

Form 1040 U.S. Individual Income Tax Return 2005

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

Label (See instructions on page 16) Use the IRS label. Otherwise, please print or type Presidential Election Campaign

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) 5 Qualifying widow(er) with dependent child

Exemptions a Yourself b Spouse c Dependents d Total number of exemptions claimed

Income 7 Wages, salaries, tips, etc. 8a Taxable interest 8b Tax-exempt interest 9a Ordinary dividends 9b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss) 13 Capital gain or (loss) 14 Other gains or (losses) 15a IRA distributions 15b Pensions and annuities 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 18 Farm income or (loss) 19 Unemployment compensation 20a Social security benefits 20b Other income

Adjusted Gross Income 23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-basis government officials 25 Health savings account deduction 26 Moving expenses 27 One-half of self-employment tax 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid 31b Recipient's SSN 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees deduction 35 Domestic production activities deduction 36 Add lines 23 through 31a and 32 through 35 37 Subtract line 36 from line 22

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Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	8,819,006.
	39a	Check <input type="checkbox"/> You were born before January 2, 1941. <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1941. <input type="checkbox"/> Blind. Total boxes checked 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,857,849.
	41	Subtract line 40 from line 38	41	1,961,157.
	42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	42	0.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	1,961,157.
	44	Tax. Check if any tax is from <input type="checkbox"/> Form(s) 8814 <input type="checkbox"/> Form 4972	44	517,287.
	45	Alternative minimum tax. Attach Form 6251	45	0.
	46	Add lines 44 and 45	46	517,287.
	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 41). Attach Form 8801 if required	52	
	53	Adoption credit. Attach Form 8839	53	
	54	Credits from: <input type="checkbox"/> Form 8396 <input type="checkbox"/> Form 9859	54	
	55	Other credits. Check applicable box(es). <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form 8801 <input type="checkbox"/> Form	55	
	56	Add lines 47 through 55. These are your total credits	56	
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	517,287.
Other Taxes	58	Self-employment tax. Attach Schedule SE	58	11,511.
	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
	61	Advance earned income credit payments from Form(s) W-2	61	
	62	Household employment taxes. Attach Schedule H	62	838.
	63	Add lines 57 through 62. This is your total tax	63	529,636.
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	2,452,986.
	65	2005 estimated tax payments and amount applied from 2004 return	65	10,000.
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election 66b		
	67	Excess social security and tier 1 RRTA tax withheld (see page 59, STMT 5)	67	5,580.
	68	Additional child tax credit. Attach Form 8812	68	
	69	Amount paid with request for extension to file (see page 59)	69	
	70	Payments from: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Form 8885	70	
	71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	2,468,566.
Refund	72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	1,938,930.
	73a	Amount of line 72 you want refunded to you	73a	1,798,930.
	b	Routing number <input type="checkbox"/> Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account number <input type="checkbox"/>		
	74	Amount of line 72 you want applied to your 2006 estimated tax	74	140,000.
Amount You Owe	75	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see page 60	75	
	76	Estimated tax penalty (see page 60)	76	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 61)? Yes. Complete the following. No

Designee's name **TRACEY S. SPIVEY** Phone no **972/233-3323** Personal Identification number (PIN)

Sign Here I declare under penalty of perjury 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. Cheney* Date: **3-14-06** Your occupation: **VICE PRESIDENT** Daytime phone number: **[REDACTED]**

Spouse's signature (if a joint return, both must sign): *Lynne V. Cheney* Date: **3/19/06** Spouse's occupation: **EXECUTIVE writer**

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: **1/27/06** Check if self-employed: Preparer's SSN or PTIN: **[REDACTED]**

Firm's name (or yours if self-employed) address, and ZIP code: **CAIN, WATERS & ASSOCIATES, P.C.**
5580 PETERSON LANE, SUITE 250
DALLAS, TEXAS 75240

Phone no: **[REDACTED]**