

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

Form header section containing personal information: For the year Jan. 1-Dec. 31, 2006, ending 29. Your first name and initial: BARACK H., Last name: OBAMA, Your social security number: [blank]. If a joint return, spouse's first name and initial: MICHELLE L., Last name: OBAMA, Spouse's social security number: [blank]. Home address (number and street): CHICAGO, IL 60615, Apt. no.: [blank]. City, town or post office, state, and ZIP code: CHICAGO, IL 60615. Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want S3 to go to this fund (see page 16) ... You Spouse

Filing Status section: 1 Single, 2 X 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 17).

Exemptions section: 6a X Yourself. If someone can claim you as a dependent, do not check box 6a. b X Spouse. c Dependents: MALIA A. OBAMA (DAUGHTER), NATASHA M. OBAMA (DAUGHTER). Total number of exemptions claimed: 4.

Income section: 7 Wages, salaries, tips, etc. Attach Form(s) W-2: 430,700. 8a Taxable interest: 4,590. 9a Ordinary dividends: 1,188. 12 Business income or (loss): 506,618. 13 Capital gain or (loss): -3,000. 21 Other income: TREEHOUSE FOODS 51,200. 22 Add the amounts in the far right column for lines 7 through 21. This is your total income: 991,296.

Adjusted Gross Income section: 23 Archer MSA deduction. 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: 7,470. 28 Self-employed SEP, SIMPLE, and qualified plans. 29 Self-employed health insurance deduction. 30 Penalty on early withdrawal of savings. 31a Alimony paid b Recipient's SSN. 32 IRA deduction. 33 Student loan interest deduction. 34 Jury duty pay you gave to your employer. 35 Domestic production activities deduction. 36 Add lines 23 through 31a and 32 through 35: 7,470. 37 Subtract line 36 from line 22. This is your adjusted gross income: 983,826.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	983,826.
<input type="checkbox"/> Standard Deduction for: <input type="checkbox"/> People who checked any box on line 39a or 39b or who can be claimed as a dependent. <input type="checkbox"/> An other: <input type="checkbox"/> Single or Married filing separately, 39,150 <input type="checkbox"/> Married filing jointly or Qualifying widower, 78,300 <input type="checkbox"/> Head of household, 57,500	39a	Check <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind, <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
		if: <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind, <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39b		
	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		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	152,464.
	41	Subtract line 40 from line 38	41	831,362.
	42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	4,400.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	826,962.
	44	Tax. Check if any tax is from: a Form(s) 8814 b Form 4972	44	262,687.
	45	Alternative minimum tax. Attach Form 6251	45	
	46	Add lines 44 and 45	46	262,687.
47	Foreign tax credit. Attach Form 1116 if required	47		
48	Credit for child and dependent care expenses. Attach Form 2441	48	1,200.	
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	Residential energy credits. Attach Form 5695	52		
53	Child tax credit (see page 42). Attach Form 8901 if required	53		
54	Credits from: a Form 8396 b Form 8839 c Form 8859	54		
55	Other credits: a Form 3800 b Form 8801 c Form	55		
56	Add lines 47 through 55. These are your total credits	56	1,200.	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	261,487.	
Other Taxes	58	Self-employment tax. Attach Schedule SE	58	14,939.
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, box 9	61		
62	Household employment taxes. Attach Schedule H	62	1,005.	
63	Add lines 57 through 62. This is your total tax	63	277,431.	
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	103,604.
65	2005 estimated tax payments and amount applied from 2005 return	65	215,000.	
<input type="checkbox"/> You have a qualifying child, attach Schedule EIC	66a	Earned Income credit (EIC)	66a	
	b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67		
68	Additional child tax credit. Attach Form 8812	68		
69	Amount paid with request for extension to file (see page 60)	69		
70	Payments from: a Form 2439 b Form 4136 c Form 8885	70		
71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	60.	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	318,664.	
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	40,856.
<input type="checkbox"/> Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8866.	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
	b	Routing number <input type="checkbox"/> C type. Checking Savings <input type="checkbox"/> Account number <input type="checkbox"/>		
75	Amount of line 73 you want applied to your 2007 estimated tax	75	40,856.	
Amount You Owe	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76	
77	Estimated tax penalty (see page 62)	77	377.	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see page 63)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
Designee's name	PREPARER			Personal identification number (PIN)
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.			
<input type="checkbox"/> Joint return? See page 17. Keep a copy for your records.	Your signature	Date	Your occupation	Daytime phone number
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
			US SENATOR	
			HOSPITAL ADMINISTRATOR	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	WINEBERG SOLHEIM HOWELL & SHAIN P.C.			EIN
	180 N. LASALLE ST., SUITE 2200			Phone
	CHICAGO, IL 60601			

Child Tax Credit Worksheet (keep for your records)

Name(s): First BARACK H. & MICHELLE L.	Last OBAMA	Your SSN
--	----------------------	----------

Part 1

1. Number of qualifying children: 2 X \$1,000. Enter the result. 1 2,000.

2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 36. 2 983,826.

3. 1040 filers: Enter the total of any-
 ◦ Exclusion of income from Puerto Rico, and
 ◦ Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.
 1040A and 1040NR filers: Enter -0-.

..... 3 0.

4. Add lines 2 and 3. Enter the total. 4 983,826.

5. Enter the amount shown below for your filing status.
 ◦ Married filing jointly - \$110,000
 ◦ Single, head of household, or qualifying widow(er) - \$75,000
 ◦ Married filing separately - \$55,000

..... 5 110,000.

6. Is the amount on line 4 more than the amount on line 5?
 No. Leave line 6 blank. Enter -0- on line 7.
 Yes. Subtract line 5 from line 4. 6 874,000.
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).

7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7 43,700.

8. Is the amount on line 1 more than the amount on line 7?
 No. **STOP**
 You cannot take the child tax credit on Form 1040, line 53, Form 1040A, line 33, or Form 1040NR, line 48.
 Yes. Subtract line 7 from line 1. Enter the result. 8

Part 2

9. Enter the amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43. 9

10. 1040 filers: Enter the total of the amounts from lines 47 through 52. *
 1040A filers: Enter the total of the amounts from lines 29 through 32.
 1040NR filers: Enter the total of the amounts from lines 44 through 47. *
 * Include only the amount from Form 5695, line 12.

..... 10

11. Are you claiming any of the following credits?
 ◦ Residential energy efficient property credit, Form 5695, Part II.
 ◦ Adoption credit, Form 8839 ◦ Mortgage interest credit, Form 8396
 ◦ District of Columbia first-time homebuyer credit, Form 8859
 No. Enter the amount from line 10.
 Yes. Complete the Line 11 Worksheet to figure the amount to enter here.

..... 11

12. Subtract line 11 from line 9. Enter the result. 12

13. Is the amount on line 8 of this worksheet more than the amount on line 12?
 No. Enter the amount from line 8.
 Yes. Enter the amount from line 12. } This is your child tax credit. 13

**Underpayment of
Estimated Tax by Individuals, Estates, and Trusts**

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

2006

Attachment
Sequence No. **06**

Name(s) shown on tax return

Identifying number

BARACK H. & MICHELLE L. OBAMA

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 7 less than \$1,000? Yes → Do not file Form 2210. You do not owe a penalty.

No

Complete lines 8 and 9 below. Is line 6 equal to or more than line 9? Yes → You do not owe a penalty. Do not file Form 2210 (but if box E below applies, you must file page 1 of Form 2210).

No

You may owe a penalty. Does any box in Part II below apply? Yes → You must file Form 2210. Does box B, C, or D apply?

No

No → Do not file Form 2210. You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but do not file Form 2210.

Yes → You must figure your penalty.

No → You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.

Part I | Required Annual Payment (see page 2 of the instructions)

1	Enter your 2006 tax after credits from Form 1040, line 57 (or comparable line of your return)	1	261,487.
2	Other taxes, including self-employment tax (see page 3 of the instructions)	2	15,944.
3	Refundable credits. Enter the total of your earned income credit, additional child tax credit, credit for federal tax paid on taxes, and health coverage tax credit	3	
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, see page 3 of the instructions	4	277,431.
5	Multiply line 4 by 90% (.90)	5	249,688.
6	Withholding taxes. Do not include estimated tax payments. See page 3 of the instructions	6	103,604.
7	Subtract line 6 from line 4. If less than \$1,000, you do not owe a penalty; do not file Form 2210	7	173,827.
8	Maximum required annual payment based on prior year's tax (see page 3 of the instructions)	8	600,175.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	249,688.

Next: Is line 9 more than line 6?

- No. You do not owe a penalty. Do not file Form 2210 unless box E below applies.
- Yes. You may owe a penalty, but do not file Form 2210 unless one or more boxes in Part II below applies.
- If box B, C, or D applies, you must figure your penalty and file Form 2210.
 - If only box A or E (or both) applies, file only page 1 of Form 2210. You are not required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or Part IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210.

Part II | Reasons for Filing. Check applicable boxes. If none apply, do not file Form 2210.

- A You request a waiver (see page 2 of the instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you are not required to figure your penalty.
- B You request a waiver (see page 2 of the instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C Your income varied during the year and your penalty is reduced or eliminated when figured using the annualized income installment method. You must figure the penalty using Schedule AI and file Form 2210.
- D Your penalty is lower when figured by treating the federal income tax withheld from your wages as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E You filed or are filing a joint return for either 2005 or 2006, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you are not required to figure your penalty (unless box B, C, or D applies).

Part IV Regular Method (See page 3 of the instructions if you are filing Form 1040NR or 1040NR-EZ.)

Section A - Figure Your Underpayment		Payment Due Dates				
		(a) 4/15/06	(b) 6/15/06	(c) 9/15/06	(d) 1/15/07	
18	Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 25. Otherwise, enter 25% (.25) of line 9, Form 2210, in each column	18	38,935.	24,251.	44,091.	142,411.
19	Estimated tax paid and tax withheld. For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you do not owe a penalty. Do not file Form 2210 unless you checked a box in Part II. Complete lines 20 through 26 of one column before going to line 20 of the next column.	19	25,901.	25,901.	85,901.	180,901.
20	Enter the amount, if any, from line 26 in previous column	20				30,426.
21	Add lines 19 and 20	21		25,901.	85,901.	211,327.
22	Add the amounts on lines 24 and 25 in previous column	22		13,034.	11,384.	
23	Subtract line 22 from line 21. If zero or less, enter -0-. For column (a) only, enter the amount from line 19	23	25,901.	12,867.	74,517.	211,327.
24	If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0-	24		0.	0.	
25	Underpayment. If line 18 is equal to or more than line 23, subtract line 23 from line 18. Then go to line 20 of the next column. Otherwise, go to line 26	25	13,034.	11,384.		
26	Overpayment. If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of the next column	26			30,426.	

Section B - Figure the Penalty (Complete lines 27 through 30 of one column before going to the next column.)

Rate Period 1 April 16, 2006 - June 30, 2006		4/15/06		6/15/06					
		Days:	Days:						
27	Number of days from the date shown above line 27 to the date the amount on line 25 was paid or 6/30/06, whichever is earlier	27							
28	Underpayment on line 25 $\times \frac{\text{Number of days on line 27}}{365} \times .07$	28	\$	\$					
Rate Period 2 July 1, 2006 - April 15, 2007		6/30/06		6/30/06		9/15/06		1/15/07	
		Days:	Days:	Days:	Days:				
29	Number of days from the date shown above line 29 to the date the amount on line 25 was paid or 4/15/07, whichever is earlier	29	SEE ATTACHED WORKSHEET						
30	Underpayment on line 25 $\times \frac{\text{Number of days on line 29}}{365} \times .08$	30	\$	\$	\$	\$			
31	Penalty. Add all amounts on lines 28 and 30 in all columns. Enter the total here and on Form 1040, line 77; Form 1040A, line 48; Form 1040NR, line 75; Form 1040NR-EZ, line 27; or Form 1041, line 26; but do not file Form 2210 unless you checked a box in Part II	31	\$					\$	377.

Schedule AI - Annualized Income Installment Method (See instructions.)

Estates and trusts, do not use the period ending dates shown to the right. Instead, use the following: 2/28/06, 4/30/06, 7/31/06, and 11/30/06.

	(a) 1/1/06 - 3/31/06	(b) 1/1/06 - 5/31/06	(c) 1/1/06 - 8/31/06	(d) 1/1/06 - 12/31/06
--	-------------------------	-------------------------	-------------------------	--------------------------

Part I Annualized Income Installments

1 Enter your adjusted gross income for each period (see instructions). (Estates and trusts, enter your taxable income without your exemption for each period.)	1	167,251.	246,786.	431,755.	983,826.
2 Annualization amounts. (Estates and trusts, see instructions.)	2	4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2	3	669,004.	592,286.	647,633.	983,826.
4 Enter your itemized deductions for the period shown in each column. If you do not itemize, enter -0- and skip to line 7. (Estates and trusts, enter -0-, skip to line 9, and enter the amount from line 3 on line 9.)	4	38,394.	64,950.	102,812.	152,464.
5 Annualization amounts	5	4	2.4	1.5	1
6 Multiply line 4 by line 5 (see instructions if line 3 is more than \$75,250)	6	153,576.	155,880.	154,218.	152,464.
7 In each column, enter the full amount of your standard deduction from Form 1040, line 40, or Form 1040A, line 24 (Form 1040NR or 1040NR-EZ filers, enter -0-. Exception: Indian students and business apprentices, enter standard deduction from Form 1040NR, line 37, or Form 1040NR-EZ, line 11.)	7	10,300.	10,300.	10,300.	10,300.
8 Enter the larger of line 6 or line 7	8	153,576.	155,880.	154,218.	152,464.
9 Subtract line 8 from line 3	9	515,428.	436,406.	493,415.	831,362.
10 In each column, multiply \$3,300 by the total number of exemptions claimed (see instructions if line 3 is more than \$112,875). (Estates and trusts and Form 1040NR or 1040NR-EZ filers, enter the exemption amount shown on your tax return.)	10	4,400.	4,400.	4,400.	4,400.
11 Subtract line 10 from line 9	11	511,028.	432,006.	489,015.	826,962.
12 Figure your tax on the amount on line 11 (see instructions)	12	152,110.	124,453.	144,406.	262,687.
13 Self-employment tax from line 34 below (complete Part II)	13	21,131.	16,156.	14,718.	20,802.
14 Enter other taxes for each payment period (see instructions)	14	1,005.	1,005.	1,005.	1,005.
15 Total tax. Add lines 12, 13, and 14	15	174,246.	141,614.	160,129.	284,494.
16 For each period, enter the same type of credits as allowed on Form 2210, lines 1 and 3 (see instructions)	16	1,200.	1,200.	1,200.	1,200.
17 Subtract line 16 from line 15. If zero or less, enter -0-	17	173,046.	140,414.	158,929.	283,294.
18 Applicable percentage	18	22.5%	45%	67.5%	90%
19 Multiply line 17 by line 18	19	38,935.	63,186.	107,277.	254,965.
Complete lines 20-25 of one column before going to line 20 of the next column.					
20 Enter the total of the amounts in all previous columns of line 25	20		38,935.	63,186.	107,277.
21 Subtract line 20 from line 19. If zero or less, enter -0-	21	38,935.	24,251.	44,091.	147,688.
22 Enter 25% (.25) of line 9 on page 1 of Form 2210 in each column	22	62,422.	62,422.	62,422.	62,422.
23 Subtract line 25 of the previous column from line 24 of that column	23		23,487.	61,658.	79,989.
24 Add lines 22 and 23	24	62,422.	85,909.	124,080.	142,411.
25 Enter the smaller of line 21 or line 24 here and on Form 2210, line 18	25	38,935.	24,251.	44,091.	142,411.

Part II Annualized Self-Employment Tax (Form 1040 filers only)

26 Net earnings from self-employment for the period (see instructions)	26	44,281.	44,281.	104,924.	467,862.
27 Forfeited social security tax limit	27	\$23,550	\$39,250	\$62,800	\$94,200
28 Enter actual wages for the period subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax	28	5,888.	19,625.	47,100.	94,200.
29 Subtract line 28 from line 27. If zero or less, enter -0-	29	17,662.	19,625.	15,700.	0.
30 Annualization amounts	30	0.496	0.2976	0.186	0.124
31 Multiply line 30 by the smaller of line 26 or line 29	31	8,760.	5,840.	2,920.	0.
32 Annualization amounts	32	0.116	0.0696	0.0435	0.029
33 Multiply line 26 by line 32	33	5,137.	3,082.	4,564.	13,568.
34 Add lines 31 and 33. Enter here and on line 13 above	34	13,897.	8,922.	7,484.	13,568.

Schedule AI - Annualized Income Installment Method (See instructions.)

Estates and trusts, do not use the period ending dates shown to the right. Instead, use the following: 2/28/06, 4/30/06, 7/31/06, and 11/30/06.

(a) 1/1/06 - 3/31/06	(b) 1/1/06 - 5/31/06	(c) 1/1/06 - 8/31/06	(d) 1/1/06 - 12/31/06
-------------------------	-------------------------	-------------------------	--------------------------

Part I Annualized Income Installments

1 Enter your adjusted gross income for each period (see instructions). (Estates and trusts, enter your taxable income without your exemption for each period.)	1				
2 Annualization amounts. (Estates and trusts, see instructions.)	2	4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2	3				
4 Enter your itemized deductions for the period shown in each column. If you do not itemize, enter -0- and skip to line 7. (Estates and trusts, enter -0-, skip to line 9, and enter the amount from line 3 on line 9.)	4				
5 Annualization amounts	5	4	2.4	1.5	1
6 Multiply line 4 by line 5 (see instructions if line 3 is more than \$75,250)	6				
7 In each column, enter the full amount of your standard deduction from Form 1040, line 40, or Form 1040A, line 24 (Form 1040NR or 1040NR-EZ filers, enter -0-. Exception: Indian students and business apprentices, enter standard deduction from Form 1040NR, line 37, or Form 1040NR-EZ, line 11.)	7				
8 Enter the larger of line 6 or line 7	8				
9 Subtract line 8 from line 3	9				
10 In each column, multiply \$3,300 by the total number of exemptions claimed (see instructions if line 3 is more than \$112,875). (Estates and trusts and Form 1040NR or 1040NR-EZ filers, enter the exemption amount shown on your tax return.)	10				
11 Subtract line 10 from line 9	11				
12 Figure your tax on the amount on line 11 (see instructions)	12				
13 Self-employment tax from line 34 below (complete Part II)	13				
14 Enter other taxes for each payment period (see instructions)	14				
15 Total tax. Add lines 12, 13, and 14	15				
16 For each period, enter the same type of credits as allowed on Form 2210, lines 1 and 3 (see instructions)	16				
17 Subtract line 16 from line 15. If zero or less, enter -0-	17				
18 Applicable percentage	18	22.5%	45%	67.5%	90%
19 Multiply line 17 by line 18	19				
Complete lines 20-25 of one column before going to line 20 of the next column.					
20 Enter the total of the amounts in all previous columns of line 25	20				
21 Subtract line 20 from line 19. If zero or less, enter -0-	21				
22 Enter 25% (.25) of line 9 on page 1 of Form 2210 in each column	22				
23 Subtract line 25 of the previous column from line 24 of that column	23				
24 Add lines 22 and 23	24				
25 Enter the smaller of line 21 or line 24 here and on Form 2210, line 18	25				

Part II Annualized Self-Employment Tax (Form 1040 filers only)

26 Net earnings from self-employment for the period (see instructions)	26	11,821.	19,701.	31,522.	47,283.
27 Prorated social security tax limit	27	\$23,550	\$39,250	\$62,800	\$94,200
28 Enter actual wages for the period subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax	28	0.	0.	0.	0.
29 Subtract line 28 from line 27. If zero or less, enter -0-	29	23,550.	39,250.	62,800.	94,200.
30 Annualization amounts	30	0.496	0.2976	0.186	0.124
31 Multiply line 30 by the smaller of line 26 or line 29	31	5,863.	5,863.	5,863.	5,863.
32 Annualization amounts	32	0.116	0.0696	0.0435	0.029
33 Multiply line 26 by line 32	33	1,371.	1,371.	1,371.	1,371.
34 Add lines 31 and 33. Enter here and on line 13 above	34	7,234.	7,234.	7,234.	7,234.

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) BARACK H. & MICHELLE L. OBAMA					Identifying Number
(A) Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/06	38,935.	38,935.			
04/15/06	-25,901.	13,034.	61	.000191781	152.
06/15/06	24,251.	37,285.			
06/15/06	-25,901.	11,384.	15	.000191781	33.
06/30/06	0.	11,384.	77	.000219178	192.
09/15/06	44,091.	55,475.			
09/15/06	-25,901.	29,574.			
09/15/06	-60,000.	-30,426.			
12/31/06	0.	-30,426.	15	.000219178	
01/15/07	142,411.	111,985.			
01/15/07	-25,901.	86,084.			
01/15/07	-155,000.	-68,916.			
Penalty Due (Sum of Column F)					377.

* Date of estimated tax payment, withholding credit date or installment due date.

**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

2006
Attachment
Sequence No. 07

Your social security number

BARACK H. & MICHELLE L. OBAMA

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 income taxes	5	32,194.
(See page A-3.)	6 Real estate taxes (see page A-3)	6	16,181.
	7 Personal property taxes	7	
	8 Other taxes. List type and amount	8	
	9 Add lines 5 through 8	9	48,375.
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	60,449.
(See page A-3.)	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-3 and show that person's name, identifying no., and address	11	
	12 Points not reported to you on Form 1098	12	
	13 Investment interest. Attach Form 4952 if required. (See page A-4.)	13	
	14 Add lines 10 through 13	14	60,449.
Gifts to Charity	15 Gifts by cash or check.	15	60,307.
If you made a gift and got a benefit for it, see page A-4.	16 Other than by cash or check. If any gift of \$250 or more, see page A-5. You must attach Form 8283 if over \$500	16	
	17 Carryover from prior year	17	
	18 Add lines 15 through 17	18	60,307.
Casualty and Theft Losses	19 Casualty or theft loss(es). Attach Form 4684. (See page A-6.)	19	
Job Expenses and Certain Miscellaneous Deductions	20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-6.)	20	
(See page A-6.)	21 Tax preparation fees	21	
	22 Other expenses - investment, safe deposit box, etc. List type and amount	22	
	23 Add lines 20 through 22	23	
	24 Enter amount from Form 1040, line 38	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	
Other Miscellaneous Deductions	27 Other - from list on page A-7. List type and amount	27	
Total Itemized Deductions	28 Is Form 1040, line 38, over \$150,500 (over \$75,250 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 40. X Yes. Your deduction may be limited. See page A-7 for the amount to enter.	28	152,464.
	29 If you elect to itemize deductions even though they are less than your standard deduction, check here	29	

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

Schedule A (Form 1040) 2006

619501
11-10-06

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

Attach to Form 1040, 1040NR, or 1041.

See Instructions for Schedule C (Form 1040).

OMB No. 1545-0047

2006

Attachment
Sequence No. 09

Name of proprietor

Social security number (SSN)

BARACK H. OBAMA

A Principal business or profession, including product or service (see page C-2)

B Enter code from pages C-8, 9, 5, 10

AUTHOR

711510

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), if any

BARACK H. OBAMA

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify)

G Did you "materially participate" in the operation of this business during 2006? If "No," see page C-3 for limit on losses Yes No

H If you started or acquired this business during 2006, check here

Part I Income

1	Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42 on page 2)	4	
5	Gross profit. Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see page C-3) SEE STATEMENT 6	6	551,240.
7	Gross income. Add lines 5 and 6	7	551,240.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see page C-4)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	34,852.	20	Rent or lease (see page C-5):		
11	Contract labor (see page C-4)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see page C-6)	24b	
17	Legal and professional services	17	9,770.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27	Other expenses (from line 48 on page 2)	27	
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28		28		28	44,622.
29	Tentative profit (loss). Subtract line 28 from line 7	29		29		29	506,618.
30	Expenses for business use of your home. Attach Form 8829	30		30		30	
31	Net profit or (loss). Subtract line 30 from line 29. o If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR, line 13 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. o If a loss, you must go to line 32.	31		31		31	506,618.
32	If you have a loss, check the box that describes your investment in this activity (see page C-6). o If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR, line 13 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. o If you checked 32b, you must attach Form 6198. Your loss may be limited.	32a		32a	48 investment is at risk	32a	
		32b		32b	Some investment is not at risk	32b	

LHA For Paperwork Reduction Act Notice, see page C-8 of the instructions.

Schedule C (Form 1040) 2006

520001 11-03-06

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2006
Attachment
Sequence No. 12

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).

Name(s) shown on return

Your social security number

BARACK H. & MICHELLE L. OBAMA

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1					
2 Enter your short-term totals, if any, from Schedule D-1, line 2			2		
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)			3		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet in the instructions				6	(10,136)
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)				7	-10,136.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8 NUVEEN FLOATING RATE PFD SHS	02/28/05	04/11/06	100,000.	100,000.	
9 Enter your long-term totals, if any, from Schedule D-1, line 9			9		
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)			10	100,000.	
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12	
13 Capital gain distributions				13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet in the instructions				14	()
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2				15	

▶ For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR Instructions.

Schedule D (Form 1040) 2006

50007 01-11-06-06

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below</p>	<p>16</p>	<p>-10,136.</p>
<p>17 Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the instructions</p>	<p>18</p>	
<p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions</p>	<p>19</p>	
<p>20 Are lines 18 and 19 both zero or blank? Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p>		
<p>o The loss on line 16 or a (\$1,000) or if married filing separately, (\$1,500)</p>	<p>21</p>	<p>(3,000)</p>

} SEE STATEMENT 7

Form 1040 U.S. Individual Income Tax Return 2005 (9a) 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). 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 17)

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. 6c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) Is this child for child tax credit (see page 18)

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 471,009. 8a Taxable interest. Attach Schedule B if required 8a 13,385. 8b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 2,754. 9b Qualified dividends (see page 28) 9b 2,754. 10 Taxable refunds, credits, or offsets of state and local income taxes STMT 2 STMT 4 10 352. 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 1,141,495. 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 IRA distributions 15a 15b Taxable amount (see page 25) 15b 16a Pensions and annuities 16a 16b Taxable amount (see page 25) 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 20b Taxable amount (see page 27) 20b 21 Other income. List type and amount (see page 29) SEE STATEMENT 1 21 45,000. 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 1,670,995.

Adjusted Gross Income 23 Educator expenses (see page 28) 23 24 Certain business expenses of reservists, performing artists, and fee-based 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 15,889. 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction (see page 30) 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction (see page 31) 32 33 Student loan interest deduction (see page 33) 33 34 Tuition and fees deduction (see page 34) 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 31a and 32 through 35 36 15,889. 37 Subtract line 36 from line 22. This is your adjusted gross income 37 1,655,106.

510001 11-05-05

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 78.

Form 1040 (2005)

Form 1040 (2005) **BARACK H. & MICHELLE L. OBAMA**

Page 2

Tax and Credits		30 Amount from line 37 (adjusted gross income)	38	1,655,106.
Standard Deduction for: <input type="checkbox"/> Individual <input type="checkbox"/> Married joint filers <input type="checkbox"/> Head of household <input type="checkbox"/> Surviving spouse <input type="checkbox"/> Widow or widener <input type="checkbox"/> Deceased <input type="checkbox"/> Other	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 ... <input type="checkbox"/> 39a			
	b If your spouse itemizes on a separate return or you were a dual-status alien, see page 26 and check here ... <input type="checkbox"/> 39b			
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	112,408.	
	41 Subtract line 40 from line 38	41	1,542,698.	
	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	1,542,698.	
	44 Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972	44	513,456.	
	45 Alternative minimum tax. Attach Form 6251	45		
	46 Add lines 44 and 45	46	513,456.	
	47 Foreign tax credit. Attach Form 1116 if required	47		
48 Credit for child and dependent care expenses. Attach Form 2441	48	1,200.		
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 8901 if required	52			
53 Adoption credit. Attach Form 8839	53			
54 Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8869	54			
55 Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3900 b <input type="checkbox"/> Form 8901 c <input type="checkbox"/> Form	55			
56 Add lines 47 through 55. These are your total credits	56	1,200.		
57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	512,256.		
Other Taxes		58 Self-employment tax. Attach Schedule SE	58	31,776.
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	1,582.	
63 Add lines 57 through 62. This is your total tax		63	545,614.	
Payments		64 Federal income tax withheld from Forms W-2 and 1099	64	114,747.
65 2005 estimated tax payments and amount applied from 2004 return		65		
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)		67		
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: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8865		70		
71 Add lines 64, 65, 66a, and 67 through 70. These are your total payments		71	114,747.	
Refund		72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	
73a Amount of line 72 you want refunded to you		73a		
b Receiving <input type="checkbox"/> by check <input type="checkbox"/> by direct deposit <input type="checkbox"/> by other means. If Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Account number				
74 Amount of line 72 you want applied to your 2006 estimated tax		74		
Amount You Owe		75 Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60	75	430,867.
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)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No		
Designee's name: PREPARER		Phone no.:	Personal identification number (PIN):	
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: _____ Date: _____		Your occupation: US SENATOR	Daytime phone number: _____	
Spouse's signature, if a joint return. BOTH must sign. _____ Date: _____		Spouse's occupation: HOSPITAL ADMINISTRATOR		
Preparer's		Preparer's signature: _____ Date: _____	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN: _____
Use Only		Firm's name (or yours if self-employed), address, and ZIP code: WINEBERG SOLHEIM HOWELL & SHAIN P.C. 180 N. LASALLE ST., SUITE 2200 CHICAGO, IL 60601		

Child Tax Credit Worksheet (keep for your records)

Name(s): First BARACK H. & MICHELLE L. Last OBAMA Your SSN

Part 1: 1. Number of qualifying children: 2 X \$1,000. Enter the result. 1 2,000. 2. Enter the amount from Form 1040, line 30, or Form 1040A, line 32. 2 1,655,106. 3. 1040 filers: Enter the total of any- Exclusion of income from Puerto Rico, and Amounts from Form 2555, lines 43 and 48; Form 2555-EZ, line 18; and Form 4563, line 15. 1040A filers: Enter -0-. 4. Add lines 2 and 3. Enter the total. 4 1,655,106. 5. Enter the amount shown below for your filing status, Married filing jointly - \$110,000 Single, head of household, or qualifying widow(er) - \$75,000 Married filing separately - \$55,000 6. Is the amount on line 4 more than the amount on line 5? No. Leave line 6 blank. Enter -0- on line 7. Yes. Subtract line 5 from line 4. 6 1,546,000. 7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7 77,300. 8. Is the amount on line 1 more than the amount on line 7? No. STOP You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 33. Yes. Subtract line 7 from line 1. Enter the result. 8

Part 2: 9. Enter the amount from Form 1040, line 46, or Form 1040A, line 28. 9 10. 1040 filers: Enter the total of the amounts from lines 47 through 51. 1040A filers: Enter the total of the amounts from lines 29 through 32. 10 11. Are you claiming any of the following credits? Adoption credit, Form 8839 Mortgage interest credit, Form 1099 District of Columbia first-time homebuyer credit, Form 8959 No. Enter the amount from line 10. Yes. Complete the Line 11 Worksheet to figure the amount to enter here. 11 12. Subtract line 11 from line 9. Enter the result. 12 13. Is the amount on line 8 of this worksheet more than the amount on line 12? No. Enter the amount from line 8. Yes. Enter the amount from line 12. This is your child tax credit. 13

SCHEDULES A&B (Form 1040)

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

OMB No. 1545-0047

2005 Attachment Sequence No. 07

Department of the Treasury Internal Revenue Service

Attach to Form 1040.

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

Your Social Security number

BARACK H. & MICHELLE L. OBAMA

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 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		State and local (check only one box):			
(See page A-2.)		a	<input checked="" type="checkbox"/> Income taxes, or	5	47,950.
		b	<input type="checkbox"/> General sales taxes (see page A-9)	6	
		SEE STATEMENT 7		7	
		Real estate taxes (see page A-5)		8	
		Personal property taxes		9	
Other taxes. List type and amount					
		8			
		9	Add lines 5 through 8	9	47,950.
Interest You Paid		Home mortgage interest and points reported to you on Form 1098		10	32,418.
(See page A-5.)		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	
				12	
		Points not reported to you on Form 1098		13	
		Investment interest. Attach Form 4952 if required. (See page A-6.)		14	
Add lines 10 through 13		14		32,418.	
Gifts to Charity		Total gifts by cash or check. SEE STATEMENT 8		15a	77,315.
If you made a gift and got a benefit for it, see page A-7.		b Gifts by cash or check after August 27, 2005, that you elect to treat as qualified contributions		15b	
		Other than by cash or check. If any gift of \$250 or more, see page A-7. You must attach Form 8283 if over \$500		16	
		Carryover from prior year		17	
		Add lines 15a, 16, and 17		18	77,315.
Casualty and Theft Losses		Casualty or theft loss(es). Attach Form 4684. (See page A-6.)		19	
Job Expenses and Certain Miscellaneous Deductions		Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-6.)		20	
(See page A-6.)				21	618.
		Tax preparation fees		22	2,500.
		Other expenses - investment, safe deposit box, etc. List type and amount		23	3,118.
		ESTATE PLANNING FEES 2,500.		24	1,655,106.
Add lines 20 through 22		25	33,102.		
		26		0.	
Other Miscellaneous Deductions		Other - from list on page A-9. List type and amount		27	
				27	
Total Itemized Deductions		Is Form 1040, line 38, over \$145,950 (over \$72,975 if married filing separately)?		28	112,408.
		<input type="checkbox"/> 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 40.		STMT 9	
		<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-9 for the amount to enter.			
		If you elect to itemize deductions even though they are less than your standard deduction, check here		29	

Schedule A&B (Form 1040) 2005

OMB No. 1545-0074

Page 2

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

Your social security number

BARACK H. & MICHELLE L. OBAMA

Schedule B - Interest and Ordinary Dividends

Attachment Sequence No. 08

Part I Interest		Amount
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 \blacktriangleright	
	UBS	145.
	JP MORGAN CHASE	11,206.
	NORTHERN TRUST BANK	2,034.
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	13,385.
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 \blacktriangleright	13,385.
Note: If line 4 is over \$1,500, you must complete Part III.		

Part II Ordinary Dividends		Amount
5	List name of payer \blacktriangleright	
	NORTHERN TRUST BANK	2,754.
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 \blacktriangleright	2,754.
Note: If line 6 is over \$1,500, you must complete Part III.		

Part III Foreign Accounts and Trusts	Yes	No
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 2005, 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? \blacktriangleright		<input checked="" type="checkbox"/>
b If "Yes," enter the name of the foreign country \blacktriangleright		
8 During 2005, 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 \blacktriangleright		<input checked="" type="checkbox"/>

527501 11-21-05

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

Schedule B (Form 1040) 2005

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (IRS)

Profit or Loss From Business (Sole Proprietorship)

Partnerships, joint ventures, etc., must file Form 1065 or 1065-B. Attach to Form 1040 or 1041. See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2005 Attachment Sequence No. 09

Name of proprietor: BARACK H. OBAMA
Social security number (SSN):
A Principal business or profession, including product or service (see page C-2): AUTHOR
B Enter code from pages C-6, 9, & 10: 711510
C Business name, if no separate business name, leave blank: BARACK H. OBAMA
D Employer ID number (EIN), if any:
E Business address (including suite or room no.), city, town or post office, state, and ZIP code:
F Accounting method: (1) X Cash (2) Accrual (3) Other (specify)
G Did you "materially participate" in the operation of this business during 2005? If "No," see page C-3 for limit on losses: Yes
H If you started or acquired this business during 2005, check here:

Part III Income
Table with 7 rows:
1 Gross receipts or sales:
2 Returns and allowances:
3 Subtract line 2 from line 1:
4 Cost of goods sold (from line 42 on page 2):
5 Gross profit. Subtract line 4 from line 3:
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3): SEE STATEMENT 10
7 Gross income. Add lines 5 and 6: 1,209,873.

Part III Expenses. Enter expenses for business use of your home only on line 30.
Table with 27 rows:
8 Advertising:
9 Car and truck expenses (see page C-3):
10 Commissions and fees: 33,571.
11 Contract labor (see page C-4):
12 Depletion:
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-4):
14 Employee benefit programs (other than on line 19):
15 Insurance (other than health):
16 Interest:
16a Mortgage (paid to banks, etc.):
16b Other:
17 Legal and professional services: 34,807.
18 Office expense:
19 Pension and profit-sharing plans:
20 Rent or lease (see page C-6):
20a Vehicles, machinery, and equipment:
20b Other business property:
21 Repairs and maintenance:
22 Supplies (not included in Part III):
23 Taxes and licenses:
24 Travel, meals, and entertainment:
24a Travel:
24b Deductible meals and entertainment (see page C-6):
25 Utilities:
26 Wages (less employment credits):
27 Other expenses (from line 48 on page 2):

Table with 8 rows:
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns: 68,378.
29 Tentative profit (loss). Subtract line 28 from line 7: 1,141,495.
30 Expenses for business use of your home. Attach Form 8829:
31 Net profit or (loss). Subtract line 30 from line 29: 1,141,495.
32 If you have a loss, check the box that describes your investment in this activity (see page C-6):
32a All investment is at risk.
32b Some investment is not at risk.

LHA For Paperwork Reduction Act Notice, see page C-7 of the instructions. Schedule C (Form 1040) 2005

222001 01-11-05

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0047

2005

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (55)

Attach to Form 1040. See Instructions for Schedule D (Form 1040).

Your social security number

BARACK H. & MICHELLE L. OBAMA

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

Table with 6 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Sales price, (e) Cost or other basis, (f) Gain or (loss). Rows include SHS AVI BIOPHARMA INC and SHS SKYTERRA COMM, INC.

Summary table for Part I with rows 2-7. Row 2: Enter your short-term totals... Row 3: Total short-term sales price amounts. Row 4: Short-term gain from Form 6252... Row 5: Net short-term gain or (loss) from partnerships... Row 6: Short-term capital loss carryover... Row 7: Net short-term capital gain or (loss).

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

Table with 6 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Sales price, (e) Cost or other basis, (f) Gain or (loss). Row 8 is blank.

Summary table for Part II with rows 9-15. Row 9: Enter your long-term totals... Row 10: Total long-term sales price amounts. Row 11: Gain from Form 4797, Part I... Row 12: Net long-term gain or (loss) from partnerships... Row 13: Capital gain distributions... Row 14: Long-term capital loss carryover... Row 15: Net long-term capital gain or (loss).

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

Schedule D (Form 1040) 2005

Schedule D (Form 1040) 2005 BARACK H. & MICHELLE L. OBAMA

Page 2

Part III Summary

16	Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 15, and then go to line 17 below	16	-13,136.
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-7 of the instructions	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-8 of the instructions	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 36 of the instructions for Form 1040. Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 43, and then complete the Schedule D Tax Worksheet on page D-8 of the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of: <ul style="list-style-type: none">o The loss on line 16 oro (\$3,000), or if married filing separately, (\$1,500)	21	(3,000.)
Note. When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, line 9b? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 36 of the instructions for Form 1040. <input type="checkbox"/> No. Complete the rest of Form 1040.		

Schedule D (Form 1040) 2005

Qualified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

Name(s) shown on return BARACK H. & MICHELLE L. OBAMA		Your SSN
<p>Before you begin: <input checked="" type="checkbox"/> See the instructions for line 44 on page 37 to see if you can use this worksheet to figure your tax.</p> <p><input checked="" type="checkbox"/> If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.</p>		
1. Enter the amount from Form 1040, line 43	1.	<u>1,542,698.</u>
2. Enter the amount from Form 1040, line 9b	2.	<u>2,754.</u>
3. Are you filing Schedule D? <input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 or Schedule D, but do not enter less than -0- <input type="checkbox"/> No. Enter the amount from Form 1040, line 13	3.	
4. Add lines 2 and 3	4.	<u>2,754.</u>
5. If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise enter -0-	5.	<u>0.</u>
6. Subtract line 5 from line 4. If zero or less, enter -0-	6.	<u>2,754.</u>
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	<u>1,539,944.</u>
8. Enter the smaller of: o The amount on line 1, or o \$29,700 if single or married filing separately, \$59,400 if married filing jointly or qualifying widow(er), \$39,800 if head of household.	8.	<u>59,400.</u>
9. Is the amount on line 7 equal to or more than the amount on line 8? <input checked="" type="checkbox"/> Yes. Skip lines 9 through 11; go to line 12 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 7	9.	
10. Subtract line 9 from line 8	10.	
11. Multiply line 10 by 6% (.06)	11.	
12. Are the amounts on lines 6 and 10 the same? <input type="checkbox"/> Yes. Skip lines 12 through 15; go to line 16. <input checked="" type="checkbox"/> No. Enter the smaller of line 1 or line 6	12.	<u>2,754.</u>
13. Enter the amount from line 10 (if line 10 is blank, enter -0-)	13.	<u>0.</u>
14. Subtract line 13 from line 12	14.	<u>2,754.</u>
15. Multiply line 14 by 15% (.15)	15.	<u>413.</u>
16. Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies	16.	<u>513,043.</u>
17. Add lines 11, 15, and 16	17.	<u>513,456.</u>
18. Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies	18.	<u>514,007.</u>
19. Tax on all taxable income. Enter the smaller of line 17 or line 18. Also include this amount on Form 1040, line 44	19.	<u>513,456.</u>

Schedule SE (Form 1040) 2005

Attachment Sequence No. 17

Page 2

Name of person with self-employment income (as shown on Form 1040)

Social security number of person with self-employment income

BARACK H. OBAMA

Section B - Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

Form SE-1 lines 1-13. Includes net farm profit, net profit from other businesses, church employee income, and net earnings from self-employment. Total net earnings: 1,054,171.

Part II Optional Methods To Figure Net Earnings (see page SE-3)

Form SE-2 lines 14-17. Farm Optional Method (line 14: 1,600.00) and Nonfarm Optional Method (line 16: 1,600.00).

1 From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.
2 From Sch. F, line 35, and Sch. K-1 (Form 1065), box 14, code A.
3 From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9.
4 From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9.

Schedule SE (Form 1040) 2005

Attachment Sequence No. 17

Page 2

Name of person with self-employment income (as shown on Form 1040)

Social security number of person with self-employment income

MICHELLE L. OBAMA

Section B - Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

Table with 13 rows for self-employment tax calculation. Includes items like Net farm profit, Net profit from Schedule C, and Total social security wages and tips. Values include 45,000, 41,558, 90,000, and 1,205.

Part II Optional Methods To Figure Net Earnings (see page SE-3)

Table for optional methods to figure net earnings. Includes Farm Optional Method (line 14) and Nonfarm Optional Method (line 16). Values include 1,600.00.

1 From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B. 2 From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A.

3 From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9. 4 From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9.

624502 11-10-05

Schedule SE (Form 1040) 2005

Form **2441**
Department of the Treasury
Internal Revenue Service (29)

Child and Dependent Care Expenses

OMB No. 1545-0074

2005
Attachment
Sequence No. 21

▶ Attach to Form 1040.
▶ See separate instructions.

Name(s) shown on Form 1040

Your social security number

BARACK H. & MICHELLE L. OBAMA

Before you begin: You need to understand the following terms. See Definitions on page 1 of the instructions.

◦ Dependent Care Benefits

◦ Qualifying Person(s)

◦ Qualified Expenses

Part I. Persons or Organizations Who Provided the Care - You must complete this part. (If you need more space, use the bottom of page 2.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
	MARLEASE BUSENELL			7,200.
	ROSA GUTIERREZ	WHEELING, IL 60090		2,640.

Did you receive dependent care benefits? No Yes

▶ Complete only Part II below.
▶ Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 62.

Part II. Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2005 for the person listed in column (a)
First	Last		
MALIA A.	OBAMA		4,920.
NATASHA M.	OBAMA		4,920.
3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 32			6,000.
4 Enter your earned income. See instructions			1,280,256.
5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4			361,359.
6 Enter the smallest of line 3, 4, or 5			6,000.
7 Enter the amount from Form 1040, line 3B			1,655,106.
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7			X .20
9 Multiply line 8 by the decimal amount on line 8. If you paid 2004 expenses in 2005, see the instructions			1,200.
10 Enter the amount from Form 1040, line 46, minus any amount on Form 1040, line 47			513,456.
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 46			1,200.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2441 (2005)

**SCHEDULE H
(Form 1040)**

Household Employment Taxes
(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

OMB No. 1545-1971

2005
Attachment
Sequence No. 44

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, 1040-SS, or 1041.
▶ See separate instructions.

Name of employer

Social security number

Employer identification number

BARACK H. & MICHELLE L. OBAMA

A Did you pay any one household employee cash wages of \$1,400 or more in 2005? (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 2005 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 2004 or 2005 to all household employees? (Do not count cash wages paid in 2004 or 2005 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 2005 do not have to complete this form for 2005.)

Part I Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see page H-4)	1	9,840.
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	1,220.
3	Total cash wages subject to Medicare taxes (see page H-4)	3	9,840.
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	285.
5	Federal income tax withheld, if any	5	
6	Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	6	1,505.
7	Advance earned income credit (EIC) payments, if any	7	
8	Net taxes (subtract line 7 from line 6)	8	1,505.

9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2004 or 2005 to household employees? (Do not count cash wages paid in 2004 or 2005 to your spouse, your child under age 21, or your parent.)

- No. Stop. Enter the amount from line 8 above on Form 1040, line 62. 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 separate instructions.

Schedule H (Form 1040) 2005

51035
11-20-05

09270331 131470 40C01F

5.14
2005.05030 OBAMA, BARACK H.

40C01F_1

09/21/2006 9:45AM

Part III Dependent Care Benefits		
12	Enter the total amount of dependent care benefits you received in 2005. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12
13	Enter the amount forfeited or carried forward to 2006, if any (see the instructions)	13
14	Subtract line 13 from line 12	14
15	Enter the total amount of qualified expenses incurred in 2005 for the care of the qualifying person(s)	15
16	Enter the smaller of line 14 or 15	16
17	Enter your earned income. See instructions	17
18	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <input type="checkbox"/> If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). <input type="checkbox"/> If married filing separately, see the instructions for the amount to enter. <input type="checkbox"/> All others, enter the amount from line 17. 	18
19	Enter the smallest of line 16, 17, or 18	19
20	Enter the amount from line 12 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0-	20
21	Subtract line 20 from line 14	21
22	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 18)	22
23	Deductible benefits. Enter the smallest of line 19, 20, or 22. Also, include this amount on the appropriate line(s) of your return (see the instructions)	23
24	Enter the smaller of line 19 or 22	24
25	Enter the amount from line 23	25
26	Excluded benefits. Subtract line 25 from line 24. If zero or less, enter -0-	26
27	Taxable benefits. Subtract line 26 from line 21. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7. On the dotted line next to line 7, enter "DCB"	27

To claim the child and dependent care credit, complete lines 28-32 below.

28	Enter \$3,000 (\$6,000 if two or more qualifying persons)	28
29	Add lines 23 and 25	29
30	Subtract line 29 from line 26. If zero or less, stop. You cannot take the credit. Exception. If you paid 2004 expenses in 2005, see the instructions for line 9	30
31	Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 29 above. Then, add the amounts in column (c) and enter the total here	31
32	Enter the smaller of line 30 or 31. Also, enter this amount on line 3 on page 1 of this form and complete lines 4-11	32

Schedule H (Form 1040) 2005 **BARACK H. & MICHELLE L. OBAMA**

Page **3**

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.")	Yes	No
10		<input checked="" type="checkbox"/>	
11	Did you pay all state unemployment contributions for 2005 by April 17, 2006? Fiscal year filers, see page H-4	Yes	No
11		<input checked="" type="checkbox"/>	
12	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	Yes	No
12		<input checked="" type="checkbox"/>	

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	IL
14	State reporting number as shown on state unemployment tax return	4239859
15	Contributions paid to your state unemployment fund (see page H-4)	15 1.18
16	Total cash wages subject to FUTA tax (see page H-4)	16 9,640.
17	FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26	17 77.

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
21	Total cash wages subject to FUTA tax (see the line 16 instructions on page H-4)	21 21
22	Multiply line 21 by 6.2% (.062)	22 22
23	Multiply line 21 by 5.4% (.054)	23 23
24	Enter the smaller of line 20 or line 23 (New York State employers must use the worksheet in the separate instructions and check here) <input type="checkbox"/>	24 24
25	FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26	25 25

Part III Total Household Employment Taxes

26	Enter the amount from line 8	26 1,505.
27	Add line 17 (or line 25) and line 26	27 1,582.

28 Are you required to file Form 1040?
 Yes. Stop. Enter the amount from line 27 above on Form 1040, line 62. 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 25 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.

Employer's signature	Date
----------------------	------

11-29-05

Schedule H (Form 1040) 2005

09270331 131470 40C01F

5.15
2005.05030 OBAMA, BARACK H.

40C01F_1

09/21/2006 9:45AM

BARACK H. & MICHELLE L. OBAMA

FORM 1040	MISCELLANEOUS INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
EAY VALLEY FOODS		33,000.
TREEHOUSE FOODS		12,000.
TOTAL TO FORM 1040, LINE 21		45,000.

FORM 1040	STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT 2
	2004	2003	2002
GROSS STATE/LOCAL INC TAX REFUNDS	ILLINOIS 352.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS ILLINOIS	352.		
TOTAL NET TAX REFUNDS	352.		

BARACK H. & MICHELLE L. OBAMA

FORM 1040

PERSONAL EXEMPTION WORKSHEET

STATEMENT 3

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 \$3,200 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42.
 YES. GO TO LINE 2.
2. MULTIPLY \$3,200 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D 12,800.
3. ENTER THE AMOUNT FROM FORM 1040, LINE 38 1,655,106.
4. ENTER THE AMOUNT FOR YOUR FILING STATUS 218,950.
 - MARRIED FILING SEPARATE \$109,475
 - SINGLE \$145,950
 - HEAD OF HOUSEHOLD \$182,450
 - MARRIED FILING JOINT OR WIDOW(ER) \$218,950
5. SUBTRACT LINE 4 FROM LINE 3 1,436,156.
 IF LINE 5 IS MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATE) ENTER ZERO ON FORM 1040, LINE 42.
6. DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MFS)
7. MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL
8. MULTIPLY LINE 2 BY LINE 7
9. SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE 42. 0.

BARACK H. & MICHELLE L. OBAMA

FORM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	4
	2004	2003	2002
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	352.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT - SALES TAX BENEFIT REDUCTION			
1 NET REFUNDS FOR RECALCULATION	352.		
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	26,976.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1	352.		
5 LINE 2 MINUS LINES 3 AND 4	26,624.		
6 MULTIPLY LINE 5 BY 80% (.80)	21,299.		
7 PRIOR YEAR AGI	207,647.		
8 ITEM. DED. PHASEOUT THRESHOLD	142,700.		
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)	64,947.		
10 MULTIPLY LINE 9 BY 3% (.03)	1,948.		
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	24,676.		
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS	24,676.		
13B PRIOR YR. STD. DED. AVAILABLE	9,700.		
14 PRIOR YR. ALLOWABLE ITEM. DED.	25,028.		
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	352.		
16 TAKABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	352.		
17 ALLOWABLE PRIOR YR. ITEM. DED.	25,028.		
18 PRIOR YEAR STD. DED. AVAILABLE	9,700.		
19 SUBTRACT LINE 18 FROM LINE 17	15,328.		
20 LESSER OF LINE 16 OR LINE 19	352.		
21 PRIOR YEAR TAXABLE INCOME	170,219.		
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			352.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2002			
TOTAL TO FORM 1040, LINE 10			352.

BARACK H. & MICHELLE L. OBAMA

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 - WASHINGTON, D.C.	154,047.	28,273.	4,441.		5,580.	2,320.
S UNIVERSITY OF CHICAGO HOSPITALS	316,962.	86,474.	9,509.		5,580.	4,743.
TOTALS	471,009.	114,747.	13,950.		11160.	7,063.

FORM 1040 QUALIFIED DIVIDENDS STATEMENT 6

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
NORTHERN TRUST BANK	2,754.	2,754.
TOTAL INCLUDED IN FORM 1040, LINE 9B		2,754.

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 7

DESCRIPTION	AMOUNT
UNITED STATES SENATE - WASHINGTON, D.C.	4,441.
UNIVERSITY OF CHICAGO HOSPITALS	9,509.
ILLINOIS 4TH QTR ESTIMATE PAYMENTS	34,000.
TOTAL TO SCHEDULE A, LINE 5	47,950.

BARACK H. & MICHELLE L. OBAMA

SCHEDULE A		CASH CONTRIBUTIONS		STATEMENT	8
DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT			
MISCELLANEOUS RECOGNIZED CHARITIES	11,315.				
IL READING COUNCIL	25,000.				
ROCHELLE LEE FUND	20,000.				
TRINITY UNITED CHURCH OF CHRIST	5,000.				
CARE	16,000.				
SUBTOTALS	77,315.				
TOTAL TO SCHEDULE A, LINE 15A					77,315.

BARACK H. & MICHELLE L. OBAMA

SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 9
1.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27	157,683.
2.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 13, 15B, AND 19, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 27.	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 28. IF YES, SUBTRACT LINE 2 FROM LINE 1	157,683.
4.	MULTIPLY LINE 3 BY 80% (.80).	126,146.
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 38.	1,655,106.
6.	ENTER: \$145,950 (\$72,975 IF MARRIED FILING SEPARATELY)	145,950.
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 28. IF YES, SUBTRACT LINE 6 FROM LINE 5	1,509,156.
8.	MULTIPLY LINE 7 BY 3% (.03)	45,275.
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8	45,275.
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28	112,408.

SCHEDULE C	OTHER INCOME	STATEMENT 10
DESCRIPTION		AMOUNT
DYSTELE & GODERICH		335,706.
RANDOM HOUSE		874,167.
TOTAL TO SCHEDULE C, LINE 6		1,209,873.

BARACK H. & MICHELLE L. OBAMA

SCHEDULE D	CAPITAL LOSS CARRYOVER	STATEMENT 11
1.	ENTER THE AMOUNT FROM FORM 1040, LINE 41	1,542,698.
2.	ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT.	3,000.
3.	COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0-	1,545,698.
4.	ENTER THE SMALLER OF LINE 2 OR LINE 3	3,000.
5.	ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT .	13,136.
6.	ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15	
7.	ADD LINES 4 AND 6	3,000.
8.	SHORT-TERM CAPITAL LOSS CARRYOVER TO 2006. SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0- . . .	10,136.
9.	ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT.	
10.	ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7	
11.	SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0-	
12.	ADD LINES 10 AND 11	
13.	LONG-TERM CAPITAL LOSS CARRYOVER TO 2006. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0- . .	

SCHEDULE SE	NON-FARM INCOME	STATEMENT 12
DESCRIPTION		AMOUNT
AUTHOR		1,141,495.
TOTAL TO SCHEDULE SE, LINE 2		1,141,495.

SCHEDULE SE	NON-FARM INCOME	STATEMENT 13
DESCRIPTION		AMOUNT
BAY VALLEY FOODS		33,000.
TREEHOUSE FOODS		12,000.
TOTAL TO SCHEDULE SE, LINE 2		45,000.

Illinois Department of Revenue
2005 Form IL-1040
 Individual Income Tax Return or for fiscal year ending ___/06

tax.illinois.gov

Do not write above this line.

Step 1: Personal Information

BARACK H. OBAMA
MICHELLE L. OBAMA

- C Filing status** (see instructions)
 Single or head of household Married filing jointly Married filing separately Widowed
D Check if you were a member of a professional athletic team during 2005

Step 2: Income

1 Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4 1 1,655,106.

2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ. 2 _____

3 Other additions to your income. Attach Schedule M. 3 _____

4 Add Lines 1 through 3. This is your total income. 4 1,655,106.

Staple W-2 and 1099 forms here

Step 3: Base Income

5 Income received from Social Security benefits and certain retirement plans if included in Step 2, Line 1. Attach federal page 1. 5 _____

6 Military pay earned if included in Step 2, Line 1. Attach military W-2. 6 _____

7 Illinois Income Tax overpayment included in U.S. 1040, Line 10. 7 352.

8 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1. 8 _____

9 Other subtractions to your income. Attach Schedule M. Check if Line 9 includes any amount from Schedule 1299-C. 9 _____

10 Add Lines 5 through 9. This is the total of your subtractions. 10 352.

11 Subtract Line 10 from Line 4. This is your Illinois base income. 11 1,654,754.

↑

Step 4: Exemptions

12 a Number of exemptions from your federal return. 4 x \$2,000 = 8,000.

b If someone else claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here. b _____

c Check if 65 or older: You + Spouse = _____ x \$2,000 c _____

d Check if legally blind: You + Spouse = _____ x \$1,000 d _____

Add Lines a through d. This is your total Illinois exemption allowance. 12 8,000.

Staple your check

Step 5: Net Income

13 Residents only: Subtract Line 12 from Line 11. This is your net income. Skip Line 14. 13 1,646,754.

14 Nonresidents and part-year residents only: Check the box that applies to you during the year 2005. Nonresident Part-year resident
 Illinois base income from Schedule NR. Attach Schedule NR. 14 _____

Step 6: Tax

15 Residents: Multiply Line 13 by 3% (.03). Write the result here. This is your tax. Nonresidents and part-year residents: Write the tax from Schedule NR. This amount may not be less than zero. 15 49,403.

BARACK H. & MICHELLE L. OBAMA

16 Tax amount from Page 1, Step 6, Line 15 16 49,403.

Step 7: Payments and Credits

Nonresidents may not claim a credit on Lines 19, 20, or 21. The total of Lines 19, 20b, and 21b may not exceed the tax amount on Line 16.

- 17 Illinois Income Tax withheld. Attach W-2 and 1099 forms. 17 13,950.
18 Estimated payments from Forms IL-505-1 and IL-1040-ES, including overpayment applied from 2004 return. 18 34,000.
19 Income tax paid to another state while an Illinois resident. Attach Schedule CR and other states' returns. 19
20 Illinois Property Tax credit. Complete PT Worksheet in instructions. PT Worksheet Line 3 amount 20a PT Worksheet Line 3 amount 20b
21 K-12 Education expenses credit. Complete ED Worksheet in instructions or Schedule ED. Attach receipt or Schedule ED. ED Worksheet or Schedule ED Line 1 amount 21a ED Worksheet or Schedule ED Line 10 amount 21b
22 Earned Income Credit. You must complete EIC Worksheet in instructions. EIC Worksheet Line 1 amount 22a EIC credit amount from the EIC Worksheet 22b Check if you have a qualifying child (living with you) born after 12/31/87.
23 Income tax credit amount from Schedule 1299-C. Attach Schedule 1299-C 23
24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits. 24 47,950.

Step 8: Overpayment or Tax Due

- 25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment. 25
26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due. 26 1,453.

Step 9: Penalty

- 27 Late-payment penalty for underpayment of estimated tax. 27
a Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. Attach Form IL-2210.
b Check if at least two-thirds of your federal gross income is from farming.

Step 10: Donations Any donation will reduce your refund or increase the amount you owe

MAKE GIVING EASY

- 28 Amount you wish to donate to one or more of the following voluntary contribution funds
Wildlife a Military Family g Sarcoidosis m
Child Abuse b Lou Gehrig's h Autism n
Alzheimer's c IL Veterans' Home i Blindness o
Homeless d Epilepsy j Pet Population p
Breast Cancer e Diabetes k Brain Tumor q
Multiple Sclerosis f Colon Cancer l
Add Lines a through q. This is your donations total. 28

Step 11: Refund or Amount You Owe

- 29 Add Line 27 and Line 28. This is your total penalty and donations. 29
30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. 30
31 Amount from Line 30 that you want applied to 2006 estimated tax. 31
32 Subtract Line 31 from Line 30. This is your refund. 32

Direct Deposit

- 33 Complete to direct deposit your refund. Routing number Account number Checking or Savings

See instructions for payment options

- 34 If you have tax due on Line 26, add Lines 26 and 29. Or If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the amount you owe. 34 1,453.

Step 12: Sign and Date

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Your signature Date Daytime phone number Your spouse's signature Date
Paid preparer's signature Date Preparer's phone number Preparer's CPA, SSN, or P. no.

649002 12-23-05 101-3021

If no payment is enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62719-0001

If payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001

IL 1040 page 2 (9-12-05) DR AP CA ME NS PR RR RV WA WV ZZ ID

Illinois Department of Revenue

IL-2210 Computation of Penalties for Individuals

2005

Attach to your Form IL-1040

Attachment Sequence No. 20

Read this information first- For original returns only. Do not use this form if you are filing Form IL-1040-X, Amended Individual Income Tax Return, after the extended due date of the return. We encourage you to let us figure your penalties and send you a bill instead of completing and filing this form yourself.

Step 1: Provide the following information

- 1 This form is for calendar year 2005 or for fiscal year beginning ... and ending ...
2 Write your name as it appears on your Form IL-1040. 2 BARACK H. & MICHELLE L. OBAMA
3 Write your Social Security number as it appears on this year's Form IL-1040. 3
4 If your prior year Form IL-1040 was filed using a different Social Security number than the number shown on Line 3, write that number here. 4

Step 2: Figure your required installments

Table with columns for A (This year) and B (Last year), and sub-columns for Quarters 1-4. Rows 5-17 show calculations for total income tax, credits, withholding, and required installments.

Step 3: Figure your unpaid tax

- 18 Write the amount from Column A, Line 7. 18 49,403.
19 Add your credit carried forward from the prior year, your total estimated payments made this year, and your withholding as shown on your W-2 forms. Compare that total to either the amount written on Line 11, or, if you annualized, the total of Line 13, Quarters 1 through 4, and write the greater amount here. 19 47,950.
20 Write other payments made on or before April 17, 2006.
a Write the amount and the date of your Form IL-505-1. 20a Date:
b Write the amount and the date of any other payment. 20b 1,453. Date: 04/17/06
21 Add Lines 19 and 20. Write the total amount here. 21 49,403.
22 Subtract Line 21 from Line 18. If the amount is
o positive, write that amount here. Continue to Step 4, and write this amount in Penalty Worksheet 1, Line 24, Column C.
o zero or negative, write that amount here, if negative use brackets. Continue to Step 4, skip Penalty Worksheet 1, and go to Penalty Worksheet 2. You may apply this amount to any underpayment when figuring your Penalty Worksheet 2. See Instructions. 22 0.

BARACK H. & MICHELLE L. OBAMA

Step 4: Figure your late-payment penalty

Use Penalty Worksheet 1 to figure your late-payment penalty for unpaid tax.
Use Penalty Worksheet 2 to figure your late-payment penalty for underpayment of estimated tax.
Note -> You must follow the instructions in order to properly complete the penalty worksheets.

Penalty rates table with columns: Number of days late, Penalty rate. Rows: 1-30, 31 or more.

Penalty Worksheet 1 - Late-payment penalty for unpaid tax

23 Write the amount and the date of any payment you made on or after April 18, 2006. See instructions.
24 Write the amount from Line 22 on the first line of Column C below.
Table with columns A-I: Period, Due date, Unpaid amount, Payment applied, Balance due, Payment date, Number of days late, Penalty rate, Penalty.
25 Add Column I. This is your late-payment penalty for unpaid tax.
Note -> You may apply any remaining overpayment in Column E above to any underpayment when figuring the Penalty Worksheet 2.

Penalty Worksheet 2 - Late-payment penalty for underpayment of estimated tax

Note -> If you paid the required amount from Line 17 by the payment due date for each quarter, do not complete this worksheet.
26 Write the amount and the date of each estimated income tax payment you made. See instructions.
Table with columns A-I: Period, Due date, Unpaid amount, Payment applied, Balance due, Payment date, Number of days late, Penalty rate, Penalty.
27 Write the unpaid amounts from Step 2, Line 17, Quarters 1 through 4, on the first line of the appropriate quarters in Column C below.
28 Add Column I, Quarters 1 through 4. This is your late-payment penalty for underpayment of estimated tax.

BARACK H. & MICHELLE L. OBAMA

Step 5: Figure your late-filing penalty and the amount you owe

- Note → Figure your late-filing penalty only if
- o you are filing your Form IL-1040 after October 16, 2006; and
 - o your tax was not paid by April 17, 2006.

Figure your late-filing penalty.

- 29 Write the amount from Form IL-1040, Step 6, Line 15, minus any timely payments and credits. 29 _____
- 30 Multiply the amount on Line 29 by 2% (.02). 30 _____
- 31 Write the lesser of Line 30 or \$250. This is your late-filing penalty. 31 _____

Figure the amount you owe.

- 32 Write any late-payment penalty for unpaid tax from Step 4, Line 25. 32 _____
- 33 Write any late-filing penalty from Step 5, Line 31. 33 _____
- 34 Write the amount you owe from your Form IL-1040, Step 11, Line 34. 34 _____
- 35 Add Lines 32 through 34 and write the total here. This is your total tax and penalties. 35 _____
- Refer to Form IL-1040, Line 34 instructions for all your payment options.

Step 6: Complete the annualization worksheet for Step 2, Line 13

Complete this worksheet only if your income was not received evenly throughout the year and you choose to annualize your income. Complete Lines 36 through 52 of one column before going to the next, beginning with Column A.

	A	B	C	D
	January 1, 2005 to March 31, 2005	January 1, 2005 to May 31, 2005	January 1, 2005 to August 31, 2005	January 1, 2005 to December 31, 2005
36 Write your Illinois base income for each period. See Instructions.	36 _____	_____	_____	_____
37 Annualization factors.	37 4	2.4	1.5	1
38 Multiply Line 36 by Line 37. This is your annualized income.	38 _____	_____	_____	_____
39 Exemptions. See Instructions.	39 _____	_____	_____	_____
40 Subtract Line 39 from Line 38. This is your Illinois net income.	40 _____	_____	_____	_____
41 Multiply Line 40 by 3% (.03).	41 _____	_____	_____	_____
42 For each period, write the amount you wrote in Step 2, Column A, Line 6.	42 _____	_____	_____	_____
43 Subtract Line 42 from Line 41.	43 _____	_____	_____	_____
44 Applicable percentage.	44 22.5% (.225)	45% (.450)	67.5% (.675)	90% (.900)
45 Multiply Line 43 by Line 44. This is your annualized installment.	45 _____	_____	_____	_____
46 Add the amounts on Line 52 of each of the preceding columns and write the total here.	46 Skip this line for Column A.	_____	_____	_____
47 Subtract Line 46 from Line 45. If less than zero, write "0."	47 _____	_____	_____	_____
48 Write the amount from Step 2, Line 12, in each column.	48 _____	_____	_____	_____
49 Write the amount from Line 51 of the preceding column.	49 Skip this line for Column A.	_____	_____	_____
50 Add Lines 48 and 49.	50 _____	_____	_____	_____
51 If Line 50 is greater than Line 47, subtract Line 47 from Line 50. Otherwise, write "0."	51 _____	_____	_____	51 In this line for Column D.
52 Write the lesser of Line 47 or Line 50 here and on Step 2, Line 13. This is your required installment.	52 _____	_____	_____	_____

2004 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

**TAXPAYER'S
COPY**

FOR THE YEAR ENDING
December 31, 2004

Prepared for	Barack H & Michelle L Obama 1400 N. WEST WILSON Chicago, IL 60615												
Prepared by	Lawrence A. Horwich & Associates, P.C. 125 S. Wacker Drive - Suite 2800 Chicago, IL 60606-4475												
Amount of tax	<table> <tr> <td>Total tax</td> <td>\$</td> <td>40,426</td> </tr> <tr> <td>Less: payments and credits</td> <td>\$</td> <td>46,628</td> </tr> <tr> <td>Plus: interest and penalties</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Overpayment</td> <td>\$</td> <td>6,202</td> </tr> </table>	Total tax	\$	40,426	Less: payments and credits	\$	46,628	Plus: interest and penalties	\$	0	Overpayment	\$	6,202
Total tax	\$	40,426											
Less: payments and credits	\$	46,628											
Plus: interest and penalties	\$	0											
Overpayment	\$	6,202											
Overpayment	<table> <tr> <td>Miscellaneous Donations</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Credited to your estimated tax</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Refunded to you</td> <td>\$</td> <td>6,202</td> </tr> </table>	Miscellaneous Donations	\$	0	Credited to your estimated tax	\$	0	Refunded to you	\$	6,202			
Miscellaneous Donations	\$	0											
Credited to your estimated tax	\$	0											
Refunded to you	\$	6,202											
Make check payable to	Not applicable												
Mail tax return and check (if applicable) to	Internal Revenue Service Center Kansas City, MO 64999-0002												
Return must be mailed on or before	April 15, 2005												
Special Instructions	<p>The return should be signed and dated.</p> <p>Your refund will be deposited directly into your bank account.</p>												

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign (See page 16.)	For the year Jan. 1-Dec. 31, 2004, or other tax year beginning	2004, ending	.20	DMS No. 1545-0074
	Your first name and initial	Last name	Your social security number	
	BARACK H	OBAMA		
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number	
MICHELLE L	OBAMA			
Home address (number and street). If you have a P.O. box, see page 16.	Apt. no.	△ Important! △ You must enter your SSN(s) above.		
CHICAGO, IL 60615	1			
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.				
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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"/>		
Check only one box.	2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)		
Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b 2		
	b <input checked="" type="checkbox"/> Spouse	No. of children on 6c who: <input type="checkbox"/> lived with you 2 <input type="checkbox"/> did not live with you due to divorce or separation (see page 16)		
	c Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If qualifying child for child tax credit (see page 15)
	MALIA A OBAMA		DAUGHTER	<input checked="" type="checkbox"/>
	NATASHA M OBAMA		DAUGHTER	<input checked="" type="checkbox"/>
	d Total number of exemptions claimed	Add numbers on lines above 4		
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	207,342.	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	8a Taxable interest. Attach Schedule B if required	8a		
	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 STMT 1 STMT 2	10	305.	
	11 Alimony received	11		
	12 Business income or (loss). Attach Schedule C or C-EZ	12		
If you did not get a W-2, see page 19.	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		
Enclose, but do not attach, any payment. Also, please use Form 1040-V	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	207,647.	
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 <input type="checkbox"/>	34a		
	35 Add lines 23 through 34a	35		
	36 Subtract line 35 from line 22. This is your adjusted gross income	36	207,647.	

Tax and Credits

Standard Deduction for -

People who checked any box on lines 58a or 58b of who can be claimed as a dependent.

All others:

Single or married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$7,700

Head of household, \$7,150

37	Amount from line 36 (adjusted gross income)	37	207,647.
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		
	if: <input type="checkbox"/> 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	25,028.
40	Subtract line 39 from line 37	40	182,619.
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	12,400.
42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	170,219.
43	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	37,619.
44	Alternative minimum tax. Attach Form 6251	44	
45	Add lines 43 and 44	45	37,619.
46	Foreign tax credit. Attach Form 1116 if required	46	
47	Credit for child and dependent care expenses. Attach Form 2441	47	700.
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8853	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	700.
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	36,919.

Other Taxes

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	3,507.
62	Add lines 56 through 61. This is your total tax	62	40,426.

Payments

If you have a qualifying child, attach Schedule EIC.

63	Federal income tax withheld from Forms W-2 and 1099	63	46,628.
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)	66	
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	46,628.

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	6,202.
72a	Amount of line 71 you want refunded to you	72a	6,202.
	b Routing number <input type="checkbox"/> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Account number		
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.

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	Date	Your occupation	Daytime phone number
TAXPAYER'S COPY		ATTORNEY/STATE SENATOR	
Spouse's signature. If a joint return, joint must sign.	Date	Spouse's occupation	
		HOSPITAL ADMINISTRATOR	

Paid Preparer's Use Only

Preparer's signature: *Lawrence A. Horwich* Date: *3/12/05* Check if self-employed Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP code: **LAWRENCE A. HORWICH & ASSOCIATES, P.C.**
125 S. WACKER DRIVE - SUITE 2800
CHICAGO, IL 60606-4475

Child Tax Credit Worksheet *(keep for your records)*

Name(s): First BARACK H & MICHELLE L	Last OBAMA	Your SSN
--	----------------------	----------

Part 1

1. Number of qualifying children: 2 X \$1,000. Enter the result. 1 2,000.

2. Enter the amount from Form 1040, line 37, or Form 1040A, line 22. 2 207,647.

3. 1040 filers: Enter the total of any-

- Exclusion of income from Puerto Rico, and
- Amounts from Form 2555, lines 43 and 48; Form 2555-EZ, line 18; and Form 4563, line 15.

1040A filers: Enter -0-.

4. Add lines 2 and 3. Enter the total. 4 207,647.

5. Enter the amount shown below for your filing status.

- Married filing jointly - \$110,000
- Single, head of household, or qualifying widow(er) - \$75,000
- Married filing separately - \$55,000

6. Is the amount on line 4 more than the amount on line 5?

No. Leave line 6 blank. Enter -0- on line 7.

Yes. Subtract line 5 from line 4. 6 98,000.
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).

7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7 4,900.

8. Is the amount on line 1 more than the amount on line 7?

No. **STOP**

Yes. Subtract line 7 from line 1. Enter the result. 8

Part 2

9. Enter the amount from Form 1040, line 45, or Form 1040A, line 28. 9

10. 1040 filers: Enter the total of the amounts from lines 46 through 50.
 1040A filers: Enter the total of the amounts from lines 29 through 32. 10

11. Are you claiming any of the following credits?

- Adoption credit, Form 8839
- Mortgage interest credit, Form 8396
- District of Columbia first-time homebuyer credit, Form 8859

No. Enter the amount from line 10. 11

Yes. Complete the Line 11 Worksheet to figure the amount to enter here.

12. Subtract line 11 from line 9. Enter the result. 12

13. Is the amount on line 8 of this worksheet more than the amount on line 12?

No. Enter the amount from line 9. 13

Yes. Enter the amount from line 12. 13 This is your child tax credit.

**SCHEDULES A&B
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

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. 1545-0047

2004
Attachment
Sequence No. 07

Name(s) shown on Form 1040
BARACK H & MICHELLE L OBAMA

Your social security number

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		5 State and local (check only one box):	
(See page A-2.)		a <input checked="" type="checkbox"/> Income taxes, or	
		b <input type="checkbox"/> General sales taxes (see page A-2)	
6	Real estate taxes (see page A-3)	6	6,135.
7	Personal property taxes	7	3,946.
8	Other taxes. List type and amount	8	
9	Add lines 5 through 8	9	10,081.
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098	
(See page A-3.)		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	
Note: Personal interest is not deductible.		12 Points not reported to you on Form 1098. See page A-4 for special rules	
		13 Investment interest. Attach Form 4952 if required. (See page A-4.)	
		14 Add lines 10 through 13	
		14: 14,395.	
Gifts to Charity		15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	
if you made a gift and got a benefit for it, see page A-4.		SEE STATEMENT 4	
		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	
		17 Carryover from prior year	
		18 Add lines 15 through 17	
		18: 2,500.	
Casualty and Theft Losses		19 Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	
Job Expenses and Most Other Miscellaneous Deductions		20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-6.)	
(See page A-5.)		UNION AND PROFESSIONAL DUES 229.	
		20: 229.	
		21 Tax preparation fees	
		21: 881.	
		22 Other expenses - investment, safe deposit box, etc. List type and amount	
		22: 1,110.	
		23 Add lines 20 through 22	
		23: 207,647.	
		24 Enter amount from Form 1040, line 37	
		25 Multiply line 24 by 2% (.02)	
		25: 4,153.	
		26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	
		26: 0.	
Other Miscellaneous Deductions		27 Other - from list on page A-6. List type and amount	
		27: 0.	
Total Itemized Deductions		28 Is Form 1040, line 37, over \$142,700 (over \$71,350 if married filing separately)?	
		STMT 5	
		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: 25,028.	

419501
12-30-04

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

Schedule A (Form 1040) 2004

Child and Dependent Care Expenses

▶ Attach to Form 1040.
▶ See separate instructions.

Name(s) shown on Form 1040

Your social security number

BARACK H & MICHELLE L OBAMA

Before you begin: You need to understand the following terms. See Definitions on page 1 of the instructions.

◦ Dependent Care Benefits

◦ Qualifying Person(s)

◦ Qualified Expenses

Part I Persons or Organizations Who Provided the Care - You must complete this part.
(If you need more space, use the bottom of page 2.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
	SONJA HAWES	11111 11111		17,550.
	MARLENE	634 EAST 55TH ST, SET 110		
	BUSHNELL	11111 11111		5,388.

Did you receive dependent care benefits?	No	Complete only Part II below.
	Yes	Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 61.

Part II Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2004 for the person listed in column (a)
First	Last		
MALIA A	OBAMA		11,469.
NATASHA M	OBAMA		11,469.

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 32	COL (C) LIMITED	3	3,500.																																																												
4 Enter your earned income. See instructions		4	85,432.																																																												
5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4		5	121,910.																																																												
6 Enter the smallest of line 3, 4, or 5		6	3,500.																																																												
7 Enter the amount from Form 1040, line 37		7	207,647.																																																												
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7		8	x .20																																																												
<table border="1"> <thead> <tr> <th colspan="3">If line 7 is:</th> <th colspan="3">If line 7 is:</th> </tr> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr> <td>\$0</td> <td>15,000</td> <td>.35</td> <td>\$29,000</td> <td>31,000</td> <td>.27</td> </tr> <tr> <td>15,000</td> <td>17,000</td> <td>.34</td> <td>31,000</td> <td>33,000</td> <td>.26</td> </tr> <tr> <td>17,000</td> <td>19,000</td> <td>.33</td> <td>33,000</td> <td>35,000</td> <td>.25</td> </tr> <tr> <td>19,000</td> <td>21,000</td> <td>.32</td> <td>35,000</td> <td>37,000</td> <td>.24</td> </tr> <tr> <td>21,000</td> <td>23,000</td> <td>.31</td> <td>37,000</td> <td>39,000</td> <td>.23</td> </tr> <tr> <td>23,000</td> <td>25,000</td> <td>.30</td> <td>39,000</td> <td>41,000</td> <td>.22</td> </tr> <tr> <td>25,000</td> <td>27,000</td> <td>.29</td> <td>41,000</td> <td>43,000</td> <td>.21</td> </tr> <tr> <td>27,000</td> <td>29,000</td> <td>.28</td> <td>43,000</td> <td>No limit</td> <td>.20</td> </tr> </tbody> </table>		If line 7 is:			If line 7 is:			Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	\$0	15,000	.35	\$29,000	31,000	.27	15,000	17,000	.34	31,000	33,000	.26	17,000	19,000	.33	33,000	35,000	.25	19,000	21,000	.32	35,000	37,000	.24	21,000	23,000	.31	37,000	39,000	.23	23,000	25,000	.30	39,000	41,000	.22	25,000	27,000	.29	41,000	43,000	.21	27,000	29,000	.28	43,000	No limit	.20		
If line 7 is:			If line 7 is:																																																												
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is																																																										
\$0	15,000	.35	\$29,000	31,000	.27																																																										
15,000	17,000	.34	31,000	33,000	.26																																																										
17,000	19,000	.33	33,000	35,000	.25																																																										
19,000	21,000	.32	35,000	37,000	.24																																																										
21,000	23,000	.31	37,000	39,000	.23																																																										
23,000	25,000	.30	39,000	41,000	.22																																																										
25,000	27,000	.29	41,000	43,000	.21																																																										
27,000	29,000	.28	43,000	No limit	.20																																																										
9 Multiply line 6 by the decimal amount on line 8. If you paid 2003 expenses in 2004, see the instructions		9	700.																																																												
10 Enter the amount from Form 1040, line 45, minus any amount on Form 1040, line 46		10	37,619.																																																												
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 47		11	700.																																																												

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2004. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	2,500.
13	Enter the amount forfeited, if any (see the instructions)	13	
14	Subtract line 13 from line 12	14	2,500.
15	Enter the total amount of qualified expenses incurred in 2004 for the care of the qualifying person(s)	15	22,938.
16	Enter the smaller of line 14 or 15	16	2,500.
17	Enter your earned income. See instructions	17	85,432.
18	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> o If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). o If married filing separately, see the instructions for the amount to enter. o All others, enter the amount from line 17. 	18	121,910.
19	Enter the smallest of line 16, 17, or 18	19	2,500.
20	Enter the amount from line 12 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0-	20	
21	Subtract line 20 from line 14	21	2,500.
22	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 18)	22	5,000.
23	Deductible benefits. Enter the smallest of line 19, 20, or 22. Also, include this amount on the appropriate line(s) of your return (see the instructions)	23	
24	Enter the smaller of line 19 or 22	24	2,500.
25	Enter the amount from line 23	25	
26	Excluded benefits. Subtract line 25 from line 24. If zero or less, enter -0-	26	2,500.
27	Taxable benefits. Subtract line 26 from line 21. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7. On the dotted line next to line 7, enter "DCB"	27	

To claim the child and dependent care credit, complete lines 28-32 below.

28	Enter \$3,000 (\$6,000 if two or more qualifying persons)	28	6,000.
29	Add lines 23 and 26	29	2,500.
30	Subtract line 29 from line 28. If zero or less, stop. You cannot take the credit. Exception. If you paid 2003 expenses in 2004, see the instructions for line 9	30	3,500.
31	Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 29 above. Then, add the amounts in column (c) and enter the total here	31	20,438.
32	Enter the smaller of line 30 or 31. Also, enter this amount on line 3 on page 1 of this form and complete lines 4-11	32	3,500.

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 BARACK H OBAMA	Social security number Employer identification number
---	--

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	22,555.	
2 Social security taxes. Multiply line 1 by 12.4% (.124)	2		2,797.
3 Total cash wages subject to Medicare taxes (see page H-3)	3	22,555.	
4 Medicare taxes. Multiply line 3 by 2.9% (.029)	4		654.
5 Federal income tax withheld, if any	5		
6 Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	6		3,451.
7 Advance earned income credit (EIC) payments, if any	7		
8 Net taxes (subtract line 7 from line 6)	8		3,451.

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

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

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 15

14 State reporting number as shown on state unemployment tax return 16

15 Contributions paid to your state unemployment fund (see page H-4) 16

16 Total cash wages subject to FUTA tax (see page H-4) 7,000.

17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26 17 56.

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. (e) by col. (f)	(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 21

21 Total cash wages subject to FUTA tax (see the line 16 instructions on page H-4) 22

22 Multiply line 21 by 6.2% (.062) 23

23 Multiply line 21 by 5.4% (.054) 24

24 Enter the smaller of line 20 or line 23 (New York State employers must use the worksheet in the separate instructions and check here) 25

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 3,451.

27 Add line 17 (or line 25) and line 26 27 3,507.

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

BARACK H & MICHELLE L OBAMA

FORM 1040	STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	1
	2003	2002	2001
GROSS STATE/LOCAL INC TAX REFUNDS	ILLINOIS 305.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS ILLINOIS	305.		
TOTAL NET TAX REFUNDS	305.		

BARACK H & MICHELLE L OBAMA

FORM 1040 TAXABLE STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 2

	2003	2002	2001
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	305.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT			
1 NET REFUNDS FOR RECALCULATION	305.		
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	26,995.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1	305.		
5 LINE 2 MINUS LINES 3 AND 4	26,690.		
6 MULTIPLY LINE 5 BY 80% (.80)	21,352.		
7 PRIOR YEAR AGI	238,327.		
8 ITEM. DED. PHASEOUT THRESHOLD	139,500.		
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)	98,827.		
10 MULTIPLY LINE 9 BY 3% (.03)	2,965.		
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	23,725.		
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS	23,725.		
13B PRIOR YR. STD. DED. AVAILABLE	9,500.		
14 PRIOR YR. ALLOWABLE ITEM. DED.	24,030.		
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	305.		
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	305.		
17 ALLOWABLE PRIOR YR. ITEM. DED.	24,030.		
18 PRIOR YEAR STD. DED. AVAILABLE	9,500.		
19 SUBTRACT LINE 18 FROM LINE 17	14,530.		
20 LESSER OF LINE 16 OR LINE 19	305.		
21 PRIOR YEAR TAXABLE INCOME	205,025.		
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			305.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2001			
TOTAL TO FORM 1040, LINE 10			305.

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 3

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T THE UNIVERSITY OF CHICAGO	32,144.	5,733.	934.		1,993.	466.
T STATE OF ILLINOIS COMPTROLLER	53,288.	5,811.	1,544.			874.
S UNIVERSITY OF CHICAGO HOSPITALS	121,910.	35,084.	3,657.		5,450.	1,783.
TOTALS	207,342.	46,628.	6,135.		7,443.	3,123.

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 4

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
MISCELLANEOUS ORGANIZED CHARITIES	2,500.	
SUBTOTALS	2,500.	
TOTAL TO SCHEDULE A, LINE 15		2,500.

SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 5
1.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27	26,976.
2.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 13, AND 19, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 27	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 28. IF YES, SUBTRACT LINE 2 FROM LINE 1	26,976.
4.	MULTIPLY LINE 3 ABOVE BY 80% (.80)	21,581.
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 36.	207,647.
6.	ENTER: \$142,700 (\$71,350 IF MARRIED FILING SEPARATELY)	142,700.
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 28. IF YES, SUBTRACT LINE 6 FROM LINE 5	64,947.
8.	MULTIPLY LINE 7 ABOVE BY 3% (.03)	1,948.
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8	1,948.
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28	25,028.

Two-Year Comparison Worksheet

2004

Name(s) as shown on return

BARACK H & MICHELLE L OBAMA

Social security number

2003 Filing Status MARRIED FILING JOINT

2004 Filing Status MARRIED FILING JOINT

2003 Tax Bracket 0.0%

2004 Tax Bracket 28.0%

Description	Tax Year 2003	Tax Year 2004	Increase (Decrease)
WAGES, SALARIES, AND TIPS	238,327.	207,342.	-30,985.
TAXABLE REFUNDS OF STATE/LOCAL TAX	0.	305.	305.
TOTAL INCOME	238,327.	207,647.	-30,680.
ADJUSTED GROSS INCOME	238,327.	207,647.	-30,680.
TAXES	11,354.	10,081.	-1,273.
INTEREST (DEDUCTIBLE)	12,241.	14,395.	2,154.
CONTRIBUTIONS	3,400.	2,500.	-900.
TOTAL ITEMIZED DEDUCTIONS	24,030.	25,028.	998.
INCOME BEFORE EXEMPTIONS	214,297.	182,619.	-31,678.
PERSONAL EXEMPTIONS	9,272.	12,400.	3,128.
TAXABLE INCOME	205,025.	170,219.	-34,806.
TAX	49,104.	37,619.	-11,485.
TAX BEFORE CREDITS	49,104.	37,619.	-11,485.
FORM 2441 (CHILD CARE CREDIT)	700.	700.	
TAX AFTER NON-REFUNDABLE CREDITS	48,404.	36,919.	-11,485.
SCH. H (HOUSEHOLD EMPLOYMENT TAX)	3,452.	3,507.	55.
TOTAL TAX	51,856.	40,426.	-11,430.
FEDERAL INCOME TAX WITHHELD	53,381.	46,628.	-6,753.
TOTAL PAYMENTS	53,381.	46,628.	-6,753.
TAX OVERPAID	1,525.	6,202.	4,677.
AMOUNT REFUNDED	1,525.	6,202.	4,677.
ILLINOIS STATE RETURN			
TAXABLE INCOME	230,327.	199,342.	-30,985.
TAX	6,910.	5,980.	-930.
NON-REFUNDABLE CREDITS	184.	197.	13.
PAYMENTS	7,031.	6,135.	-896.
AMOUNT REFUNDED	305.	352.	47.

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

For the year Jan. 1-Dec. 31, 2003, or other tax year beginning _____, 2003, ending _____, 20

OMB No. 1545-0047

Your first name and initial: **BARACK H** Last name: **OBAMA** Your social security number: _____

If a joint return, spouse's first name and initial: **MICHELLE L** Last name: **OBAMA** Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see page 19. Apt. no. **1**

CHICAGO, IL 60615

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

Important! You must enter your SSK(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 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). (See page 20.) 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 20.)

Exemptions

6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, 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 dependent is a child, check box 6c or 6d
MALIA A	OBAMA		DAUGHTER	<input checked="" type="checkbox"/>
NATASHA M	OBAMA		DAUGHTER	<input checked="" type="checkbox"/>

d Total number of exemptions claimed **4**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 238,327.**

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

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 23) **9b**

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**

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

b If box on 13a is checked, enter post-May 5 capital gain distributions **13b**

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

15a IRA distributions **15a** b Taxable amount (see page 25) **15b**

16a Pensions and annuities **16a** b Taxable amount (see page 25) **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 27) **20b**

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

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **22 238,327.**

Adjusted Gross Income

23 Educator expenses (see page 29) **23**

24 IRA deduction (see page 29) **24**

25 Student loan interest deduction (see page 31) **25**

26 Tuition and fees deduction (see page 32) **26**

27 Moving expenses. Attach Form 3903 **27**

28 One-half of self-employment tax. Attach Schedule SE **28**

29 Self-employed health insurance deduction (see page 35) **29**

30 Self-employed SEP, SIMPLE, and qualified plans **30**

31 Penalty on early withdrawal of savings **31**

32a Alimony paid b Recipient's SSN > **32a**

33 Add lines 23 through 32a **33**

34 Subtract line 33 from line 22. This is your adjusted gross income **34 238,327.**

Tax and Credits	35	Amount from line 34 (adjusted gross income)	35	238,327.
	36a	Check <input type="checkbox"/> You were born before January 2, 1939, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1939, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 36a		
	b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien <input type="checkbox"/> 36b		
	37	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	37	24,030.
	38	Subtract line 37 from line 35	38	214,297.
	39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet on page 35	39	9,272.
	40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-	40	205,025.
	41	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	41	49,104.
	42	Alternative minimum tax. Attach Form 6251	42	
	43	Add lines 41 and 42	43	49,104.
	44	Foreign tax credit. Attach Form 1116 if required	44	
	45	Credit for child and dependent care expenses. Attach Form 2441	45	700.
	46	Credit for the elderly or the disabled. Attach Schedule R	46	
	47	Education credits. Attach Form 9863	47	
	48	Retirement savings contributions credit. Attach Form 8880	48	
	49	Child tax credit (see page 40)	49	
	50	Adoption credit. Attach Form 8839	50	
	51	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	51	
	52	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	52	
	53	Add lines 44 through 52. These are your total credits	53	700.
	54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-	54	48,404.
Other Taxes	55	Self-employment tax. Attach Schedule SE	55	
	56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	56	
	57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	57	
	58	Advance earned income credit payments from Form(s) W-2	58	
	59	Household employment taxes. Attach Schedule H	59	3,452.
	60	Add lines 54 through 59. This is your total tax	60	51,856.
Payments	61	Federal income tax withheld from Forms W-2 and 1099	61	53,381.
	62	2003 estimated tax payments and amount applied from 2002 return	62	
	63	Earned income credit (EIC)	63	
	64	Excess social security and tier 1 RRTA tax withheld (see page 56)	64	
	65	Additional child tax credit. Attach Form 8812	65	
	66	Amount paid with request for extension to file (see page 56)	66	
	67	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	67	
	68	Add lines 61 through 67. These are your total payments	68	53,381.
Refund	69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid	69	1,525.
	70a	Amount of line 69 you want refunded to you	70a	1,525.
	b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="text"/>		
	71	Amount of line 69 you want applied to your 2004 estimated tax	71	
Amount You Owe	72	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57	72	
	73	Estimated tax penalty (see page 58)	73	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see page 58)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
	Designee's name	Phone no.	Personal identification number (PIN)	
	PREPARER, P.C.			
Sign Here	Under penalty of perjury, I declare that I prepared 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	Date	Your occupation	Daytime phone number
	COPY		ATTORNEY/STATE SENATOR	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
			HOSPITAL ADMINISTRATOR	
Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or FTIN
		4/15/04		
	Firm's name (if yours is self-employed), address, and ZIP code	EIN	Phone no. ()	
	LAWRENCE A. HORWICH & ASSOCIATES, P.C. 125 S. WACKER DRIVE - SUITE 2800 CHICAGO, IL 60606-4475			

Child Tax Credit Worksheet *(keep for your records)*

Name(s): First BARACK H & MICHELLE L Last OBAMA Your SSN: _____

Part 1

1. Number of qualifying children: 2 X \$1,000. Enter the result. 1 2,000.

2. Enter the amount, if any, of your advance child tax credit (before offset) 2 800.

3. Is line 1 less than line 2?
 Yes. **STOP**
 You cannot take this credit. If line 2 is more than line 1, you do not have to pay back the difference.

No. Subtract line 2 from line 1. 3 1,200.

4. Enter the amount from Form 1040, line 35, or Form 1040A, line 22. 4 238,327.

5. 1040 filers: Enter the total of any-
 ◦ Exclusion of income from Puerto Rico, and
 ◦ Amounts from Form 2555, lines 43 and 48; Form 2555-EZ, line 18; and Form 4563, line 15. } 5 0.
 1040A filers: Enter -0-.

6. Add lines 4 and 5. Enter the total. 6 238,327.

7. Enter the amount shown below for your filing status.
 ◦ Married filing jointly - \$110,000
 ◦ Single, head of household, or qualifying widow(er) - \$75,000
 ◦ Married filing separately - \$55,000 } 7 110,000.

8. Is the amount on line 6 more than the amount on line 7?
 No. Leave line 8 blank. Enter -0- on line 9.
 Yes. Subtract line 7 from line 6. 8 129,000.
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).

9. Multiply the amount on line 8 by 5% (.05). Enter the result. 9 6,450.

10. Is the amount on line 3 more than the amount on line 9?
 No. **STOP**
 You cannot take the child tax credit on Form 1040, line 49, or Form 1040A, line 33.
 Yes. Subtract line 9 from line 3. Enter the result. 10

Part 2

11. Enter the amount from Form 1040, line 43, or Form 1040A, line 28. 11

12. 1040 filers: Enter the total of the amounts from lines 44 through 48. } 12 _____
 1040A filers: Enter the total of the amounts from lines 29 through 32. }

13. Are you claiming any of the following credits?
 ◦ Adoption credit, Form 8839 ◦ Mortgage interest credit, Form 8396
 ◦ District of Columbia first-time homebuyer credit, Form 8859
 No. Enter the amount from line 12. } 13 _____
 Yes. Complete the Line 13 Worksheet to figure the amount to enter here. }

14. Subtract line 13 from line 11. Enter the result. 14 _____

15. Is the amount on line 10 of this worksheet more than the amount on line 14?
 No. Enter the amount from line 10. } This is your
 Yes. Enter the amount from line 14. } child tax credit. 15

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (689)
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

2003
Attachment
Sequence No. 07

Your social security number

BARACK H & MICHELLE L OBAMA

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 35	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 income taxes	5	SEE STATEMENT 3	7,682.	
6	Real estate taxes (see page A-2)	6		3,672.	
7	Personal property taxes	7			
8	Other taxes. List type and amount	8			
9	Add lines 5 through 8	9			11,354.
Interest You Paid		(See page A-3.)			
10	Home mortgage interest and points reported to you on Form 1098	10		12,241.	
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-3 and show that person's name, identifying no., and address	11			
12	Points not reported to you on Form 1098. (See page A-3.)	12			
13	Investment interest. Attach Form 4952 if required. (See page A-4.)	13			
14	Add lines 10 through 13	14			12,241.
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	SEE STATEMENT 4	3,400.	
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			3,400.
Casualty and Theft Losses					
19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19			
Job Expenses and 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-5.)	20	UNION AND PROFESSIONAL DUES	229.	
21	Tax preparation fees	21		1,206.	
22	Other expenses - investment, safe deposit box, etc. List type and amount	22			
23	Add lines 20 through 22	23		1,435.	
24	Enter amount from Form 1040, line 35	24	238,327.		
25	Multiply line 24 by 2% (.02)	25		4,767.	
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26			0.
Other Miscellaneous Deductions					
27	Other - from list on page A-6. List type and amount	27			
Total Itemized Deductions					
28	Is Form 1040, line 35, over \$139,500 (over \$69,750 if married filing separately)?	28	STMT 5		
<input type="checkbox"/> 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 37.					
<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.					24,030.

Child and Dependent Care Expenses

▶ Attach to Form 1040.
 ▶ See separate instructions.

OMB No. 1545-0045

2003
 Attachment
 Sequence No. 21

Name(s) shown on Form 1040

Your spouse's security number

BARACK H & MICHELLE L OBAMA

Before you begin: You need to understand the following terms. See Definitions on page 1 of the instructions.

- Dependent Care Benefits
- Qualifying Person(s)
- Qualified Expenses
- Earned Income

Part I Persons or Organizations Who Provided the Care - You must complete this part.
 (If you need more space, use the bottom of page 2.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
	SONJA HAWES	11520 S. IL 60635		23,894.

Did you receive dependent care benefits?	No	▶ Complete only Part II below.
	Yes	▶ Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 59.

Part II Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

	(a) Qualifying person's name	(b) Qualifying person's social security number	(c) Qualified expenses, as incurred and paid in 2003 for this person listed in column (a)
	First Last		
	MALIA A OBAMA		11,947.
	NATASHA M OBAMA		11,947.

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 26 **COL (C) LIMITED**

3	3,500.
---	--------

4 Enter your earned income 4 122,438.

5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 5 115,889.

6 Enter the smallest of line 3, 4, or 5 6 3,500.

7 Enter the amount from Form 1040, line 35 7 238,327.

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:		Decimal amount is
Over	But not over	
\$0 - 15,000		.35
15,000 - 17,000		.34
17,000 - 19,000		.33
19,000 - 21,000		.32
21,000 - 23,000		.31
23,000 - 25,000		.30
25,000 - 27,000		.29
27,000 - 29,000		.28

If line 7 is:		Decimal amount is
Over	But not over	
\$29,000 - 31,000		.27
31,000 - 33,000		.26
33,000 - 35,000		.25
35,000 - 37,000		.24
37,000 - 39,000		.23
39,000 - 41,000		.22
41,000 - 43,000		.21
43,000 - No limit		.20

8 x .20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2002 expenses in 2003, see the instructions 9 700.

10 Enter the amount from Form 1040, line 43, minus any amount on Form 1040, line 44 10 49,104.

11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 45 11 700.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2441 (2003)

Part III Dependent Care Benefits

12 Enter the total amount of dependent care benefits you received for 2003. This amount should be shown in box 10 of your W-2 form(s). Do not include amounts that were reported to you as wages in box 1 of Form(s) W-2	12	2,500.
13 Enter the amount forfeited, if any (see the instructions)	13	
14 Subtract line 13 from line 12	14	2,500.
15 Enter the total amount of qualified expenses incurred in 2003 for the care of the qualifying person(s)	15	23,894.
16 Enter the smaller of line 14 or 15	16	2,500.
17 Enter your earned income	17	122,438.
18 Enter the amount shown below that applies to you. <ul style="list-style-type: none"> o If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). o If married filing separately, see the instructions for the amount to enter. o All others, enter the amount from line 17. 	18	115,889.
19 Enter the smallest of line 16, 17, or 18	19	2,500.
20 Excluded benefits. Enter here the smaller of the following: <ul style="list-style-type: none"> o The amount from line 19 or o \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 18). 	20	2,500.
21 Taxable benefits. Subtract line 20 from line 14. Also, include this amount on Form 1040, line 7. On the dotted line next to line 7, enter "DCB"	21	

To claim the child and dependent care credit, complete lines 22-26 below.

22 Enter \$3,000 (\$6,000 if two or more qualifying persons)	22	6,000.
23 Enter the amount from line 20	23	2,500.
24 Subtract line 23 from line 22. If zero or less, stop. You cannot take the credit. Exception. If you paid 2002 expenses in 2003, see the instructions for line 9	24	3,500.
25 Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 20 above. Then, add the amounts in column (c) and enter the total here	25	21,394.
26 Enter the smaller of line 24 or 25. Also, enter this amount on line 3 on page 1 of this form and complete lines 4-11	26	3,500.

**SCHEDULE H
(Form 1040)**

Department of the Treasury
Internal Revenue Service (89)

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. 1545-0047

2003

Attachment
Sequence No. 44

Name of employer

Social security number

Employer identification number

BARACK H OBAMA

A Did you pay any one household employee cash wages of \$1,400 or more in 2003? (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 2003 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 2002 or 2003 to all household employees? (Do not count cash wages paid in 2002 or 2003 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 2003 do not have to complete this form for 2003.)

Part I Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see page H-3)	1	22,196.
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	2,752.
3	Total cash wages subject to Medicare taxes (see page H-3)	3	22,196.
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	644.
5	Federal income tax withheld, if any	5	
6	Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	6	3,396.
7	Advance earned income credit (EIC) payments, if any	7	
8	Net taxes (subtract line 7 from line 6)	8	3,396.

9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2002 or 2003 to household employees? (Do not count cash wages paid in 2002 or 2003 to your spouse, your child under age 21, or your parent.)

- No. Stop. Enter the amount from line 8 above on Form 1040, line 59. If you are not required to file Form 1040, see the line 9 instructions on page H-3.
 Yes. Go to line 10 on page 2.

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

Schedule H (Form 1040) 2003

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Did you pay all state unemployment contributions for 2003 by April 15, 2004? Fiscal year filers, see page H-4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	<u>IL</u>	
14 State reporting number as shown on state unemployment tax return	<u>4239859</u>	
15 Contributions paid to your state unemployment fund (see page H-4)	<u>15</u> <u>54.</u>	
16 Total cash wages subject to FUTA tax (see page H-4)		<u>7,000.</u>
17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26		<u>56.</u>

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									
20 Add columns (h) and (i) of line 19	<u>20</u>								
21 Total cash wages subject to FUTA tax (see the line 16 instructions on page H-4)									<u>21</u>
22 Multiply line 21 by 5.2% (.052)									<u>22</u>
23 Multiply line 21 by 5.4% (.054)	<u>23</u>								
24 Enter the smaller of line 20 or line 23									<u>24</u>
25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26									<u>25</u>

Part III Total Household Employment Taxes

26 Enter the amount from line 8	<u>26</u>	<u>3,396.</u>
27 Add line 17 (or line 25) and line 26	<u>27</u>	<u>3,452.</u>
28 Are you required to file Form 1040? <input checked="" type="checkbox"/> Yes. Stop. Enter the amount from line 27 above on Form 1040, line 59. Do not complete Part IV below. <input type="checkbox"/> 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 this payments to employees.

Employer's signature _____ Date _____

310330 1-13-03 Schedule H (Form 1040) 2003

FORM 1040 PERSONAL EXEMPTION WORKSHEET STATEMENT 1

1. IS THE AMOUNT ON FORM 1040, LINE 35, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS?
 NO. STOP. MULTIPLY \$3,050 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 39.
 YES. GO TO LINE 2.
2. MULTIPLY \$3,050 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D 12,200.
3. ENTER THE AMOUNT FROM FORM 1040, LINE 35 238,327.
4. ENTER THE AMOUNT FOR YOUR FILING STATUS 209,250.
 MARRIED FILING SEPARATE \$104,625
 SINGLE \$139,500
 HEAD OF HOUSEHOLD \$174,400
 MARRIED FILING JOINT OR WIDOW(ER) \$209,250
5. SUBTRACT LINE 4 FROM LINE 3 29,077.
 IF LINE 5 IS MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATE) ENTER ZERO ON FORM 1040, LINE 39.
6. DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MFS) 12.
7. MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL 0.24
8. MULTIPLY LINE 2 BY LINE 7 2,928.
9. SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE 39. 9,272.

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 2

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T THE UNIVERSITY OF CHICAGO	64,287.	11,848.	1,869.		3,986.	932.
T STATE OF ILLINOIS COMPTROLLER	58,151.	6,629.	1,685.			954.
S UNIVERSITY OF CHICAGO HOSPITALS	115,889.	34,904.	3,477.		5,394.	1,680.
TOTALS	238,327.	53,381.	7,031.		9,380.	3,566.

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 3

DESCRIPTION	AMOUNT
THE UNIVERSITY OF CHICAGO	1,869.
STATE OF ILLINOIS COMPTROLLER	1,685.
UNIVERSITY OF CHICAGO HOSPITALS	3,477.
ILLINOIS PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	651.
TOTAL TO SCHEDULE A, LINE 5	7,682.

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 4

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
MISCELLANEOUS ORGANIZED CHARITIES	3,400.	
SUBTOTALS	3,400.	
TOTAL TO SCHEDULE A, LINE 15		3,400.

SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 5
1.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27	26,995.
2.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 13, AND 19, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 27	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 28. IF YES, SUBTRACT LINE 2 FROM LINE 1	26,995.
4.	MULTIPLY LINE 3 ABOVE BY 80% (.80)	21,596.
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 35.	238,327.
6.	ENTER: \$139,500 (\$69,750 IF MARRIED FILING SEPARATELY)	139,500.
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 28. IF YES, SUBTRACT LINE 6 FROM LINE 5	98,827.
8.	MULTIPLY LINE 7 ABOVE BY 3% (.03)	2,965.
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8	2,965.
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28	24,030.

Step 1: Personal Information

BARACK H OBAMA
 MICHELLE L OBAMA

C Check your filing status.

Single or head of household Married filing jointly Married filing separately Widowed

Step 2: Income

- 1 Write your federal adjusted gross income from your U.S. 1040, Line 34; U.S. 1040A, Line 21; U.S. 1040EZ, Line 4; or U.S. TeleFile Tax Record, Line I. 1 238,327.
- 2 Write your federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ. 2 _____
- 3 Write any other additions to your income that are taxable in Illinois. See instructions for details. Specify your additions. 3 _____
- 4 Add Lines 1 through 3. This is your income. 4 238,327.

Step 3: Base Income

- 5 Write income received from Social Security benefits and certain retirement plans if that income is included in Step 2, Line 1. See instructions. 5 _____
- 6 Write the military pay you earned if it is included in Step 2, Line 1. 6 _____
- 7 Write any Illinois Income Tax refund included in Line 10 of U.S. 1040. 7 _____
- 8 Write the U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1. 8 _____
- 9 Write any other subtractions to your income. See Line 9 instructions and Publication 101 for details. Do not subtract your out-of-state income. Specify your subtractions. 9 _____
- 10 Add Lines 5 through 9. This is the total of your subtractions. 10 _____
- 11 Subtract Line 10 from Line 4. This is your Illinois base income. 11 238,327.

Step 4: Exemptions

- 12 a Write the number of exemptions from your federal return. 4 x \$2,000 a 8,000.
 - b If someone else claimed you on their return, see Line 12 instructions to figure the number to write here. b _____
 - c Check if 65 or older: You + Spouse = x \$1,000 c _____
 - d Check if legally blind: You + Spouse = x \$1,000 d _____
- Add Lines a through d. This is your total Illinois exemption allowance. 12 8,000.

Step 5: Net Income

- 13 Residents only: Subtract Line 12 from Line 11. This is your net income. Skip Line 14. 13 230,327.
- 14 Nonresidents and part-year residents only: Check the box that applies to you during the year 2003. Nonresident Part-year resident Complete Illinois Schedule NR, and write your Illinois base income from Step 3, Line 47. 14 _____

Step 6: Tax

- 15 Residents: Multiply Line 13 by 3% (.03). Write the result here. This is your tax. Nonresidents and part-year residents: Write the tax from Schedule NR, Step 5, Line 53. 15 6,910.

Staple W-2, W-2-G, and 1099-R forms here.

Attach your check.

16 Write the amount of your tax from Page 1, Step 6. Line 15 here. 16 6,910.

Step 7: Payments and Credits

Attach → 17 Write the total amount of Illinois Income Tax withheld from your pay as shown on your W-2 forms, generally found in Box 17. 17 7,031.

18 Write any estimated payments you made with Forms IL-1040-ES and IL-505-I. Include any credit from your 2002 overpayment. 18 _____

Schedule CR → 19 If you paid income tax to another state while an Illinois resident, complete Schedule CR and write the amount from Line 8 of that schedule here. 19 _____

Other states' returns and required schedules

20 If you paid Illinois Property Tax, complete the PT Worksheet in instructions. Write PT Worksheet Line 3 amount here. → 20a 3,672. Write PT Worksheet Line 8 amount here. → 20b 184. STATEMENT 1

Receipt or Schedule ED → 21 If you paid education expenses, see instructions. Write Schedule ED or ED Worksheet Line 1 amount here: → 21a _____ Write Schedule ED or ED Worksheet Line 10 amount here. → 21b _____

22 If you received a federal EIC, complete the EIC Worksheet in instructions. Write EIC Worksheet Line 1 amount here. → 22a _____ Write your EIC credit amount from the EIC Worksheet here. → 22b _____

Check if you have a qualifying child (living with you) born after 12/31/85.

Schedule 1299-C → 23 If you completed Illinois Schedule 1299-C, write the amount from Step 4, Line 51 here. → 23 _____

24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits. 24 7,215.

Step 8: Overpayment or Tax Due

25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment. 25 305.

26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due. 26 _____

Step 9: Penalty

27 Write your late-payment penalty for underpayment of estimated tax from Form IL-2210, Line 28. 27 _____

Attach → a Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home.

b Check if at least two-thirds of your federal gross income is from farming.

Step 10: Donations Any donation will reduce your refund or increase the amount you owe

28 Write the amount you wish to donate to one or more of the following voluntary contribution funds.

Wildlife Preservation	a _____	Multiple Sclerosis	g _____
Child Abuse Prevention	b _____	Military Family Relief	h _____
Alzheimer's Research	c _____	Lou Gehrig's Disease	i _____
Homeless Assistance	d _____	WWII Veterans Memorial	j _____
Breast Cancer Research	e _____	Asthma & Lung Research	k _____
Prostate Cancer Research	f _____	Leukemia Treatment	l _____

Add Lines a through l. This is your voluntary contributions total. 28 _____

29 Add Line 27 and Line 28. This is your total penalty and donations. 29 _____

Step 11: Refund or Amount You Owe

30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. 30 305.

31 Write the amount from Line 30 that you want applied to your 2004 estimated tax. 31 _____

32 Subtract Line 31 from Line 30. This is your refund. 32 305.

Direct Deposit → 33 Direct deposit your refund by completing the following information. See instructions. Routing number _____ Checking or Savings Account number _____

Payment Options → 34 If you have tax due on Line 26, add Lines 26 and 29. **OR** If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 24 from Line 29. This is the amount you owe. 34 _____

Step 12: Sign and Date

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct and complete.

Your signature [Signature] Date 4/13/04 Daytime phone number _____ Your spouse's signature _____ Date _____

349002 12-11-03 ID: 3021 Paid preparer's signature _____ Date _____ Preparer's phone number _____ Preparer's FEIN, SSN, or PTIN _____

If no payment is enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62719-0001 If payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001

Label (See instructions on page 21.) Use the IRS label. Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2002, or other tax year beginning 2002, ending 20 OMB No. 1545-0074

Your first name and initial: BARACK H OBAMA Last name: OBAMA Your social security number: _____

If a joint return, spouse's first name and initial: MICHELLE L OBAMA Last name: OBAMA Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see page 21. Apt. no. 1

City, town or post office, state, and ZIP code. Do not include a foreign address, see page 21. CHICAGO, IL 60615

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

Presidential Election Campaign (See page 21.) 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 Single 4 Head of household (with qualifying person). (See page 21.) 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) 5 Qualifying widow(er) with dependent child (year spouse died). (See page 21.) 3 Married filing separately. Enter spouse's SSN above and full name here.

Exemptions

6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. No. of boxes checked on 6a and 6b: 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 22)	No. of your children on 6c who:
MALIA A	OBAMA		DAUGHTER	<input checked="" type="checkbox"/>	2
NATASHA M	OBAMA		DAUGHTER	<input checked="" type="checkbox"/>	

If more than five dependents, see page 22.

d Total number of exemptions claimed: 4

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	226,300.
8a	Taxable interest. Attach Schedule B if required	8a	33.
b	Tax-exempt interest. Do not include on line 8a	8b	
9	Ordinary dividends. Attach Schedule B if required	9	
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	34,491.
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	
b	Taxable amount (see page 25)	15b	
16a	Pensions and annuities	16a	
b	Taxable amount (see page 25)	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 27)	20b	
21	Other income. List type and amount (see page 29)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	260,824.
23	Educator expenses (see page 29)	23	
24	IRA deduction (see page 29)	24	
25	Student loan interest deduction (see page 31)	25	
26	Tuition and fees deduction (see page 32)	26	
27	Archer MSA deduction. Attach Form 8853	27	
28	Moving expenses. Attach Form 3903	28	
29	One-half of self-employment tax. Attach Schedule SE	29	1,430.
30	Self-employed health insurance deduction (see page 33)	30	
31	Self-employed SEP, SIMPLE, and qualified plans	31	
32	Penalty on early withdrawal of savings	32	
33a	Alimony paid b Recipient's SSN	33a	
34	Add lines 23 through 33a	34	1,430.
35	Subtract line 34 from line 22. This is your adjusted gross income	35	259,394.

Tax and Credits		36	Amount from line 35 (adjusted gross income)	36	259,394.
37a 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	37a	
b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien				37b	
Standard Deduction for -					
o People who checked any box on line 37a or 37b or who can be claimed as a dependent		38	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	38	22,272.
o All others: Single, \$4,700; Head of household, \$5,900; Married filing jointly or Qualifying widow(er), \$7,850; Married filing separately, \$5,925		39	Subtract line 38 from line 36	39	237,122.
		40	If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on line 6d. If line 36 is over \$103,000, see the worksheet on page 35	40	6,720.
		41	Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-	41	230,402.
		42	Tax. Check if any tax from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	42	62,454.
		43	Alternative minimum tax. Attach Form 6251	43	
		44	Add lines 42 and 43	44	62,454.
		45	Foreign tax credit. Attach Form 1116 if required	45	
		46	Credit for child and dependent care expenses. Attach Form 2441	46	
		47	Credit for the elderly or the disabled. Attach Schedule R	47	
		48	Education credits. Attach Form 8863	48	
		49	Retirement savings contributions credit. Attach Form 8880	49	
		50	Child tax credit (see page 39)	50	
		51	Adoption credit. Attach Form 8839	51	
		52	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	52	
		53	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	53	
		54	Add lines 45 through 53. These are your total credits	54	
		55	Subtract line 54 from line 44. If line 54 is more than line 44, enter -0-	55	62,454.
Other Taxes		56	Self-employment tax. Attach Schedule SE	56	2,860.
		57	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	57	
		58	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach 5329 if required	58	
		59	Advance earned income credit payments from Form(s) W-2	59	
		60	Household employment taxes. Attach Schedule H	60	3,644.
		61	Add lines 55 through 60. This is your total tax	61	68,958.
Payments		62	Federal income tax withheld from Forms W-2 and 1099	62	52,718.
		63	2002 estimated tax payments and amount applied from 2001 return	63	
		64	Earned income credit (EIC)	64	
		65	Excess social security and tier 1 RRTA tax withheld (see page 56)	65	
		66	Additional child tax credit. Attach Form 8812	66	
		67	Amount paid with request for extension to file (see page 56)	67	
		68	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	68	
		69	Add lines 62 through 68. These are your total payments	69	52,718.
Refund		70	If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid	70	
		71a	Amount of line 70 you want refunded to you	71a	
		b	Routing number		
		c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
		d	Account number		
		72	Amount of line 70 you want applied to your 2003 estimated tax	72	
Amount You Owe		73	Amount you owe. Subtract line 69 from line 61. For details on how to pay, see page 57	73	16,587.
		74	Estimated tax penalty (see page 57)	74	347.
Third Party Designee		Do you want to allow another person to discuss this return with the IRS (see page 58)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
		Designee's name	PREPARER	Phone no.	
				Personal identification number (PIN)	
Sign Here		Under penalties of perjury, I declare that I prepared 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	DATE	Your occupation	Daytime phone number
		TAXPAYER'S COPY		ATTORNEY/STATE SENATOR	
		Spouse's signature	DATE	Spouse's occupation	
				HOSPITAL ADMINISTRATOR	
Paid Preparer's Use Only		Preparer's signature	DATE	Check if self-employed	Preparer's SSN or PTIN
			3/24/03	<input type="checkbox"/>	
		Firm's name (or yours if self-employed), address, and ZIP code	EIN		Phone no.
		LAWRENCE A. HORWICH & ASSOCIATES, P.C.			
		125 S. WACKER DRIVE - SUITE 2800			
		CHICAGO, IL 60606-4475			

**Underpayment of
 Estimated Tax by Individuals, Estates, and Trusts**
 ▶ See separate instructions.
 ▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

OMB No. 1545-0140

2002
 Attachment
 Sequence No. 06

Name(s) shown on tax return

Identifying number

BARACK H & MICHELLE L OBAMA

In most cases, you do not need to file Form 2210. The IRS will figure any penalty you owe and send you a bill. File Form 2210 only if one or more boxes in Part I apply to you. If you do not need to file Form 2210, you still may use it to figure your penalty. Enter the amount from Part III, line 22, or Part IV, line 36, on the penalty line of your return, but do not attach Form 2210.

Part I **Reasons for Filing** - If 1a, 1b, or 1c below applies to you, you may be able to lower or eliminate your penalty. But you must check the boxes that apply and file Form 2210 with your tax return. If 1d below applies to you, check that box and file Form 2210 with your tax return.

- 1 Check whichever boxes apply (if none apply, see the text above Part I and do not file Form 2210):
- a You request a waiver. In certain circumstances, the IRS will waive all or part of the penalty. See Waiver of Penalty on page 1 of the instructions.
 - b You use the annualized income installment method. If your income varied during the year, this method may reduce the amount of one or more required installments. See page 4 of the instructions.
 - c You had Federal income tax withheld from wages and, for estimated tax purposes, you treat the withheld tax as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. See the instructions for line 23 on page 2.
 - d Your required annual payment (line 15 below) is based on your 2001 tax and you filed or are filing a joint return for either 2001 or 2002 but not for both years.

Part II **Required Annual Payment**

2	Enter your 2002 tax after credits (see page 2 of the instructions)	2	62,454.
3	Other taxes (see page 2 of the instructions)	3	6,504.
4	Add lines 2 and 3	4	68,958.
5	Earned income credit	5	
6	Additional child tax credit	6	
7	Credit for Federal tax paid on fuels	7	
8	Health insurance credit for eligible recipients	8	
9	Add lines 5 through 8	9	
10	Current year tax. Subtract line 9 from line 4	10	68,958.
11	Multiply line 10 by 90% (.90)	11	62,062.
12	Withholding taxes. Do not include any estimated tax payments on this line (see page 2 of the instructions)	12	52,718.
13	Subtract line 12 from line 10. If less than \$1,000, stop here; you do not owe the penalty. Do not file Form 2210	13	16,240.
14	Enter the tax shown on your 2001 tax return (112% of that amount if the adjusted gross income shown on that return is more than \$150,000, or, if married filing separately for 2002, more than \$75,000). Caution: See instructions	14	98,973.
15	Required annual payment. Enter the smaller of line 11 or line 14 If line 12 is equal to or more than line 15, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above.	15	62,062.

Part III **Short Method (Caution: See page 2 of the instructions to find out if you can use the short method. If you checked box 1b or 1c in Part I, skip this part and go to Part IV.)**

16	Enter the amount, if any, from line 12 above	16	52,718.								
17	Enter the total amount, if any, of estimated tax payments you made	17									
18	Add lines 16 and 17	18	52,718.								
19	Total underpayment for year. Subtract line 18 from line 15. If zero or less, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above	19	9,344.								
20	Multiply line 19 by .03713	20	347.								
21	<ul style="list-style-type: none"> ○ If the amount on line 19 was paid on or after 4/15/03, enter -0- ○ If the amount on line 19 was paid before 4/15/03, make the following computation to find the amount to enter on line 21. <table border="0" style="margin-left: 40px;"> <tr> <td>Amount on</td> <td></td> <td>Number of days paid</td> <td></td> </tr> <tr> <td>line 19</td> <td>x</td> <td>before 4/15/03</td> <td>x .00014</td> </tr> </table>	Amount on		Number of days paid		line 19	x	before 4/15/03	x .00014	21	0.
Amount on		Number of days paid									
line 19	x	before 4/15/03	x .00014								
22	Penalty. Subtract line 21 from line 20. Enter the result here and on Form 1040, line 74; Form 1040A, line 48; Form 1040NR, line 73; Form 1040NR-EZ, line 26; or Form 1041, line 26, but do not file Form 2210 unless you checked one or more of the boxes in Part I above	22	347.								

LHA For Paperwork Reduction Act Notice, see page 5 of separate instructions.

Form 2210 (2002)

SCHEDULES A&B
(Form 1040)

Department of the Treasury,
Internal Revenue Service (60)
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

2002
Attachment
Sequence No. 07

Your social security number

BARACK H & MICHELLE L OBAMA

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 36	2			
3	Multiply line 2 above 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 income taxes	SEE STATEMENT 3	9,249.
6	Real estate taxes (see page A-2)	6			4,424.
7	Personal property taxes	7			
8	Other taxes. List type and amount	8			
9	Add lines 5 through 8	9			13,673.
Interest You Paid		10	Home mortgage interest and points reported to you on Form 1098	11,212.	
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-3 and show that person's name, identifying no., and address	11			
12	Points not reported to you on Form 1098. (See page A-3.)	12			
13	Investment interest. Attach Form 4952 if required. (See page A-3.)	13			
14	Add lines 10 through 13	14			11,212.
Gifts to Charity		15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	SEE STATEMENT 4	1,050.
16	Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 9283 if over \$500	16			
17	Carryover from prior year	17			
18	Add lines 15 through 17	18			1,050.
Casualty and Theft Losses		19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)		
Job Expenses and Other Miscellaneous Deductions		20	Unreimbursed employee expenses - job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See page A-5.)		
21	Tax preparation fees	20	UNION AND PROFESSIONAL DUES	180.	180.
22	Other expenses - investment, safe deposit box, etc. List type and amount	21			
23	Add lines 20 through 22	22			
24	Enter amount from Form 1040, line 36	23			180.
25	Multiply line 24 above by 2% (.02)	24	259,394.		
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	25			5,188.
Other Miscellaneous Deductions		26			0.
27	Other from list on page A-6. List type and amount	27			
Total Itemized Deductions		28	Is Form 1040, line 36, over \$137,300 (over \$68,650 if married filing separately)?	STMT 5	
		<input type="checkbox"/> 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 38.			
		<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.			22,272.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.
Attach to Form 1040 or Form 1041. See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2002

Attachment
Sequence No. 09

Name of proprietor: BARACK H OBAMA Social security number (SSN):

A Principal business or profession, including product or service (see page C-1):
LEGAL SERVICES/SPEAKING FEES Enter code from pages C-7, 8, & 9: 541100

C Business name. If no separate business name, leave blank:
BARACK H OBAMA D Employer ID number (EIN), if any:

E Business address (including suite or room no.):
City, town or post office, state, and ZIP code: CHICAGO IL 60615

F Accounting method: (1) Cash (2) Accrual (3) Other (specify):

G Did you "materially participate" in the operation of this business during 2002? If "No," see page C-3 for limit on losses: Yes No

H If you started or acquired this business during 2002, check here:

Part I Income

1	Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here <input type="checkbox"/>	1	34,491.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	34,491.
4	Cost of goods sold (from line 42 on page 2)	4	
5	Gross profit. Subtract line 4 from line 3	5	34,491.
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)	6	
7	Gross income. Add lines 5 and 6	7	34,491.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		19	Pension and profit-sharing plans	19	
9	Bad debts from sales or services (see page C-3)	9		20	Rent or lease (see page C-5):		
10	Car and truck expenses (see page C-3)	10		a	Vehicles, machinery, and equipment	20a	
11	Commissions and fees	11		b	Other business property	20b	
12	Depletion	12		21	Repairs and maintenance	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	13		22	Supplies (not included in Part III)	22	
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	23	
15	Insurance (other than health)	15		24	Travel, meals, and entertainment:		
16	Interest:			a	Travel		
a	Mortgage (paid to banks, etc.)	16a		b	Meals and entertainment		
b	Other	16b		c	Enter nondeductible amount included on line 24b (see page C-5)		
17	Legal and professional services	17		d	Subtract line 24c from line 24b	24d	
18	Office expense	18		25	Utilities	25	
29	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	0.	26	Depreciation (less employment credits)	26	
29	Tentative profit (loss). Subtract line 28 from line 7	29	34,491.	27	Other expenses (from line 48 on page 2)	27	
30	Expenses for business use of your home. Attach Form 8829	30		31		31	34,491.
31	Net profit or (loss). Subtract line 30 from line 29. o If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. o If a loss, you must go to line 32.						
32	If you have a loss, check the box that describes your investment in this activity (see page C-6). o If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. o If you checked 32b, you must attach Form 6198.			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

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

Schedule C (Form 1040) 2002

Name of person with self-employment income (as shown on Form 1040) BARACK H OBAMA	Social security number of person with self-employment income
---	--

Section B - Long Schedule SE

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I <input type="checkbox"/>	
1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a. Note. Skip this line if you use the farm optional method. See page SE-3	1
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report. Note. Skip this line if you use the nonfarm optional method. See page SE-4	2 SEE STATEMENT 6 34,491.
3 Combine lines 1 and 2	3 34,491.
4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a 31,852.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b
c Combine lines 4a and 4b. If less than \$400, do not file this schedule; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue	4c 31,852.
5a Enter your church employee income from Form W-2. Caution. See page SE-1 for definition of church employee income	5a
b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b
6 Net earnings from self-employment. Add lines 4c and 5b	6 31,852.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2002	7 84,900.00
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation	8a 69,287.
b Unreported tips subject to social security tax (from Form 4137, line 9)	8b
c Add lines 8a and 8b	8c 69,287.
9 Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9 15,613.
10 Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10 1,936.
11 Multiply line 6 by 2.9% (.029)	11 924.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56	12 2,860.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 29	13 1,430.

Part II Optional Methods To Figure Net Earnings (See page SE-3.)

Farm Optional Method. You may use this method only if:

- o Your gross farm income¹ was not more than \$2,400 or
- o Your net farm profits² were less than \$1,733.

14 Maximum income for optional methods	14 1,600.00
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$1,600. Also include this amount on line 4b above	15

Nonfarm Optional Method. You may use this method only if:

- o Your net nonfarm profits³ were less than \$1,733 and also less than 72.189% of your gross nonfarm income⁴ and
- o You had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.

Caution: You may use this method no more than five times.

16 Subtract line 15 from line 14	16
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17

¹ From Sch. F, line 11, and Sch. K-1 (Form 1065), line 15b.

² From Sch. F, line 36, and Sch. K-1 (Form 1065), line 15a.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), line 15a; and Sch. K-1 (Form 1065-B), box 9.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), line 15c; and Sch. K-1 (Form 1065-B), box 9.

Child and Dependent Care Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040.
▶ See separate instructions.

2002
Attachment
Sequence No. 21

Name(s) shown on Form 1040

Your social security number

BARACK H & MICHELLE L OBAMA

Before you begin: You need to understand the following terms. See Definitions on page 1 of the instructions.

◦ Dependent Care Benefits ◦ Qualifying Person(s) ◦ Qualified Expenses ◦ Earned Income

Part I Persons or Organizations Who Provided the Care - You must complete this part.
(If you need more space, use the bottom of page 2.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
	SONYA HAWES			23,452.

Did you receive dependent care benefits?
 No → Complete only Part II below.
 Yes → Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 60.

Part II Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2002 for the person listed in column (a)
First	Last		
MALIA A	OBAMA		11,726.
NATASHA M	OBAMA		11,726.

3 Add the amounts in column (c) of line 2. Do not enter more than \$2,400 for one qualifying person or \$4,800 for two or more persons. If you completed Part III, enter the amount from line 26	3																																																	
4 Enter your earned income	4																																																	
5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4	5																																																	
6 Enter the smallest of line 3, 4, or 5	6																																																	
7 Enter the amount from Form 1040, line 36	7																																																	
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X																																																
<table border="0"> <tr> <td colspan="3">If line 7 is:</td> <td colspan="3">If line 7 is:</td> </tr> <tr> <td>Over</td> <td>But not over</td> <td>Decimal amount is</td> <td>Over</td> <td>But not over</td> <td>Decimal amount is</td> </tr> <tr> <td>\$0</td> <td>10,000</td> <td>.30</td> <td>\$20,000</td> <td>22,000</td> <td>.24</td> </tr> <tr> <td>10,000</td> <td>12,000</td> <td>.29</td> <td>22,000</td> <td>24,000</td> <td>.23</td> </tr> <tr> <td>12,000</td> <td>14,000</td> <td>.28</td> <td>24,000</td> <td>26,000</td> <td>.22</td> </tr> <tr> <td>14,000</td> <td>16,000</td> <td>.27</td> <td>26,000</td> <td>28,000</td> <td>.21</td> </tr> <tr> <td>16,000</td> <td>18,000</td> <td>.26</td> <td>28,000</td> <td>No limit</td> <td>.20</td> </tr> <tr> <td>18,000</td> <td>20,000</td> <td>.25</td> <td></td> <td></td> <td></td> </tr> </table>	If line 7 is:			If line 7 is:			Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	\$0	10,000	.30	\$20,000	22,000	.24	10,000	12,000	.29	22,000	24,000	.23	12,000	14,000	.28	24,000	26,000	.22	14,000	16,000	.27	26,000	28,000	.21	16,000	18,000	.26	28,000	No limit	.20	18,000	20,000	.25					
If line 7 is:			If line 7 is:																																															
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is																																													
\$0	10,000	.30	\$20,000	22,000	.24																																													
10,000	12,000	.29	22,000	24,000	.23																																													
12,000	14,000	.28	24,000	26,000	.22																																													
14,000	16,000	.27	26,000	28,000	.21																																													
16,000	18,000	.26	28,000	No limit	.20																																													
18,000	20,000	.25																																																
9 Multiply line 6 by the decimal amount on line 8. If you paid 2001 expenses in 2002, see the instructions	9																																																	
10 Enter the amount from Form 1040, line 44, minus any amount on Form 1040, line 45	10	62,454.																																																
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 46	11	0.																																																

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2441 (2002)

Part III Dependent Care Benefits

12 Enter the total amount of dependent care benefits you received for 2002. This amount should be shown in box 10 of your W-2 form(s). Do not include amounts that were reported to you as wages in box 1 of Form(s) W-2	12	5,000.
13 Enter the amount forfeited, if any (see the instructions)	13	
14 Subtract line 13 from line 12	14	5,000.
15 Enter the total amount of qualified expenses incurred in 2002 for the care of the qualifying person(s)	15	23,452.
16 Enter the smaller of line 14 or 15	16	5,000.
17 Enter your earned income	17	160,535.
18 Enter the amount shown below that applies to you. <ul style="list-style-type: none"> o If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). o If married filing separately, see the instructions for the amount to enter. o All others, enter the amount from line 17. 	18	98,826.
19 Enter the smallest of line 16, 17, or 18	19	5,000.
20 Excluded benefits. Enter here the smaller of the following: <ul style="list-style-type: none"> o The amount from line 19 or o \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 18). 	20	5,000.
21 Taxable benefits. Subtract line 20 from line 14. Also, include this amount on Form 1040, line 7. On the dotted line next to line 7, enter "DCB"	21	

To claim the child and dependent care credit, complete lines 22-26 below.

22 Enter \$2,400 (\$4,800 if two or more qualifying persons)	22	4,800.
23 Enter the amount from line 20	23	5,000.
24 Subtract line 23 from line 22. If zero or less, stop. You cannot take the credit. Exception. If you paid 2001 expenses in 2002, see the instructions for line 9	24	0.
25 Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 20 above. Then, add the amounts in column (c) and enter the total here	25	
26 Enter the smaller of line 24 or 25. Also, enter this amount on line 3 on page 1 of this form and complete lines 4-11	26	

**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

2002
Attachment
Sequence No. 44

Name of employer

Social security number

BARACK H OBAMA

Employer identification number

A Did you pay any one household employee cash wages of \$1,300 or more in 2002? (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 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 2002 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 2001 or 2002 to household employees? (Do not count cash wages paid in 2001 or 2002 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.

Part 1 Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see page 3)	1	23,452.		
2	Social security taxes. Multiply line 1 by 12.4% (.124)			2	2,908.
3	Total cash wages subject to Medicare taxes (see page 3)	3	23,452.		
4	Medicare taxes. Multiply line 3 by 2.9% (.029)			4	680.
5	Federal income tax withheld, if any			5	
6	Total social security, Medicare, and income taxes (add lines 2, 4, and 5)			6	3,588.
7	Advance earned income credit (EIC) payments, if any			7	
8	Net taxes (subtract line 7 from line 6)			8	3,588.

9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2001 or 2002 to household employees? (Do not count cash wages paid in 2001 or 2002 to your spouse, your child under age 21, or your parent.)

- No. Stop. Enter the amount from line 8 above on Form 1040, line 60. If you are not required to file Form 1040, see the line 9 instructions on page 4.
 Yes. Go to line 10 on page 2.

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

Schedule H (Form 1040) 2002

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Did you pay all state unemployment contributions for 2002 by April 15, 2003? Fiscal year filers, see page 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	IL	
14 State reporting number as shown on state unemployment tax return	4239859	
15 Contributions paid to your state unemployment fund (see page 4)	15	54.
16 Total cash wages subject to FUTA tax (see page 4)	16	7,000.
17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26	17	56.

Section B

18 Complete all columns below that apply (if you need more space, see page 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	432.
21 Total cash wages subject to FUTA tax (see the line 16 instructions on page 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	
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	3,588.
27 Add line 17 (or line 25) and line 26	27	3,644.

28 Are you required to file Form 1040?
 Yes. Stop. Enter the amount from line 27 above on Form 1040, line 60. Do not complete Part IV below.
 No. You may have to complete Part IV. See page 4 for details.

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

FORM 1040

PERSONAL EXEMPTION WORKSHEET

STATEMENT 1

1.	IS THE AMOUNT ON FORM 1040, LINE 36, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS? NO. STOP. MULTIPLY \$3,000 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 40. YES. GO TO LINE 2.		
2.	MULTIPLY \$3,000 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D		12,000.
3.	ENTER THE AMOUNT FROM FORM 1040, LINE 36	259,394.	
4.	ENTER THE AMOUNT FOR YOUR FILING STATUS	206,000.	
	MARRIED FILING SEPARATE	\$103,000	
	SINGLE	\$137,300	
	HEAD OF HOUSEHOLD	\$171,650	
	MARRIED FILING JOINT OR WIDOW(ER)	\$206,000	
5.	SUBTRACT LINE 4 FROM LINE 3	53,394.	
	IF LINE 5 IS MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATE) ENTER ZERO ON FORM 1040, LINE 40.		
6.	DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MFS)	22.	
7.	MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL	0.44	
8.	MULTIPLY LINE 2 BY LINE 7		5,280.
9.	SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE 40.		6,720.

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 2

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T THE UNIVERSITY OF CHICAGO	69,287.	13,647.	2,019.		4,296.	1,005.
T STATE OF ILLINOIS COMPTROLLER	58,187.	7,146.	1,686.			954.
S UNIVERSITY OF CHICAGO HOSPITALS	98,826.	31,925.	2,965.		5,264.	1,433.
TOTALS	226,300.	52,718.	6,670.		9,560.	3,392.

BARACK H & MICHELLE L OBAMA

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 3

DESCRIPTION	AMOUNT
THE UNIVERSITY OF CHICAGO	2,019.
STATE OF ILLINOIS COMPTROLLER	1,686.
UNIVERSITY OF CHICAGO HOSPITALS	2,965.
ILLINOIS PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	2,579.
TOTAL TO SCHEDULE A, LINE 5	9,249.

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 4

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
MISCELLANEOUS ORGANIZED CHARITIES	1,050.	
SUBTOTALS	1,050.	
TOTAL TO SCHEDULE A, LINE 15		1,050.

SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 5
1. ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27		25,935.
2. ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 13, AND 19, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 27		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 28. IF YES, SUBTRACT LINE 2 FROM LINE 1		25,935.
4. MULTIPLY LINE 3 ABOVE BY 80% (.80)	20,748.	
5. ENTER THE AMOUNT FROM FORM 1040, LINE 36.	259,394.	
6. ENTER: \$137,300 (\$68,650 IF MARRIED FILING SEPARATELY)	137,300.	
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 28. IF YES, SUBTRACT LINE 6 FROM LINE 5	122,094.	
8. MULTIPLY LINE 7 ABOVE BY 3% (.03)	3,663.	
9. ENTER THE SMALLER OF LINE 4 OR LINE 8		3,663.
10. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28		22,272.

SCHEDULE SE	NON-FARM INCOME	STATEMENT 6
DESCRIPTION		AMOUNT
FROM SCHEDULE C		34,491.
TOTAL TO SCHEDULE SE, LINE 2		34,491.

Two-Year Comparison Worksheet

2002

Name(s) as shown on return

BARACK H & MICHELLE L OBAMA

Social security number

2001 Filing Status MARRIED FILING JOINT

2002 Filing Status MARRIED FILING JOINT

2001 Tax Bracket 0.0%

2002 Tax Bracket 35.0%

Description	Tax Year 2001	Tax Year 2002	Increase (Decrease)
WAGES, SALARIES, AND TIPS	176,965.	226,300.	49,335.
SCHEDULE B - TAXABLE INTEREST	0.	33.	33.
SCH. C/C-EZ (BUSINESS INCOME/LOSS)	98,158.	34,491.	-63,667.
TOTAL INCOME	275,123.	260,824.	-14,299.
ONE-HALF OF SELF-EMPLOYMENT TAX	2,364.	1,430.	-934.
TOTAL ADJUSTMENTS	2,364.	1,430.	-934.
ADJUSTED GROSS INCOME	272,759.	259,394.	-13,365.
TAXES	8,728.	13,673.	4,945.
INTEREST (DEDUCTIBLE)	11,439.	11,212.	-227.
CONTRIBUTIONS	1,470.	1,050.	-420.
TOTAL ITEMIZED DEDUCTIONS	17,443.	22,272.	4,829.
INCOME BEFORE EXEMPTIONS	255,316.	237,122.	-18,194.
PERSONAL EXEMPTIONS	4,872.	6,720.	1,848.
TAXABLE INCOME	250,444.	230,402.	-20,042.
TAX	79,046.	62,454.	-16,592.
TAX BEFORE CREDITS	79,046.	62,454.	-16,592.
TAX AFTER NON-REFUNDABLE CREDITS	79,046.	62,454.	-16,592.
SCHEDULE SE (SELF-EMPLOYMENT TAX)	4,729.	2,860.	-1,869.
SCH. H (HOUSEHOLD EMPLOYMENT TAX)	2,297.	3,644.	1,347.
TOTAL TAX	86,072.	68,958.	-17,114.
FEDERAL INCOME TAX WITHHELD	31,784.	52,718.	20,934.
ESTIMATED TAX PAYMENTS	10,200.	0.	-10,200.
TOTAL PAYMENTS	41,984.	52,718.	10,734.
FORM 2210/2210F (EST. TAX PENALTY)	0.	347.	347.
BALANCE DUE (INCLUDING 2210/2210F)	44,088.	16,587.	-27,501.

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

For the year Jan. 1-Dec. 31, 2001, or other tax year beginning 2001, ending 2001, 20
Your first name and initial Barack H. Last name Obama
If a joint return, spouse's first name and initial Michelle L. Last name Obama
Home address (number and street). If you have a P.O. box, see page 19. Apt. no.
City, state, and ZIP code. If you have a foreign address, see page 19. Chicago, IL 60615

OMB No. 1545-0074
Your social security number
Spouse's social security number

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?
You Spouse
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 (year spouse died). (See page 19.)

Exemptions

6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a
6b Spouse
6c 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)
Malia A. Obama daughter
Natasha M. Obama daughter
6d Total number of exemptions claimed 4

Income

Table with 2 columns: Description and Amount. Rows include Wages, salaries, tips, etc. (176,965); Taxable interest; Tax-exempt interest; Ordinary dividends; Taxable refunds, credits, or offsets of state and local income taxes; Alimony received; Business income or (loss) (98,158); Capital gain or (loss); Other gains or (losses); Total IRA distributions; Total pensions and annuities; Rental real estate, royalties, partnerships, S corporations, trusts, etc.; Farm income or (loss); Unemployment compensation; Social security benefits; Other income; Total income (275,123).

Adjusted Gross Income

Table with 2 columns: Description and Amount. Rows include IRA deduction; Student loan interest deduction; Archer MSA deduction; Moving expenses; One-half of self-employment tax (2,364); Self-employed health insurance deduction; Self-employed SEP, SIMPLE, and qualified plans; Penalty on early withdrawal of savings; Alimony paid; Total adjusted gross income (272,759).

Tax and Credits

Standard Deduction for—

o People who checked any box on line 35a or 35b or who can be claimed as a dependent, see page 31.

o All others:
Single, \$4,550

Head of household, \$6,650

Married filing jointly or Qualifying widow(er), \$7,600

Married filing separately, \$3,600

34	Amount from line 33 (adjusted gross income)	34	272,759
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		
36	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	36	17,443
37	Subtract line 36 from line 34 ▷ 35b <input type="checkbox"/>	37	255,316
38	If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet on page 32 ▷ 35b <input type="checkbox"/>	38	4,872
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	250,444
40	Tax (see page 33). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 ▷ 35b <input type="checkbox"/>	40	79,046
41	Alternative minimum tax (see page 34). Attach Form 6251 ▷ 35b <input type="checkbox"/>	41	0
42	Add lines 40 and 41 ▷ 35b <input type="checkbox"/>	42	79,046
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 ▷ 35b <input type="checkbox"/>	45	
46	Education credits. Attach Form 8863 ▷ 35b <input type="checkbox"/>	46	
47	Rate reduction credit. See the worksheet on page 36 ▷ 35b <input type="checkbox"/>	47	
48	Child tax credit (see page 37) ▷ 35b <input type="checkbox"/>	48	
49	Adoption credit. Attach Form 8839 ▷ 35b <input type="checkbox"/>	49	
50	Other credits from: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 9396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify) _____	50	
51	Add lines 43 through 50. These are your total credits ▷ 35b <input type="checkbox"/>	51	
52	Subtract line 51 from line 42. If line 51 is more than line 42, enter -0- ▷ 35b <input type="checkbox"/>	52	79,046

Other Taxes

53	Self-employment tax. Attach Schedule SE ▷ 35b <input type="checkbox"/>	53	4,729
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 Form 5329 if required ▷ 35b <input type="checkbox"/>	55	
56	Advance earned income credit payments from Form(s) W-2 ▷ 35b <input type="checkbox"/>	56	
57	Household employment taxes. Attach Schedule H ▷ 35b <input type="checkbox"/>	57	2,297
58	Add lines 52 through 57. This is your total tax ▷ 35b <input type="checkbox"/>	58	86,072

Payments

If you have a qualifying child, attach Schedule EIC.

59	Federal income tax withheld from Forms W-2 and 1099 ▷ 35b <input type="checkbox"/>	59	31,784
60	2001 estimated tax payments and amount applied from 2000 return ▷ 35b <input type="checkbox"/>	60	10,200
61a	Earned income credit (EIC) ▷ 35b <input type="checkbox"/>	61a	
61b	Nontaxable earned income ▷ 35b <input type="checkbox"/>	61b	
62	Excess social security and RRTA tax withheld (see page 51) ▷ 35b <input type="checkbox"/>	62	
63	Additional child tax credit. Attach Form 8812 ▷ 35b <input type="checkbox"/>	63	
64	Amount paid with request for extension to file (see page 51) ▷ 35b <input type="checkbox"/>	64	
65	Other payments. Check if from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 ▷ 35b <input type="checkbox"/>	65	
66	Add lines 59, 60, 61a, and 62 through 65. These are your total payments ▷ 35b <input type="checkbox"/>	66	41,984

Refund

Direct deposit? See page 51 and fill in 68b, 68c, and 68d.

67	If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid ▷ 35b <input type="checkbox"/>	67	
68a	Amount of line 67 you want refunded to you ▷ 35b <input type="checkbox"/>	68a	
68b	Routing number	68b	
68c	Account number	68c	
68d	Amount of line 67 you want applied to your 2002 estimated tax ▷ 35b <input type="checkbox"/>	68d	
69	Amount you owe. Subtract line 66 from line 58. For details on how to pay, see page 52 ▷ 35b <input type="checkbox"/>	69	

Amount You Owe

70	Amount you owe. Subtract line 66 from line 58. For details on how to pay, see page 52 ▷ 35b <input type="checkbox"/>	70	44,088
71	Estimated tax penalty. Also include on line 70 ▷ 35b <input type="checkbox"/>	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	Phone no.	Personal identification number (PIN)
-----------------	-----------	--------------------------------------

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.

Joint return? See page 19. Keep a copy for your records.

Your signature	Date	Your occupation	Do not print phone number
<i>Michelle Owen</i>	4/13/02	Attorney/State Senator	
Spouse's signature, if a joint return, both must sign.	Date	Spouse's occupation	
<i>Michelle Owen</i>	4/13/02	Hospital Administrator	

Preparer's Use Only

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

SCHEDULES A&B
(Form 1040)

Schedule A— Itemized Deductions

OMB No. 1545-0074

(Schedule B is on back)

2001

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See instructions for Schedules A and B (Form 1040).

Attachment
Sequence No. 07

Name(s) shown on Form 1040

Barack H. & Michelle L. Obama

Your social security number

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 34, 2	2			
3	Multiply line 2 above by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0
Taxes You Paid					
5	State and local income taxes	5	5,189		
6	Real estate taxes (see page A-2)	6	3,539		
7	Personal property taxes	7			
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9			8,728
Interest You Paid					
10	Home mortgage interest and points reported to you on Form 1098	10	11,439		
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-3 and show that person's name, identifying no., and address ▶	11			
12	Points not reported to you on Form 1098. See page A-3 for special rules	12			
13	Investment interest. Attach Form 4952 if required. (See page A-3.)	13			
14	Add lines 10 through 13	14			11,439
Gifts to Charity					
15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	15	1,470		
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			1,470
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					
20	Unreimbursed employee expenses—job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See page A-5.) ▶	20			
21	Tax preparation fees	21			
22	Other expenses—investment, safe deposit box, etc. List type and amount ▶	22			
23	Add lines 20 through 22	23			
24	Enter amount from Form 1040, line 34, 24	24			
25	Multiply line 24 above by 2% (.02)	25			
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26			0
Other Miscellaneous Deductions					
27	Other—from list on page A-6. List type and amount ▶	27			
Total Itemized Deductions					
28	Is Form 1040, line 34, over \$132,950 (over \$66,475 if married filing separately)?	28			
	<input type="checkbox"/> 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 36.				17,443
	<input type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.				

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Cat. No. 11330X

Schedule A (Form 1040) 2001

**SCHEDULE C-EZ
(Form 1040)**

**Net Profit From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2001

Attachment
Sequence No. 03A

Department of the Treasury
Internal Revenue Service (99)

Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.
Attach to Form 1040 or 1041. See instructions on back.

Name of proprietor
Barack H. Obama

Social security number (SSN)

Part I General Information

You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:

- Had business expenses of \$2,500 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as a sole proprietor.

And You:

- Had no employees during the year.
- Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, on page C-3 to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

A Principal business or profession, including product or service Legal services/attorney	B Enter code from pages C-7 & 8 5 4 1 1 0 0
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN). If any
E Business address (including suite or room no.). Address not required if same as on Form 1040, page 1. c/o Miner, Barnhill & Galland, 14 West Erie Street City, town or post office, state, and ZIP code Chicago, IL 60610	

Part II Figure Your Net Profit

1 Gross receipts. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see Statutory Employees in the instructions for Schedule C, line 1, on page C-2 and check here <input type="checkbox"/>	1	98,158
2 Total expenses. If more than \$2,500, you must use Schedule C. See instructions	2	
3 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on Form 1040, line 12, and also on Schedule SE, line 2. (Statutory employees do not report this amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.)	3	98,158

Part III Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2

- 4** When did you place your vehicle in service for business purposes? (month, day, year) ▶ 1 / 1 /
- 5** Of the total number of miles you drove your vehicle during 2001, enter the number of miles you used your vehicle for:
a Business **b** Commuting **c** Other
- 6** Do you (or your spouse) have another vehicle available for personal use? Yes No
- 7** Was your vehicle available for personal use during off-duty hours? Yes No
- 8a** Do you have evidence to support your deduction? Yes No
b If "Yes," is the evidence written? Yes No

Name of person with self-employment income (as shown on Form 1040)
Barack H. Obama

Social security number of person with self-employment income >

Section B—Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a. Note. Skip this line if you use the farm optional method. See page SE-3 . . .		
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report. Note. Skip this line if you use the nonfarm optional method. See page SE-3.	98,158	
3	Combine lines 1 and 2	98,158	
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	90,649	
4b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . . .		
4c	Combine lines 4a and 4b. If less than \$400, do not file this schedule; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue >	90,649	
5a	Enter your church employee income from Form W-2. Caution. See page SE-1 for definition of church employee income		
5b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-		
6	Net earnings from self-employment. Add lines 4c and 5b	90,649	
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2001	80,400	00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation	63,465	
8b	Unreported tips subject to social security tax (from Form 4137, line 9)		
8c	Add lines 8a and 8b	63,465	
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . >	16,935	
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	2,100	
11	Multiply line 6 by 2.9% (.029)	2,629	
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 53	4,729	
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 27	2,364	

Part II Optional Methods To Figure Net Earnings (See page SE-3.)

Farm Optional Method. You may use this method only if:			
• Your gross farm income ¹ was not more than \$2,400 or			
• Your net farm profits ² were less than \$1,733.			
14	Maximum income for optional methods	1,600	00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$1,600. Also include this amount on line 4b above		
Nonfarm Optional Method. You may use this method only if:			
• Your net nonfarm profits ³ were less than \$1,733 and also less than 72.189% of your gross nonfarm income ⁴ and			
• You had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.			
Caution. You may use this method no more than five times.			
16	Subtract line 15 from line 14		
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above		

¹From Sch. F, line 11, and Sch. K-1 (Form 1065), line 15b. ²From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), line 15a; and Sch. K-1 (Form 1065-B), box 9.
³From Sch. F, line 36, and Sch. K-1 (Form 1065), line 15a. ⁴From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), line 15c; and Sch. K-1 (Form 1065-B), box 9.



**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

2001

Attachment
Sequence No. 44

Name of employer

Barack H. Obama

Social security number

Employer identification number

A Did you pay any one household employee cash wages of \$1,300 or more in 2001? (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 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 2001 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 2000 or 2001 to household employees? (Do not count cash wages paid in 2000 or 2001 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 the back.

Part II Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see page 3)	1	14,267		
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2		1,769	
3	Total cash wages subject to Medicare taxes (see page 3)	3	14,267		
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4		414	
5	Federal income tax withheld, if any	5			
6	Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	6		2,183	
7	Advance earned income credit (EIC) payments, if any	7			
8	Net taxes (subtract line 7 from line 6)	8		2,183	

9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2000 or 2001 to household employees? (Do not count cash wages paid in 2000 or 2001 to your spouse, your child under age 21, or your parent.)

- No. Stop. Enter the amount from line 8 above on Form 1040, line 57. If you are not required to file Form 1040, see the line 9 instructions on page 4.
- Yes. Go to line 10 on the back.

Part III Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state?	10 <input checked="" type="checkbox"/>	
11 Did you pay all state unemployment contributions for 2001 by April 15, 2002? Fiscal year filers, see page 4	11 <input checked="" type="checkbox"/>	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12 <input checked="" type="checkbox"/>	

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 ▶ Illinois		
14 State reporting number as shown on state unemployment tax return ▶ IL 5		
15 Contributions paid to your state unemployment fund (see page 4)	15 599	
16 Total cash wages subject to FUTA tax (see page 4)	16 14,267	
17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26	17 114	

Section B

18 Complete all columns below that apply (if you need more space, see page 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 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	
25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26	25	

Part IV Total Household Employment Taxes

26 Enter the amount from line 8	26 2,183
27 Add line 17 (or line 25) and line 26	27 2,297

28 Are you required to file Form 1040?
 Yes. Stop. Enter the amount from line 27 above on Form 1040, line 57. Do not complete Part IV below.
 No. You may have to complete Part IV. See page 4 for details.

Part IV Address and Signature—Complete this part only if required. See the line 28 instructions on page 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 _____



▶ See separate instructions.

2001

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. 32

Name(s) shown on Form 1040

Your social security number

Part I Alternative Minimum Taxable Income

1	If you itemized deductions on Schedule A (Form 1040), go to line 2. Otherwise, enter your standard deduction from Form 1040, line 36, here and go to line 6	1	
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2½% of Form 1040, line 34	2	
3	Taxes. Enter the amount from Schedule A (Form 1040), line 9	3	8,728
4	Certain interest on a home mortgage not used to buy, build, or improve your home	4	1,172
5	Miscellaneous itemized deductions. Enter the amount from Schedule A (Form 1040), line 26	5	
6	Refund of taxes. Enter any tax refund from Form 1040, line 10 or line 21	6	()
7	Investment interest. Enter difference between regular tax and AMT deduction	7	
8	Post-1986 depreciation. Enter difference between regular tax and AMT depreciation	8	
9	Adjusted gain or loss. Enter difference between AMT and regular tax gain or loss	9	
10	Incentive stock options. Enter excess of AMT income over regular tax income	10	
11	Passive activities. Enter difference between AMT and regular tax income or loss	11	
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (Form 1041), line 9	12	
13	Tax-exempt interest income from private activity bonds issued after August 7, 1986	13	
14	Other. Enter the amount, if any, for each item below and enter the total on line 14.	14	
	a Circulation expenditures		
	b Depletion		
	c Depreciation (pre-1987)		
	d Installment sales		
	e Intangible drilling costs		
	f Large partnerships		
	g Long term contracts		
	h Loss limitations		
	i Mining costs		
	j Patron's adjustment		
	k Pollution control facilities		
	l Research and experimental		
	m Section 1202 exclusion		
	n Tax shelter farm activities		
	o Related adjustments		
15	Total adjustments and preferences. Combine lines 1 through 14	15	9,900
16	Enter the amount from Form 1040, line 37. If less than zero, enter as a (loss)	16	255,316
17	Enter as a positive amount any net operating loss deduction from Form 1040, line 21	17	
18	If Form 1040, line 34, is over \$132,950 (over \$66,475 if married filing separately) and you itemized deductions, enter the amount, if any, from line 9 of the worksheet for Schedule A (Form 1040), line 28	18	(4,194)
19	Combine lines 15 through 18	19	269,410
20	Alternative tax net operating loss deduction (see page 6 of the instructions)	20	
21	Alternative minimum taxable income. Subtract line 20 from line 19. (If married filing separately and line 21 is more than \$173,000, see page 7 of the instructions.)	21	269,410

Part II Alternative Minimum Tax

22	Exemption amount. (If this form is for a child under age 14, see page 7 of the instructions.)		
	IF your filing status is ... AND line 21 is not over ... THEN enter on line 22 ...		
	Single or head of household \$112,500 \$35,750	}	22 49,000
	Married filing jointly or qualifying widow(er) . . . 150,000 49,000		
	Married filing separately 75,000 24,500		
	If line 21 is over the amount shown above for your filing status, see page 7 of the instructions.		
23	Subtract line 22 from line 21. If zero or less, enter -0- here and on lines 26 and 28 and stop here	23	220,410
24	Go to Part III of Form 6251 to figure line 24 if you reported capital gain distributions directly on Form 1040, line 13, or you had a gain on both lines 16 and 17 of Schedule D (Form 1040) (as figured for the AMT, if necessary). All others: If line 23 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 23 by 26% (.26). Otherwise, multiply line 23 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	24	58,215
25	Alternative minimum tax foreign tax credit (see page 7 of the instructions)	25	
26	Tentative minimum tax. Subtract line 25 from line 24	26	58,215
27	Enter your tax from Form 1040, line 40 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 43)	27	79,046
28	Alternative minimum tax. Subtract line 27 from line 26. If zero or less, enter -0-. Enter here and on Form 1040, line 41	28	



Illinois Department of Revenue
2001 Form IL-1040
 Individual Income Tax Return

or for fiscal year
 ending _____ 2002

www.il.tax.com

Do not write above this line.

Step 1: Complete your personal information

A Write your Social Security numbers in the order they appear on your federal return.

____-____-____
 Your Social Security number

____-____-____
 Your spouse's Social Security number

B Place your label or print your personal information below.

Barack H. Obama
 Your first name and initial Your last name
 Michelle L. Obama
 Your spouse's first name and initial Your spouse's last name (if different)
 5450-1 S. East View Park
 Mailing address
 Chicago IL 60615
 City State ZIP

C Check the same filing status you checked on your federal return.
 Single or head of household Married filing jointly Married filing separately Widowed

D Check the box in the barn if at least two-thirds of your federal gross income came from farming.

Step 2: Figure your income

1 Write your federal adjusted gross income from your U.S. 1040, Line 33; U.S. 1040A, Line 19; U.S. 1040EZ, Line 4; or U.S. TeleFile worksheet, Line I. 1 \$272,759.00
 2 Write your federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b. 2 \$0.00
 3 Write any other additions to your income that are taxable in Illinois. See the instructions for details. Specify your additions. 3 _____
 4 Add Lines 1 through 3. This is your income. 4 \$272,759.00

Step 3: Figure your base income

5 Write income received from Social Security benefits and certain retirement plans if that income is included in Step 2, Line 1. See Instructions. 5 _____
 6 Write the military pay you earned if it is included in Step 2, Line 1. 6 _____
 7 Write your Illinois Income Tax refund if it is included in Line 10 of your U.S. 1040. 7 _____
 8 Write the U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1. 8 _____
 9 Write any other subtractions to your income. See Line 9 instructions and our Publication 101 for details. Do not include your out-of-state income. Specify your subtractions. 9 _____
 10 Add Lines 5 through 9. This is your total subtractions. 10 \$0.00
 11 Subtract Line 10 from Line 4. This is your Illinois base income. 11 \$272,759.00

Step 4: Figure your exemption allowance

12 a Write the number of exemptions from your federal return. X \$2,000 a \$8,000.00
 b If someone else claimed you on their return, see Line 12 instructions to figure the number to write here. X \$2,000 b _____
 c Check if 65 or older: You + Spouse = X \$1,000 c _____
 d Check if legally blind: You + Spouse = X \$1,000 d _____
 Add Lines a through d. This is your total Illinois exemption allowance. 12 \$8,000.00

Step 5: Figure your net income

13 Residents only: Subtract Line 12 from Line 11. This is your net income. Write your net income here and on Line 15. Skip Line 14. 13 \$264,759.00
 14 Nonresidents and part-year residents only:
 Check the box that applies to you during the year 2001. Nonresident Part-year resident
 Complete Illinois Schedule NR, and write your Illinois income from Step 5, Line 45. 14 _____

Staple W-2, W-2-G, and 1099-R forms here.

Attach
 Federal Page 1 Form W-2 1099-R
 Military W-2
 See instructions
 See instructions

See instructions before completing this step.

Attach
 Schedule NR

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-462-0065

Step 6: Figure your tax

15 Residents: Write your net income from Line 13. 15 \$264,759.00
16 Residents: Multiply Line 15 by 3% (.03). Write the result on Line 16. This is your tax.
Nonresidents and part-year residents: Write the tax from Schedule NR, Step 5, Line 51. 16 \$7,942.77

Attach

Step 7: Figure your payments and credits

17 Write the total amount of Illinois Income Tax that was withheld from your pay as shown on your W-2 forms, generally found in Box 17. 17 \$5,189.98
18 Write any estimated payments you made with Forms IL-1040-ES and IL-505-I. Include any credit from your 2000 overpayment. 18
19 If you paid income tax to another state, complete Illinois Schedule CR and write the amount from Line 8 of that schedule here. 19
20 If you paid Illinois Property Tax, complete the PT Worksheet in instructions.
Write PT Worksheet Line 3 amount here. -> 20a \$3,539.02
Write PT Worksheet Line 8 amount here. -> 20b \$176.95
21 If you paid education expenses, see instructions. Write Schedule ED or ED Worksheet Line 1 amount here. -> 21a
Write Schedule ED or ED Worksheet Line 10 amount here. -> 21b
22 If you received a federal EIC, complete the EIC Worksheet in instructions.
Write EIC Worksheet Line 1 amount here. -> 22a
Write EIC Worksheet Lines 9 or 12 amount here. -> 22b
23 If you completed Illinois Schedule 1299-C, write the amount from Section II, Part X, Line 49. 23
24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is your total payments and credits. 24 \$5,365.93

Step 8: Figure your overpayment or your tax due

25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment. 25
26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due. 26 \$2,576.84

Step 9: Figure your penalty

27 Write your late-payment penalty for underpayment of estimated tax from Form IL-2210, Line 28. 27
Check the box if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. []

Step 10: Figure your donations Any donation will reduce your refund or increase the amount you owe.

28 Write the amount you wish to donate to one or more of the following voluntary contribution funds.
Wildlife Preservation a Breast Cancer Research e
Child Abuse Prevention b Prostate Cancer Research f \$100.00
Alzheimer's Research c World War II Memorial g
Homeless Assistance d Korean War Fund h
Add Lines a through h. This is your total voluntary contributions 28 \$100.00
29 Add Line 27 and Line 28. This is your total penalty and donations. 29 \$100.00

Step 11: Figure your refund or the amount you owe

30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. 30
31 Write the amount from Line 30 that you want applied to your 2002 estimated tax. 31
32 Subtract Line 31 from Line 30. This is your refund. 32

33 Direct deposit your refund by completing the following information.

Routing number [] Type of account [] Checking [] Savings
Account number []

34 If you have tax due on Line 26, add Lines 26 and 29. Or
If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the amount you owe. 34 \$2,676.84

Step 12: Sign and date your return

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Your signature [Signature] Date 4/13/02 Daytime phone number [] Your spouse's signature [Signature] Date 4/13/02
Paid preparer's signature [] Date [] Preparer's phone number [] Preparer's FEIN, SSN, or PTIN []

If you use a preparer and want a booklet next year, check the box. [] If no payment is enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62719-0001
If payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001

For the year Jan. 1-Dec. 31, 2000, or other tax year beginning 2000, ending 20 OMB No. 1545-0074

Label

(See instructions on page 13.) Use the IRS label. Otherwise, please print or type.

Form with fields for Name (Barack H. Obama), Social Security Number, Spouse's Social Security Number, Home Address (Chicago, IL 60615), and Apt. no.

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? You Yes No Spouse 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).
5 Qualifying widow(er) with dependent child

Exemptions

6a Yourself, 6b Spouse, 6c Dependents table with columns for name, SSN, relationship, and child tax credit. Total exemptions claimed: 3

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W-2, see page 21.

Table with 33 rows for income and adjusted gross income. Includes categories like Wages, Taxable interest, Dividends, Business income, Social security benefits, and Adjusted Gross Income.

SCHEDULES A&B
(Form 1040)

Schedule A—Itemized Deductions

OMB No. 1545-0074

(Schedule B is on back)

2000

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. 07

Name(s) shown on Form 1040

Barack H. & Michelle L. Obama

Your social security number

Medical and Dental Expenses	1	Caution. Do not include expenses reimbursed or paid by others. Medical and dental expenses (see page A-2)	1			
	2	Enter amount from Form 1040, line 34	2			
	3	Multiply line 2 above 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 income taxes	5	6,270		
	6	Real estate taxes (see page A-2)	6	3,119		
	7	Personal property taxes	7			
	8	Other taxes. List type and amount ▶	8			
	9	Add lines 5 through 8	9			9,389
Interest You Paid (See page A-3)	10	Home mortgage interest and points reported to you on Form 1098	10	11,889		
	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-3 and show that person's name, identifying no., and address ▶	11			
	12	Points not reported to you on Form 1098. See page A-3 for special rules	12			
	13	Investment interest. Attach Form 4952 if required. (See page A-3.)	13			
Note. Personal interest is not deductible.	14	Add lines 10 through 13	14			11,889
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	2,350		
	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			2,350
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 for expenses to deduct here.)	20	Unreimbursed employee expenses—job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See page A-5.) ▶	20			
	21	Tax preparation fees	21			
	22	Other expenses—investment, safe deposit box, etc. List type and amount ▶	22			
	23	Add lines 20 through 22	23			
	24	Enter amount from Form 1040, line 34	24			
	25	Multiply line 24 above by 2% (.02)	25			
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26			
Other Miscellaneous Deductions	27	Other—from list on page A-6. List type and amount ▶	27			
Total Itemized Deductions	28	Is Form 1040, line 34, over \$128,950 (over \$64,475 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 27. Also, enter this amount on Form 1040, line 36. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.	28			20,281

Tax and Credits	34	Amount from line 33 (adjusted gross income)	34	240,505
	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, see page 31 and check here ▶ 35b <input type="checkbox"/>		
	36	Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see page 31 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent ▶	36	20,281
	37	Subtract line 36 from line 34 ▶	37	220,224
	38	If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to enter ▶	38	5,208
	39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	215,016
	40	Tax (see page 32). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 ▶	40	60,160
	41	Alternative minimum tax. Attach Form 6251 ▶	41	0
	42	Add lines 40 and 41 ▶	42	60,160
Standard Deduction for Most People Single: \$4,400 Head of household: \$6,450 Married filing jointly or Qualifying widow(er): \$7,350 Married filing separately: \$3,675	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 8863 ▶	46	
	47	Child tax credit (see page 36) ▶	47	
	48	Adoption credit. Attach Form 8839 ▶	48	
	49	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 5396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify) ▶	49	
	50	Add lines 43 through 49. These are your total credits ▶	50	
	51	Subtract line 50 from line 42. If line 50 is more than line 42, enter -0- ▶	51	60,160
	Other Taxes	52	Self-employment tax. Attach Schedule SE ▶	52
53		Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 ▶	53	
54		Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required ▶	54	626 no
55		Advance earned income credit payments from Form(s) W-2 ▶	55	
56		Household employment taxes. Attach Schedule H ▶	56	2,504
57		Add lines 51 through 56. This is your total tax ▶	57	63,732
Payments		58	Federal income tax withheld from Forms W-2 and 1099 ▶	58
	59	2000 estimated tax payments and amount applied from 1999 return ▶	59	4,760
	60a	Earned income credit (EIC) ▶	60a	
		b Nontaxable earned income, amount ▶ and type ▶		
	61	Excess social security and RRTA tax withheld (see page 50) ▶	61	2,551
	62	Additional child tax credit. Attach Form 8812 ▶	62	
	63	Amount paid with request for extension to file (see page 50) ▶	63	
64	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 ▶	64		
65	Add lines 58, 59, 60a, and 61 through 64. These are your total payments ▶	65	52,061	
Refund	66	If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid ▶	66	
	67a	Amount of line 66 you want refunded to you ▶	67a	
		b Routing number <input type="text"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input type="text"/> ▶			
68	Amount of line 66 you want applied to your 2001 estimated tax ▶	68		
Amount You Owe	69	If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe. For details on how to pay, see page 51 ▶	69	12,571
	70	Estimated tax penalty. Also include on line 69 ▶	70	900

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.

Joint return? See page 19. Keep a copy for your records.	Your signature <i>[Signature]</i>	Date 4/15/01	Your occupation Attorney/prof.	Daytime phone number 4
	Spouse's signature. If a joint return, both must sign. <i>Michelle Obama</i>	Date 4/16/01	Spouse's occupation Univ. dean	May the IRS discuss this return with me preparer shown below (see page 52)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	

**SCHEDULE C-EZ
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Net Profit From Business
(Sole Proprietorship)

Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.
Attach to Form 1040 or Form 1041. See instructions on back.

GMD No. 1545-0074

2000

Attachment
Sequence No. 09A

Name of proprietor
Barack H. Obama

Social security number (SSN)

Part I General Information

You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:

- o Had business expenses of \$2,500 or less.
- o Use the cash method of accounting.
- o Did not have an inventory at any time during the year.
- o Did not have a net loss from your business.
- o Had only one business as a sole proprietor.

And You:

- o Had no employees during the year.
- o Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, on page C-3 to find out if you must file
- o Do not deduct expenses for business use of your home.
- o Do not have prior year unallowed passive activity losses from this business.

A Principal business or profession, including product or service Foundation director/Educational speaker	B Enter code from pages C-7 & 8 8 1 3 0 0 0
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN), if any
E Business address (including suite or room no.). Address not required if same as on Form 1040, page 1. City, town or post office, state, and ZIP code	

Part II Figure Your Net Profit

1 Gross receipts. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see Statutory Employees in the instructions for Schedule C, line 1, on page C-2 and check here	<input type="checkbox"/>	1	16,500
2 Total expenses. If more than \$2,500, you must use Schedule C. See instructions.		2	0
3 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on Form 1040, line 12, and also on Schedule SE, line 2. (Statutory employees do not report this amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.)		3	16,500

Part III Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2.

- 4 When did you place your vehicle in service for business purposes? (month, day, year) > / /
- 5 Of the total number of miles you drove your vehicle during 2000, enter the number of miles you used your vehicle for:
a Business b Commuting c Other
- 6 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 7 Was your vehicle available for use during off-duty hours? Yes No
- 8a Do you have evidence to support your deduction? Yes No
b If "Yes," is the evidence written? Yes No

Name of person with self-employment income (as shown on Form 1040) Barack H. Obama	Social security number of person with self-employment income
---	--

Section B—Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a. Note. Skip this line if you use the farm optional method. See page SE-3			
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report. Note. Skip this line if you use the nonfarm optional method. See page SE-3.	16,500		
3	Combine lines 1 and 2	16,500		
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	15,238		
4b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here			
4c	Combine lines 4a and 4b. If less than \$400, do not file this schedule; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue	15,238		
5a	Enter your church employee income from Form W-2. Caution: See page SE-1 for definition of church employee income			
5b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-			
6	Net earnings from self-employment. Add lines 4c and 5b	15,238		
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 5.2% portion of the 7.65% railroad retirement (tier 1) tax for 2000	76,200	00	
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation	117,342		
8b	Unreported tips subject to social security tax (from Form 4137, line 9)			
8c	Add lines 8a and 8b	117,342		
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	0		
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)			
11	Multiply line 6 by 2.9% (.029)	442		
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 52	442		
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 27	221		

Part II Optional Methods To Figure Net Earnings (See page SE-3.)

Farm Optional Method. You may use this method only if:				
• Your gross farm income ¹ was not more than \$2,400 or				
• Your net farm profits ² were less than \$1,733.				
14	Maximum income for optional methods	1,600	00	
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$1,600. Also include this amount on line 4b above			
Nonfarm Optional Method. You may use this method only if:				
• Your net nonfarm profits ³ were less than \$1,733 and also less than 72.189% of your gross nonfarm income ⁴ and				
• You had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.				
Caution: You may use this method no more than five times.				
16	Subtract line 15 from line 14			
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above			

¹From Sch. F, line 11, and Sch. K-1 (Form 1065), line 15b. ²From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), line 15a; and Sch. K-1 (Form 1065-B), box 9.
³From Sch. F, line 36, and Sch. K-1 (Form 1065), line 15a. ⁴From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), line 15c; and Sch. K-1 (Form 1065-B), box 9.

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2000

Attachment
Sequence No. 12

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 for more space to list transactions for lines 1 and 8.

Name(s) shown on Form 1040
Barack H. Obama

Your social security number

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6)	(e) Cost or other basis (see page D-6)	(f) Gain or (loss) Subtract (e) from (d)	(g) 28% rate gain or (loss) * (see instr. below)
1						
2 Enter your short-term totals, if any, from Schedule D-1, line 2						
3 Total short-term sales price amounts. Add column (d) of lines 1 and 2						
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824						
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1						
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 1999 Capital Loss Carryover Worksheet					()	
7 Net short-term capital gain or (loss). Combine column (f) of lines 1 through 6 ▶						

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6)	(e) Cost or other basis (see page D-6)	(f) Gain or (loss) Subtract (e) from (d)	(g) 28% rate gain or (loss) * (see instr. below)
8 Demutualization payment	02/02/70	03/18/00	1,836		1,836	
9 Enter your long-term totals, if any, from Schedule D-1, line 9						
10 Total long-term sales price amounts. Add column (d) of lines 8 and 9			1,836			
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824						
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1						
13 Capital gain distributions. See page D-1						
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 1999 Capital Loss Carryover Worksheet					()	()
15 Combine column (g) of lines 8 through 14						
16 Net long-term capital gain or (loss). Combine column (f) of lines 8 through 14 ▶ Next: Go to Part III on the back.					1,836	

* 28% rate gain or loss includes all "collectibles gains and losses" (as defined on page D-6) and up to 50% of the eligible gain on qualified small business stock (see page D-4).

Part III Summary of Parts I and II

17	Combine lines 7 and 16. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13 Next: Complete Form 1040 through line 39. Then, go to Part IV to figure your tax if: o Both lines 16 and 17 are gains and o Form 1040, line 39, is more than zero. Otherwise, stop here.	17	1,836
18	If line 17 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses: o The loss on line 17 or o (\$3,000) or, if married filing separately, (\$1,500) Next: Skip Part IV below. Instead, complete Form 1040 through line 37. Then, complete the Capital Loss Carryover Worksheet on page D-6 if: o The loss on line 17 exceeds the loss on line 18 or o Form 1040, line 37, is a loss.	18	()

Part IV Tax Computation Using Maximum Capital Gains Rates

19	Enter your taxable income from Form 1040, line 39	19	215,016
20	Enter the smaller of line 16 or line 17 of Schedule D	20	1,836
21	If you are filing Form 4952, enter the amount from Form 4952, line 4e	21	
22	Subtract line 21 from line 20. If zero or less, enter -0-	22	1,836
23	Combine lines 7 and 15. If zero or less, enter -0-	23	0
24	Enter the smaller of line 15 or line 23, but not less than zero	24	0
25	Enter your unrecaptured section 1250 gain, if any, from line 17 of the worksheet on page D-8	25	0
26	Add lines 24 and 25	26	0
27	Subtract line 26 from line 22. If zero or less, enter -0-	27	1,836
28	Subtract line 27 from line 19. If zero or less, enter -0-	28	213,180
29	Enter the smaller of: o The amount on line 19 or o \$26,250 if single, \$43,850 if married filing jointly or qualifying widow(er); \$21,925 if married filing separately; or \$35,150 if head of household	29	43,850
30	Enter the smaller of line 28 or line 29	30	43,850
31	Subtract line 22 from line 19. If zero or less, enter -0-	31	213,180
32	Enter the larger of line 30 or line 31	32	213,180
33	Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies Note: If the amounts on lines 29 and 30 are the same, skip lines 34 through 37 and go to line 38.	33	59,793
34	Enter the amount from line 29	34	
35	Enter the amount from line 30	35	
36	Subtract line 35 from line 34	36	
37	Multiply line 36 by 10% (.10) Note: If the amounts on lines 19 and 29 are the same, skip lines 38 through 51 and go to line 52.	37	
38	Enter the smaller of line 19 or line 27	38	1,836
39	Enter the amount from line 36	39	0
40	Subtract line 39 from line 38	40	1,836
41	Multiply line 40 by 20% (.20) Note: If line 26 is zero or blank, skip lines 42 through 51 and go to line 52.	41	367
42	Enter the smaller of line 22 or line 25	42	
43	Add lines 22 and 32	43	
44	Enter the amount from line 19	44	
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	
46	Subtract line 45 from line 42. If zero or less, enter -0-	46	
47	Multiply line 46 by 25% (.25) Note: If line 24 is zero or blank, skip lines 48 through 51 and go to line 52.	47	
48	Enter the amount from line 19	48	
49	Add lines 32, 36, 40, and 46	49	
50	Subtract line 49 from line 48	50	
51	Multiply line 50 by 28% (.28)	51	
52	Add lines 33, 37, 41, 47, and 51	52	60,160
53	Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies	53	60,454
54	Tax on all taxable income (including capital gains). Enter the smaller of line 52 or line 53 here and on Form 1040, line 40.	54	60,160



**SCHEDULE H
(Form 1040)**

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)
 ▶ Attach to Form 1040, 1040NR, 1040NR-EZ, 1040-SS, or 1041.

GMB No. 1545-0074

2000

Attachment
Sequence No. 44

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

Name of employer

Barack H. Obama

Social security number

Employer identification number

A Did you pay any one household employee cash wages of \$1,200 or more in 2000? (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 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 2000 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 1999 or 2000 to household employees? (Do not count cash wages paid in 1999 or 2000 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 the back.

Part II Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see page 3)	1	16,000		
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2		1,964	
3	Total cash wages subject to Medicare taxes (see page 3)	3	16,000		
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4		464	
5	Federal income tax withheld, if any	5			
6	Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	6		2,448	
7	Advance earned income credit (EIC) payments, if any	7			
8	Net taxes (subtract line 7 from line 6)	8		2,448	

9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 1999 or 2000 to household employees? (Do not count cash wages paid in 1999 or 2000 to your spouse, your child under age 21, or your parent.)

- No. Stop. Enter the amount from line 8 above on Form 1040, line E6. If you are not required to file Form 1040, see the line 9 instructions on page 4.
- Yes. Go to line 10 on the back.

Part III Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Did you pay all state unemployment contributions for 2000 by April 16, 2001? Fiscal year filers, see page 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 ▶ <u>Illinois</u>		
14 State reporting number as shown on state unemployment tax return ▶		
15 Contributions paid to your state unemployment fund (see page 4)	15	279
16 Total cash wages subject to FUTA tax (see page 4)	16	7,000
17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26	17	56

Section B

18 Complete all columns below that apply (if you need more space, see page 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 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
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	2,448
27 Add line 17 (or line 25) and line 26	27	2,504

28 Are you required to file Form 1040?
 Yes. Stop. Enter the amount from line 27 above on Form 1040, line 56. Do not complete Part IV below.
 No. You may have to complete Part IV. See page 4 for details.

Part IV Address and Signature—Complete this part only if required. See the line 28 instructions on page 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 _____



Alternative Minimum Tax—Individuals

▶ See separate instructions.

2000

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. 32

Name(s) shown on Form 1040

Barack H. & Michelle L. Obama

Your social security number

Part I Adjustments and Preferences

1	If you itemized deductions on Schedule A (Form 1040), go to line 2. Otherwise, enter your standard deduction from Form 1040, line 36, here and go to line 6	1	
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2½% of Form 1040, line 34	2	6,013
3	Taxes. Enter the amount from Schedule A (Form 1040), line 9	3	9,389
4	Certain interest on a home mortgage not used to buy, build, or improve your home	4	1,499
5	Miscellaneous itemized deductions. Enter the amount from Schedule A (Form 1040), line 26	5	0
6	Refund of taxes. Enter any tax refund from Form 1040, line 10 or line 21	6	(157)
7	Investment interest. Enter difference between regular tax and AMT deduction	7	
8	Post-1986 depreciation. Enter difference between regular tax and AMT depreciation	8	
9	Adjusted gain or loss. Enter difference between AMT and regular tax gain or loss	9	
10	Incentive stock options. Enter excess of AMT income over regular tax income	10	
11	Passive activities. Enter difference between AMT and regular tax income or loss	11	
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (Form 1041), line 9	12	
13	Tax-exempt interest from private activity bonds issued after 8/7/86	13	
14	Other. Enter the amount, if any, for each item below and enter the total on line 14.		
	a Circulation expenditures		
	b Depletion		
	c Depreciation (pre-1987)		
	d Installment sales		
	e Intangible drilling costs		
	f Large partnerships		
	g Long-term contracts		
	h Loss limitations		
	i Mining costs		
	j Patron's adjustment		
	k Pollution control facilities		
	l Research and experimental		
	m Section 1202 exclusion		
	n Tax shelter farm activities		
	o Related adjustments		
14		14	
15	Total Adjustments and Preferences. Combine lines 1 through 14	15	16,744

Part II Alternative Minimum Taxable Income

16	Enter the amount from Form 1040, line 37. If less than zero, enter as a (loss)	16	220,224
17	Net operating loss deduction, if any, from Form 1040, line 21. Enter as a positive amount	17	
18	If Form 1040, line 34, is over \$128,950 (over \$64,475 if married filing separately), and you itemized deductions, enter the amount, if any, from line 9 of the worksheet for Schedule A (Form 1040), line 28	18	(3,347)
19	Combine lines 15 through 18	19	233,621
20	Alternative tax net operating loss deduction. See page 6 of the instructions	20	
21	Alternative Minimum Taxable Income. Subtract line 20 from line 19. (If married filing separately and line 21 is more than \$165,000, see page 7 of the instructions.)	21	233,621

Part III Exemption Amount and Alternative Minimum Tax

22	Exemption Amount. (If this form is for a child under age 14, see page 7 of the instructions.)		
	IF your filing status is . . .	AND line 21 is not over . . .	THEN enter on line 22 . . .
	Single or head of household,	\$112,500	\$33,750
	Married filing jointly or qualifying widow(er)	150,000	45,000
	Married filing separately	75,000	22,500
	If line 21 is over the amount shown above for your filing status, see page 7 of the instructions.		
23	Subtract line 22 from line 21. If zero or less, enter -0- here and on lines 26 and 28 and stop here	23	209,526
24	If you reported capital gain distributions directly on Form 1040, line 13, or you completed Schedule D (Form 1040) and have an amount on line 25 or line 27 (or would have had an amount on either line if you had completed Part IV) (as refigured for the AMT, if necessary), go to Part IV of Form 6251 to figure line 24. All others: If line 23 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 23 by 26% (.26). Otherwise, multiply line 23 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	24	55,020
25	Alternative minimum tax foreign tax credit. See page 7 of the instructions	25	
26	Tentative minimum tax. Subtract line 25 from line 24	26	55,020
27	Enter your tax from Form 1040, line 40 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 43)	27	60,160
28	Alternative Minimum Tax. Subtract line 27 from line 26. If zero or less, enter -0-. Enter here and on Form 1040, line 41	28	0

Part IV Line 24 Computation Using Maximum Capital Gains Rates

<p><i>Caution: If you did not complete Part IV of Schedule D (Form 1040), see page 8 of the instructions before you complete this part.</i></p>			29	209,526
29	Enter the amount from Form 6251, line 23			
30	Enter the amount from Schedule D (Form 1040), line 27 (as refigured for the AMT, if necessary). See page 8 of the instructions.	30	1,836	
31	Enter the amount from Schedule D (Form 1040), line 25 (as refigured for the AMT, if necessary). See page 8 of the instructions.	31	0	
32	Add lines 30 and 31	32	1,836	
33	Enter the amount from Schedule D (Form 1040), line 22 (as refigured for the AMT, if necessary). See page 8 of the instructions.	33	1,836	
34	Enter the smaller of line 32 or line 33	34	1,836	
35	Subtract line 34 from line 29. If zero or less, enter -0-	35		207,690
36	If line 35 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 35 by 26% (.26). Otherwise, multiply line 35 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	36		54,653
37	Enter the amount from Schedule D (Form 1040), line 36 (as figured for the regular tax). See page 8 of the instructions.	37	0	
38	Enter the smallest of line 29, line 30, or line 37	38	0	
39	Multiply line 38 by 10% (.10)	39		0
40	Enter the smaller of line 29 or line 30	40	1,836	
41	Enter the amount from line 38	41	0	
42	Subtract line 41 from line 40	42	1,836	
43	Multiply line 42 by 20% (.20)	43		367
<p><i>Note: If line 31 is zero or blank, skip lines 44 through 47 and go to line 48.</i></p>				
44	Enter the amount from line 29	44		
45	Add lines 35, 38, and 42	45		
46	Subtract line 45 from line 44	46		
47	Multiply line 46 by 25% (.25)	47		
48	Add lines 36, 39, 43, and 47	48		55,020
49	If line 29 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 29 by 26% (.26). Otherwise, multiply line 29 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	49		55,167
50	Enter the smaller of line 48 or line 49 here and on line 24	50		55,020

