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Form **1040**

U.S. Individual Income Tax Return

2001

IRS Use Only - Do not write or stamp in this space.

For the year Jan. 1-Dec. 31, 2001, or other tax year beginning 2001, ending 31 OMB No. 1545-0047

Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial: **RICHARD B.** Last name: **CHENEY** Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: **LYNNE V.** Last name: **CHENEY** Spouse's social security number: [REDACTED]

Home address (number and street). If you have a P.O. box, see page 19. Apt. no. [REDACTED]

City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.

▲ Important! ▲
You must enter your SSN(s) above.

Presidential Election Campaign (See page 19.) 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? Yes No Yes No

Filing Status

1 Single

2 Married filing joint return (even if only one had income)

3 Married filing separate return. Enter spouse's social security no. above and full name here.

4 Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying widow(er) with dependent child (your spouse died [REDACTED]). (See page 19.)

Check only one box.

Exemptions

a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box for No. of boxes checked on 2a and 2b: **2**

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 20)	(5) No. of your children on 2c who lived with you	(6) e did not live with you due to divorce or separation (see page 20)

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

If more than six dependents, see page 20.

Dependent(s) do not entered above. Add numbers entered on lines above: **2**

Income

7 **Wages, salaries, tips, etc. Attach Form(s) W-2** 7 **1,853,452.**

8a **Taxable interest. Attach Schedule B if required** 8a **88,535.**

b **Tax-exempt interest. Do not include on line 8a** 8b **778,068.**

9 **Ordinary dividends. Attach Schedule B if required** 9 **278,103.**

10 **Taxable refunds, credits, or offsets of state and local income taxes** 10

11 **Alimony received** 11

12 **Business income or (loss). Attach Schedule C or C-EZ** 12 **2,343,333.**

13 **Capital gain or (loss). Attach Schedule D if required. If not required, check here** 13 **<3,000.>**

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

15a **Total IRA distributions** 15a **66,051.** b **Taxable amount (see page 23)** 15b

16a **Total pensions and annuities** 16a **65,745.** b **Taxable amount (see page 23)** 16b **65,745.**

17 **Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E** 17 **50,000.**

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

19 **Unemployment compensation** 19

20a **Social security benefits** 20a **46,198.** b **Taxable amount (see page 25)** 20b

21 **Other income. List type and amount (see page 27)** 21 **46,198.**

BUSH - CHENEY PRESIDENTIAL TRANSITIONAL FOUNDATION, INC. **46,198.**

22 **Add the amounts in the far right column for lines 7 through 21. This is your total income** 22 **4,722,365.**

Adjusted Gross Income

23 **IRA deduction (see page 27)** 23

24 **Student loan interest deduction (see page 28)** 24

25 **Archer MSA deduction. Attach Form 5853** 25

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

27 **One-half of self-employment tax. Attach Schedule SE** 27 **31,404.**

28 **Self-employed health insurance deduction (see page 30)** 28

29 **Self-employed SEP, SIMPLE, and qualified plans** 29 **334,336.**

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

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

32 **Add lines 23 through 31a** 32 **365,740.**

33 **Subtract line 32 from line 22. This is your adjusted gross income** 33 **4,356,625.**

11-27-01

Tax and Credits

Standard Deduction for:
 • People who checked any box on line 35a or 35b or who can be claimed as a dependent.
 • Another: Single, \$4,550
 Head of household, \$5,650
 Married filing jointly or Qualifying widow(er), \$7,600
 Married filing separately, \$3,800

84	Amount from line 83 (adjusted gross income)	84	4,356,625
35a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind, <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35a	
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien	35b	
35	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	35	48,483
37	Subtract line 35 from line 34	37	4,308,142
38	If line 34 is \$99,725 or less, multiply \$2,000 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet on page 32	38	0
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	4,308,142
40	Tax. Check if tax from a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972	40	1,656,526
41	Alternative minimum tax. Attach Form 8261	41	0
42	Add lines 40 and 41	42	1,656,526
43	Foreign tax credit. Attach Form 1116 if required	43	
44	Credit for child and dependent care expenses. Attach Form 2441	44	
45	Credit for the elderly or the disabled. Attach Schedule R	45	
46	Education credits. Attach Form 8833	46	
47	Rate reduction credit. See the worksheet on page 38	47	
48	Child tax credit (see page 37)	48	
49	Adoption credit. Attach Form 8839	49	
50	Other credits from: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8298 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	50	
51	Add lines 43 through 50. These are your total credits	51	
52	Subtract line 51 from line 42. If line 51 is more than line 42, enter -0-	52	1,656,526

Other Taxes

53	Self-employment tax. Attach Schedule SE	53	62,808
54	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	54	
55	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach 5329 if required	55	
56	Advance earned income credit payments from Form(s) W-2	56	
57	Household employment taxes. Attach Schedule H	57	937
58	Add lines 52 through 57. This is your total tax	58	1,720,271

Payments

If you have a qualifying child, attach Schedule EIC.

69	Federal income tax withheld from Forms W-2 and 1099	69	520,813
60	2001 estimated tax payments and amount applied from 2000 return	60	1,215,000
61a	Earned income credit (EIC)	61a	
b	Non-taxable earned income	61b	
62	Excess social security and RRTA tax withheld (see page 51) Stmt 1	62	4,985
63	Additional child tax credit. Attach Form 8812	63	
64	Amount paid with request for extension to file (see page 51)	64	
65	Other payments. Check N from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	65	
66	Add lines 59, 60, 61a, and 62 through 65. These are your total payments	66	1,740,798

Refund

Direct deposit? See page 51 and fill in 85b, etc. and 85d.

67	If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid	67	20,527
85a	Amount of line 67 you want refunded to you	85a	
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	d Account number
68	Amount of line 67 you want applied to your 2002 submitted tax	68	20,527

Amount You Owe

70	Amount you owe. Subtract line 68 from line 58. For details on how to pay, see page 52	70	
71	Estimated tax penalty. Also include on line 70	71	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 53)? Yes. Complete the following. No
 Designee's name **Preparer** Phone no. Personal identification number (PIN)

Sign Here

Under penalty 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: *Richard B. Chung* Date: **4-12-02** Your occupation: **VICE PRESIDENT** Daytime phone number:
 Preparer's signature: *Lynne* Date: **4/12/02** Preparer's occupation: **EXECUTIVE**

Paid

Preparer's signature: *Tracey A. Spivey* Date: **9 April 02** Check if self-employed: Preparer's EIN or PTIN:

Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code: **ARTHUR ANDERSEN LLP
901 MAIN STREET, SUITE 5600
DALLAS, TX 75202** Phone no.: