

Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign (See page 19.)	LABEL HERE	For the year Jan. 1-Dec. 31, 2003, or other tax year beginning , 2003, ending , 20		OMB No. 1545-0074
		Your first name and initial JOSEPH R.		Last name BIDEN, JR.
		If a joint return, spouse's first name and initial JILL T.		Last name BIDEN
		Home address (number and street). If you have a P.O. box, see page 19. Apt. no.		▲ Important! ▲ You must enter your SSN(s) above.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.				
Filing Status		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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.		4 <input type="checkbox"/> Head of household (with qualifying person). (See page 20.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child. (See page 20.)		
Exemptions		6a <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 21)		No. of boxes checked on 6a and 6b: 2 No. of children on 6c who: • lived with you: 1 • did not live with you due to divorce or separation (see page 21): Dependents on 6c not entered above: Add numbers on lines above: 3		
d Total number of exemptions claimed		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 22. Enclose, but do not attach, any payment. Also, please use Form 1040-V.	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	231,136.
	8a	Taxable interest. Attach Schedule B if required	8a	21.
	b	Tax-exempt interest. Do not include on line 8a	8b	
	9a	Ordinary dividends. Attach Schedule B if required	9a	
	b	Qualified dividends (see page 23)	9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	218.
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13a	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13a	
	b	If box on 13a is checked, enter post-May 5 capital gain distributions	13b	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	IRA distributions	15a	
	15b	Taxable amount (see page 25)	15b	
	16a	Pensions and annuities	16a	
16b	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		
20b	Taxable amount (see page 27)	20b		
21	Other income. List type and amount (see page 27)	21		
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	231,375.	
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	Moving expenses. Attach Form 3903	27	
	28	One-half of self-employment tax. Attach Schedule SE	28	
	29	Self-employed health insurance deduction (see page 33)	29	
	30	Self-employed SEP, SIMPLE, and qualified plans	30	
	31	Penalty on early withdrawal of savings	31	
	32a	Alimony paid b Recipient's SSN	32a	
	33	Add lines 23 through 32a	33	
	34	Subtract line 33 from line 22. This is your adjusted gross income	34	231,375.

Tax and Credits

Standard Deduction for -

• People who checked any box on line 36a or 36b of who can be claimed as a dependent.

• All others:
Single, or Married filing separately, \$4,750

Married filing jointly or Qualifying widow(er), \$5,500

Head of household, \$7,000

35	Amount from line 34 (adjusted gross income)	35	231,375.
36a	Check <input type="checkbox"/> You were born before January 2, 1939, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1939, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 36a <input type="checkbox"/> 36b		
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien		
37	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	37	54,128.
38	Subtract line 37 from line 35	38	177,247.
39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet on page 35	39	7,503.
40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-	40	169,744.
41	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	41	37,709.
42	Alternative minimum tax. Attach Form 6251	42	
43	Add lines 41 and 42	43	37,709.
44	Foreign tax credit. Attach Form 1116 if required	44	
45	Credit for child and dependent care expenses. Attach Form 2441	45	
46	Credit for the elderly or the disabled. Attach Schedule R	46	
47	Education credits. Attach Form 8863	47	
48	Retirement savings contributions credit. Attach Form 8880	48	
49	Child tax credit (see page 40)	49	
50	Adoption credit. Attach Form 8839	50	
51	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	51	
52	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	52	
53	Add lines 44 through 52. These are your total credits	53	
54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-	54	37,709.

Other Taxes

55	Self-employment tax. Attach Schedule SE	55	
56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	56	
57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	57	
58	Advance earned income credit payments from Form(s) W-2	58	
59	Household employment taxes. Attach Schedule H	59	684.
60	Add lines 54 through 59. This is your total tax	60	38,393.

Payments

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	42,391.
62	2003 estimated tax payments and amount applied from 2002 return	62	
63	Earned income credit (EIC)	63	
64	Excess social security and tier 1 RRTA tax withheld (see page 56) STMT. 2	64	1,271.
65	Additional child tax credit. Attach Form 8812	65	
66	Amount paid with request for extension to file (see page 56)	66	
67	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	67	
68	Add lines 61 through 67. These are your total payments	68	43,662.

Refund

Direct deposit? See page 58 and fill in 70b, 70c, and 70d.

69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid	69	5,269.
70a	Amount of line 69 you want refunded to you	70a	5,269.
b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="text"/>		
71	Amount of line 69 you want applied to your 2004 estimated tax	71	

Amount You Owe

72	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57	72	
73	Estimated tax penalty (see page 58)	73	

Third Party DesigneeDo 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) **Sign Here**

Joint return? See page 20. 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 U.S. SENATOR
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation TEACHER**Paid**

Preparer's signature

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

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

2003

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 35	2	
3	Multiply line 2 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	5 State and local income taxes	5	9,897.
(See page A-2.)	6 Real estate taxes (see page A-2)	6	6,937.
	7 Personal property taxes	7	
	8 Other taxes. List type and amount	8	
	9 Add lines 5 through 8	9	16,834.
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	39,790.
(See page A-3.)	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-4.)	13	
	14 Add lines 10 through 13	14	39,790.
Gifts to Charity	15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	15	260.
If you made a gift and got a benefit for it, see page A-4.	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	20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-5.)	20	
(See page A-5.)	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 35	24	
	25 Multiply line 24 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 35, over \$139,500 (over \$69,750 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 37. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.	28	54,128.

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. 08Part 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 ►

NEW CASTLE SCHOOL EMPLOYEES CU
U.S. SENATE FEDERAL CREDIT UNION
WILMINGTON TRUST

Amount

13.
7.
1.

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.

- 2 Add the amounts on line 1 21.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.
Attach Form 8815 3
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a 21.

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

Part II
Ordinary
Dividends

- 5 List name of payer ►

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 9a 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.

Yes No

- 7a At any time during 2003, 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 2003, 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

327501
10-15-03

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

Schedule B (Form 1040) 2003

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

▶ **See separate instructions.**

OMB No. 1545-0074

2003

Attachment
Sequence No. **44**

Name of employer

Social security number

Employer identification number

JOSEPH R. BIDEN, JR.

51-0188032

A Did you pay any one household employee cash wages of \$1,400 or more in 2003? (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 H-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 2003 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 2002 or 2003 to all household employees? (Do not count cash wages paid in 2002 or 2003 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. (Calendar year taxpayers having no household employees in 2003 do not have to complete this form for 2003.)

Part I Social Security, Medicare, and Income Taxes

1 Total cash wages subject to social security taxes (see page H-3)	1	4,250.
2 Social security taxes. Multiply line 1 by 12.4% (.124)	2	527.
3 Total cash wages subject to Medicare taxes (see page H-3)	3	4,250.
4 Medicare taxes. Multiply line 3 by 2.9% (.029)	4	123.
5 Federal income tax withheld, if any	5	
6 Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	6	650.
7 Advance earned income credit (EIC) payments, if any	7	
8 Net taxes (subtract line 7 from line 6)	8	650.
9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2002 or 2003 to household employees? (Do not count cash wages paid in 2002 or 2003 to your spouse, your child under age 21, or your parent.)		
<input type="checkbox"/> No. Stop. Enter the amount from line 8 above on Form 1040, line 59. If you are not required to file Form 1040, see the line 9 instructions on page H-3.		
<input checked="" type="checkbox"/> Yes. Go to line 10 on page 2.		

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

Schedule H (Form 1040) 2003

Part II Federal Unemployment (FUTA) Tax

- | | Yes | No |
|--|----------|----|
| 10 Did you pay unemployment contributions to only one state? | X | |
| 11 Did you pay all state unemployment contributions for 2003 by April 15, 2004? Fiscal year filers, see page H-4 | X | |
| 12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? | X | |

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 **DE**
- 14 State reporting number as shown on state unemployment tax return **58326-0**
- 15 Contributions paid to your state unemployment fund (see page H-4) **15** **13.**
- 16 Total cash wages subject to FUTA tax (see page H-4) **16** **4,250.**
- 17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26 **17** **34.**

Section B

18 Complete all columns below that apply (if you need more space, see page H-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 H-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** **650.**
- 27 Add line 17 (or line 25) and line 26 **27** **684.**
- 28 Are you required to file Form 1040?

☒ Yes. Stop. Enter the amount from line 27 above on Form 1040, line 59. Do not complete Part IV below.☐ No. You may have to complete Part IV. See page H-4 for details.**Part IV Address and Signature - Complete this part only if required. See the line 28 instructions on page H-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 L T. BIDEN

ORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 1

EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
STATE OF DELAWARE	58,672.	7,425.	2,512.		4,130.	966.
WIDNER UNIVERSITY	20,500.	1,624.	676.		1,271.	297.
UNITED STATES SENATE	151,964.	33,342.	6,709.		5,394.	2,203.
TOTALS	231,136.	42,391.	9,897.		10,795.	3,466.

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

FORM 1040

EXCESS SOCIAL SECURITY TAX WORKSHEET

STATEMENT 2

	TAXPAYER	SPOUSE
1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN \$5,394.00 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE	6,665.	4,130.
2. ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON FORM 1040, LINE 60		
3. ADD LINES 1 AND 2	6,665.	4,130.
4. SOCIAL SECURITY TAX LIMIT	5,394.	5,394.
5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN FORM 1040, LINE 64.	1,271.	0.