$62,550 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$31,275 IF MARRIED FILING SEPARATELY.	;	
2	ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME	•	62,550.
3	ENTER: \$112,500 IF SINGLE OR HEAD OF HOUSEHOLD; \$150,000 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$75,000 IF MARRIED	355.	
4	FILING SEPARATELY	000. 355.	
5	MULTIPLY LINE 4 BY 25% (.25). SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0 THIS FORM IS FOR A CHILD UNDER AGE 14, GO TO LINE 7 BEL OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251 LINE 29, AND GO TO FORM 6251, LINE 30	OW.	14,839.
7 8 9	CHILD'S MINIMUM EXEMPTION AMOUNT. ENTER THE CHILD'S EARNED INCOME, IF ANY. ADD LINES 7 AND 8		47,711.
10	ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 62 LINE 29, AND GO TO FORM 6251, LINE 30	51,	