

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

For the year Jan. 1-Dec. 31, 2008, or other tax year beginning _____, 2008, 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 14. Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. WILMINGTON, DE _____

Your social security number: _____

Spouse's social security number: _____

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

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

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

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

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

(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: _____

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	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	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 <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
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.
b	Taxable amount (see page 26)	20b	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 b Recipient's SSN	31a	
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 <input checked="" type="checkbox"/> You were born before January 2, 1944, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1944, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a 1		
	b If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here <input type="checkbox"/> 39b		
	c Check if standard deduction includes real estate taxes or disaster loss (see page 34) <input type="checkbox"/> 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 <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> 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 <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	53	
	54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	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 <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60 Additional taxes: a <input type="checkbox"/> AEIC payments b <input checked="" type="checkbox"/> 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.	STATEMENT 7
	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 <input type="checkbox"/> 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 <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 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 <input type="checkbox"/>	73a	1,126.
	74 Amount of line 72 you want applied to your 2009 estimated tax	74	
	75 Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page 65	75	

You Owe 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

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: _____

Spouse's signature: *[Signature]* Date: **4.15.09** Spouse's occupation: **TEACHER**

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

Use Only 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)

Schedule A - Itemized Deductions
(Schedule B is on page 2)

OMB No. 1545-0074

2008

Attachment
Sequence No. 07

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

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-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):		
(See page A-2.)		a <input checked="" type="checkbox"/> Income taxes, or		5 11,215.
		b <input type="checkbox"/> General sales taxes		
6	Real estate taxes (see page A-5)	6	12,346.	
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		
▶ -----				
Note.		12 Points not reported to you on Form 1098		
Personal interest is not deductible.		13 Qualified mortgage insurance premiums (See page A-6)		
		14 Investment interest. Attach Form 4952 if required. (See page A-6.)		
▶ -----				
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.)		
▶ -----				
(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

Table with 2 columns: Amount, Interest amounts (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

Table with 2 columns: Amount, Interest totals (273., 273.)

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

Part II Ordinary Dividends

5 List name of payer

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.

Table with 2 columns: Amount, Dividend amounts

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.

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

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?

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

Table with 2 columns: Yes, No. Marked with X in No column for 7a and 8.

827501 11-11-08

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

Schedule B (Form 1040) 2008

SCHEDULE E
(Form 1040)

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

Department of the Treasury
Internal Revenue Service (99)

▶ 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	B	C		
A AUDIO BOOK RIGHTS					
B					
C					

Income:	Properties			Totals (Add columns A, B, and C.)	
	A	B	C		
3 Rents received				3	
4 Royalties received	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	
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	
20 Depreciation expense or depletion (see page E-5)				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	9,563.			22	
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

Department of the Treasury Internal Revenue Service (99)

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

Table with 29 rows for Part I Alternative Minimum Taxable Income. Includes items like '1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41...', '2 Medical and dental', '3 Taxes from Schedule A', etc. Total for line 29 is 230,107.

Part II Alternative Minimum Tax (AMT)

Table for Part II Alternative Minimum Tax (AMT). Includes items like '30 Exemption. (If you were under age 24 at the end of 2008, see instructions.)', '31 Subtract line 30 from line 29', '32 All others: If line 31 is \$175,000 or less...', '33 Alternative minimum tax foreign tax credit', '34 Tentative minimum tax', '35 Tax from Form 1040', '36 AMT. Subtract line 35 from line 34'. Total for line 36 is 1,827.

810461 12-02-08

LHA For Paperwork Reduction Act Notice, see instructions.

Form 6251 (2008)

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 (09)

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 .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-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 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.

	(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 ▶ _____

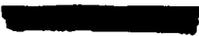
3 a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?

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?

	Yes	No
3 a		
3 b		
3 c		

LHA For Paperwork Reduction Act Notice, see separate instructions.



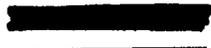
FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT

2

	2007	2006	2005
	DELAWARE		
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.		

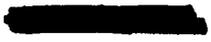


FORM 1040

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 * 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.



SCHEDULE A

ITEMIZED DEDUCTIONS WORKSHEET

STATEMENT 8

1.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28		62,710.
2.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28. ALSO INCLUDE IN THE TOTAL ANY AMOUNT INCLUDED ON SCHEDULE A, LINE 16, THAT YOU ELECTED TO TREAT AS QUALIFIED CONTRIBUTIONS FOR RELIEF EFFORTS IN A MIDWESTERN DISASTER AREA		0.
3.	IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 2 FROM LINE 1		62,710.
4.	MULTIPLY LINE 3 BY 80% (.80).	50,168.	
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 38.	269,256.	
6.	ENTER: \$159,950 (\$79,975 IF MARRIED FILING SEPARATELY)	159,950.	
7.	IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5	109,306.	
8.	MULTIPLY LINE 7 BY 3% (.03)	3,279.	
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8		3,279.
10.	DIVIDE LINE 9 BY 1.5		2,186.
11.	SUBTRACT LINE 10 FROM LINE 9		1,093.
12.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29		61,617.



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	