

Label (See instructions on page 14.) Use the IRS label. Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2008, or other tax year beginning 2008, ending 20

OMB No. 1545-0074

Label Here

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 14. [REDACTED] Apt. no. [REDACTED] You must enter your SSN(s) above.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. **WILMINGTON, DE** [REDACTED] Checking a box below will not change your tax or refund.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) You Spouse

Filing Status

1 Single 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here.

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here.

5 Qualifying widow(er) with dependent child (see page 16)

Exemptions

6a Yourself. If someone can claim you as a dependent, 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) If qualifying child for child tax credit (see page 17)

Boxes checked on 6a and 6b: **2**

No. of children on 6c who: lived with you did not live with you due to divorce or separation (see page 10)

Dependents on 6c not entered above: **2**

d Total number of exemptions claimed: **2**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 253,866.**

8a Taxable interest. Attach Schedule B if required **8a 273.**

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 21) **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes **STMT 2 STMT 4 10 0.**

11 Alimony received **11**

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

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

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

15a IRA distributions **15a** **15b Taxable amount**

16a Pensions and annuities **16a** **16b Taxable amount**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17 9,563.**

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

19 Unemployment compensation **19**

20a Social security benefits **20a 6,534.** **20b Taxable amount (see page 26) 5,554.**

21 Other income. List type and amount (see page 28) **21**

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **22 269,256.**

Adjusted Gross Income

23 Educator expenses (see page 28) **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 One-half of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction (see page 29) **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid **31a** **b Recipient's SSN**

32 IRA deduction (see page 30) **32**

33 Student loan interest deduction (see page 33) **33**

34 Tuition and fees deduction. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 31a and 32 through 35 **36**

37 Subtract line 36 from line 22. This is your adjusted gross income **37 269,256.**

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 269,256.

39a Check You were born before January 2, 1944, Blind. Spouse was born before January 2, 1944, Blind. Total boxes checked 39a 1

b If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here 39b

c Check if standard deduction includes real estate taxes or disaster loss (see page 34) 39c

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 61,617.

41 Subtract line 40 from line 38 41 207,639.

42 If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d 42 6,440.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 201,199.

44 Tax. Check if any tax is from: a Form(s) 8814 b Form 4972 44 45,125.

45 Alternative minimum tax. Attach Form 6251 45 1,827.

46 Add lines 44 and 45 46 46,952.

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Credit for the elderly or the disabled. Attach Schedule R 49

50 Education credits. Attach Form 8863 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit (see page 42). Attach Form 8901 if required 52

53 Credits from Form: a 8396 b 8839 c 5695 53

54 Other credits from Form: a 3800 b 8801 c 54

55 Add lines 47 through 54. These are your total credits 55

56 Subtract line 55 from line 46. If line 55 is more than line 46, enter -0- 56 46,952.

Other Taxes

57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: a 4137 b 8919 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60 Additional taxes: a AEIC payments b Household employment taxes. Attach Schedule H 60 812.

61 Add lines 56 through 60. This is your total tax 61 47,764.

Payments

62 Federal income tax withheld from Forms W-2 and 1099 62 45,119.

63 2008 estimated tax payments and amount applied from 2007 return 63 2,500.

64a Earned income credit (EIC) 64a

b Nontaxable combat pay election 64b

65 Excess social security and tier 1 RRTA tax withheld (see page 61) STMT 6. 65 1,271.

66 Additional child tax credit. Attach Form 8812 66

67 Amount paid with request for extension to file (see page 61) 67

68 Credits from Form: a 2439 b 4136 c 8801 d 8885 68

69 First-time homebuyer credit. Attach Form 5405 69

70 Recovery rebate credit (see worksheet on pages 62 and 63) 70

71 Add lines 62 through 70. These are your total payments 71 48,890.

Refund

72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid 72 1,126.

73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here 73a 1,126.

b Routing number c Type: Checking Savings Account number

74 Amount of line 72 you want applied to your 2009 estimated tax 74

Amount You Owe

75 Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page 65 75

76 Estimated tax penalty (see page 65) 76

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 66)? Yes. Complete the following. No

Designee's name: PREPARER Date: 4/15/09 Your occupation: VICE PRESIDENT Daytime phone number: [redacted]

Personal identification number (PIN): [redacted]

Sign Here

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: [Signature] Date: 4/15/09 Your occupation: VICE PRESIDENT Daytime phone number: [redacted]

Spouse's signature: [Signature] Date: 4/15/09 Spouse's occupation: TEACHER

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 4/14/09 Check if self-employed: Preparer's SSN or PTIN: [redacted]

Firm's name (or yours if self-employed), address, and ZIP code: GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE., SUITE 650 NORTH BETHESDA, MARYLAND 20814-2930

Phone no.: (301) 951-9090

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&B (Form 1040).

OMB No. 1545-0074

2008
Attachment
Sequence No. 07

Your social security number

JOSEPH R BIDEN JR. & JILL T BIDEN

[REDACTED]

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-1)	1			
2	Enter amount from Form 1040, line 38	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 (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5	11,215.		
b	<input type="checkbox"/> General sales taxes	6	12,346.		
6	Real estate taxes (see page A-5)	6			
7	Personal property taxes	7			
8	Other taxes. List type and amount	8			
9	Add lines 5 through 8	9			23,561.
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	37,264.
(See page A-5.)		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-6 and show that person's name, identifying no., and address		11	
Note.		12 Points not reported to you on Form 1098		12	
Personal interest is not deductible.		13 Qualified mortgage insurance premiums (See page A-6)		13	
		14 Investment interest. Attach Form 4952 if required. (See page A-6.)		14	
		15 Add lines 10 through 14		15	37,264.
Gifts to Charity		16 Gifts by cash or check		16	1,335.
If you made a gift and got a benefit for it, see page A-7.		17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500		17	550.
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	1,885.
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See page A-8.)		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.)		21	
(See page A-9.)		22 Tax preparation fees		22	
		23 Other expenses - investment, safe deposit box, etc. List type and amount		23	
		24 Add lines 21 through 23		24	
		25 Enter amount from Form 1040, line 38		25	
		26 Multiply line 25 by 2% (.02)		26	
		27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	
Other Miscellaneous Deductions		28 Other - from list on page A-10. List type and amount		28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$159,950 (over \$79,975 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 28. Also, enter this amount on Form 1040, line 40.			
		<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-10 for the amount to enter.		STMT 8 ▶	29 61,617.
		30 If you elect to itemize deductions even though they are less than your standard deduction, check here		<input type="checkbox"/>	

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

US SENATE FEDERAL CREDIT UNION
WILMINGTON SAVINGS FUND
NEW CASTLE COUNTY FCU
WILMINGTON SAVINGS FUND

Amount

15.
4.
13.
241.

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
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

273.
273.

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

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 2008, 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? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1

X

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

8 During 2008, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

X

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2008

Attachment
Sequence No. 13

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ See instructions for Schedule E (Form 1040).

Name(s) shown on return

Your social security number

JOSEPH R BIDEN JR. & JILL T BIDEN

Part I **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

1 List the type and address of each rental real estate property:	2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:	
	Yes	No
A AUDIO BOOK RIGHTS		
B		
C		

Income:	Properties			Totals (Add columns A, B, and C.)
	A	B	C	
3 Rents received	3			3
4 Royalties received	4	9,563.		4 9,563.
Expenses:				
5 Advertising	5			
6 Auto and travel (see page E-4)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see page E-5)	12			12
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Other (list) ▶	18			
19 Add lines 5 through 18	19			19
20 Depreciation expense or depletion (see page E-5)	20			20
21 Total expenses. Add lines 19 and 20	21			
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198	22	9,563.		
23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2	23			
24 Income. Add positive amounts shown on line 22. Do not include any losses	24			9,563.
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25			()
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			9,563.

Alternative Minimum Tax - Individuals

▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

JOSEPH R BIDEN JR. & JILL T BIDEN

Part I Alternative Minimum Taxable Income

1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 2), and go to line 7. (If loss, enter as a negative amount.)	1	207,639.
2 Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38, if zero or less, enter -0-	2	
3 Taxes from Schedule A (Form 1040), line 9	3	23,561.
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 27	5	
6 If Form 1040, line 38, is over \$159,950 (over \$79,975 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet on page A-10 of the instructions for Schedule A (Form 1040)	6	-1,093.
7 If claiming the standard deduction, enter any amount from Form 4684, line 18a, as a negative amount	7	
8 Tax refund from Form 1040, line 10 or line 21	8	
9 Investment interest expense (difference between regular tax and AMT)	9	
10 Depletion (difference between regular tax and AMT)	10	
11 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	11	
12 Interest from specified private activity bonds exempt from the regular tax	12	
13 Qualified small business stock (7% of gain excluded under section 1202)	13	
14 Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17 Disposition of property (difference between AMT and regular tax gain or loss)	17	
18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19 Passive activities (difference between AMT and regular tax income or loss)	19	
20 Loss limitations (difference between AMT and regular tax income or loss)	20	
21 Circulation costs (difference between regular tax and AMT)	21	
22 Long-term contracts (difference between AMT and regular tax income)	22	
23 Mining costs (difference between regular tax and AMT)	23	
24 Research and experimental costs (difference between regular tax and AMT)	24	
25 Income from certain installment sales before January 1, 1987	25	
26 Intangible drilling costs preference	26	
27 Other adjustments, including income-based related adjustments	27	
28 Alternative tax net operating loss deduction	28	
29 Alternative minimum taxable income. Combine lines 1 through 28. (If married filing separately and line 29 is more than \$214,900, see instructions)	29	230,107.

Part II Alternative Minimum Tax (AMT)

30 Exemption. (If you were under age 24 at the end of 2008, see instructions.) IF your filing status is ... AND line 29 is not over ... THEN enter on line 30 ... Single or head of household \$112,500 \$46,200 Married filing jointly or qualifying widow(er) 150,000 69,950 Married filing separately 75,000 34,975 } STMT 9	30	49,923.
31 Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 34 and 36 and skip the rest of Part II	31	180,184.
32 • If you are filing Form 2555 or 2555-EZ, see page 9 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 for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here. • All others: If line 31 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	32	46,952.
33 Alternative minimum tax foreign tax credit (see instructions)	33	
34 Tentative minimum tax. Subtract line 33 from line 32	34	46,952.
35 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 from line 44 of Form 1040 must be refigured without using Sch J	35	45,125.
36 AMT. Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45	36	1,827.

Part III Tax Computation Using Maximum Capital Gains Rates

37	Enter the amount from Form 6251, line 31. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions		37
38	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see the instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	
40	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 38. Otherwise, add lines 38 and 39, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	40	
41	Enter the smaller of line 37 or line 40		41
42	Subtract line 41 from line 37		42
43	If line 42 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 42 by 26% (.26). Otherwise, multiply line 42 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result		43
44	Enter: <ul style="list-style-type: none"> • \$65,100 if married filing jointly or qualifying widow(er), • \$32,550 if single or married filing separately, or • \$43,650 if head of household. 	44	
45	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	
46	Subtract line 45 from line 44. If zero or less, enter -0-	46	
47	Enter the smaller of line 37 or line 38	47	
48	Enter the smaller of line 46 or line 47	48	
49	Subtract line 48 from line 47	49	
50	Multiply line 49 by 15% (.15) If line 39 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.		50
51	Subtract line 47 from line 41	51	
52	Multiply line 51 by 25% (.25)		52
53	Add lines 43, 50, and 52		53
54	If line 37 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 37 by 26% (.26). Otherwise, multiply line 37 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result		54
55	Enter the smaller of line 53 or line 54 here and on line 32. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 32. Instead, enter it on line 4 of the worksheet in the instructions		55

**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. 1545-1971

2008
Attachment
Sequence No. 44

Name of employer

Social security number

Employer identification number

JOSEPH R BIDEN JR. & JILL T BIDEN

A Did you pay any one household employee cash wages of \$1,600 or more in 2008? (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-4 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 2008 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 2007 or 2008 to all household employees? (Do not count cash wages paid in 2007 or 2008 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 2008 do not have to complete this form for 2008.)

Part I Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security taxes (see page H-4)	1	5,050.
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	626.
3	Total cash wages subject to Medicare taxes (see page H-4)	3	5,050.
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	146.
5	Federal income tax withheld, if any	5	
6	Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5	6	772.
7	Advance earned income credit (EIC) payments, if any	7	
8	Net taxes (subtract line 7 from line 6)	8	772.

9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2007 or 2008 to all household employees? (Do not count cash wages paid in 2007 or 2008 to your spouse, your child under age 21, or your parent.)

- No. Stop. Include the amount from line 8 above on Form 1040, line 60, and check box b on that line. 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 Privacy Act and Paperwork Reduction Act Notice, see page H-7 of the instructions.

Schedule H (Form 1040) 2008

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 2008 by April 15, 2009? 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	
	0% RATE	
15 Contributions paid to your state unemployment fund (see page H-5)	15	
16 Total cash wages subject to FUTA tax (see page H-5)		5,050.
17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26		40.

Section B

18 Complete all columns below that apply (if you need more space, see page H-5):

(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 .064	(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-5)		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. If you checked the "Yes" box on line C of page 1, enter -0-	26	772.
27 Add line 17 (or line 25) and line 26 (see page H-5)	27	812.

28 Are you required to file Form 1040?
 Yes. Stop. Include the amount from line 27 above on Form 1040, line 60, and check box b on that line. Do not complete Part IV below.
 No. You may have to complete Part IV. See page H-5 for details.

Part IV Address and Signature - Complete this part only if required. See the line 28 instructions on page H-5.

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature _____ Date _____

Paid Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN _____
Preparer's Firm's name (or yours if self-employed), address, and ZIP code _____		EIN _____	Phone no. _____

Noncash Charitable Contributions

▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

▶ See separate instructions.

Name(s) shown on your income tax return

Identifying number

JOSEPH R BIDEN JR. & JILL T BIDEN

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities - List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part I Information on Donated Property - If you need more space, attach a statement.

i	(a) Name and address of the donee organization	(b) Description of donated property <small>(For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)</small>
A	GOODWILL INDUSTRIES OF DELAWARE 300 EAST LEA BLVD, WILMINGTON, DE 19802	CLOTHING
B	GOODWILL INDUSTRIES OF DELAWARE 300 EAST LEA BLVD, WILMINGTON, DE 19802	CLOTHING
C		
D		
E		

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
A	03/01/08	VAR.	PURCHASE		300.	THRIFT SHOP VALUE
B	05/20/08	VAR.	PURCHASE		250.	THRIFT SHOP VALUE
C						
D						
E						

Part II Partial Interests and Restricted Use Property - Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

- 2 a Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ _____
If Part II applies to more than one property, attach a separate statement.
- b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶ _____
(2) For any prior tax years ▶ _____

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee) _____

Address (number, street, and room or suite no.) _____

City or town, state, and ZIP code _____

d For tangible property, enter the place where the property is located or kept ▶ _____

e Name of any person, other than the donee organization, having actual possession of the property ▶ _____

	Yes	No
3 a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?		
b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?		
c Is there a restriction limiting the donated property for a particular use?		



FORM 1040

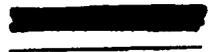
STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 2

	2007	2006	2005
GROSS STATE/LOCAL INC TAX REFUNDS	1,035.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS DELAWARE	1,035.		
TOTAL NET TAX REFUNDS	1,035.		



1. IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS?
 NO. STOP. MULTIPLY \$3,500 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42.
 YES. CONTINUE
2. MULTIPLY \$3,500 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D 7,000.
3. ENTER THE AMOUNT FROM FORM 1040, LINE 38 269,256.
4. ENTER THE AMOUNT FOR YOUR FILING STATUS 239,950.
 SINGLE \$159,950
 MARRIED FILING JOINTLY OR WIDOW(ER) \$239,950
 MARRIED FILING SEPARATELY \$119,975
 HEAD OF HOUSEHOLD \$199,950
5. SUBTRACT LINE 4 FROM LINE 3 29,306.
6. IS LINE 5 MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATELY)?
 [] YES. MULTIPLY \$2,333 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D. ENTER THE RESULT HERE AND ON FORM 1040, LINE 42. DO NOT COMPLETE THE REST OF THIS WORKSHEET.
 [X] NO. DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MARRIED FILING SEPARATELY). IF THE RESULT IS NOT A WHOLE NUMBER, INCREASE IT TO THE NEXT WHOLE NUMBER (FOR EXAMPLE, INCREASE 0.0004 TO 1) 12.
7. MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL 0.24
8. MULTIPLY LINE 2 BY LINE 7 1,680.
9. DIVIDE LINE 8 BY 3 560.
10. SUBTRACT LINE 9 FROM LINE 2. TOTAL TO FORM 1040, LINE 42. 6,440.



FORM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	4
	2007	2006	2005
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	1,035.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION	1,035.		
1 NET REFUNDS FOR RECALCULATION			
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT			
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1			
5 LINE 2 MINUS LINES 3 AND 4			
6 MULT LN 5 BY APPL SEC. 68 PCT			
7 PRIOR YEAR AGI	319,853.		
8 ITEM. DED. PHASEOUT THRESHOLD	156,400.		
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	163,453.		
10 MULT LN 9 BY APPL SEC. 68 PCT	3,269.		
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)			
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS			
13B PRIOR YR. STD. DED. AVAILABLE	11,750.		
14 PRIOR YR. ALLOWABLE ITEM. DED.	62,954.		
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	51,204.		
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)			
17 ALLOWABLE PRIOR YR. ITEM. DED.	62,954.		
18 PRIOR YEAR STD. DED. AVAILABLE	11,750.		
19 SUBTRACT LINE 18 FROM LINE 17	51,204.		
20 LESSER OF LINE 16 OR LINE 19			
21 PRIOR YEAR TAXABLE INCOME	253,272.		
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10			
* IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20			0.
* IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21			0.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2005			
TOTAL TO FORM 1040, LINE 10			0.

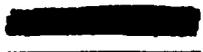


FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 5

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T UNITED STATES SENATE	165,526.	33,859.	7,516.		6,324.	2,400.
T WIDENER UNIV	20,500.	1,427.	676.		1,271.	297.
S STATE OF DELAWARE	67,840.	8,199.	3,023.		4,715.	1,103.
TOTALS	253,866.	43,485.	11,215.		12310.	3,800.

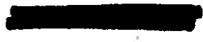


FORM 1040 EXCESS SOCIAL SECURITY TAX WORKSHEET STATEMENT 6

	TAXPAYER	SPOUSE
1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN \$6,324.00 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE	7,595.	4,715.
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	7,595.	4,715.
4. SOCIAL SECURITY TAX LIMIT	6,324.	6,324.
5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN FORM 1040, LINE 65.	1,271.	0.

FORM 1040 FEDERAL INCOME TAX WITHHELD STATEMENT 7

T S DESCRIPTION	AMOUNT
T UNITED STATES SENATE	33,859.
T WIDENER UNIV	1,427.
S STATE OF DELAWARE	8,199.
T WITHHOLDING FROM FORM 1099-SSA	1,634.
TOTAL TO FORM 1040, LINE 62	45,119.



1	ENTER: \$46,200 IF SINGLE OR HEAD OF HOUSEHOLD; \$69,950 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$34,975 IF MARRIED FILING SEPARATELY.	69,950.
2	ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FORM 6251, LINE 29	230,107.
3	ENTER: \$112,500 IF SINGLE OR HEAD OF HOUSEHOLD; \$150,000 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$75,000 IF MARRIED FILING SEPARATELY	150,000.
4	SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS ENTER -0-	80,107.
5	MULTIPLY LINE 4 BY 25% (.25).	20,027.
6	SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF THIS FORM IS FOR A CHILD UNDER AGE 24, GO TO LINE 7 BELOW. OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251, LINE 30, AND GO TO FORM 6251, LINE 31	49,923.
7	CHILD'S MINIMUM EXEMPTION AMOUNT.	
8	ENTER THE CHILD'S EARNED INCOME, IF ANY	
9	ADD LINES 7 AND 8	
10	ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251, LINE 30, AND GO TO FORM 6251, LINE 31	