

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.	LABEL HERE	For the year Jan. 1-Dec. 31, 2004, or other tax year beginning , 2004, 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 16. [REDACTED]		Apt. no. [REDACTED]
		City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. [REDACTED]		
▲ Important! ▲ You must enter your SSN(s) above.				

Presidential Election Campaign (See page 16.) ☐ **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

1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. <input type="checkbox"/>
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. <input type="checkbox"/>	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, 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) If qualifying child for child tax credit (see page 18)

Boxes checked on 8a and 8b: 2

No. of children on 8c who:
• lived with you
• did not live with you due to divorce or separation (see page 18)

Dependents on 8c not entered above

Add numbers on lines above: 2

d Total number of exemptions claimed: 2

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	233,743.
8a Taxable interest. Attach Schedule B if required	8a	129.
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 20)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes	10	399.
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 22)	15b	
16a Pensions and annuities	16a	
b Taxable amount (see page 22)	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 24)	20b	
21 Other income. List type and amount (see page 24)	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	234,271.

Adjusted Gross Income

23 Educator expenses (see page 26)	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 IRA deduction (see page 26)	25	
26 Student loan interest deduction (see page 28)	26	
27 Tuition and fees deduction (see page 29)	27	
28 Health savings account deduction. Attach Form 8889	28	
29 Moving expenses. Attach Form 3903	29	
30 One-half of self-employment tax. Attach Schedule SE	30	
31 Self-employed health insurance deduction (see page 30)	31	
32 Self-employed SEP, SIMPLE, and qualified plans	32	
33 Penalty on early withdrawal of savings	33	
34a Alimony paid b Recipient's SSN	34a	
35 Add lines 23 through 34a	35	
36 Subtract line 35 from line 22. This is your adjusted gross income	36	234,271.

Tax and Credits

Standard Deduction for -
• People who checked any box on line 38a or 38b or who can be claimed as a dependent.

• All others:
Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

37	Amount from line 36 (adjusted gross income)	37	234,271.
38a	Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 38a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here <input type="checkbox"/> 38b		
39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	47,002.
40	Subtract line 39 from line 37	40	187,269.
41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33	41	5,084.
42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	182,185.
43	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	41,146.
44	Alternative minimum tax. Attach Form 6251	44	
45	Add lines 43 and 44	45	41,146.
46	Foreign tax credit. Attach Form 1116 if required	46	
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see page 37)	51	
52	Adoption credit. Attach Form 8839	52	
53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53	
54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54	
55	Add lines 46 through 54. These are your total credits	55	
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	41,146.
57	Self-employment tax. Attach Schedule SE	57	
58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Advance earned income credit payments from Form(s) W-2	60	
61	Household employment taxes. Attach Schedule H	61	699.
62	Add lines 56 through 61. This is your total tax	62	41,845.

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

63	Federal income tax withheld from Forms W-2 and 1099	63	40,955.
64	2004 estimated tax payments and amount applied from 2003 return	64	
65a	Earned income credit (EIC)	65a	
b	Nontaxable combat pay election <input type="checkbox"/> 65b		
66	Excess social security and tier 1 RRTA tax withheld (see page 54) STMT 2	66	1,271.
67	Additional child tax credit. Attach Form 8812	67	
68	Amount paid with request for extension to file (see page 54)	68	
69	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	42,226.

Refund

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	381.
72a	Amount of line 71 you want refunded to you	72a	381.
b	Routing number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Account number <input type="checkbox"/>		
73	Amount of line 71 you want applied to your 2005 estimated tax	73	

Amount

You Owe

74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	
75	Estimated tax penalty (see page 55)	75	

Third Party

Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? ☒ Yes. Complete the following. ☐ No

Sign Here

Joint return? See page 17. Keep a copy for your records.

Designee's name	PREPARER	Phone no.		Personal identification number (PIN)	
Your signature	Date	Your occupation	Daytime phone number		
		U.S. SENATOR			
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 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

2004

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 37 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**

(See
page A-2.)

- 5 State and local (check only one box):
- a ☒ Income taxes, or
- b ☐ General sales taxes (see page A-2) }
- 6 Real estate taxes (see page A-3) 6
- 7 Personal property taxes 7
- 8 Other taxes. List type and amount

5 10,063.

6 7,270.

7

8

- 9 Add lines 5 through 8 9

17,333.

**Interest
You Paid**

(See
page A-3.)

Note:
Personal
interest is
not
deductible.

- 10 Home mortgage interest and points reported to you on Form 1098 10
- 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-4 and show that person's name, identifying no., and address
- 12 Points not reported to you on Form 1098. See page A-4 for special rules 12
- 13 Investment interest. Attach Form 4952 if required. (See page A-4.) 13
- 14 Add lines 10 through 13 14

10 32,036.

11

12

13

32,036.

**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
- 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

15 380.

16

17

380.

**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.)

- 20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-6.)
- 21 Tax preparation fees 21
- 22 Other expenses - investment, safe deposit box, etc. List type and amount
- 23 Add lines 20 through 22 23
- 24 Enter amount from Form 1040, line 37 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

20

21

22

23

24

25

**Other
Miscellaneous
Deductions**

- 27 Other - from list on page A-6. List type and amount

27

**Total
Itemized
Deductions**

- 28 Is Form 1040, line 37, over \$142,700 (over \$71,350 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 this amount on Form 1040, line 39.
- ☒ Yes. Your deduction may be limited. See page A-6 for the amount to enter.

28 47,002.

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

WSFS BANK

Amount

11.

6.

112.

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 2 129.
- 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 4 129.

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 2004, 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 2004, 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

**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

2004

Attachment
Sequence No. **44**

Name of employer

Social security number

Employer identification number

JOSEPH R. BIDEN, JR.

A Did you pay any one household employee cash wages of \$1,400 or more in 2004? (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 2004 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 2003 or 2004 to all household employees? (Do not count cash wages paid in 2003 or 2004 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 2004 do not have to complete this form for 2004.)

Part I Social Security, Medicare, and Income Taxes

1 Total cash wages subject to social security taxes (see page H-3)	1	4,335.
2 Social security taxes. Multiply line 1 by 12.4% (.124)	2	538.
3 Total cash wages subject to Medicare taxes (see page H-3)	3	4,335.
4 Medicare taxes. Multiply line 3 by 2.9% (.029)	4	126.
5 Federal income tax withheld, if any	5	
6 Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	6	664.
7 Advance earned income credit (EIC) payments, if any	7	
8 Net taxes (subtract line 7 from line 6)	8	664.

9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2003 or 2004 to household employees? (Do not count cash wages paid in 2003 or 2004 to your spouse, your child under age 21, or your parent.)

- ☐ **No.** Stop. Enter the amount from line 8 above on Form 1040, line 61. If you are not required to file Form 1040, see the line 9 instructions on page H-4.
☒ **Yes.** Go to line 10 on page 2.

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

Schedule H (Form 1040) 2004

Part II Federal Unemployment (FUTA) Tax

- 10 Did you pay unemployment contributions to only one state? (If you paid contributions to New York State, check "No.")
- 11 Did you pay all state unemployment contributions for 2004 by April 15, 2005? Fiscal year filers, see page H-4
- 12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	Yes	No
10	X	
11	X	
12	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 4,335.
- 17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26 17 35.

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
- (New York State employers must use the worksheet in the separate instructions and check here) ☐
- 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 26 664.
- 27 Add line 17 (or line 25) and line 26 27 699.
- 28 Are you required to file Form 1040?
- ☒ Yes. Stop. Enter the amount from line 27 above on Form 1040, line 61. 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

FORM 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	58,078.	7,074.	2,488.		4,091.	957.
WIDENER UNIVERSITY	20,500.	1,479.	676.		1,271.	297.
UNITED STATES SENATE	155,165.	32,402.	6,899.		5,450.	2,250.
TOTALS	233,743.	40,955.	10,063.		10,812.	3,504.

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

FORM 1040

EXCESS SOCIAL SECURITY TAX WORKSHEET

STATEMENT 2

	TAXPAYER	SPOUSE
1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN \$5,449.80 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE	6,721.	4,091.
2. ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON FORM 1040, LINE 62		
3. ADD LINES 1 AND 2	6,721.	4,091.
4. SOCIAL SECURITY TAX LIMIT	5,450.	5,450.
5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN FORM 1040, LINE 66.	1,271.	0.