<u>E 104</u>	<u>U</u>	U.S. Individual Income Tax Return	ZUUC	(99)	IRS Use Only - D	a not write	or stepte in this space,
Label		the year Jan. 1-Dec. 31, 2005, or other tax year beginning	. 2006	s, ending	, 20		OMB Na YS45-007-
(See	LI	our first name and initial	Last name				Your social security number
instructions	D -	BARACK H.	OBAMA				
on page 16.)	E	f a joint return, spouse's first name and initial	Last name				Spouse's social security in
Use the IRS	L	MICHELLE L.	OBAMA				
label. Otherwise, please print	ËL	iome address (number and street). If you have a P.O. box,			Apt	. no.	You must enter ▲ your SSN(s) abov
or type. Presidential	E	rity, town or post office, state, and ZIP code. If you have a foreign ad $\mathtt{CHICAGO}$, \mathtt{IL} 60615					Checking a box below will change your tax or refund.
Election Camp	-		ntly, want S3 to g	THE RESIDENCE OF THE PARTY OF T	WHEN PERSON NAMED AND POST OFFICE ADDRESS OF THE PARTY OF		
Filing Statu Check only	s 1	Single X Married filling jointly (even if only one had income) Married filling separately. Enter spouse's SSN above.	1	per			ng parson). If the qualit pendent, enter this child
one box.		and full name here.				th denen	dent child (see page 17
	6	a X Yourself, if someone can claim you as a depende	nl. do not check bo	х ба	mynig willower) w	ui depeni	Soxes checked
Exemptions		X Spouse		122 2000	******************		on 6a and 6c
			ependent's social	(3) Dependent's	(4) √ II qu ing child	ality. on 60 who:
		(1) First name Last name S	ecurity number	,	elationship to you	child tax of	o lived with you
		MALIA A. OBAMA		DAUGE	ITER	X	or separation (see page 20)
		NATASHA M. OBAMA		DAUGE	ITER	X	
f more than four dependents, see page 19.				-			Dependents on 6; not entered above Add numbers
		Total number of exemptions claimed					on lines
ncome	7	wages, salaries, tips, etc. Attach Form(s) W-2				1 7	430,70
Attach Form(s)	8:	Taxable interest. Attach Schedule B if required				8a	4,59
N-2 here. Also	ı	Tax-exempt interest. Do not include on line 8a		8b			
ittach Forms	98	Ordinary dividends. Attach Schedule B if required				. 9a	1,18
N-2G and 1099-R If tax	t	Qualified dividends (see page 23)		9b			
was withheld.	10	Taxable refunds, credits, or offsets of state and local inc	come taxes			10	
	11	Alimony received				11	
vou did not	12	Business income or (loss). Attach Schedule C or C-EZ				. 12	506,61
et a W-2,	13	Capital gain or (loss). Attach Schedule D if required. If n	ot required, check I	nere	\triangleright	13	-3,00
ee page 23.	14	Other gains or (losses). Attach Form 4797				14	
nclose, but do	15	IRA distributions15a	t	Taxable an	nount	. 15b	
ot attach, any	168	THE PERSON NAMED IN COLUMN TO PERSON NAMED I	i	Taxable an	nount	. 16b	
ayment. Also,	17	Rental real estate, royalties, partnerships, S corporation	s, trusts, etc. Attach	i Schedule E		17	
lease use orm 1040-V.	18	Farm income or (loss). Attach Schedule F				. 18	
	19	Unemployment compensation	••••••			. 19	
		Social security benefits 20a		Taxable an	nount (see page 27)	20b	
	21	Other income. List type and amount (see page 29) TREEHOUSE FOODS			F1 000		
	22	Add the amounts in the far right column for lines 7 through	igh 21. This is your	total lange	51,200		51,20
	23	Archer MSA deduction, Attach Form 8853	igit 2 1. This is your	23	<u>іе</u> Б	22	991,29
djusted	24	Archer MSA deduction. Attach Form 8853 Cartein business expenses of reservists, performing artists, and to officials. Attach Form 2106 or 2106-EZ	e-basis government	24		-	
ross	25	Health savings account deduction. Attach Form 8889		25	-	1	
icome	26	Moving expenses. Attach Form 3903		26		-	
	27	One-half of self-employment tax. Attach Schedule SE		27	7,470		
	28	Self-employed SEP, SIMPLE, and qualified plans		28			
	29	Self-employed health insurance deduction (see page 29)	29			
	30	Penalty on early withdrawal of savings		30			T.
	31a	Alimony paid b Recipient's SSN ▷	1:	31a			
	32	IRA deduction (see page 31)		32			
	33	Student loan interest deduction (see page 33)		33			
	34	Jury duty pay you gave to your employer	******	34			
	35	Domestic production activities deduction. Attach Form 8	903	35			have a
	36	Add lines 23 through 31a and 32 through 35				36	7,47
0001 -19-07	37						983,82

Form 1946 (2006)	E	ARACK H. & MICHELLE L. OBAMA	:			Page 2
Tax and	38	Amount from line 37 (adjusted gross income)			38	983,826.
Credits			Total boxes			
Stangard			checked	> 39a		
Deduction for -	b	If your spouse familizes on a superate return of you were a dual-status allien, see page 34 and o				
o People who checked any	40	Itemized deductions (from Schedule A) or your standard deduction (see left m			40	152,464.
box on line 39a or 395 Of who	_				41	831,362.
can be claimed	41	Subtract line 40 from line 38			41	031,302:
as a dependent.	42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hu			40	4,400.
		see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claim			42	826,962.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, en			43	
O All others: Single or	44	Tax, Check if any tax is from: a Form(s) 8814 b Form 4972			44	262,687.
Married filing	45	Alternative minimum tax. Attach Form 6251			45	
semaratery.	46	Add lines 44 and 45 ,			46	262,687.
Married Illing	47	Foreign tax credit. Attach Form 1116 if required	147			
izatty or	48	Credit for child and dependent care expenses. Attach Form 2441	48	1,200.		
Dealitying widowise	49	Credit for the elderly or the disabled. Attach Schedule R	49			
\$10,300	50	Education credits. Attach Form 8863	50			
Head of nousehold.	51	Retirement savings contributions credit. Attach Form 8880	51		Park.	
87.559	52	Residential energy credits. Attach Form 5695	52			
	53	Child tax credit (see page 42). Attach Form 8901 if required	53			
	54	Credits irom: 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	I-re	***************************************	56	1,200.
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-			57	261,487.
Note that the same of the same	58	Seif-employment tax. Attach Schedule SE			58	14,939.
Other	59	Social security and Medicare tax on tip income not reported to employer. Attach t	Form 4197		59	22/2020
Taxes	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if			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.
Devemonts	_	Federal income to withhold from Enema W 2 and 1000	64		03	211,431.
Payments		Faderal income tax withheld from Forms W-2 and 1099 2005 estimated tax payments and amount applied from 2005 return	65	215,000.		
	65			213,000.		
a you have		Earned Income credit (EIC)	66a		- 7	
Schedule EIC.		Nontaxable combat pay election > 66b			- 13	
CONTROL ETO.	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.		
		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 yo	ou overpald		73	40,856.
Direct deposit? See page 61		Amount of line 73 you want refunded to you. If Form 8888 is attached, check her	re	▷	74a	
and fill in 74b. D	> b	Routing Savings > d Account				
or Form 8888.	75	Amount of line 73 you want applied to your 2007 estimated tax	75	40,856.		
Amount	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see pa	ge 62	⊳	76	
You Owe	77	Estimated tax penalty (see page 62)	77	377.		
Third Party		you want to allow another person to discuss this return with the IRS (see page 6	3)? X Y	es. Complete the fo	ollowing.	No
Designee		gner; ▷ PREPARER ?hone ▷				ntification >
Sign	Under	penallies of perjury. I declare that I have examined this return and accompanying schedules and implete. Declaration of preparar (other than taxpayer) is based on all information of which prepara	statements, and	to the best of my know	tedge and be	list, they are true, correct.
Here		our signature Date Your occupation	-		Daytime	phone number
Joint feluin? See page 17.	A	US SENA	TOR			
Keep & Copy +		Spouse's signature, If a joint return, both must sign. Date Spouse's occupat	tion			
for your records.		HOSPITA	L ADMIN	ISTRATOR	6 5	
Paid	Prepar	oris N	ale	Check if self-	Preparer's S	SN or PTIN
Preparer's				employed	A STATE OF THE STATE OF THE STATE OF	
Hee Oak	Stanta.		AIN P.C	EIN	-	
	yours i	Isot-on- 180 N. LASALLE ST., SUITE 22		Phone	ī.,	
610002 11-37-06	ployed	CHTCAGO, II, 60601				

		Child Tax	Credit Works	sheet (keep for your rec	ords)		
Name(s): Firs BARACK		& MICHELLE L.	Last OBAMA			Your SCA	
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,			Per mile control	
		line 22, or Form 1040NR, line 36.		2	983,826.		
	3.	1040 filers: Enter the total of any-		1			
		 Exclusion of income from Puerto Rico, 	and	3	0.		
2		 Amounts from Form 2555, lines 45 and 	50; Form 2555-E2	2,			
		line 18; and Form 4563, line 15.)			
		1040A and 1040NR filers: Enter -0-,					
	4.	Add lines 2 and 3. Enter the total.	· · · · · · · · · · · · · · · · · · ·	4	983,826.		
	5.	Enter the amount shown below for your filling	ig status.				
		 Married filing jointly - \$110,000)			
		 Single, head of household, or qualifying Married filing separately - \$55,000 	widow(er) - \$75,0	5	110,000.		
		 Married filing separately - \$55,000 		J			
	6.	Is the amount on line 4 more than the amou					
		No. Leave line 6 blank. Enter -0- on	ACCEPT FOR		and or constant		
		X Yes. Subtract line 5 from line 4.		6	874,000.		
		If the result is not a multiple of \$1,0 \$1,000 (for example, increase \$425					
	7.	Multiply the amount on line 6 by 5% (.05).	Enter the result.	and the second features		7	43,700.
		Is the amount on line 1 more than the amou		The Distriction	OF 1 14 0 1004		
		X No. STOP					
		You cannot take the child tax credit	on Form 1040, lin	e 53, Form 1040A, line 33,			
		or Form 1040NR, line 48.	3	39 N			
		Yes. Subtract line 7 from line 1. En	ter the result.	######################################		. 8	
Part 2	9.	Enter the amount from Form 1040, line 46,					
		Form 1040NR, line 43.		*** *** *********************	*****	. 9	West restriction
	10.	1040 filers: Enter the total of the amounts f	rom lines 47 throu	gh 52. *) 10			
		1040A filers: Enter the total of the amounts					
		1040NR filers; Enter the total of the amount	s from lines 44 th	rough 47			
		* Include only the amount from Form 5695,	line 12.				
	11.	Are you claiming any of the following credit:	?				
		 Residential energy efficient property cred 	lit, Form 5695, Pa	rt II.			
		 Adoption credit, Form 8839 Mortga 	ge interest credit,	Form 8396			
		 District of Columbia first-time homebuye 	r credit, Form 885	9	725		
		No. Enter the amount from line 10.			}	. 11	
		Yes. Complete the Line 11 Worksh			,		
		Subtract line 11 from line 9. Enter the result			*************************	12	
	13.	Is the amount on line 8 of this worksheet me	ore than the amou	nt on line 12?		*	
		No. Enter the amount from line 8.	. 0	his is your			
		Yes. Enter the amount from line 12		hild tax credit.	alandar in decidents charges de-	13	

2210

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

2006

OMB No.1545-0140

Department of the Treasury Internal Revenue Service i> See separate instructions.
▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

Attachment Saguence No. DE

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 no	t owe a	penalty.
Ŭ No V					
Complete ines 8 and 9 below. Is line 6 equal to or more	Yes ,	You do not	owe a penalty. Do not	file Forn	n 2210 (but if box
than line 9?		E below ap	plies, you must file pag	e 1 of Fo	rm 2210).
↓ No					
You may owe a penalty. Does any box in Part II below apply?	Yes	You must f	ile Form 2210, Does bo	х В, С, о	r D apply?
No		No	Yes ⊳ Yo	ou must f	figure your penalty.
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.		figure it and figure it, you	required to figure your send you a bill for any may use Part III or Pa y amount on your tax re	unpaid a rt IV as a	amount. If you want to worksheet and enter
Part I Required Annual Payment (see page 2 of the	e instructions)				
1 Enter your 2006 tax after credits from Form 1040, line 57 (or compara	able line of your re	elurn)		1	261,487.
2 Other taxes, including self-employment tax (see page 3 of the instructi				2	15,944.
3 Refundable credits. Enter the total of your earned income credit, additi					
on fuers, and health coverage tax credit				3	
4 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, see pa				4	277,431.
5 Multiply line 4 by 90% (.90)		5	249,688.		3 2 2 2 2
6 Withholding laxes. Do not include estimated tax payments. See page 3	3 of the instructio	ns		6	103,604.
7 Subtract line 6 from line 4. If less than \$1,000, you do not owe a penal	lly; do not file Fo	rm 2210		7	173,827.
8 Maximum required annual payment based on prior year's tax (see pag				В	600,175.
9 Required annual payment. Enter the smaller of line 5 or line 8 Next; is line 9 more than line 6?				9	249,688.
No. You do not owe a penalty. Do not file Form 2210 unless box $\mathbb X$ Yes. You may owe a penalty, but do not file Form 2210 unless or	ne or more boxes	in Part II below	applies.		
If box B, C, or D applies, you must figure your penalty and file					
If only box A or E (or both) applies, file only page 1 of Form 22 will figure it and send you a bill for any unpaid amount. If you wan as a worksheet and enter your penalty on your tax return, but file	nt to figure your p	enalty, you may	e your penalty; the IRS use Part III or Part IV		

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.
- 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 X 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.
- 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.
- You filed or are filling 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).

LHA For Paperwork Reduction Act Notice, see page 7 of separate instructions.

Form 2210 (2006)



		1		Payment	Due Dates	
Se	ction A - Figure Your Underpayment		(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 Al, 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	19	25,901.	25,901.	85,901	180,901
	Complete lines 20 through 26 of one column before going to line 20 of the next column.					
20	Enter the amount, if any, from line 26 in previous column	20				30,426
21	Add lines 19 and 20	21		25,901.		. 211,327
22	Add the amounts on lines 24 and 25 in previous column	22		13,034.	11,384	
	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	0
	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.		
	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	
e	ction B - Figure the Penalty (Complete lines	27 th	rough 30 of one colur	nn before going to the	next column.)	THE STREET WATER THE PROPERTY OF THE PARTY OF
	April 16, 2006 - June 30, 2006		4/15/06	6/15/06		
nate region i	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	Days:	Days		
nate	28 Underpayment on line 27 × .07 × 365	28	\$	\$		
1	July 1, 2006 - April 15, 2007		6/30/06	6/30/06	9/15/06	1/15/07
יומוב ו פווסח ד	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 ATTACH	Days: ED WORKSHEE	Days: T	Days:
2001	Number of days On line 25 Number of days On line 29 X .08	30	s	5b	s.	c.

	hedule AI - Annualized Income Installment Me					· Jge 4
-	ites and trusts, do not use the period ending dates snown to the	1	(a)	(b)	(c)	(d)
	L. Instead, use the following: 2/28/06, 4/30/06, 7/31/06, and		1/1/06 - 3/31/06	1/1/06 - 5/31/06	1/1/06 - 8/31/06	1/1/06 - 12/31/06
1.00	30/06.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	17 1700 270 1700	17 1700 010 1700	17 1700 1270 1700
	art I Annualized Income Installments		J			
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
410	Annualized income. Multiply line 1 by line 2	3	669,004.	592,286.	647,633.	983,826
	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
	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	W.	-			
	from Form 1040, line 40, or Form 1040A, line 24 (Form 1040NR or			10		
	1040NR-EZ filers, enter -0 Exception: Indian students and business apprentices, enter standard deduction from Form 1040NR,					
	the 37, or Form 1040NR-EZ, line 11.)	7	10,300.	10,300.	10,300.	10,300
	Ester the larger of line 6 or line 7	8	153,576.	155,880.	154,218.	152,464
	Subtract line 8 from line 3	9	515,428.	436,406.	493,415.	831,362
	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 1040MR 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
	Figure your tax on the amount on line 11 (see instructions)	12	152,110.	124,453.	144,406.	262,687
	Self-employment tax from line 34 below		Rain Control of the C			
	(complete Part II)	13	21,131.	16,156.	14,718.	20,802
	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.
	Applicable percentage	18	22.5%	45%	67.5%	90%
	No uply 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 1	Enter the total of the amounts in all previous columns of line 25	20		38,935.	63,186.	1.07,277.
	Subtract line 20 from line 19. If zero or less, enter -0-	21	38,935.	24,251.	44,091.	147,688.
	Enter 25% (.25) of line 9 on page 1 of Form 2210 in each column	22	62,422.	62,422.	62,422.	62,422.
	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.
	enter the smaller of line 21 or line 24 here and on Form 2210,					
	ine 18	25	38,935.	24,251.	44,091.	142,411.
Pa	rt II Annualized Self-Employment Tax (Form 10-	10 file	rs only)			
26	lat earnings from self-employment for the period (see instructions)	26	44,281.	44,281.	104,924.	467,862.
7 1	Prorated social security tax limit	27	\$23,550	\$39,250	\$62,800	\$94,200
25 L	nter actual wages for the period subject to social security tax					
0	or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax	28	5,888.	19,625.	47,100.	94,200.
	Subtract line 25 from line 27. If zero or less, enter -0-	29	17,662.	19,625.	15,700.	0.
	knnualization amounts	30	0.496	0.2976	0.186	0.124
11 1	dultiply line 30 by the smaller of line 26 or line 29	31	8,760.	5,840.	2,920.	0.
	unualization amounts	32	0.116	0.0696	0.0435	0.029
3 h	Julioly line 26 by line 32	33	5,137.	3,082.	4,564.	13,568.
4 A	add lines 31 and 33. Enter nere and on line 13 above	34	13,897.	8,922.	7,484.	13,568.
	721-30-07				at any dispersional services	Form 2210 (2006

Frem	2210	(2006)

Form 2210 (2006)					Page .
Schedule AI - Annualized Income Installment Me	ethod	(See instructions.)			
Estates and trusts, do not use the period ending dates shown to the		(a)	(b)	(c)	(d)
right. Instead, use the following: 2/28/06, 4/30/06, 7/31/06, and 11/30/06.		1/1/06 - 3/31/06	1/1/06 - 5/31/06	1/1/06 - 8/31/06	1/1/06 - 12/31/06
Part I Annualized Income Installments					***
Enter your adjusted gross income for each period (see instructions).		000000000000000000000000000000000000000			
(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	
Annualized income. Multiply line 1 by line 2					
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		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		y y		
8 Enter the larger of line 6 or line 7	1				
9 Subtract line 8 from line 3					***************************************
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					
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				1 1141
15 Total tax. Add lines 12,13, and 14	15				***************************************
16 For each period, enter the same type of credits as allowed on Form	10				
2210, lines 1 and 3 (see instructions)	16		4		
17. Subtract line 16 from line 15. If zero or less, enter -0-	17				-
18 Applicable percentage	_	22.5%	45%	67.5%	90%
19 Multiply line 17 by line 18	19	22.576	4576	07.576	30.19
				**************************************	win
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		*************			THE PERSON NAMED IN
	23		- 1		
column 24 Add lines 22 and 23	24				
25 Enter the smaller of line 21 or line 24 here and on Form 2210,					
	25				
line 18 ▷ Part II Annualized Self-Employment Tax (Form 10	40 filer	s only)			
26 Net earnings from self-employment for the period (see instructions)	26	11,821.	19,701.	31,522.	47,283.
7 Prorated social security tax limit	27	\$23,550	\$39,250	\$62,800	\$94,200
18 Enter actual wages for the period subject to social security tax		\$20,000	φουμου	φα υ 1000	ψυ 1,600
or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax	28	0.	0.	0.	n
9 Subtract line 28 from line 27. If zero or less, enter -0-	29	23,550.	39,250.	62,800.	94,200.
O Annualization amounts	30	0.496	0.2976	0.186	0.124
1 Multiply line 30 by the smaller of line 26 or line 29	31	5,863.	5,863.	5,863.	5,863.
2 Annualization amounts	32	0.116	0.0696	0.0435	0.029
3 Multiply line 26 by line 32	33	1,371.	1,371.	1,371.	1,371.
	-		-		
4 Add lines 31 and 33. Enter here and on line 13 above > 2551 / 01-30-07	34	7,234.	7,234.	7,234.	7,234.

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

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 01/15/07 142,411. 111,985. 01/15/07 -25,901. 86,084.	larne(s)				Identifying Numb	ner ner
04/15/06 38,935. 38,935. 38,935. 04/15/06 -25,901. 13,034. 61 .000191781 15; 06/15/06 24,251. 37,285. .000191781 3; 06/15/06 -25,901. 11,384. 15 .000191781 19; 09/15/06 0. 11,384. 77 .000219178 19; 09/15/06 44,091. 55,475. 09/15/06 -25,901. 29,574. 09/15/06 -60,000. -30,426. 15 .000219178 01/15/07 142,411. 111,985. 01/15/07 -25,901. 86,084.	(A)	(B)	(C) Adjusted	Number Days	Daily	
04/15/06 -25,901. 13,034. 61 .000191781 15: 06/15/06 24,251. 37,285. .000191781 33: 06/15/06 -25,901. 11,384. 15 .000191781 33: 06/30/06 0. 11,384. 77 .000219178 19: 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. 01/15/07 142,411. 111,985. 01/15/07 -25,901. 86,084.			-0-			
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. 01/15/07 142,411. 111,985. 01/15/07 -25,901. 86,084.	04/15/06	38,935.	38,935.			
06/15/06 -25,901. 11,384. 15 .000191781 33 06/30/06 0. 11,384. 77 .000219178 193 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 01/15/07 142,411. 111,985. 01/15/07 -25,901. 86,084.	04/15/06	-25,901.	13,034.	61	.000191781	15:
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.	06/15/06	24,251.	37,285.	extension of the second		
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. 01/15/07 142,411. 111,985. 01/15/07 -25,901. 86,084.	06/15/06	-25,901.	11,384.	15	.000191781	33
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.	06/30/06	0.	11,384.	77	.000219178	192
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.	09/15/06	44,091.	55,475.			
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01/15/07 142,411. 111,985. 01/15/07 -25,901. 86,084.	09/15/06	-60,000.	-30,426.			
01/15/07 -25,901. 86,084.	12/31/06	0.	-30,426.	15	.000219178	
	01/15/07	142,411.	111,985.			
01/15/07 -155,00068,916.	01/15/07	-25,901.	86,084.			
	01/15/07	-155,000.	-68,916.			
						*
						Two states in the state of the

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

SCHEDULES A&B (Form 1040)

Schedule A - Itemized Deductions

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040

> Attach to Form 1040.

(Schedule B is on page 2)

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

Note	The state of the s				.	1 DUF SOCIA	a security number
Depart Content Conte	turet.	н.					
Expenses 3			Caution. Do not include expenses reimbursed or paid by others.				
Expenses 3	and		Medical and dental expenses (see page A·1)	1			
Taxes You Subtract line 3 from line 1, liline 3 is more than line 1, enter -0. 4			Enter amount from Form 1040, line 38	-			
Taxes You S	Expenses	3	Multiply line 2 by 7.5% (.075)	3			
Paid G Real estate taxes (see page A.3) G 16,181.		4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		*******	4	
See Page A-3 8 0 0 0 0 0 0 0 0 0	Taxes You	5	State and local income taxes SEE STATEMENT 3	5			
Second S	Paid	6	Real estate taxes (see page A-3)		16,	181.	
Second S	(See	7	Personal property taxes	7			
Pack Second Sec	page A-3.)	8					
Second Company Seco			>	:		- 1	
9 Add lines 5 through 8 9 48,375.				8			
Interest 700 Polici (See page A3.) Note, Personal interest is 10 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A3 and show that person's name, identifying no. and address 12		9	Add lines 5 through 8			9	48,375.
Home mortgage interest not reported to you on Form 1098. If paid to the person form whom you bought the home, see page A3 and show that person's name, identifying no., and address 1	Interest	10	Home mortgage interest and points reported to you on Form 1098		60,	449.	
Identifying no., and address Parsonal interest Points not reported to you on Form 1098. 11	You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid to the person		-		
Points not reported to you on Form 1098. 11	(See		from whom you bought the home, see page A-3 and show that person's name, identifying no, and address				
Note	page A-3.)	1					
Personal Interest is 12 Points not reported to you on Form 1098 12 Investment interest. Attach Form 4952 if required. (See page A-4.) 13 4 60 , 449 .	Note.	4.5		111			
13 Investment interest. Attach Form 4952 if required. (See page A-4.) 13 40 60 , 449 .	Personal	10	Points not reported to you on Form 1008				
deductible. 14 Add lines 10 through 13.	110.00		Investment interest. Attach Form 4952 if required. (See page 4.4.)	12	-		
Charity 16 17 18 19 19 19 19 19 19 19	deductible.					144	60 440
Charity 16 17 18 19 19 19 19 19 19 19	Gifts to	-	Gifts by each at check QFF QTA TEMENT A	Tag	60	307	00,449.
You must attach Form 8283 if over \$500 16	The state of the s		Other than by cook or check. If any cit of 2050 as year A.F.	15	00,	301.	
Add lines 16 through 17 Casualty and Theft Losses 19 Casualty or theft loss(es). Attach Form 4684. (See page A-6.) 19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required, (See page A-6.) 20 21 Tax preparation fees 21 Cother expenses - investment, safe deposit box, etc. List type and amount 22 Add lines 20 through 22 Enter amount from Form 1040, line 38 24 Multiply line 24 by 2% (.02) 25 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0. 26 Other - from list on page A-7. List type and amount 27 Viscalianeous Deductions 25 Fortal 28 Is Form 1040, line 38, over \$150,500 (over \$75,250 it married filing separately)? No. Your deduction is not limited. Add the amounts in the fair right column for lines 4 through 27. Also, enter this amount to Form 1040, line 40. STMT 5 28 152,464.		10	Volument attack Form 9383 if over \$500	10			
Add lines 16 through 17 Casualty and Theft Losses 19 Casualty or theft loss(es). Attach Form 4684. (See page A-6.) 19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required, (See page A-6.) 20 21 Tax preparation fees 21 Cother expenses - investment, safe deposit box, etc. List type and amount 22 Add lines 20 through 22 Enter amount from Form 1040, line 38 24 Multiply line 24 by 2% (.02) 25 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0. 26 Other - from list on page A-7. List type and amount 27 Viscalianeous Deductions 25 Fortal 28 Is Form 1040, line 38, over \$150,500 (over \$75,250 it married filing separately)? No. Your deduction is not limited. Add the amounts in the fair right column for lines 4 through 27. Also, enter this amount to Form 1040, line 40. STMT 5 28 152,464.	gift and got a	-1-7	Company from prior year	16			
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Theft Losses 19		10	Add lines 15 through 17			18	60,307.
Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required, (See page A-6.)	Theft Losses	19	Casualty or theit loss(es), Attach Form 4684. (See page A-6.)			. 19	
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23 Add lines 20 through 22 23 24 Enter amount from Form 1040, line 36 25 Multiply line 24 by 2% (.02) 25 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0 26 Other - from list on page A-7. List type and amount Orductions Deductions Polymer 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. If you elect to itemize deductions even though they are less than your standard deduction, cneck here		22	Other expenses - investment, safe deposit box, etc. List type and amount				
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25 Multiply line 24 by 2% (.02) 26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- Other Miscellaneous Deductions 27 Other - from list on page A-7. List type and amount Coductions 28 Is Form 1040, line 38, over \$150,500 (over \$75,250 it married tilling separately)? Total ternized 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. 29 If you elect to itemize deductions even though they are less than your standard deduction, check here			Enter amount from Form 1040 line 38	120			
Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- Other Wiscellaneous Deductions 27 Other - from list on page A-7. List type and amount Deductions 28 Is Form 1040, line 38, over \$150,500 (over \$75,250 it married tilling separately)? Total temized 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. 29 If you elect to itemize deductions even though they are less than your standard deduction, check here				25			
Other - from list on page A-7. List type and amount Seductions			Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	1201		26	
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Total 28 Is Form 1040, line 38, over \$150,500 (over \$75,250 it married filling separately)? temized 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. 29 If you elect to itemize deductions even though they are less than your standard deduction, check here							
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X Yes. Your deduction may be limited. See page A-7 for the amount to enter. 29 If you elect to itemize deductions even though they are less than your standard deduction, check here	Deductions		for lines 4 through 27. Also, enter this amount on Form 1040, line 40.	STIME	r 5	> 28	152.464.
29 If you elect to itemize deductions even though they are less than your standard deduction, cneck here	on a communication of the second seco]		-	
		29		k here			
	LHA	For				hedule A	(Form 1040) 2006

	2 Add the amounts on line 1	2	4,590
	3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
	4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a	4	4,590
	Note. If line 4 is over \$1,500, you must complete Part III.	_	Amount
Part II Ordinary Dividends	5 List name of payer DNORTHERN TRUST SECURITIES		1,188
Note: If you received a Form 1099-DIV or substitute			
statement from a brokerage firm, ast the firm's name as the payer and enter		5	
the ordinary dividends shown on that form.			
		1	

Note. If line 6 is over \$1,500, you must complete Part III. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign Part III Yes No Foreign account; or (c) received a distribution from, or were a granter of, or a transferor to, a foreign trust. 7a At any time during 2006, did you have an interest in or a signature or other authority over a financial Accounts account in a foreign country, such as a bank account, securities account, or other financial account? and X b If "Yes," enter the name of the foreign country ▷ Trusts 8 During 2006, 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

Add the amounts on line 5. Enter the total here and on Form 1040, line 9a

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

Schedule B (Form 1040) 2006

list the firm's name as the payer and enter the total interest shown on that form.

1,188.

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

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

OMB No. 1545-007-Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service (99) > Attach to Form 1040, 1040NR, or 1041. See Instructions for Schedule C (Form 1040) Name of proprietor Social security number (SSI) 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 ▶ 711510 Business name. If no separate business name, leave blank. D Employer ID number (Elf4), 1 any BARACK H. OBAMA 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) I> _______ Did you "materially participate" in the operation of this business during 2006? If "No," see page C-3 for limit on losses X Yes G If you started or acquired this business during 2006, check here |Part | Income 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 Subtract line 2 from line 1 3 3 Cost of goods sold (from line 42 on page 2) 4 Gross profit. Subtract line 4 from line 3 5 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-3) SEE STATEMENT 6 551,240. Gross income, Add lines 5 and 6 551,240. Part II | Expenses, Enter expenses for business use of your home only on line 30. 8 Office expense Advertising 18 Car and truck expenses Pension and profit-sharing plans 19 19 (see page C-4) 20 Rent or lease (see page C-5): Commissions and fees 34.852. 10 10 a Vehicles, machinery, and equipment 20a Contract labor 11 Other business property 20b (see page C-4) Repairs and maintenance 11 21 21 Depletion Supplies (not included in Part III) 12 12 22 22 Depreciation and section 179 23 Taxes and licenses 23 expense deduction (not included in 24 Travel, meals, and entertainment Part III) (see page C-4) 13 a Travel 24a Employee benefit programs (other b Deductible meals and entertainment (see page C-6) than on line 19) 24b 14 15 Insurance (other than health) Utilities 15 25 Wages (less employment credits) 16 26 26 16a Mortgage (paid to banks, etc.) Other expenses (from line 48 on 16b Other page 2) 27 17 Legal and professional 9,770. Total expenses before expenses for business use of home. Add lines 8 through 27 in columns 28 44,622. 28 Tentative profit (loss). Subtract line 28 from line 7 506,618. 29 29 30 Expenses for business use of your home. Attach Form 8829 30 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. 506,618. o If a loss, you must go to line 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, All investment line 13 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. 320 Some Investment o If you checked 32b, you must attach Form 6198. Your loss may be limited. 32b

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

Schedule C (Form 1040) 2006

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury

| See Instructions for Schedule D (Form 1040). | See Instructions for Schedule D (Form 1040).

Mamo(a) shown on return				Your soci	Sequence No. 12 al security number
BARACK H. & MICHELLE L. OF				ATTACHED THE PROPERTY.	
Part I Short-Term Capital Gains and	(b)Date	ets Held One Yo	ear or Less		r
(a) Description of property (Example: 106 str. XYZ Co.)	acquired (Mo., day, yr.)	(c) Date sold .	(d) Sales price	(E) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
					-
		*			
				Constant and and and and and and and and and and	-
Enter your short-term totals, if any, from Scher	dule D-1, line 2	2			
Total short-term sales price amounts, Add lines 1 and 2 in column (d)		3			
Short-term gain from Form 6252 and short-term	m gain or (loss)				
from Forms 4684, 6781, and 6824 Net short-term gain or (loss) from partnerships	C corporations o	totale and to the		4	
from Schedule(s) K-1				5	
Short-term capital loss carryover. Enter the am	nount, if any, from I	ine 10 of your Capi	ital Loss		
Carryover Worksheet in the instructions			***************************************	6	(10,136
Net short-term capital gain or (loss). Combi	ne lines 1 through	6 in column (f)		7	-10,136
Part II Long-Term Capital Gains and I	osses - Asset	s Held More TI	nan One Year	·····	20/200
(a) Description of property (Example: 180 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)
NUVEEN FLOATING RATE PFD				Commercial	
SHS	02/28/05	04/11/06	100,000.	100,000.	

Enter your long-term totals, if any, from Schedu	le D-1, line 9	. 9			
Total long-term sales price amounts. Add lines 8 and 9 in column (d)		40	100 000		
Gain from Form 4797, Part I; long-term gain from	n Forms 2439 and	6252; and	100,000.		
long-term gain or (loss) from Forms 4684, 6781,	and 8824	*************************		11	
Net long-term gain or (loss) from partnerships, S					
from Schedule(s) K-1 Capital gain distributions	**************			12	
Long-term capital loss carryover. Enter the amount	unt, if any, from line	a 15 of your Capital	Loss	13	
Carryover Worksheet in the instructions			···	14	(
Net long-term capital gain or (loss). Combine Part ill on page 2	THE RESERVE TO SERVE TO SERVE THE PARTY OF T			15	
For Paperwork Reduction Act Notice, see F	prm 1040 or Form	1040NB Instruction	ne		(Form 1040) 2000

15490403 131470 40C01F

	tule D (Form 1040) 2006 BARACK H. & MICHELLE L. OBAMA		
Pa	rt 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 13, or Form 1040NR, line 14. Then go to line 17 below	16	-10,136.
17	Are lines 15 and 16 both gains? Yes. Go to line 18. 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-8 of the Instructions	> 18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions	⊳ 19	
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.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	O The loss on line 16 or SEE STATEMENT 7	21	3,0003

Use the fill field. Otherwise is a continued of the composition of th	§ 1040	0_	U.S. Individual Income Tax Return	2005) (93)	IAS Use Oply • Don	al write ar s	stopia in Inls space,
Committee Comm	I ahal			, 2005	5, anding	,20	"	OMB No. 1545-0074
Use the filt liabil. Otherwise is a filter control to the control	(The state of the	LY	ur IIrst name and Initial	Last name		Man and	Ye	our social security number
Use the filt liabil. Otherwise is a filter control to the control	Instructions	AE		OBAMA				
Use the filt liabil. Otherwise is a filter control to the control	on page 16.)	E If	i joint return, spouse's first name and initial	Last name		THE PERSON NAMED IN	Ep	normal reservoiry number
Otherwise, please print or type. City came _ sould elies, state, and 28 can, 7 you nere a finite, and control or type. City CAGO, T.T. 6 0 6.1.5 City Ca		L M						
or type. E	label.	H		pox, see page 16.	THE PROPERTY OF	Apt. n	0.	You must enter
or type. E	Otherwise,		7.00					A your SSN(s) above. A
Election Campaign > Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 19 you Signific Filling Status		E		n Búdieša, see pags 16			C	raciting a box below will not
Single S				MAD A STATE OF THE		Wednesday .		
2	Election Camp			jointly, want \$3 to g				
Check only	Filino Status	5						
Direct colly Direct box. Direct box. Direct box		2			per	son is a child but not y	our depa	ndent, enter this child's
Exemptions Sea		3		above				
The companies Security number Companies Compan	one bax.	- Anna Ann			5 Qua	lifying widow(er) with	depender	nt child (see page 17)
Common C	Exemptions	61	X Yourself. If someone can claim you as a depe	ndent, do not check bo	x 6a			Boxas chacked 2
Dependenties Dependenties College Dependent	and the same	U	X Spouse					No. of children
MALIA A, OBAMA DAUGHTER X Calcing and a control of appendicate, as a page 16.		G			(3	Dependent's Platforship to	ing child for	o llynd with you Z
MATASHA M. OBAMA DAUGHTER X				second notice		y	(see page 19)	Vou clue to divorce
Import plant floor dependents Separate				··· -	-	ALTERNATION OF THE PROPERTY OF THE PARTY OF		(Sea bada 50)
dependents, say page 192. d	K more than four		MATASHA M. OBAMA		DAUGE	TER	X	T. Dipondistress II.
Trace Trac	dependents,		The second secon					
March Form(s) Wages, saler(set, stos, etc. Attach Form(s) W-2	see page 19.							Add numbera
Attach Form(s) W-2 hard, Alloe Tax-beempt interest. Do not include on line Bs Continery official for tax beempt interest. Do not include on line Bs Continery official for tax beempt interest. Do not include on line Bs Continery official for tax beempt interest. Do not include on line Bs Continery official for tax beempt interest. Do not include on line Bs Continery official for tax beempt interest. Do not include on line Bs Continery official for tax beempt interest. Do not include on line Bs Continery official for tax beempt interest. Attach Schedule B If required. Continery official for file for file for tax been and local income taxs. Continery official for file for file for file for the file for fil	***********	D d	Total number of exemptions claimed.					Boove In-
W-2 hera, Alico attach Forms 9a Ordinary dividendes. Attach Schedule B if required 9b 2,754	Income		wages, salaries, tips, etc. Attach Form(s) W-2				7	471,009.
attach Forms W-26 and 1098-R II tax was withheld. 11 If you did not got a W-2. see page 22. 12 If you did not got a W-2. see page 22. 13 If you did not got a W-2. see page 22. 14 If you did not got a W-2. see page 22. 15 If Allmony received 16 If Allmony received 17 If Allmony received 18 If you did not got a W-2. see page 22. 19 If Allmony received 19 If You did not got a W-2. see page 22. 19 If Allmony received 10 If Allmony received 11 If you did not got a W-2. see page 22. 14 If You did not attach, any payment, Also, please of state and focal income taxes. If If It	Attach Form(s)		Taxable Interest. Attach Schedule B if required		qengana		8a	13,385.
1099-R111 tax 10			Tax-exempt interest. Do not include on line Ba		86		- 1	
1099-R. If tax was withheld. 10 Taxable refunds, credits, or offsets of state and local income taxes STMT 2 STMT 4 10 3 3 1 1 1 1 1 1 1 1			Ordinary dividends: Aftech Schedule Bill required .		· · · · · · · · · · · · · · · · · · ·		100000000000000000000000000000000000000	2,754.
11	1099-R If text	11127	Gualined dividends (see page 23)		96	2,754		4.1.2
12 12 1, 141, 41	was withheld.		Taxable religious, credits, or onsets of state and lock		352.			
goi a W-2, see page 22. 14 Other gains or (loss). Attach Schedule 0 If required, if not required, check here			Puninger Income of Cons.) Attack Calculus Cons.		******************			
14		3753	Conito pain or (loss), Attach Schedule C or L-	Y				1,141,495.
Find 15a		250	Other pains or (losses) Attach Serious O il required	. it not required, check	nere	▷ □	-	-3,000.
182 Pensions and annulties 182 b Taxable amount (see page 25) 16b	and hade to	153000	IDA distributions				-	
17	Enclose, but do	3.5	Taxable amount (see page 25)					
Parm Income or (loss). Attach Schedule F 18			Renial real actata roughles partnerships & paragra	tions trusts at Atlan	e Cabadde at	nonur (see báde 59)	arresements on	
19			Farm Income or (Ince). Attach Schodule C	auons, a osis, etc. Ataic	n Schedule i		mammet 21	TTTT ALL DURING LUI TO A LUI T
202 Social security benefits 203			Unemployment compensation	••••••				
21 35,000 SEE STATEMENT 1 21 45,000		277	Social security henefits 1 20s I		h Toyalda ay	notion formance (17)	-	
SEE STATEMENT 1			Other Income. List type and amount (see page 29)		מ ומאמטוים מו	monut (see hade st.)	200	
22 Add the amounts in the far right column for lines 7 through 21. This is your total fneame		57.50					- 21	45 000
23 Educator expenses (see page 29) 24 24 25 24 26 25 26 26 26 27 27 28 27 28 27 28 28		22	Add the amounts in the far right column for lines 7	through 21. This is you	r total Incom	ne la-	- CONTRACTOR NO.	
100me 25 Fealth savings account decludon, Artach Form 8989 25 100me 26 Moving expenses, Attach Form 3903 26 27 One-half of self-employment tax. Attach Schedule SE 27 1.5 , 889 , 26 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction (see page 30) 29 30 Ponalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN >		23	Educator expenses (see page 29)	The state of the s	23	The state of the s	+	1,0,0,0,00
100me 25 Fealth savings account decludon, Artach Form 8989 25 100me 26 Moving expenses, Attach Form 3903 26 27 One-half of self-employment tax. Attach Schedule SE 27 1.5 , 889 , 26 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction (see page 30) 29 30 Ponalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN >	Adjusted	24	Contain business expenses of reserviste, performing enieta, a officials. Attach from 2105 or 2106-52	and lee-béele government	THE OWNER OF THE OWNER, WHEN	»Eninenni	1	
Moving expenses, Attach Form 3903 26 27 1.5 , 8.8.9 , 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction (see page 30) 29 30 Ponalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN >	Gross	25	Health savings account deduction. Attach Form 858	9	25		1	
27	ncome	26	Moving expenses. Attach Form 3903				1	
26 Self-employed SEP, SIMPLE, and qualified plans 20 29 Self-employed health insurance deduction (see page 30) 29 30 Ponalty on early withdrawal of savings 30 310 Alimony paid b Recipient's SSN > 310 32 IRA deduction (see page 31) 32 33 Student loan interest deduction (see page 33) 38 34 Tuition and fees deduction (see page 34) 94 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 31a and 32 through 35 36 1.5, 88		27	One-half of self-employment tax. Attach Schedule S	E	27	15,889		
29 Self-employed health insurance deduction (see page 30) 29 30 Ponalty on early withdrawal of savings 30 310 Alimony paid b Recipient's SSN > 310 311 310 310 310 310 310 310 310 310		26	Self-employed SEP, SIMPLE, and qualified plans		BERKENSHALING		7	
20 Ponalty on early withdrawal of savings 30 31a 31a 32 IRA deduction (see page 31) 32 33 Student loan interest deduction (see page 33) 38 34 Tuition and fees deduction (see page 34) 35 Domestic production activities deduction. Attach Form 8903 35 35 36 Add lines 23 through 31a and 32 through 35 36 1.5 88 88 Add lines 23 through 31a and 32 through 35 36 1.5 88 88 88 88 88 88 88		58	Self-amployed health insurance deduction (see page	e 30)	29			
31a Alimony paid b Recipient's SSN >		90	Penalty on early withdrawal of savings		30	A DESCRIPTION OF THE PARTY OF T	1 1	
32 IRA deduction (see page 31)		31a	Alimony paid b Recipient's SSN (>	1 1	31a	The state of the s	1	
33 Student loan interest deduction (see page 33) 38 38 34 Tultion and fees deduction (see page 34) 35 Domestic production activities deduction. Attach Form 8903 35 35 36 Add lines 23 through 31a and 32 through 35 36 1.5, 88		32	IRA deduction (see page 31)		32			
34 Tultion and fees deduction (see page 34) 94 35 Domestic production activities deduction. Attach Form 8903 35 35 36 1.5 , 88			Student loan interest deduction (see page 33)		33	The state of the s		
35 Domestic production activities deduction. Attach Form 8903		50000	Tultion and fees deduction (see page 34)		94	VINANCE CO.		
36 Add lines 23 through 31a and 32 through 35			Domestic production activities deduction. Attach Fo.	rm 8903	35			
17 65 Ac 07 Dubbanks 10 - 00 Committee 00 The 1	510001		Add lines 23 through 31a and 32 through 35				36	15,889.
1-08-0s 37 Subtract line 36 from line 22. This is your adjusted gross Income > 37 1,655,10	AND PROPERTY OF THE PERSON NAMED IN	37	Subtract line 36 from line 22. This is your adjusted	gross Income			37	1,655,106.

Form 1046 (20		ARACK H. & MICHELLE L. OBAMA				Page 2
Tex and	38	Amount from line 37 (adjusted gross income)		7 mm	1 38	1,655,106.
Gredits	39£	Chack J You were born before January 2, 1941. Blind.	Total boxes	100000		7,000,000
Standurd Deduction (ar-		II: Spouse was born before January 2, 1941, Blind.	checked 1> 39	a		
D Engple who	b	If your spouge Hamized on a deparate return or you were a dual-starte ellen, see page 25 and o	tingk here	39b		
checked any	40	Itemized deductions (from Schedule A) or your standard deduction (see left m	argin)		40	112,408.
or 350 Of with can be claimed	41	Subtract line 40 from line 38			41	1,542,698.
as a dependen		If line 38 is over \$109,475, or you provided housing to a person displaced by Hu	rricane Katrina.			
	1	see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claim	ned on line 6d		42	0.
1	43	Taxable Income. Subtract line 42 from tine 41. If line 42 is more than line 41, en	ter -0-		43	1,542,698.
C Ali otheret	44	Tax. Check If any tax is from; a Form(s) 8814 b Form 4972			44	513,456.
Single or Martied filing	45	Alternative minimum tex. Attach Form 6251			45	
88carately. \$5,000	46	Add lines 44 and 45		>	46	513,456.
Mented filing	47	Foreign tax credit. Attach Form 1116 if required	47			00072007
jaindy of Gualifying	48	Credit for child and dependent care expenses. Attach Form 2441	48	1,200		
widow(cr).	49	Credit for the elderly or the disabled. Attach Schedule R	49		1	
510,000	50	Education credits. Attach Form 8863	50		1	
Head of household,	51	Retirement savings contributions credit. Attach Form 8880	51		1	
57,300	52	Child tax credit (see page 41). Attach Form 8901 if required	52		1 1	
	53	Adoption credit. Attach Form 8839	63		1 1	
L	54	Credits from: a Form 8396 b Form 8859	54		1	
	55	Other credits. Check applicable box(es): a Form 3800			-	
		b Form 8901 G Form	56			
	56	b Form 8901 c Form Add lines 47 through 55, These are your total credito	00		- 56	1,200.
	57	Subtract line 56 from line 46, If line 56 is more than line 46, anter -0		<u>~</u>	57	512,256.
211	58	Self-employment tax. Attach Schedule SE	***************************************	p.	58	31,776.
Other	59	Social security and Medicare tax on tip Income not reported to employer, Attach ?	orm 4137		59	31,1101
Taxes	60	Additional tax on IRAs, other qualified rettrement plans, etc. Attach Form 5329 if r	60			
	61	Advance samed income credit payments from Form(s) W-2	equired		61	
	62	Household employment taxes, Attach Schedule Η			62	1,582.
	63	Add lines 57 through 62. This is your total tax	······································		63	545,614.
Payments	64	Faderal income tax withheld from Forms W-2 and 1099	64 1.1.	1,747	- Partier of	1441644
	65	2005 estimated tax payments and amount applied from 2004 return	65	6 / / 6 / 9	1	
il you have L	-669	Sarned income credit (EIG) ,	66a	-	1	
a sudifying child, ettach		Nontaxable combat pay election	uua		1	
Schodula EIO.	67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67			
	68	Additional child tax credit. Attach Form 8812	68		1	
	69	Amount paid with request for extension to life (see page 59)	89	THE PERSON NAMED IN	-	
	79	Payments fram: a Form 2439 b Form 4136 c Form 8865	70		1	
		Add lines 64, 65, 66a, and 67 through 70. These are your total payments		h-	71	114,747.
Refund	72	If time 71 is more than line 63, subtract line 63 from line 71. This is the amount yo	u overneid		72	112,121
Direct	73a	Amount of line 72 you want refunded to you	3		78a	
angeger See page 59] and fill in 73b,	> b!	Amount of line 72 you want refunded to you	***************************************		100	
and fill in 73b, " 73b, and 73d,	74	Amount of line 72 you want applied to your 2006 estimated lax	74		1	
Amount	75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see pa		P.	75	430,867.
		그걸 맞았다. 그리는 사람들이 되었다. 그리고 있는 사람들은 그리고 있다. 그리고 있는 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은	76		10	200,007;
Third Part	V Do	you want to allow another person to discuss this return with the IBS (see page 6		mulete the f	ollowlog	LJ No
Designee	Deal	Photer DD PID A D PID	ij: land (ba.du	uhierė (19 1	Paraonal !	dontification p.
Sign	Under	nd. For a control of the property of the state of the sta	statements, and to the b	est of my lino	number (F viedge and	boilet, they are true, correct,
Here	end co	our signature Date Your occupation	r has any knowledgo,		ı Caviln	זמלקיטה פחסאק פו
Joint raturn?		US SENA	TOR			
See page 17. Keep a copy	73	pouso's signature. If a joint return, both must sign. Date Spouse's occupan				
for your records.		HOSPITA	L ADMINIST	מחות ביי		
Peld	Prepare	To D		: if cell-	manusco.	SSN or PTIN
Preparer's	signatu		emple		- reparet s	Section 19
Use Only	200		AIN P.C.	EW	٠	
	yours if	sell-om- 180 N. LASALLE ST. SITTE 22		Phone	no-	'
510002 11-05-05	ployed) and ZIP	, accrese,	* *			
		A A A A A A			13457000000000	

		Child Tax Credit Worksheet (keep for your records)	TOTAL PROPERTY.
Name(s): Firs		ILOS	Your SSN
BARACA		& MICHELLE L. OBAMA	
Part 1	1.	Number of qualifying children: 2 X \$1,000. Enter the result. Enter the amount from Form 1040, line 38, or Form 1040A, line 32. 2 1,655,106.	1 2,000.
	2,	Enter the amount from Form 1040, line 38, or Form 1040A, line 22	
	8.		
		Exclusion of income from Puerto Alco, and 3 0.4	
		Amounts from Form 2556, 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,	
	Ģ,	Enter the amount shown below for your filing status, Married filing jointly - \$110,000	
		© Simple heard of household on puellising subjected that one	
		Single, head of household, or qualifying widow(er) - \$75,000 5 110,000. Married filling separately - \$55,000	
	6	Is the amount on line 4 more than the amount on line 5?	
	u.	No. Leave line 6 blank. Enter -Q- on line 7.	
		Yes. Subtract line 5 from line 4. 6 1,546,000.	
		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).	
1	7.	Multiply the amount on line 6 by 5% (.05), Enter the result.	7 77,300.
	₽.	Is the amount on line 1 more than the amount on line 77	17,300 6
		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.	B
Parti2	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.	PROFILE
		1040A filers: Enter the total of the amounts from lines 26 through 32.	
		Are you claiming any of the following credits?	
		 Adoption credit, Form 8839 Mortgage interest credit, Form 8896 	
		District of Columbia first-time homebuyer crodit, Form 9959	
		No. Enter the amount from line 10.	11
		Yos. Complete the Line 11 Worksheet to figure the amount to enter here.	
	12.	Subtract line 11 from line 9. Enter the result	12
	19.	is the amount on line 8 of this workshoot more than the amount on line 12?	
		No. Enter the amount from line 8. This is your	
		Yes, Enter the amount from line 12. shilld tax credit,	13

SCHEDULES Form 1040)		(Schedule B is on page 2)		A1	2005 techinani Iguanos No. 07
leparament of the Trea sternal Havanus Servis	aury	(Form 1040. Deserons for Schedules A&B (Form 1040. Desero	יטוי וחי		econtry number
iamele) eneman en Ferr	n 1040				
BARACK H.	G	MICHELLE L. OBAMA	Inc. Inc.		
Viedical		Caution. Do not include expenses reimbursed or paid by others.	. 1		
ากป	1	viedical and dental expenses (see page A-2)	1		
Dental		Enter amount from Form 1040, line 38	Party.		
Expenses	3	Multiply line 2 by 7.5% (.075)	3		
		Subtract line S from line 1. If line 3 is more than line 1, enter-0-	locatel T		
Taxes You		State and local (check only one box):			
Paid		Income texes, or		47,950.	
See		General salas taxes (see page A-3) SEE STATEMENT 7.	6	*£1,220:	
:agé A-2.)		Real estate taxes (see page A-5)	-	***************************************	
	7	Personal property taxes	7		
	E	Other taxes, List type and amount			
	j.		8		
			lanacuri.	9	47,95
	-	Add lines 5 through 8	10	32,418.	B . 7
Interest	10	Home mortgage interest and points reported to you on Form 1098 Home mortgage interest not reported to you on Form 1098. If paid to the person	-		
You Paid	85	Home mortgage interest and points reported to you on Form tose. If paid to the person from which paid to the person from whom you bought the home, see page A-8 and show that person's name, identifying no., and address			
(Saa j bage A-5.)		dentifying no., and address	5		
Hers-Charles	D		11		
Note. Personal	40	Points not reported to you on Form 1098.	12		
interest la	12 13	Investment interest. Attach Form 4952 if required. (See page A-B.)	13		
not deductikile.	14	Add lines 10 through 13	losstone,fass		32,41
Gifts to	158	Add lines 10 through 13 Total glits by cash or check. SEE STATEMENT 8	15a	77,315.	
Charity	l'a	Gifts by cash or check after August 27, 2005, that you			
Midiar		elect to treet as qualified contributions15h			
	16	Other than by cash or check. If any gift of \$250 or more, see page A-7.	1000	4	
lf you made a		You must attach Form 8283 if over \$500			
gift and got a benefit for it,	17	Carryover from prior year			
sec page A-7.		Add lines 15a, 16, and 17			77,31
Casualty and Theft Lygnos	19	Casualty or theft loss(es), Attach Form 4684, (See page A.6.).		19	
Job Expenses	20	Unreimbursed employee expenses - job travel, union dues, job education, etc.	17.5		
and Certain		Attach Form 2106 or 2106-EZ if required. (See page A-8.)	1.5		
Miscellaneous Deductions	To				
			20	610	
	21	Tax preparation fees	21	618.	
	22	Other expenses - investment, safe deposit box, etc. List type and amount			
(Ses	D	ESTATE PLANNING FEES 2,500.			
page A:0.)			22	2,500.	
			-	3,118.	
	23	Add lines 20 through 22	1910	27,224,4	
			25	33,102.	
	25 66	Multiply line 24 by 2% (.02) Subtract line 25 from line 23. If line 25 is more than line 23, enter .0.			
P.II.	26	Other - from list on page A-9. List type and amount		lio'n	*** **********************************
Other Miscellaneous	27				
Deductions	B				
				·;	
				27	
Total	28	Is Form 1040, line 38, over \$145,950 (over \$72,975 If married filling separately)?	SCIENTIAL STREET		
Itemized	40	No. Your deduction is not limited. Add the amounts in the far right column	7	STMT 9	
Deductions		for lines 4 through 27. Also, enter this amount on Form 1040, line 40.		▷ 28	112,4
Seductions		X Yes. Your deduction may be limited. See page A-9 for the amount to enter.]		\$2.70
	29	If you elect to itemize deductions even though they are less than your standard deduction, ch	eck here		Mary 1 x
519501 11-21-05 LHA		Paperwork Reduction Act Notice, see Form 1040 instructions.			A (Form 1040)
1 102 1-000	Cornel.	5.4			
		70 40C01F 2005.05030 OBAMA, BARACK			40C01F

Schoolins ALB (Form	1040) 2006	OMB	No. 1546	A second	age 2
Name(s) shown on For	n 1040. De not enter name and godal security number II shown on page 1.	T	Your each	security autibe	et .
		1	1	1	
BARACK H.	& MICHELLE L. OBAMA	_			
	Schedule B - Interest and Ordinary Dividends			Attachment Sequence No	80
Part I	1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the	7		Amount	
Interest	property as a personal residence, see page B-1 and list this interest first. Also, show that		-		
	buyer's social security number and address [>				
	UBS	-			45.
	JP MORGAN CHASE		1	11,2	
	NORTHERN TRUST BANK			2,0	34.
Note. If you	The state of the s				
raceived a Form	UMPORTAL THE STATE OF THE STATE			10000000	
Form 1099-QID,		_	1		
or substitute statement from	Table 1997	_			
a brokerage firm,	THE SAME OF THE SA	_			
list the film's name as the	manager and an arranger and arranger arranger and arranger and arranger arranger and arranger arranger and arranger arr	-			
payer and enter	NAME OF THE PERSON OF THE PERS				
shown on that	All received the second	- 1			
form.	The state of the s	- !			
	A RESIDENCE OF THE PARTY OF THE				
	Military Control of the Control of t		-	_	
		_		-4-5-5	
	2 Add the amounts on line 1	- -	2	13,3	00.
	3 Excludable Interest on series EE and I U.S. savings bonds issued after 1989.	- 1			
	Attach Form 8815	-	3	13,3	0.5
	4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a	-	4		
Daniel Control of the	Note. If line 4 is over \$1,500, you must complete Pert III.	-	-	Amount	
Part II	5 List name of payer >			2,7	EA
Ordinary	NORTHERN TRUST BANK	-		4,1	740
Dividends	- Millians - Markey - Millians -	-	-		
	CACHELLE CONTROL OF THE CACHELLE CACHEL	-	-		
		-	-		
Note: If you	The state of the s	- [144	
received a Form	HEATT TO THE STREET, MICHIGAN PROPERTY.	-	-		
1099-DIV or substitute	Company Company Company Company	-	-		-
statement from a brokerage firm,	- Manager - Mana	-	-	-	
list the firm's	COLUMN TO THE PARTY OF THE PART	-	5		- ATT
name as the payer and enter		_			
the ordinary	Accounting the second s				
dividends shown on that form.	Minimum Attendary Attendar	_	-		
	CTEVE			J. 100	
	THE SECOND SECON				
		_			
		_		- Indiana	
	AND	-			and of the same
	6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a	عز	6	2,7	54.
	Note. If line 6 is over \$1,500, you must complete Part III.	-			7
Part III	You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b)) had	a foreig	Yes	No
Foreign	account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			A PROPERTY OF	
Accounts	7a At any time during 2005, did you have an interest in or a signature or other authority over a finan				
and	account in a foreign country, such as a bank account, securities account, or other financial account.	unt?			X
Trusts	b II "Yes," enter the name of the foreign country [>				
527501	B During 2005, did you receive a distribution from, or were you the grantor of, or transferor to, a fo	raign	trust7		40
527501 11-21-05	If "Yes," you may have to file Form 3520, See page 8-2				77
LHA For Paper	work Reduction Act Notice, see Form 1040 instructions.	Sche	dule B (Form 1040)	2005

OMB No. 1545-0074 **Profit or Loss From Business** SCHEDULE C 2005 (Sole Proprietorship)
> Partnerships, joint venturos, etc., must file Form 1065 or 1005-B. (Form 1040) Depertment of the Transviry Internal Revenue Service (CD) D-See Instructions for Schedule C (Form 1040). - Attach to Form 1040 or 1041_ Name of proprietor Social security number (SSM) BARACK H. OBAMA A Principal business or profession, including product or service (see page 0-2) B Enter code from pages C-5, 9, 5, 10 № 711510 D Emplayer IO number (EIN), if any Business name. If no separate business name, leave blank. BARACK H. OBAMA Business address (including suite or room no.) >> City, rewn or post office, state, and ZIP code (1) X Cash (2) Accrual (3) Other (specify) > If you started or acquired this business during 2005, check here Part I Income Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Stalutory employee" box on that form was checked, see page C-3 and check here ______ > ____ 2 Subtract line 2 from line 1 Cust of goods sold (from line 42 on page 2) 4 Gress profit. Subtract ling 4 from line 3 5 Other income, including Federal and state gasoline or fuel tax credit or retund (see page C-3) SEE STATEMENT 10 1,209,873, 8 7 1,209,873. Gross income. Add lines 5 and 6 Part 11 Expenses. Enter expenses for business use of your home only on line 30. Office expense 18 Advertising Pension and profit-sharing plans 19 Car and truck expenses (see page G-3) 20 Rent or lease (see page C-5): 33,571. Commissions and fees 10 a Vehicles, machinery, and equipment 20a b Other business property 11 Contract labor 205 21 Repairs and maintenance (see page C-4) 11 21 Supplies (not included in Part III) Depletion 12 12 20 Depreciation and section 179 Taxes and licenses 23 expense doduction (not included in 24 Travel, meals, and entertainment, a Travel Part III) (see page C-4) 19 247 Employee benefit programs (other b Deductible meals and entertainment (see page C-5) 24h than on line 19) Utilities 25 15 Insurance (other than health) 15 26 Wages (less employment credits) 26 16 Interest 26 a Mortgage (paid to banks, etc.) Other expenses (from line 48 on 16h page 2) _____ 27 Other 17 Legal and professional 34,807 services Total expenses before expenses for business use of home. Add lines 9 through 27 in columns 68,378. 28

LHA For Paperwork Reduction Act Notice, see page G-7 of the instructions.

e il you checked 32h, you must attach Form 6198. Your loss may be limited.

see page C-6). Estates and trusts, enter on Form 1041, line 3.

Net profit or (loss). Subtract line 30 from line 29.

Estates and trusts, anter on Form 1041, line 3. o If a loss, you must go to line 32.

Schedule C (Form 1040) 2005

Is at risk,

222001 01-11-25

20

30

Tentative profil (loss). Subtract line 28 from line 7

Expenses for business use of your home. Atlach Form 8829

o II a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6).

o II you chacked 32s, enter the lose on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees,

If you have a loss, check the box that describes your investment in this activity (see page C-6).

,141,495,

1,141,495.

29

90

(F	CAEDULE D DEM 1040) arment of the Treadury not Revisious Service (199) Attach to Form	apital Gain 1040. b se		9965 or Sohedule D (Form	ı 1040).		2005 Alisenment 12
	nal Revenue Service (99) In(2) anown on Form 1040		The state of the s	-74-7	1000	ur coció	Sequence No. 12 Security number
B2	ARACK H. & MICHELLE L. OB	AMA					1.1
P	air li Short-Term Capital Gains and I		ts Held One	Year or Less			
	(ā) Description of property (Example: 100 ch. XYZ Cb.)	(b) Date acquired (Mo., doy, yr.)	(G) Dare sold (Ma., dey, yr.)	(tj) Sales price	(B) Cost other basi		(f) Gain or (loss) Subtract (e) Forn (o)
7.0	3400 SHS AVI BIOPHARMA	02/22/05	10/28/0	5 10,915	9,8	43,	2,072.
	500 SHS SKYTERRA COMM, INC	02/10/05	11/01/0	5 75,922	. 91,1	30.	-15,208.
	Minus Color					4.500	
	Enter your short-term totals, if any, from Scheo	dula D.d. East O	energene market	2	Bernadaya.	1 21	
3	Total short-term sales price amounts. Add fines 1 and 2 in column (d)						
4	Short-term gain from Form 6252 and short-term	n gain or (loss)				4	*
5	from Forms 4684, 6781, and 8824 Nat short-term gain or (loss) from partnerships from Schedule(s) K-1	, S corporations, es	states, and trust	F .		5	
6	Short-term capital loss carryover, Enter the arr Carryover Worksheet in the instructions	iount, if any, from I	ine 8 of your Cap	pitel Lass		6	(
7	Net short-term capital gain or (loss). Combin	e lines 1 through 6	in column (i)			7	-13,136.
1	क्षिणि Long-Term Capital Gains and L	osses - Asset	s Held Wore	Than One Year			THE REAL PROPERTY AND ADDRESS OF THE PARTY AND
	(B) Description of property (Example: 109 ch. XYZ Co.)	(b) Date Bequired (Mo., day, yr.)	(0) Date Bold (Mo., day, yr.)	(d) Sales priso	(0) Cost : other basi		(1) Gain or (loss) Sypliact (c) from (d)
8	ANGRADA						
-	MARKATAN PARKET		- N VIII VIII VIII VIII VIII VIII VIII V		 	THE STATE OF	
						unr-	
work	STATE OF THE STATE					,	
9 10	Enter your long-term totals, if any, from Schedu Total long-term sales price amounts. Add lines 8 and 9 in column (d)			0 10			
11	Gain from Form 4797, Part I; long-term gain from long-term gain or (loss) from Forms 4694, 6791,	m Forms 2439 and , and 8824	6252; and			11	
12	from Schedule(s) K-1	***************************************	, 			12	
13 14		ount, if any, from lin	e 19 of your Car	oital Loss		13	í
45	Carryover Worksheet In the Instructions Net long-term capital gain or (loss). Combine	Ines 8 through 14	in column (f). Th	nen go to	4 11144	15	1

09/21/2006 9:45AM

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

Schedule D (Form 1040) 2005

rtill Summery	
Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and	4
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.
Are lines 15 and 16 both gains?	::W
Yes. Go to line 18.	
No. Skip lines 18 through 21, and go to line 22.	[;··]
Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-7 of the	1,0
instructions >	18
	[68]
No.	1 .4°(n)
page D-8 of the instructions	19
Are lines 18 and 19 both zero or blank? Yes, Complete Form 1040 through line 48, 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.	
page D-9 of the instructions. Do not complete lines 21 and 22 below.	ing:
if line 16 is a loss, enter here and on Form 1040, line 13, the smaller of:	
• The loss on line 16 or SEE STATEMENT 11	21 (3,000.)
(\$3,000), or if married filling separately, (\$1,500)	A STATE OF THE STA
Note. When figuring which amount is smaller, treat both amounts as positive numbers,	
Do you have qualified dividends on Form 1040, line 9b? X Yes. Complete Form 1040 through line 43, and then complete the Gualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040. No. Complete the rest of Form 1040.	
	Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 16 through 21, and go to line 22. Enter the amount, if any, from line 7 of the 28% Flate Gain Worksheet on page D-7 of the instructions Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-6 of the instructions Are lines 16 and 19 both zero or blank? Yes. Complete Form 1040 through line 45, and then complete the Qualified Dividende and Capital Gain Tax Worksheet on page 36 of the instructions for Form 1040. Bo not complete lines 21 and 22 below. No. Complete Form 1040 through line 43, and then complete the Schedule D Tax Worksheet on page D-9 of the instructions. Do not complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of: The loss on line 16 or (\$3,000), or if merried filing separately, (\$1,500) Mote. When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, line 9b? Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040.

Qualified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

	e(s) shown on return ACK H. & MICHELLE L. OBAMA	iur \$SM
	ore you begin: / See the instructions for line 44 on page 37 to see if you can use this workeheet to figure	o your tax.
TI-Max	If you do not have to file Schedule D and you received capital gain distributions, be surchecked the box on line 13 of Form 1040.	e you
1, 2, 3,	Enter the amount from Form 1040, line 43	
	NO. Enter the amount from Form 1040, line 13	
4,	Add lines 2 and 3442,754.	
5.	on Form 4952, enter the amount from line 4g	
	of that form, Otherwise enter -0 5 5	
Ģ.	Subtract line 5 from line 4. If zero or less, enter -0. 6. 2,754 Subtract line 6 from line 1. If zero or less, enter -0. 7. 1,539,944.	
7.		
8.	Enter the smaller of:	
	The amount on line 1, or \$ 29,700 if single or matried filing separately, \$ 59,400 if married filing jointly or qualifying widow(er), \$ 39,800 if head of household.	
9.	Is the amount on line 7 equal to or more than the amount on line 6? X Yes. Skip lines 9 through 11; go to line 12 and check the "No" box. No. Enter the amount from line 7	
10.	Subtract line 9 from line 8	
	Multiply line 10 by 5% (.05)	11.
	Are the amounts on lines 6 and 10 the same?	
	Yes. Skip lines 12 through 15; go to line 16.	
	IX No. Enter the smaller of line 1 or line 6	
13.	Enter the amount from line 10 (if line 10 is blank, enter -0-) 73. 0.	
14.	Enter the amount from line 10 (if line 10 is blank, enter -0-) 73. 0 . Subtract line 13 from line 12 14. 2 , 75 4 .	
15.	Multiply line 14 by 15% (.15)	15. 413.
16.	Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever	
	applies	16. 513,043.
17.	Add lines 11, 15, and 16	17. 513,456.
18.	Figure the tax on the amount on line 1. Use the Tax Table or Tax: Computation Worksheet, whichever	
	applies	18. 514,007.
19.	Tax on all taxable income. Enter the smaller of line 17 or line 16. Also include this amount on Form	
	1Q4D, line 44	19. 513,456.

Schadul	SE (Form 1046) 2005		Attachment Sequence No	. 17	Page 2
Nama	of person with self-employment income (as shown on Form 10	040)	Social security number of person with self-employme	nt	
BAR	ACK H. OEAMA		Income		-
Sect	on B - Long Schedule SE	manual 200			
Par					ATTION 1
Note.	If your only income subject to self-employment tax is church e , Income from services you performed as a minister or a memb	mployee Income, ak	dp lines 1 through 4b. Enter)- on line	4c and go to page SE-1.
line Se	, Income from sarvices you performed as a minister or a memo	el di sissigicas arasi	is not bridged but in	au bad ¢	100 or
	If you are a minister, member of a religious order, or Christian S more of other net earnings from self-employment, check here a	Ud counting min Lan	(1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	оп цео э- 	
100	Net farm profit or (loss) from Schedule F, line 35, and farm parti box 14, code A. Note. Skip this line if you use the farm optional	method (see page a	E-4) ,	1	
•	New profit or (lock) from Schedule C. line 31: Schedule C-EZ, line	e 3; Schedula K-1 (Fo	m 1005), DOX 14, COUC A		
_	(athor than farming); and Schedule K-1 (Form 1065-B), box 9, M	linisters and member	a of religious orders, see		
	And the second on this line Sep name SE-2 (or	other income to repr	art Note, Skip this line		1,141,495.
	if you use the nonfarm optional method (see page SE-4)		STATEMENT 12	3	1,141,495.
**	Combine lines 1 and 2			42	1,054,171.
48	If fine 3 is more than zero, multiply line 3 by 92.35% (.9235). Ot	herwise, enter amour	nt from line 3		2,004,20
	is you elect one or both of the ontional methods, enter the total	of lines 15 and 17 h	Brê	4b	
D	Combine lines As and 4h. If less than \$400, stop; you do not o	we self-employment i	ax, Exception.		1,054,171.
	If less than \$400 and you had church employee income, ente	r-0- and continue .	······································	46	7,034,417
5a	Enter your church employee income from Form W-2. See pag	@ SE-1	20	17. ja 20. r.	
	tor definition of church employed income		ià		
h	Multiply line 5e by 92.95% (.9235). If less than \$100, enter-u-			5b	1,054,171.
8	Net and the from self-employment. Add lines 4c and 5b			6	7107777
7	Maximum amount of combined wages and self-amployment ea	arnings subject to so	cial security tax or	-	90,000,00
	the 6.2% portion of the 7.55% railroad retirement (tier 1) tax to	r 2005		7	90,000,00
An	Total social security wages and tips (total of boxes 3 and 7 on	Form(s)		1111	
	W/2) and railroad rotirement (tier 1) compensation. If \$90,000 (or more, skip	00 000		
	lines 8h through 10, and go to line 11	,,,	90,000.		
h	Unreported tips subject to applied security tex (from Form 4137	, line 9)	Bb		
	# elel Force Ra prod Ab			BC	THE RESIDENCE OF THE REAL PROPERTY.
9	Subtract line fig from line 7. If zero or less, enter-0 here and o	in line 10 and go to li	ne 11 ,	9	
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)			10	30,571.
71	Multiply line 6 by 2 9% (029)			4-1	30,571.
12	Self-employment tex. Add lines 10 and 11. Enter here and or	n Form 1040, line 68		12	30,373.4
13	Deduction for one-half of self-employment tax. Multiply line	12 by	1	5 1 May . 1	
	50% (.5). Enter the result here and on Form 1040, line 27	<u> </u>	13 15,286	0 111	The second secon
19.0	Optional Methods To Figure Net Earnings		arans — Albanças (— — — —	T : a	AND PROPERTY.
Farr	Optional Method. You may use this method only if (s) your g	ross farm Income 1 w	as not more than \$2,400 or		
1101 11	our per form profits? were less than \$1,733.			-	1,600.00
14	Maximum income for optional methods			14	1,000.00
15	Maximum income for optional methods Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (r	not less than zero) or	51,600, Also include	1	
	this amount on line 4h above	and the same of th		15	
Non	farm Optional Method. You may use this method only if (a) yo	ur net nonfarm profit	s ³ were less than \$1,733 and		
also	less than 72.189% of your gross honfarm income ⁴ and (b) you	u had net earnings fro	om self-employment of at		
leas	\$400 in 2 of the prior 3 years.			19 "	
Car	tion. You may use this method no more than five times.			N 12	
16	2 days of from 15 from 10			10	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm incom line 16. Also Include this amount on line 4b above	e 4 (not less than zem	p) or the amount on	74	era (2001)
	- 2				dd and a stand
1 Fro	m Sch. F, line 35, and Sch. K-1 (Ferm 1065), box 14, code A.	Sch K-1 (Form 1065-B)	h. C-EZ, line 1; Sch. K-1 (Form 10		
			AND CONTROL OF THE PROPERTY OF	Sah	edule SE (Form 1040) 2005
11-1	72 -05	2 45			
		5.10	ከአ ከአለው ሆ		40C01F_1
270	331 131470 40C01F 2005.0	5030 OBAMA	09/21/2006 9	: 45AM	

Dalende	lo SE (Form 1040) 2005		Attachment Sequence No. 17					
Mama	of person with self-employment income (as shown on For	m 1040)	S	ocial security number of				
IVEITIC	of paradit markets amples 3		1000	erson with self-employm	- 1			
MIC	HELLE L. OBAMA	on the Committee of the	in	come	· [in]			
Seci	tion B - Long Schedule SE				70000			
:Par	Self-Employment Tax							
Alote	If your only income subject to self-amployment tax is chur	ch employee income,	qiola ,	lines 1 through 4b. Enter	·O· on lin	e 4c and go to		
line 5	a. Income from services you performed as a minister or a m	embar of a religious of	der is	upt curren ambiohaa me	OITIG. DE	se buga ar		
Α	If you are a minister, member of a religious order, or Christi more of other net earnings from self-employment, check he	Le Suo obumine with	-BILI		you had	5400 or >		
1	Net farm profit or (loss) from Schedule F, line 36, and farm box 14, code A. Note. Skip this line if you use the farm opt	onal method (See Day	0004		1			
2	Net profit or (loss) from Schedule C, line 31; Schedule C-Ez (other than familia); and Schedule K-1 (Form 1885-B), box	C. Ministers and marri	(Low	Frailminus orders see				
	(other than farming); and Schedule K-1 (Form 1003-5), box page SE-1 for amounts to report on this line. See page SE-	s. Willisters and Metri For other income to re	enart	Note. Skip this line	1 1			
	page SE-1 for amounts to report on this line. See page SE-4 if you use the nonfarm optional method (see page SE-4)	CIOI draigh inddang rain	HE.	STATEMENT 13	2	45,000.		
-	if you use the nontarm optional method (see page 612-4)				3	45,000,		
3	Combine lines 1 and 2 If line 3 is more than zero, multiply line 3 by 92.35% (.9295)	Cithanuise entar am	ount ti	rom line 3	4a	41,558.		
40	If fine 3 is more than zero, multiply line 3 by 92.00% (3200). If you elect one or both of the optional methods, enter the	total of lines 15 and 17	7 here		4b			
	If you elect one or both of the optional metrious, enter the Combine lines 4a and 4b. If less than \$400, stop; you do n	of owa self-employme	nt tax	Exception.		The same of the sa		
C	If lass than \$400 and you had church employee Income,	enter -O- and continue		b	40	41,558.		
-	Enter your church employee income from Form W-2. See	nage SE-1						
52	for definition of church employee income from Politi Voca dea	page ac-1	Sa					
	Multiply line 52 by 92.35% (.9235). If less than \$100, enter		-		5b			
	Net earnings from self-employment. Add lines 4c and 5	7			6	41,558.		
5	Maximum amount of combined wages and self-employment	of earnings subject to	social	security tax or		Marine Company Company		
7	the 6.2% portion of the 7.65% rallroad retirement (tier 1) to	y for 2006	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7	90,000.00		
400	Total social security wages and tips (total of boxes 3 and 7	an Farmisi						
83	W-2) and rallroad retirement (tier 1) compensation. If \$90,0	no or more akin	1					
	lines 8b through 10, and go to line 11	CO Of filefol and	8a	90,000	a d			
	Unreported tips subject to social security tax (from Form 4	137. line 9)	8b					
	Add lines 8a and 8b				8c			
	Subtract line 8c from line 7. If zero or less, enter -0. here a	nd on line 10 and go to	line 1	17 5	9			
Ð	Multiply the smaller of line 6 or line 9 by 12.4% (.124)		estimuseres (r		10			
10	Multiply line 6 by 2.9% (.029)				11	1,205.		
11	Self-employment tex. Add lines 10 and 11. Enter here an	d on Form 1040, line	58		12	1,205.		
13	Badystlan for one-half of self-amployment tay. Multiply	line 12 by	1	1	1			
10	50% (.5). Enter the result here and on Form 1040, line 27		13	603				
Pa	T.T. Optional Methods To Figure Net Earnin			_				
Fern	o Optional Method, You may use this method only If (a) yo	ur gross farm income 1	waa i	not more than \$2,400 or				
(b) v	our 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	(not less than zero)	or \$1,	600, Also Include	1 1			
	this emount on line 4b above				15			
Non	farm Optional Method. You may use this method only if (s) your net nonferm pro	ofite 3 v	wore less than \$1,733 and	f (1			
also	less than 72.189% of your gross nonfarm incomes and (b)	you had not earnings	froit:	self-employment of at	11.3			
leas	\$400 in 2 of the prior 3 years.							
Cau	tion. You may use this method no more than five times.							
16	Subtract line 15 from line 1/1				16			
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm inc	come 4 (not less than ze	ero) or	r the amount on				
	line 16. Also include this amount on line 4b above					L		
¹ Fro	m Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B, m Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A.	Seh K-1 (Form 1085	-B), ba Sch. C-	EZ, line 1; Sch. K-1 (Form 1)				
	and the state of t		•		Sc	hedule SE (Form 1040) 2005		
COLE	M .				100			

11-10-05

es es sons f	(2)	hild mad	Dependent Ca	re Emen	ses	 	OMB No. 1545-0074
Form 2441	احيا	mic sinc					2005
Department of the Treasur/		,	Attach to Form 1040 Sec separate instructi	ors.			Attactionent Seguence No. 21
Internal Revenue Service (29)	R	1	Production and	-		AOUL AOU!	al security number
Name(s) shown on Form 104							te Land
BARACK H. & MI	CHELLE L	. OBAMA		group and annual		-	
Before you begin: You need	to understand	the following ter	ms. See Definitions on pa	age 1 of the Instr	uctions.		n . Ildied European
o Dependent Care Benefit			 Qualifying Perso 	ท(ธ)		0.1	Qualified Expenses
- Department	Ouranization	as Who Prov	ided the Care - You	mustcomplete	this part.		
Part I. Persons or	in space, use th	e bottom of pag	ja 2.)				
		/1-	Address		(a) Identifying num (SSN or EIN)	þer	(d) Amount paid
1 (a) Care provider's name	(num	ber, street, apt.	no., city, state, and ZIP or	ode)	(2214 1)1 (214)		
MARLEASE	1-		7.3	- Farmer			7,200.
BUSHNELL	J-					+	11204.
A STATE OF THE STA	2	2 7 7	A57/6			-	2,640.
ROSA GUTTERREZ	MERRETTN	ए, <u>मि</u> ।	0000			-	-dum - mark
	Did vo	u receive	No	——¦> Comp	olete only Part II be	ow.	
		cere benefits?	Yes -	Comp	olete Part III on pag	e 2 next	•
Caution. If the care was pro	vided in your ho	ome, you may o	wa employment taxas. Sec	e the instructions	for Form 1040, line	, 62.	
	Replaced D	opandent C	are Expenses				
Part II Credit for	Cittle and sor	ennis). If you ha	ve more than two qualifyir	ng persons, see 1	he instructions.		
2 Information about You	(a) Our	allfying person's n	anne.	100.00	(D) GUARIYRIQ DEIS	UII D	Qualified expenses you poured and pelo in 2005 for
Firs	37.05	amynig person o n	Last	14	social security nur		(a) nmulaa ni betail neereq o
MALIA A.		OBAI	AN				4,920.
THE TANK THE					The state of the s	- 1	4 020
MATASHA M.		OBAI	MA				4,920.
o a Litela e amounto in on	umn (c) of line 2	. Do not enter n	nore than \$3,000 for one c	qualifying person	or \$6,000		6,000.
for two or more person	a. If you complet	ted Part III, ente	r the amount from line 32			3	0,000:
						1 . 1	1,280,256.
4 Enter your gerned inco	ime. See instruc	tions				4	1,200,200
E Hamming Illing jointly (enter your spous	e's carned inco	me (if your spouse was a	student of was		5	361,359.
disabled, see the instru	ictions); all othe	rs, enter the an	ount from line 4			5	391,3331
						6	6,000.
6 Enter the smallest of li	nė 3, 4, or 5					30,730	71000
	N	1556		7	1,655,106	1279	×
7 Enter the amount from	Form 1040, line	98			2/000/200	100	
& Enter on line 8 the dec	imel amount sho	m below that	applies to the amount on I	ine /		100	
If line 7	is:		If line 7 ls:	2. 2.			
	But not	Decimal	But not	Decimal amount is		1: 3	
Over	over	amount is	Over over \$29,000 - 31,000	Control of the last of the las			
15,000 -	15,000	.35 .34	31,000 - 33,000	.27 .26 .25		8	x.20
17,000 •	19,000	.33 .82	33,000 · 35,000 35,000 · 37,000	.24		2.75	
19,000 - 21,000 -	23,000	.31	37,000 - 39,000	.24 .23 .22 .21			
23,000 -	25,000	.30	39,000 - 41,000 41,000 - 43,000	21			
25,000 - 27,000 -	29,000	.28	43,000 · No limit	.20		1	
VIII AV LANCE						1: :	
a 11 mail for 2 buthou	Tourne legical	on line 8. If you	pald 2004 axpenses in 20	C5, see		17	a market
the instructions						9	1,200
un Turistic amount from	50m 1040 line	= 46. minus any	amount on Form 1040, lin	19 47		10	513,456
to enter the emonity hou		avponess Ent	er the smaller of line 9 or i	line 10 here and	on Form 1040,		. 665
an Copritting oblid and o	lebendent care	ENTRE LIGARIA PARTIE	of filth dutiential at min a at				
11 Gredit for child and o	lependent care	: Exhellocal run		······································		11	1,200 Form 3441 (2005

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SCHEDULE H (Form 1040)

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

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

OMB No. 1545-1971

Department of the Transury Internal Revenue Service (99) Name of employer

Social security number

	ARACK H. & MICHELLE L. OBAMA	Employer Identification number
Α	Did you pay any one household employee cash wages of \$1,400 or more in 2005? (If any household employee under age 21, your parent, or anyone under age 18, see the line A instructions on page H-3 before you answer to	was your spouse, your child 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.	,
O	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2004 or 2005 to all household empl (Do not count cash wages paid in 2004 or 2005 to your spouse, your child under age 21, or your parent.)	loyees?
	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 employed on not have to complete this form for 2005.)	ees in 2005
P	arti Social Security, Medicare, and Income Taxes	The state of the s
1	Total cash wages subject to social security taxes (see page H-4))
ž	Social security taxes. Multiply line 1 by 12,456 (,124)	2 1,220.
	1 p	
3	Total cash wages subject to Medicare taxes (see page H-4)	\$ 1.00 1.00
	Total cash wages subject to Medicare taxes (see page H-4) 3 9,840. Medicare taxes. Multiply line 3 by 2.9% (.029)	(v. ilori
ı		(v. Hari
1	Medicare raxes. Multiply line 3 by 2.9% (.029)	4 285.
5	Medicare taxes. Multiply line 3 by 2.9% (.029) Federal Income tax withheld, if any	4 285.
1 5	Medicare raxes. Multiply line 3 by 2.9% (.029) Federal Income tax withheld, if any Total social security, Medicare, and Income taxes (add line\$ 2, 4, and 5)	4 285. 5 1,505. 7
1 5 7	Medicare raxes. Multiply line 3 by 2.9% (.029) Federal Income tax withheld, if any Total social security, Wedicare, and income taxes (add line\$ 2, 4, and 5) Advance earned income credit (EIC) payments, if any	4 205. 5 1,505. 7 8 1,505.
7	Medicare raxes. Multiply line 3 by 2.9% (.029) Federal Income tax withheld, if any Total social security, Medicare, and income taxes (add lines 2, 4, and 5) Advance earned income credit (EIC) payments, if any Net taxes (subtract line 7 from line 6) Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2004 or 2005 to household employees	4 285. 5 1,505. 7 8 1,505.

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2441 (2005) RARACK	H. & MICHELLE L. OBAMA	And the second s	-	Page 2			
The state of the same of making Contraction	o Berefits		10.0				
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nendent care henefits voll (505) V80 in 2005. Allow	nts you received as an					
the state of the s	in they 10 of your Formis) W-2. Do not include direct	itta ichdiran no italian	1.				
The second secon	inter the total amount of dependent out of your Form(s) W-2. Do not include amounts reported as wages in impleyee should be shown in box 10 of your Form(s) W-2. Do not include amounts you received under a partner, include amounts you received under a						
box 1 of Farm(s) W-2. If you	program from your sole proprietorship or partnership	D	12				
dependent care assistance	program from your sole proprietorable at partition						
	contraction the last activities	c)	13				
Enter the amount forfeited of	or carried forward to 2006, if any (see the Instruction	9/					
			44				
4 Subtract line 13 from line 12	2		15 AS				
		1 1	(A. 5759)				
5 Enter the total amount of q	ualified expenses incurred in 2005 for the care of		27350				
the qualifying person(s)		., 15	 [9999]				
		1					
c Cates the employ of line 1d	or 15	16	-1973				
e Eliter file Stilemen el mis i							
	See Instructions	17	111111				
7 Enter your carned income 8 Enter the amount shown b	Now that applies to YOU.	(**)	(A)				
8 Enter the amount shown b	nter your spouse's earned income (if your						
 If memad filing jointly, e 	or was disabled, see the instructions for line 5).		100				
spouse was a student o	year disclosed and the amount to actar	75	_1 ·				
 If married filing separate 	ely, see the instructions for the amount to enter.	100 (100)	1.	-			
o All others, enter the am	ount from line 17.						
		100000	P				
9 Enter the smallest of line 1	(6, 17, cr 18	[19]					
A Calculto amount from line	12 that you received from your sole proprietoranip of	or partnership, if you did not					
raceive any such amounts	, enter-0		***				
Tederra mily over							
of Cubinet line 20 from line	14	24					
an makes the good (62 500 if the	14 arried filing separately and you were required to ente	r your spouse's eamed	AFF.				
			92				
income on line 16)	er the smallest of line 19, 20, or 22. Also, include thi	amount on the appropriate					
23 Deductible benefits, Ente	he Instructions)		23				
line(s) of your return (see t	ne instructions)	The state of the s					
VIII. 1919 - SWEED STANDARD ON	200000	24					
24 Enter the smaller of line 1	9 or 22 ,		100				
		25	1.5				
25 Enter the amount from lin	e 23						
26 Excluded benefits. Subt	ract line 25 from line 24. If zero or less, enter-0	to to the amount on Form 10	an l				
	et line 26 from line 21. If zero or less, enter -U-, Also,	INCINGE THE SHOOTE ON LOUR 12					
line 7. On the dotted line	next to line 7, enter "DCB"	and the second s	21	CONTRACTOR OF THE PARTY OF THE			
	To claim the child and dependen						
	nomplete lines 26-32 below.	1					
	complete integ 20-52 balow.						
	A THE PARTY OF THE						
מם ב-ו+יי פל ממח ישב חחם ול הי	yo or more qualifying persons)		25				
SR PUTEL #3'000 (80'000 II to	10 01 11-12 4-11 7 -21						
			29	VETTALE PROPERTY AND ADDRESS.			
29 Add lines 28 and 26							
	and the contract of the contract of the contract	Exception, If you paid 2004					
30 Subtract line 29 from line	26. If zero or less, stop. You cannot take the cradit		90				
expenses in 2005, see th	ne instructions for line 9						
31 Complete line 2 on page	1 of this form. Do not include in column (c) any ben	elits shown on line 29	31				
above. Then, add the arr	nounts in column (c) and enter the total here						
32 Enter the smaller of line	30 or 31. Also, enter this amount on line 3 on page	1 of this form and	92				
	- No.						

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schodu "Pan	PHFem 1040)2005 BARACK	H. & MICH	ELLE	L, OE	AMA						Page 2
	ld you pay unemployment contri			f vou naid	contribution	as to New York S	Stato	*******		Yes	No
	neck "No.")								10	_	
11 Di	id you pay all state unemployme	nt contributions to	r 2005 by	April 17.	20067 Fiscal	Vear filers, see I	pane H-4	••••••	11	277	-
12 W	ere all wages that are taxable fo	or FL/TA tax also tax	cable for	vour state	s unemploy	ment tax?			12	_	1
Next:	If you checked the "Yes" box o	n all the lines abov	e, compl	ete Sectio	n A.		······		arren brain		
and the second	If you checked the "No" box or	any of the lines at	ove, skip	Saction A	and compl	ate Section B.					
-				Section	1 A	THE PARTY OF THE P		-		Mark Mary 1	
13 N	ame of the state where you paid	l unemployment co	ntribution	18	· P>	IL				TO STATE OF	7
14 St	ame of the state where you paid late reporting number as shown	on state unemploy	ment tax	return	. b 423	9859					
15 C	ontributi ns p to your state u	nemployment fund	(see pag	e H-4)		15	118.	37.0			12
16 To	otal cash wage. ubject to FUTA	A tax (see page H-4)					16		9,6	40.
									- Lines		
17 FL	JTA tex, Multiply line 16 by .008	L Enter the result h	ere, skip			ne 26		17		9	77.
****				Section							
	omplete all columns be'ow that a									WITH WALT	
(a) Name	(b) State reporting number	(C) Texable wages (as	State exp	cionna rata	(E) State	(Ť) Multiply col. (c)	(g) Multiply col. (c)	Sub	(h) tract col. (n)	() Contribu	
of plate	as shown on slate unemployment tax	defined in state ast)	pé	nod	experience	by .054	by col. (c)	fra	ero or less,	paid to	state
	teturo		From	To	rau			0	mer -û	fun	<u> </u>
1				E - 1							
-		_	-			-				-	
1									1		
	- Daniel Company				-		L	+			-
19 To	tals						,	9	1		
2000-2100		••••••••••••••••••••••••••••••	•••••••••••	***************************************			13			_	
20 Ad	id columns (h) and (i) of line 19				1	20					
21 To	tal cash wages subject to FUTA	tax (see the line 1	6 instruct	ione on pe	ige H-4)			21			

22 ML	ultiply ilne 21 by 6.2% (.062)							22			
							£.	37.6			
23 Mu	ultiply line 21 by 5.4% (.054)					23	12.				
24 En	ter the smaller of line 20 or line	23						24	***************************************		
(Ne	aw York State employers must u	use the worksheet	in the sep	arate insti	ructions and	check here)					
		norma managaran			20.000.000.00						
25 FU	TA tex. Subtract line 24 from lin	ne 22. Enter the res	sult here a	ind go to l	ine 25			25			-
Part	IIIF Total Household Er	nployment ra	nes				· · · · · · · · · · · · · · · · · · ·				
AA E-1	L-11 11- B									1 5	nr
No CIT	ter the amount from line \$.,,				······································		26		1,5	05.
97 Adi	d line 17 (or line 25) and line 26							27		1,5	57
28 Am	you required to file Form 1040						Ц	27		A14	42.
	Yes. Stop. Enter the amount		on Form	1040 line	62 Do not	complete Rad IV	helow				
			on i onli	10401 11110	OZ. E-0 1105	oompiete Fait IV	DOIOV.				
	No. You may have to comple	ete Part IV. See pa	ae H-5 for	details.							
Rand	M. Address and Signa				ired. See the	s line 25 instruct	ions on page H-	5.		PRINCERPOR	ALL PROPERTY.
Address (number and street or P.O. box it mail is no							-	ı, ər euile no.	China de Cellina	-
City, town	or post office, state, and ZIP code	10-10-				instable to the state of the st					
Under per	mailties of perjury, I declare that I have examined to a state unemployment fund claim.	mined this achedula, inch	Moose enibe	panying state	ments, and to the	e best of my knowled	ga and ballet, It la tru	D, COMMEL	and complat	e. No pan	al any
Perment	was to a anno anombiological idits definit	the first manufacturing of the		nes nem ind p	raymania ia amp	nayesu.				£.	
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Emp Engles	oloyer'e eignatura					J Dale					-
17-20-05							9	Schodu	le H (Forn	10401	2005

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			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200
FORM 1040 MIS	SCELLANEOUS INCOME	Pullantina	STATEMENT	1
DESCRIPTION			THUOMA	
EAY VALLEY FOODS TREEHOUSE FOODS			33,00 12,00	
TOTAL TO FORM 1040, LINE 21			45,0	00.
FORM 1040 STATE AND	LOCAL INCOME TAK I	REFUNDS	STATEMENT	2
	2004	2003	2002	
GROSS STATE/LOCAL INC TAX REFUND LESS: TAX PAID IN FOLLOWING YEAR	ILLINOIS S 352.			9
NET TAX REFUNDS ILLINOIS	352.	AND ENTIRE DEPO	9	
TOTAL NET TAX REFUNDS	352.	- p-5000 1000	LANGE MATERIAL TO STREET, THE	

FOR	M 1040 PERSONAL EXEMPTION WORKSHEET STATEMENT
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
3.	ENTER THE AMOUNT FROM FORM 1040, LINE 38 1,655,106.
4.	ENTER THE AMOUNT FOR YOUR FILING STATUS
5.	SUBTRACT LINE 4 FROM LINE 3
6.	DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MFS)
7.	MULTIPLY LINE 6 BY 28 (.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.

BARACK H. & MICHELLE L, OBAMA

### 2004	MHO	1040	TAXABLE S!	PATE AND	LOCAL	INCOME	TAK	REFUNDS	STATEMENT	4
LOCAL INCOME TAX REFUNDS STMT. ESS:REFUNDS-NO BENNETIT DUE TO AMT—SALES TAX BENEFIT REDUCTION NET REFUNDS FOR RECALCULATION SERVER PRASEOUT DEBUCTION NOT SUBJ TO PHASEOUT NET REFUNDS FROM LINE 1 LIME 2 MINUS LINES 3 AND 4 MILITELY LINE 5 BY 80% (.80) PRIOR YEAR AGI ITEM. DED. PHASEOUT THRESHOLD SUETRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16) 0 MULTIPLY LINE 9 BY 3% (.03) 1,948. 4 ALLOWABLE ITEMLEED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10) 12 ITEM DED. NOT SUBJ TO PHASEOUT 13A TOTAL ADJ. ITEMIZED DEDUCTIONS 24,676. (LINE 7 ALLOWABLE ITEMIZED DEDUCTIONS 25,028. 15 SUETRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 1 14 PRIOR YR. ALLOWABLE ITEM. DED. 25,028. 15 SUETRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 1 17 ALLOWABLE FROM YR. ITEM. DED. 25,028. 15 SUETRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14 25,028. 15 SUETRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14 25,028. 15 SUETRACT LINE 15 OR LINE 1 26 CLESSER OF LINE 15 OR LINE 1 27 ALLOWABLE FROM YR. ITEM. DED. 27 PRIOR YEAR SYD. DED. AVAILABLE 27 PRIOR YEAR SYD. DED. AVAILABLE 28 PRIOR YEAR SYD. DED. AVAILABLE 29 PRIOR YEAR TAXABLE INCOME 20 PRIOR YEAR TAXABLE INCOME 21 PRIOR YEAR TAXABLE INCOME 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 STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2002		2020	13 January Demails		THE DESIGNATION OF THE PERSON				2002	
SALES TAX BENEFIT REDUCTIONS 352.	LOC ET	TAK REFUNI AL INCOME	S FROM STATE A TAX REFUNDS ST	OM Tr.		352.				
TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT DEDUCTION NOT SUBJ TO PHASEOUT NET REFUNDS FROM LINE 1 LINE 2 MINUS LINES 3 AND 4 MULTIPLY LINE 5 BY 80% (.80) PRIOR YEAR AGT ITEM. DED. PHASEOUT THRESHOLD SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16) MULTIPLY LINE 9 BY 3% (.03) LALDWARDLE ITEMIZED DEDUCTIONS (LINE 6 OR LINE 10) LITEM DED. NOT SUBJ TO PHASEOUT 13A TOTAL ADJ. ITEMIZED DEDUCTIONS (LINE 6 OR LINE 10) LA PRIOR YR. STD. DED. AVAILABLE 13A OTAL ADJ. ITEMIZED DEDUCTIONS (LESSER OF LINE 13B FROM LINE 14 13A COTAL ADJ. ITEMIZED DEDUCTIONS (LESSER OF LINE 15 OR LINE 14 15 SUBTRACT THE GREATER OF LINE 15 ALDWARDLE PRIOR YR. THEM. DED. 16 TAKABLE REFUNDS (LESSER OF LINE 15 OR LINE 17 ALLOWABLE FROM LINE 17 ALLOWABLE FROM LINE 17 ALLOWABLE PRIOR YR. THEM. DED. 19 SUBTRACT LINE 18 FROM LINE 17 ALLOWABLE PRIOR YR. THEM. DED. 19 SUBTRACT LINE 18 FROM LINE 17 ALLOWABLE PRIOR YR. THEM. DED. 25,028. 19 SUBTRACT LINE 18 FROM LINE 17 ALLOWABLE PRIOR YR. THEM. DED. 19 SUBTRACT LINE 18 FROM LINE 17 20 LESSER OF LINE 16 OR LINE 19 352. 27 PRIOR YEAR AVABLE INCOME 28 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 STATE AND LOCAL INCOME TAK REFUNDS PRIOR TO 2002	JESS	REFUNDS-N	O DENEFIT DUE PAX BEMEFIT RED	TO AMT UCTION						
BEFORE PHASECUT DEDUCTION NOT SUBJ TO PHASEOUT NET REFUNDS FROM LINE 1 352.	L	NET REFUNI	S FOR RECALCUL	ATION		352.				
NET REFUNDS FROM LINE 1 352.	3	REFORE PI	TASEOUT		2	6,976.	Ö			
MULTIPLY LINE 5 BY 80% (.80) 21,299. PRIOR YEAR AGI 207,647. ITEM. DED. PHASEOUT THRESHOLD 142,700. SUBTRACT LINE 8 FROM LINE 7 64,947. (IF ZERO OR LESS, SKIP LINES 10 THROUGE 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16) MULTIPLY LINE 9 BY 3% (.03) 1.948. ALLOWABLE ITEMIZED DEDUCTIONS 24,676. (LINE 5 LESS THE LESSER OF LINE 10) LINE 6 OR LINE 10) 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. (LESSER OF LINE 15 OR LINE 1) ALLOWABLE PRIOR YR. TTEM. DED. 25,028. 16 TAKABLE RETURDS 352. (LESSER OF LINE 15 OR LINE 1) ALLOWABLE PRIOR YR. TTEM. DED. 25,028. 17 ALLOWABLE PRIOR YR. TTEM. 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. PRIOR YEAR TAXABLE INCOME 170,219. AMOUNT TO INCLUDE ON FORM 1040, LINE 10 " IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21 35: STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2002	3 4	DEDUCTION NET REFUN	OS FROM LINE 1	TOBOUT		352.		and the second	42774	
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LESSER OF LINE 16 OR LINE 19 352. 20 LESSER OF LINE 16 OR LINE 19 170,219. 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 STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2002		(LESSER C	F LINE 15 OR L PRIOR YR. ITE	M. DED.	1				a por	
* IF LINE 21 IS -0- OR MORE, USE ANOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21 STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2002	19 20 21	LESSER OF	F LINE 16 OR LIL	ME TA		352.				
35	22	m with F TATE	71 76 _0_ 07	MORE, US	E AMUU	M.T. L. L. COM	LIN 20	E 20 AND 21		353
TOTAL TO FORM 1040, LINE 10		STATE AND	LOCAL INCOME	TAX REFU	INDS PR	IOR TO	2002			
		TOTAL TO	FORM 1040, LIN	TE 10						35:

5,18 2005.05030 OBAMA, BARACK H. STATEMENT(S) 4 40C01F_1

BARACK H. & MICHELLE L. OBAMA

FORM 1040 W	AGES RECEI	VED AND TAX	ES WITHHEI	CD	STATE	MENT'	5
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICA TAX	
T UNITED STATES SENATE - WASHINGTON, D.C. S UNIVERSITY OF CHICAGO HOSPITALS	154,047. 316,962.	28,273. 86,474.	4,441. 9,509.		5,580. 5,580.		
TOTALS	471,009.		13,950.		11160.	7,06	; 3 .
FORM 1040	QUA	LIFIED DIVI	DENDS	Juliu	STATE	MENT	6
NAME OF PAYER				DINARY VIDENDS	-	LIFIEI /IDEND	
NORTHERN TRUST BANK		~	APPAYANG.	2,754.		2,7	54.
TOTAL INCLUDED IN FORM 1	.040, LINE	9B			union	2,7	54.
Control of the Contro	TINE STREET	LOCAL INCO	ME TAXES		STATE	MENT	7
SCHEDULE A	DIVIN STATE	TOOSED THOU					_
	ATUTE SWIT				AN	OUNT	
SCHEDULE A DESCRIPTION UNITED STATES SENATE - V UNIVERSITY OF CHICAGO HO ILLINOIS 4TH QTR ESTIMAT	, NOTENIHEAV	D.C.			AM	4,4, 9,5	09.

SCHEDULE A	CASH	CONTRIBUTIONS		STATEMENT	
DESCRIPTION			AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	
MISCELLANEOUS RECOGNIZED CE IL READING COUNCIL ROCHELLE LEE FUND TRINITY UNITED CHURCH OF CE CARE			11,315, 25,000. 20,000. 5,000. 16,000.		
SUBTOTALS			77,315.		_
TOTAL TO SCHEDULE A, LINE 1	.5A		The state of the s	77,31	5.

SCHE	DULE A	ITEMIZED DEDUCTIONS WORKSHEET STATE	MENT	9
1.	ENTER THE TOTAL OF	THE AMOUNTS FROM SCHEDULE A, LINES 4,		
2.	9, 14, 18, 19, 26, ENTER THE TOTAL OF	AND 27	157,68	13.
3.	THEFT LOSSES INCLU IS THE AMOUNT ON L IF NO, YOUR DEDUCT	DED ON LINE 27		0.
4.	IF YES, SUBTRACT L MULTIPLY LINE 3 BY ENTER THE AMOUNT F	INE 2 FROM LINE 1	157,68	Ю.
6. 7.	SEPARATELY) IS THE AMOUNT ON L	72,975 IF MARRIED FILING		
		ION IS NOT LIMITED. ENTER NE 1 ABOVE ON SCHEDULE A,		
в. 9.	WOLTIPLY LINE / BY	INE 6 FROM LINE 5 1,509,156. 3% (.03)	45,27	15.
10.		UCTIONS. SUBTRACT LINE 9 FROM LINE 1. ERE AND ON SCHEDULE A, LINE 28	112,40	8 .
SCHE	DULE C	OTHER INCOME STATE	MENT	10
Desc	RIPTION	MA	TRUC	
	EL & GODERICH OM HOUSE		335,70 874,16	
TOTA	L TO SCHEDULE C, LI	NE 6 1,	209,87	

SCHEDULE D	CAPITAL LOSS CARRYOVER	STATEMENT	11
2. ENTER THE LOSS FROM	OM FORM 1040, LINE 41	T. 3,0	00. 98.
6. ENTER THE GAIN, IF	SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT ANY, FROM SCHEDULE D,	13,1	36
7. ADD LINES 4 AND 6	LOSS CARRYOVER TO 2006. M LINE 5. IF ZERO OR LESS, ENTER -0	3,0	
10. ENTER THE GAIN, IF I LINE 7	M LINE 4. IF ZERO OR LESS,		
3. LONG-TERM CAPITAL L SUBTRACT LINE 12 FR	OSS CARRYOVER TO 2006. OM LINE 9. IF ZERO OR LESS, ENTER -0-	CONTRACTOR	1
3. LONG-TERM CAPITAL L SUBTRACT LINE 12 FR	OSS CARRYOVER TO 2006.	STATEMENT	1:
3. LONG-TERM CAPITAL L SUBTRACT LINE 12 FR SCHEDULE SE	OSS CARRYOVER TO 2006. OM LINE 9. IF ZERO OR LESS, ENTER -0-	STATEMENT	12
13. LONG-TERM CAPITAL L SUBTRACT LINE 12 FR SCHEDULE SE DESCRIPTION	OSS CARRYOVER TO 2006. OM LINE 9. IF ZERO OR LESS, ENTER -0-		
13. LONG-TERM CAPITAL L SUBTRACT LINE 12 FR SCHEDULE SE DESCRIPTION AUTHOR	OSS CARRYOVER TO 2006. OM LINE 9. IF ZERO OR LESS, ENTER -0- NON-FARM INCOME	AMOUNT	95
13. LONG-TERM CAPITAL L SUBTRACT LINE 12 FR SCHEDULE SE DESCRIPTION AUTHOR TOTAL TO SCHEDULE SE, L	OSS CARRYOVER TO 2006. OM LINE 9. IF ZERO OR LESS, ENTER -0- NON-FARM INCOME	AMOUNT 1,141,4 1,141,4	95 95
SUBTRACT LINE 12 FRESCHEDULE SE DESCRIPTION AUTHOR TOTAL TO SCHEDULE SE, L	OSS CARRYOVER TO 2006. OM LINE 9. IF ZERO OR LESS, ENTER -0- NON-FARM INCOME	AMOUNT 1,141,4 1,141,4	95 95
13. TONG-TERM CAPITAL L	OSS CARRYOVER TO 2006. OM LINE 9. IF ZERO OR LESS, ENTER -0- NON-FARM INCOME	AMOUNT 1,141,4 1,141,4 STATEMENT	1:

Illinois Department of Revenue

2005 Form IL-1040 Individual Income Tax Return tex.illinols.gov

or for fiscal year ending _ /08

Step 1: Personal Information

BARACK H. OBAMA MICHELLE J. OBAMA

	D	Filing status (see Instructions) Single or head of household Married filing jointly Married filing separately Widower Check if you were a member of a professional athletic team during 2005	ſ	
\$	Step 2: Incor	1	1,655,106.	
	2	U.S. 1040EZ, Line 4 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b;		
5	760	or U.S. 10406Z,	2 _	
ड ग्रेस	3	Other addition≘ to your income, Attach Schedule M.	3 _	1,655,106.
Staple W-2 and 1099 forms here	4 0 0- Bass	Add Lines 1 through 3, This is your total income.	4 _	T'000'T00'
9 60	Step 8: Base			
103	5	Income received from Social Security benefits and certain retirement plans if included in Step 2.1 inc 1. Attach federal page 1.		
걸		if Included in Step 2, Line 1. Attach federal page 1. Military pay earned if included in Step 2, Line 1. Attach military W-2. 6	-	
20	6 7	Williary pay earned if included in 3-bp 2, Line 1, Adepth military V-2. Ultinols Income Tex overpayment Included in U.S. 1040, Line 10. 7	Τ.	
3	8	U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency		
目d	0	interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1.		
Sta	9	Other subtractions to your income. Attach Schedule M. 9	_	
	2	Check if Line 9 Includes any amount from Schedule 1299-C.	alamai .	
٨	10	Add Lines 5 through 9. This is the total of your subtractions.	10	352.
4		Subtract Line 10 from Line 4. This is your illinois base income.	11	1,654,754.
ш	Step 4: Exem			TOTAL DESCRIPTION OF THE PERSON OF THE PERSO
	Δ 12			
	See instructions	b If someone else claimed you or your spouse as a dependent		
	bafara	on their return, see instructions to figure the number to		
	Line 12.	write here x \$2,000 b	_	
A	and the party of t	C Check if 65 or older: You + Spouse = X \$1,000 C		
끍		d Check if legally blind: You + Spouse = X \$1,000 d		0 000
cha	mos mo encode	Add Lines a through d. This is your total Illinois exemption allowence.	12_	8,000.
Staple your check	Step 5: Net l			1 646 554
DY E	18	Residents only: Subtract Line 12 from Line 11. This is your net income. Skip Line 14.	13 _	1,646,754.
Spile	14	Norresidents and part-year residents only:		
35		Check the box that applies to you during the year 2005.	dent	
Δ		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 tex from Schedule NR.	15	49,403.
		This amount may not be less than zero.	10 _	=3,=041
<u>ن</u> ::۵	040 pzgs 1 (R-12/05) 3021	This form is authorized as outlined by the lithols income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a pundity. This form has been approved by the Forms Management Center. IL-492-0085		
540	001 12-23-05			

BARACK H.	× MICHELLE L. OBAMA		
18	Tax amount from Page 1, Step 6, Line 15	16	49,403.
Step 7: Payme	nts and Credits		
	Illinois Income Tax withheld. Attach W-2 and 1099 forms, 17	13,950.	
18	Estimated payments from Forms IL-505-I and IL-1040-ES, Including		
	overpayment applied from 2004 return 18	34,000.	
Menreeldents - 49	Income tax paid to another state while an Illinois resident. Attach		
Lines 19, Lines	Schedule CR and other states' returns.	- Contraction of A	- 4
Ph. or 11 20	the state of the s		
The total of	PT Worksheet Line 3 amount 20a		
Lines 15, 305, and 210 frey	PT Worksheet Line 8 amount 20b		
not exceed	K-12 Education expanses credit. Complete EU Worksheet in Instructions		
ne tak amount an	or Schedula ED. Attach receipt or Schedule ED.		
LIGO 16.	ED Worksheet or Schoolule SD Line 1 amount 218		
terms to be property and	ED Worksheet or Schedule ED Line 10 amount 2:15		
22	Earned Income Credit. You must complete EIC Worksheet In Instructions.		
	EIC Worksheat 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.	, , , , , , , , , , , , , , , , , , ,	
	Income lax 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: Overpa	yment or Tax Due	In a con-	
. 25	If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpa	ryment. 25	
26	If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due	e. 26	1,453.
Step 9: Penalty			
27	Late-payment penalty for underpayment of estimated tax, 27		
	a Check if you annualized your indome on Form IL-2210, Step 6, or if you are	endiscreen.	
	55 or older and permanently living in a nursing name. Attach Form IL-2210.		
	b Check if at least two-thirds of your federal gross income is from farming.		
Step 10: Donat	ions. Any donation will reduce your refund or increase the amount you owe		
28	Amount you wish to donate to one or more of the following voluntary contribution for	unds	
	1400-404-	coldosis m_	
MAKE GIVING	Child Abuse b Lou Gehrig's h Autit		
		dness o	_
EASY		Population p	CON
	Breast Cancer e Diabeles K Brain	n Tumor q	
	Multiple Solerosis F . Colon Canaer I		
	Add Lines a through q. This is your donations total. 28		
29	Add Line 27 and Line 26. This is your total penalty and donations.	29	
Step 11; Refund	d or Amount You Dwe		N = 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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	
	Subtract Line 31 from Line 30. This is your refund.	32	
	Complete to direct deposit your refund.	1900	Marie Arad At.
Deposit N	Flouting number Checking or Saying	an .	
1	Account number	,~	
Ecc - 34 1	If you have tax due on Line 26, add Lines 28 and 29. Of		
for payment	If you have an overpayment on Line 25 and this amount is less than Line 29,		
colleg	subtract Line 25 from Line 29. This is the amount you owe.	34	1,453.
Step 12: Sign at			4,433.
		MILES OF THE PARTY	
Under pi	analties of perjury, I state that I have examined this return and, to the best of my know	wledge, it is true, correct,	and complete.
Your algnat	urb Ditto Daylinio phone number Your apout	e's signaturo	Date
		100	Tally)
raid prepar	or's signature Preparer's Phahu number Preparer's P	EIN, SSR, OF PIN	
500	77 N. S.	STEEN AND SOUTH	
49002 lf no payr 2-23-05	nent is enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE If payment enclosed	I, mail to: ILLINOIS DEPART	MENT OF REVENUE
0: 3021	SPRINGFIELD IL 62719-0001	Springfield IL I	
L-1046 paga 2 (P-12/05) [DR AP CA ME NS PR RR RV WA WV 7	77 15	
man hafter of the scott)	OA ME NS PR RR RV WA WV Z	Z ID	

Illinois Department of Revenue

IL-2210 Computation of Penalties for Individuals
Attachment Sequence No. 20

Read this information first- For original returns only, Do not use this form if you are filling form IL-1040-X, Amended Individual Income Tax

	on, after the extended due date of the return, we en		репакоз аг	105	ena yaq a n	ii inseao oi compier	ing and min	ng this form yoursell,
4	뭐 하잖아요. 뭐 하는 그렇게 살아 먹었다면 하는데 하는데 없는데 하는데 하나 있다.				, and er	adlan		
	This form is for calefular year 2000 of for fia	Month Month	YEEF	-	, and er	Month	Year	
2	Write your name as It appears on your Form	IL-1040.		2	BARAC	K H. & MI	CHELI	LE L. OBAMA
S	Write your Social Security number as it app	ears on this year's Form IL-104	40.	3				
4	If your prior year Form IL-1040 was flied using than the number shown on Line 3, write that	The result of the real between the result of the real	number	4		and the second state of the second state of the second		
St	ep 2: Figure your requir	ed installments		10000		A This year		B Last year
E	Write the amount of your total income tax in	on and Pare II 1040 Cario			5	49,40		5,980.
5	Write the amount of gredits from each Form		etructions	h	6	#3,40	3.	197.
7	Subtract Line 6 from Line 5.	il-1040. See mandenone.			7	49,40	3	5,783.
8	Write the total amount of this year's illinois v	ulthinalding from your W-2 form	ne		8	13,95		3,7001
9	Subtract Line 8 from Line 7.			*	9	35,45	3.	
0.00	Multiply Column A, Line 7, by 90% (.9).				10	44,46		
	If Line 9 is \$500 or less, write "0," and go to	Step 3. Otherwise, write the le	esser				ecisons.	
	of Column A, Line 10, or Column B, Line 7.				11	5,78	3	
12	Divide the amount written on Line 11 by fou	r. This is the amount of each re	equired		131341	samment for the	-	
	installment, (If you use the annualized incom	ne Installment method, see Inst	tnuctions.))	12	1,44	6.	
		Quarter 1	Quart	er	9	Quarter 3		Quarter 4
		April 15, 2005	June 15		Tale of the second	September 15, 2	2005	January 17, 2006
13	Write the required installment.			Score.				3-11-12
	See Instructions.	1,446.	1	, 4	46.	1,44	6.	1,445,
14	Write any credit carried forward from the	the state of the s			ALL COLORS			
	prior year and the amount withheld.							
	See Instructions.	3,488.	3	, 6	88.	3,48	8.	3,486.
15	Subtract Line 14 from Line 13. If the				1000000 0 1-32			
	amount is negative, use brackets.	<2,042.>	<2	, 0	42.>	<2,04	2.>	<2,041.
16	If the amount on Line 17 of the							
	previous quarter is negetive, write							
	that amount as a positive here.	Part of the Later Control of the Con						
	Otherwise, write "0."	Skip this line for Outster 1.						
17	Subtract Line 15 from Line 15. If the						*	
	amount is negative, use brackets.							
	p 3: Figure your unpaid	d tax					-10	49,403.
	Write the amount from Column A, Line 7. Add your credit carried forward from the price		numents e		n Abda cama	and unus	18 _	45, 4U3.
12	withholding as shown on your W-2 forms. O							
	annualized, the total of Line 13, Quarters 1					i i i, di, ii yau	19	47,950.
20	Write other payments made on or before A		ter childril	14 114	PI Di			=112201
-0	a Write the amount and the date of your Fo				Date	a•		
	b Write the amount and the date of any oth	The state of the s	1.	AE		e: 04/17/06	71	
	Add Lines 20a and 20b. Write the amount h	State of the state					20	1,453.
21	Add Lines 19 and 20. Write the total amount					N.	21	49,403.
	Subtract Line 21 from Line '19. If the amoun							
8	positive, write that amount here. Continu		ount in Pe	וברונ	ty Workshi	est 1, Line 24, Col	umn C.	
	 zero or negative, write that amount here 					and the second second		
	and go to Penalty Worksheet 2. You may							
	Worksheet 2. See instructions.		N 8			50	22	0.
4910 2-23	1 05 K-8210 (F-12/05) 10:3021							Page 1 of 9
	28	{	8					\$20 mg 60

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 Worksheat 2 to figure your late-payment penalty for underpayment of estimated tax. Mate —|> You must follow the instructions in order to properly complete the penalty worksheets.

Penalty rates Penalty rate Number of days late

	Amount Amount			e on or after April 18, :	2006. See Instruc	ctions.		
8								
b _								
24 Web	o the amount	from Line 22 on ti	ne first line of Column	. C below				
Α	8	C	D	E	F	G	1-1	1
	Due	Unpaid	Payment	Balance due	Payment	Number of	Penalty rate	
Period	date	âmount	applied	(Col. C - Col. D)	data	days late	(See above)	Penalty
eturn A	pril 17, 2006_			1		m kwaministo		manufacture and the second
		1			-			
			ment penalty for un	paid tax.			25	
		ount here and in S		200		e e		
	1 4 4 1 1 1 1 1 1	A1, A1, 11111		mn E above to any un				1041 BI
lote 🛶	> If you paid t	he required amou	nt from Line 17 by th			estimated o not comple		et.
	e the amount	and the date of ea	nt from Line 17 by th sch estimated income Estim	e payment due date for tax payment you mad nated Income Tax	or each quarter, d de. See instruction of Payments	o not comple	te this workshe	
26 Write	e the amount Amous	and the date of eant	nt from Line 17 by th ach estimated income Estim te paid	e payment due date for tax payment you mad nated Income Tax Amount	or each quarter, d de. See instruction of Payments Date paid	o not comple ins.	te this workshe	Date paid
	e the amount Amous	and the date of eant	nt from Line 17 by th ach estimated income Estim te paid	e payment due date for tax payment you mad nated Income Tax Amount	or each quarter, d de. See instruction of Payments Date paid	o not comple ins.	te this workshe	Date paid
26 Write a b	e the amount	and the date of ea	nt from Line 17 by the ach estimated income Estimated income Estimate paid c c d	e payment due date for tax payment you mad nated Income Tax Amount	or each quarter, d de. See instructio x Payments Date paid	e not comple ns. Ar e f	te this workshe	Date paid
26 Write a b	e the amount	and the date of ea	nt from Line 17 by the ach estimated income Estimated income Estimate paid c c d	e payment due date for tax payment you mad nated Income Tax Amount	or each quarter, d de. See instructio x Payments Date paid	e not comple ns. Ar e f	te this workshe	Date paid
a b ,	Amouse the amount of the Amouse the unpaid and Bouse	and the date of each of the date of the da	nt from Line 17 by the ach estimated income Estimate paid c c c c c c c c c c c c c c c c c c c	e payment due date for tax payment you maded Income Tax Amount:	or each quarter, de. See instruction R Payments Date paid ret line of the app F Payment	e not completins. Ar f f G Number of	te this workshe	Date paid
a b 27 Write A	Amouse the amount of the amount of the amount of the unpaid at the unpai	and the date of each of the date of each of the date o	nt from Line 17 by the ach estimated income Estimated income te paid c d d d d d d d d d d d d d d d d d d	e payment due date for tax payment you maded Income Tax Amount: 1 through 4, on the fire Balance due (Col. C - Col. D)	or each quarter, de. See instruction K Payments Date paid ret line of the app F Payment date	e f	te this workshe	Date paid
a b 27 Write A	Amouse the amount of the amount of the amount of the unpaid at the unpai	and the date of each of the date of each of the date o	nt from Line 17 by the ach estimated income Estimated income te paid c d d d d d d d d d d d d d d d d d d	e payment due date for tax payment you maded Income Tax Amount:	or each quarter, de. See instruction K Payments Date paid ret line of the app F Payment date	e not completins. Ar f f G Number of	te this workshe	Date paid
a b 27 Write A	Amouse the amount of the amount of the amount of the unpaid at the unpai	and the date of each of the date of each of the date o	nt from Line 17 by the ach estimated income Estimated income te paid c d d d d d d d d d d d d d d d d d d	e payment due date for tax payment you maded Income Tax Amount: 1 through 4, on the fire Balance due (Col. C - Col. D)	or each quarter, de. See instruction K Payments Date paid ret line of the app F Payment date	e not completins. Ar f f G Number of	te this workshe	Date paid
a b 27 Write A Perod	Amouse the amount of the amount of the amount of the unpaid at the unpai	and the date of each of the date of each of the date o	nt from Line 17 by the ach estimated income Estimated income te paid c d d d d d d d d d d d d d d d d d d	e payment due date for tax payment you maded Income Tax Amount: 1 through 4, on the fire Balance due (Col. C - Col. D)	or each quarter, de. See instruction K Payments Date paid ret line of the app F Payment date	e Ar e f ropriate quart Q Number at days late	te this workshe	Date paid

E49102 Page 2 of 3

Qtr 4 Jan. 17, 2006

IL-2210 (FI-12/05)

28 Add Column I, Quarters 1 through 4. This is your late-payment penalty for underpayment of estimated tax.

Write the total emount here and on your Form IL-1040, Line 27,

28

	arack H. & Miceelle tep 5: Figure your lat			d the amount	you owe	
No	ote	10 after C	otober 16, 2006; and			
29	gure your late-filing penalty. Write the amount from Form JL-1040, Step Multiply the amount on Line 29 by 2% (.02		5, minus any timely payment	s and credits.	25	MANAGEMENT OF THE PROPERTY OF
	Write the lesser of Line 30 or \$250. This is	The second second second	e-filling penalty.		3	
Fi	gure the amount you owe.					
33 34	Write any late-payment penulty for unpaid Write any late-filing penulty from Step 5, L Write the emount you owe from your Form Add Lines 32 through 34 and write the total	ine 31. 1L-1040 here, Th	, Step 11, Line 34. ils is your total tex end pena	92 33 34		
Enn	Refer to Form IL-1040, Line 34 instructions					<u> </u>
400	tep 6: Complete the a Complete this worksheet a Complete Lines 36 through	nly if yo	our income was not recelv fone column before goir	ed evenly throughout the good to the next, beginning	year and you choose to a with Column A.	
			Д	8	C	ם
	MADE: MADE NO INC.		January 1, 2005 to March 31, 2005	January 1, 2005 to May 31, 2005	Jenuary 1, 2005 to August 31, 2005	January 1, 2005 to December 31, 2005
36	Write your Illinois base income	mesan				
	for each period. See Instructions.	36	d d	2,4	4.5	
	Annualization factors.	37	4	2,4	1.5	1
38	Multiply Line 36 by Line 37. This Is					
	your annualized income.	36		- Halling Sa		
	Exemptions. See Instructions.	39		-		**************************************
40	Subtract Line 39 from Line 38. This is	40				
44	your Illinois net income.	41		-	- ALIGNATURE TOURS THE SERVICE	
	Multiply Line 40 by 3% (.03). For each period, twrite the	***	ELECTRICAL PROPERTY OF THE PRO		Carl Callinson	
42	amount you wrote in Step 2,					
	Golumn A, Line 6.	42				
40	Subtract Line 42 from Line 41.	43	The state of the s			
	Applicable percentage.	44	22.5% (.225)	45% (.450)	67.5% (.675)	90% (.900)
	Multiply Line 43 by Line 44.				INVESTIGATION OF THE PARTY OF T	
	This is your annualized					
	Installment.	45				
46	Add the amounts on Line 52 of each of					
	the preceding columns and write the					
	total here.	45	Skip this line for Golumn A.	- Men-is		
47	Subtract Line 46 from Line 45. If less					
	than zero, write "0."	47	-	,	CONTROL STORY	
48	Write the amount from Step 2,					
	Line 12, in each column.	49	Marian -	COMPANIES CONTRACTOR C		
49	Write the amount from Line 51 of the					
	preceding column.	49	Skip this fine for Column A.			
	Add Lines 48 and 49.	50	-			
51	If Line 50 is greater than Line 47,					
	subtract Line 47 from Line 50.	50				51-in this line for Column D
***	Otherwise, write "O."	51				Ship this and icr Column D
52	Write the lesser of Line 47 or Line 50					
	here and on Step 2, Line 19. This is	52				
	your required installment.	42				
	040 (7. 10.00)			. 61-41-41-41-41-41-41-41-41-41-41-41-41-41	Williams with the second	
ID:3	210 (R-12/05) 091 646100 12-23-05 This form is author information solid r	eenit tu a t	named by the form has been approx	t. Disclosure of this information is in ad by the Forms Management Gen	HECOURGO, PANUTE to provide HEF. H492-0091	Page 2 of 2

2004 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

TAXPAYER'S COPY

FOR THE YEAR ENDING December 31, 2004

	#. 4. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Prepared for	Barack H & Michelle L Obama Cnicago, Li 00615
Prepared by	Lawrence A. Horwich & Associates, P.C. 125 S. Wacker Drive - Suite 2800 Chicago, IL 60606-4475
Amount of tax	Total tax \$ 40,426 Less: payments and credits \$ 46,628 Plus: interest and penalties \$ 0 Overpayment \$ 5,202
Overpayment	Miscellaneous Donations S 0 Credited to your estimated tax S 0 Refunded to you S 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 property before	April 15, 2005
Special nstructions	The return should be signed and dated. Your refund will be deposited directly into your bank account.

I 104	(<u>0</u>)	U.S. Individual Income Tax Return	2004	IRS Use Only - Do	not write or	alsple in this space.
Label	Fai	Inc year Jan. 1-Dec. 31, 2004, or other lax year beginning	. 2004	, ending .20	1	OMB No. 1545-0074
Label		our first name and initial	Last name	.20	Y	our social security number
(See instructions		BARACK H	ОВАМА			
on page 16.)		a joint return, spouse's first name and initial	Last name		s	pouse's social security number
Use the IRS	L]	MICHELLE L	ОВАМА		- 1	
label.	HIT	lome address (number and street). If you have a P.O. box,	see page 16.	Apt	no.	∆ Important! ∆
Otherwise, please print	Ë -		Marie Constitution	1		You must enter
or type.	E	ity, town or post office, state, and ZIP code. If you have a loreign add	rass, see page 16			your SSN(s) above.
Presidential		CHICAGO, IL 60615				
Election Camp	oaign			i i si di i di.	You	Spouse
(See page 16.)		Do you, or your spouse if filing a joint return.	want 53 to go to			No X Yes No
Filing Statu	s 1	Single	4	Head of household (with	qualifying	person). (See page 17.) If
	2	Married filing jointly (even if only one had income)				not your dependent, enter
Check only	3	Married filing separately. Enter spouse's SSN above		this child's name here.		
one hox.		and full name here. >		Qualifying widow(er) wit	h depende	S
Exemptions	6	X Yourself. If someone can claim you as a dependen	l, do not check bo	x 6a		on 65 and 6b
		X Spouse Dependents: (2) De		(3) Dependent's	(4) / if qualif	No. of children on 60 who;
			pendent's social curity number	relationship to	(see page 18	t o lived with you
		MALIA A OBAMA	T.F	DAUGHTER	I (see page 16	you due to divorce
		NATASHA M OBAMA		DAUGHTER	X	(see page 18)
If more than four					- 42	Dependents on 5c
dependents, ses page 18.						Add numbers
			(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(on lines
Income	7	The second secon			The second second	207,342.
Attach Form(s)	Ba		******************		8a	
W-2 here. Also	t	Tax-exempt interest. Do not include on line 8a		8b	(a) (b)	
attach Forms	98	Ordinary dividends. Attach Schedule B If required			. 9a	
W-2G and 1099-R If tax	b	Qualified dividends (see page 20)		9b	1255	
was withheld.	10	Taxable refunds, credits, or offsets of state and local inc			10	305.
	11	Alimony received			11	
If you did not	12	Business income or (loss). Attach Schedule C or C-EZ				
get a W-2,	13	Capital gain or (loss). Attach Schedule D if required. If no	it required, check i	nere [> []	13	
see page 19.	14 15 a	Other gains or (losses). Attach Form 4797		7	1 1	
Enclose, but do	16a	Pensions and annuities 15a 16a		Taxable amount (see page 22)	15b	
not attach, any	17	Renial real estate, royalties, partnerships, S corporations	Irusts etc Attach	Schodule amount (see page 22)	16b	
payment. Also, please use	18	Farm income or (loss). Attach Schedule F	, musta, arc. Attact	a achedole E	18	
Form 1040-V	19	Unemployment compensation			19	
	20a	Social security benefits	; b	Taxable amount (see page 24)	20b	
	21	Other income. List type and amount (see page 24)		1	1	
					21	
	22	Add the amounts in the far right column for lines 7 throu-	gh 21. This is your	total income	22	207,647.
	23	Educator expenses (see page 26). Certain cusiness expenses of reservicts, performing artists, and less		23	No.	
	24	officials, Allach Form 2106 or 2105-EZ	-oesis government	24		
Adjusted	25	IRA deduction (see page 26)		25		
Gross	26	Student loan interest deduction (see page 28)	A STANIS	26	500	
ncome	27	Tuition and fees deduction (see page 29)	on manner can	27		
	28	Health savings account deduction. Attach Form 8889		28		
	29	Moving expenses. Attach Form 3903		29	6.56	
	30	One-half of self-employment tax. Attach Schedule SE		30	List.	
	31	Self-employed health insurance deduction (see page 30)		31		
	32 33	Self-employed SEP, SIMPLE, and qualified plans		32	- 19	
	34a	Penalty on early withdrawal of savings Alimony paid b Recipient's SSN >		33 34a		
	35 35				OF.	
19601 1-03-04	36	Subtract line 35 from line 22. This is your adjusted gross	income		35	207,647.
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			1 00 1	401,041,

Form 1040 (2	004)	BARACK H & MICHELLE L OBAMA	arrangers of the second second second		Page 2
Tax and	37	7 Amount from line 36 (adjusted gross income)		37	207,647.
Credits		Ba Check		4483	20170270
Standard			> 38a	THE P	
Deduction for		b If your spouse itemizes on a separate return or you were a dual-status alian, see page 31 and shack nere		100	
O People who	90		20	25 029	
or 385 Of who	ar	6 - 이보니다. 사람이 되었다. 아니아 열심하는 아니아 아니아 아니아 아니아 아니아 아니아 아니아 아니아 아니아 아니		39	25,028.
can be claime as a depende	d i	Subtract line 39 from line 37	C4 14 bay 57	40 1	182.619.
as a dependen	7 41				a a susa
	40	is over \$107,025, see the worksheet on page 33		41	12,400.
O All others:	42			42	170,219.
Single or	43			43	37,619.
Married filing separately,	44	***************************************		44	
\$4,850	45		⊳	45	37,619.
Married filing	46			Letter 1	
jointly or Qualifying	47	Credit for child and dependent care expenses. Attach Form 244147	700		
widow(er),	48	Credit for the elderly or the disabled. Attach Schedule R48			
\$9,700	49	Education credits, Attach Form 8863 49		25 A 1 B 1 L	
Head of household,	50	Retirement savings contributions credit. Attach Form 8880 50		8866	
\$7,150	51	Child tax credii (see page 37) 51		10.54	
	52	Adoption credit. Attach Form 8839 52			
	53	Credits from: a Form 8396 b Form 8659 53			
	54	Other credits. Check applicable box(es): a Form 3800		1,	
		b Form 8801 c Specify			
	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-	h-	56	36,919.
Carried Control of Control	57	Self-employment tax. Attach Schedule SE		57	30,313.
Other	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		-	
	60	Advance earned income credit payments from Form(s) W-2		59	
	61	Household amplement taxes. Attach Calactula U		60	2 505
	62	Household employment taxes. Attach Schedule H		61	3,507.
Payment		Add lines 56 through 61. This is your total tax		62	40,426.
i cyment.		Federal income tax withheld from Forms W-2 and 1099 63	46,628.	1	
If you have	64	2004 estimated tax payments and amount applied from 2003 return 64			
a qualitying	_ 658	Earned income credit (EIC)			
child, attach Schedule EIC.		Nontaxable combat pay election			
	66				
	67	Additional child tax credit. Attach Form 8812 67			
	68	Amount paid with request for extension to file (see page 54) 68		741	
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 69			
	70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	Þ	70	46,628.
Refund	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid		71	6,202.
Direct deposit?	72a	Amount of line 71 you want refunded to you		72a	6,202.
See page 54 and fell in 72b.	> b	number Saving Saving > d number			Wat district the 1.12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
72c, and 72d.	73	Amount of line 71 you want applied to your 2005 estimated tax			
Amount	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	▶	74	
You Owe	75	Estimated tax penalty (see page 55)		8 1 1	THE WILL STATE
Third Pari	y D	o you want to allow another person to discuss this return with the IRS (see page 56)?	. Complete the fo	llowing.	No
Designee		The state of the s		Personal ice	rillfication [>
Sign	Under	penallies of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the best of my know	ledge and be	skel, they are true, correct.
Here	Y	omplete. Declaration of which preparer fuller, hen locatives is based on all information of which preparer has any knowledg four signature Your occupation Date Your occupation	G.	Daytime	phone number
Joint return? See page 17,	ba.	ATTORNEY/STATE	SENATOR		
Keep a copy for your	12	Spouse's signature, if a joint and Joseph must sign. Date Spouse's occupation		1	
records.		HOSPITAL ADMINI	STRATOR		
Paid	Prepar			Proparar's 3	SN or PTIN
Preparer's			bevolame		and the second of the second o
Use Only			C. PR	**	
		125 S. WACKER DRIVE - SUITE 2800	Page .	no.	[H] (HE)
419002 11-03-04		7, address, CHICAGO, IL 60606-4475			

		Child Tax Credit Worksheet (keep for your records)	
Name(s): F BARACI	K H	& MICHELLE L OBAMA	Your SSN
Part 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. 207, 647	•
	3	. 1040 filers: Enter the total of any-	
		Exclusion of Income from Puerto Rico, and 3 0	<u>.</u>
		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	•9 ===
	٥.	Enter the amount shown below for your filling status. Married filling jointly - \$110,000	
		Single, head of household, or qualifying widow(er) - 375,000 5 110,000.	
		Married filing separately - \$55,000	<u>.</u>
	6.	Is the amount on line 4 more than the amount on line 5?	
		No. Leave line 6 blank. Enter -0- on line 7.	
		X 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.	74,900.
	8.	is the amount on line 1 more than the amount on line 7?	
		X No. STOP	
		You cannot lake the child tax credit on Form 1040, line 51, or Form 1040A; line 33.	
		Yes. Subtract line 7 from line 1. Enter the result.	8
Part 2	9.	Enter the amount from Form 1940, line 45, or Form 1940A, line 28.	9
	IU.	1040 filers: Enter the total of the amounts from lines 46 through 50.	-1
	11	1040A filers; Enter the total of the amounts from lines 29 through 32. Are you claiming any of the following credits?	
		Adoption credit, Form 8839	
		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.	!!
	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.	
	ilmotetus esta	Yes. Enter the amount from line 12 child tax credit.	. 13

4037*1***-15-64

 \mathcal{F}_{i_1}

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)

 2004; Atlachment 07

BARACK	H	& MICHELLE L OBAMA		1		E . E
Medical		Caution. Do not include expenses reimbursed or paid by others	100	$\overline{}$		<u></u> _
and		1 Medical and dental expenses (see page A-2)	1.53			
Dental		2 Enter amount from Form 1040, line 37 2				
Expenses		3 Multiply line 2 by 7 5% (075)	-			
		4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	13		17	
Taxes You	1	State and local (check only one box):	TT:	T	4	
Paid		a X Income taxes, or				
(See		b General sales taxes (see page A-2)	5	6	135.	
page A-2.)	•	neal estate taxes (see page A-3)	16		946.	
	- 5	Personal property taxes	7		2 40 6	
	8	B Other taxes. List type and amount	100			
		D				
			1 - 1			
Interest	10				9	10,081
You Paid	1	Home mortgage interest and points reported to you on Form 1098	. 10	14,	395,	
(See		from whom you bought the name, see page A-4 and show that person's name				
page A-3.)		identifying no., and address	1189		- 1	
Note:		D			1	
Personal	40		11			
interest is not	12	Points not reported to you on Form 1098. See page A-4	11			
deductible.	10	for special rules	12			
	13		13			
Gifts to	45	Add lines 10 through 13			14	14,395
Charity	15	one by seem of check. If you made any gift of 5250 or more,	1			
Silarity	40	SEE STATEMENT 4	15	2,5	500.	
you made a	10	Other than by cash or check. If any gift of \$250 or more, see page A-4.	S= (
ift and got a enefit for it.	17	You must attach Form 8283 if over \$500	16			
es page A-4.	18		17			
asually and hell Losses	19	Add lines 15 through 17 Casualty or theft loss(es). Attach Form 4684. (See page 4-5.)			18	2,500
ob Expenses	20	Unreimbursed employee expenses - job travel, union dues, job education, etc.	· · · · ·		. ! 19	
nd Most	20	Attach Form 2106 or 2106-EZ if required. (See page A-6.)	1		1	
ther	,	>ITNITON AND DEOPERATORY DELEG				
iscellaneous eductions		>UNION AND PROFESSIONAL DUES 229.				
, , , , , , , , , , , , , , , , , , , ,	21	Tay preparation from	201	550	29.	
	22	Tax preparation fees Other expenses - investment, safe deposit box, etc. List type and amount	21	8	81.	
	1					
lee		>				
age A-5.)					1	
			2.0			
	23	Add lines 20 through 22	22			
	24		23	1,1	10.	
	25	Enter amount from Form 1040, line 37 [24] 207, 647.		32 - 43256		
		Multiply line 24 by 2% (.02) Subtract line 25 from line 23. If line 25 is more than line 23, enter ·0·	25	4,1	53.1	
	27				26	0.
ner	2. D	Other - from list on page A-6. List type and amount				
scellaneous		· 			-	
ductions					1	
					350	
	28	Is Form 1040 line 37 over \$140 700 (27	
ital	20	Is Form 1040, line 37, over \$142,700 (over \$71,350 if married filing separately)?	5	STMT 5	1	
otal emized		late Versitativity is an)	
emized		No. Your deduction is not limited. Add the amounts in the far right column				
		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. X Yes. Your deduction may be limited. See page A-6 for the amount to enter	ļ 		28	25,028.

Child and Dependent Care Expenses

Attach to Form 1040.See separate instructions.

OMB No. 1545-0068

Form 2441 (2004)

Department of the Treadury Internal Revenue Service (29)

Plame(s) shown on Form 1040					You	r social security number
BARACK H & MICHEL	LE L OBAMA					
Before you begin: You need to u	inderstand the following	ng terms. See Definitions of	n page 1 of the in	structions.		
 Dependent Care Benefits 		 Qualifying P 	erson(s)			 Qualified Expense
Part I Persons or Orga	anizations Who I	Provided the Care - Y	ou mustcomple	ete this part.	-	
1 (a) Care provider's name		(b) Address apt. no., city, state, and ZI	P code)	(c) Identifying nu (SSN or EIN)	mber	(d) Amount paid
	IIC		-			
MARLEASE 5	34 EAST 531	Const. Per file			2 4	17,550
BUSHNELL L.					-	5,388
		<u> </u>				
	Did you receive	No	——⇒ Con	nplete only Part II be	low.	
de	ependent care benefi	ts? Yes		plete Part III on pag	je 2 n	ext.
Caution If the care	was provided in your					
		home, you may owe employ	ment taxes. See t	he instructions for F	orm 1	040, line 61.
2 Information about your qualif	and Dependent					
z momentum about your quain	(a) Qualifying person		ying persons, see			(a) Qualified avacance
First	(e) dominying person	Last		(b) Qualifying pers social security nur		(c) Qualified expenses you incurred and paid in 2004 for the person listed in column (a)
	1				-	the person visted in column (a)
MALIA A	OB	AMA				11,469.
NAME OUR SE						
NATASHA M		AMA		1		11,469.
3 Add the amounts in column (c) for two or more persons. If you	criine 2. Do not entr	er more than \$3,000 for one	qualifying persor	or \$6,000		
Tor two or more persons. If you	completed ratt iii, et	iter the amount from line 32	יייייייייייייייייייייייייייייייייייייי)twr.1.20	3_	3,500.
1 Enter your earned income. See	e instructions			CHOCK COCKING MALEYS CARREST	4	85,432.
5 if married tiling jointly, enter you	ur spouse's earned inc	come (if your spouse was a	student or was			05,452.
disabled, see the instructions);	all others, enter the a	amount from line 4			5	121,910.
				- 1		
6 Enter the smallest of line 3, 4, o	JI 6	***************************************			6	3,500.
7 Enter the amount from Form 10	240, line 37		7	207,647.		
8 Enter on line 8 the decimal amo	unt shown below that	t applies to the amount on I	ine 7	201,041		
1 If line 7 is:		If line 7 is:				
But not	Decimal amount	But not	Decimal amount			£
Over over	is	Over over	is			
\$0 - 15,000 15,000 - 17,000	.35 .34	\$29,000 · 31,000 31,000 · 33,000	.27 .26			800
17,000 - 19,000 19,000 - 21,000	.33	33,000 - 35,000 35,000 - 37,000	.25 .24 .23 .22	-	8	x.20
21,000 - 23,000	.32 .31	37,000 - 39,000	.23	2	biblio i	
23,000 - 25,000 25,000 - 27,000	.30 .29	39,000 - 41,000 41,000 - 43,000	.22 .21	12	95	
27,000 - 29,000	.28	43,000 - No limit	.20		Găli	
				12		
Multiply line 6 by the decimal am					100	
the instructions					9	700.
Enter the amount from Form 104	40, line 45, minus any	amount on Form 1040, line	46		10	37,619.
Country condition dependent	OFFIC OVERSORS FOL	ne blan annually and the second	401	_	3.53	
	t care expenses. Ente	er the smaller of line 9 or lin	e 10 here and on	Form 1040,	11	700.

Form 2441 (2004) BARACK H & MICHELLE L OBAMA 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 2,500. 12 13 Enter the amount forfeited, if any (see the instructions) 13 14 Subtract line 13 from line 12 2.500. 14 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 2,500. 17 Enter your earned income. See instructions 85,432 18 Enter the amount shown below that applies to you. 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. 121,910 18 o All others, enter the amount from line 17. 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 22 Enter \$5,000 (\$2,500 if married filling separately and you were required to enter your spouse's earned income on line 18) 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 25 Enter the amount from line 23 26 Excluded benefits. Subtract line 25 from line 24. If zero or less, enter ·0-2,500. 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" 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 20,438. 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 3,500. 32 Form 2441 (2004)

1:

10

SCHEDULE H (Form 1040)

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

Caparlment of the Treasury Internal Revenue Service (99) Name of employer

Social security number

	BARACK H OBAMA	Employer Identification number
	A Did you pay any one household employee cash wages of \$1,400 or more in 2004? (If any household employee under age 21, your parent, or anyone under age 18, see the line A instructions on page H·3 before you answer to	was your spouse, your child his 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.	
(Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2003 or 2004 to all household employ (Do not count cash wages paid in 2003 or 2004 to your spouse, your child under age 21, or your parent.)	oyees?
**	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 employed do not have to complete this form for 2004.)	es in 2004
	Part I Social Security, Medicare, and Income Taxes	
1	Total cash wages subject to social security taxes (see page H-3)1122,555.	Aller Aller Aller
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)	1 a.c.
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, it 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 10 to eline 9 instructions on page H-4.	40, see
o.t.co	X Yes. Go to the 10 on page 2	
_		

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule H (Form 1040) 2004

	H (Form 1040) 2004 BARACK		ax						_ Page
10 Did 11 Did 12 Wer Next: If	you pay unemployment cont you pay all state unemploym e all wages that are taxable f you checked the "Yes" box you checked the "No" box o	ributions to only on ent contributions fo or FUTA tax also ta on all the lines abo	e state? (If you paid or 2004 by April 15, 1 xable for your state' ve, complete Section	2005? Fisca s unemploy n A.	l year filers, see print tax?	page H-4		1.1	1 X
			Section	ı A					
14 State	ne of the state where you paid e reporting number as showr	n on state unemploy	/ment tax return	⊳ 423					
16 Tota	tributions paid to your state to I cash wages subject to FUT.	A tax (see page H-4	(see page H-4)	L	15 !	133.	16		7,000
17 FUT.	A tax. Multiply line 16 by .00	8. Enter the result h			ne 26		17		56.
18 Com	plete all columns below that	annly lif you pead a	Section						
(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 From To	(e) State experience rate	(f) Multiply cot. (c)	(g) Multiply sol. (e) by sol. (e)		(h) jubirect sol. (g) from sol. (i). if zero cr tess, enter -0-	(i) Contributions paid to state unemployment fund
20 Add of 21 Total 22 Multip 23 Multip 24 Enter (New 25 FUTA	columns (h) and (i) of line 19 cash wages subject to FUTA by line 21 by 6.2% (.062)	23	S instructions on pay in the separate instru ult here and go to lin (es	ge H-4)	23 check here)		19 21 22 24 25		3,451.
28 Are yo	ne 17 (or line 25) and line 26 ou required to ille Form 1040 es. Stop. Enter the amount	? from line 27 above				pelow.	27		3,507.
Part IV Address (num	ber and street) or F.O. box if mail is no	ture - Complete th	nis part only if requir	red. See the	line 28 instructio	ons on page H		om, or sorte no	
Under penaltic	post office, state, and ZIP code es of perjury, I declars that I have exan e to a state unemployment fund claim	nined this schedule, inclued as a credit was, or is to	ding ascembanying statem be, deducted from the ba	ents, and to the ments to ampli	best of my knowledge your.	e and belief, it is to	us, sairs	et, and complete	: No peri of any
Employe	er's signature				Date				
410352 12-04-04	- Abundan - In-						Sched	lule H (Form	1040) 2004

BARACK H & MICHELLE L OBAMA

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

FOR	M 1040	TAXABLE	STATE AND	LOCAL	INCOME	TAX	REFUNDS	STATEMEN	P
				2003			2002	2001	
		FROM STATE			305.		Will some state of the state of	tu t listendas sucients	
LES	S:REFUNDS-NC	BENEFIT DUE	TO AMT						
1	NET REFUNDS	FOR RECALCU	LATION		305.				
2 3 4	BEFORE PHA DEDUCTION N	ZED DEDUCTIONSEOUT OT SUBJ TO F FROM LINE 1	HASEOUT	26	,995. 305.			*	
	MULTIPLY LI PRIOR YEAR	S LINES 3 AN NE 5 BY 80% AGI PHASEOUT THR	(.80)	21 238	,690. ,352. ;327. ,500.				
9	(IF ZERO OR 10 THROUGH	NE 8 FROM LI LESS, SKIP 15, AND ENTE LINE 1 ON L	LINES R	98	,827.				
LO L1	MULTIPLY LINALLOWABLE IN (LINE 5 LES) LINE 6 OR 1	NE 9 BY 3% (TEMIZED DEDU S THE LESSER	.03) CTIONS OF		,965. ,725.				
.3B	PRIOR YR. ST	ITEMIZED DED TD. DED. AVA LLOWABLE ITE	ILABLE	9	,725. ,500.	2-24		0	
.6	13A OR LINE TAXABLE REFU (LESSER OF I ALLOWABLE PE	E GREATER OF E 13B FROM L JNDS LINE 15 OR L RIOR YR. ITE ETD. DED. AV	INE 14 INE 1) M. DED.		305. 305. 030. 500.				
0	LESSER OF LI	NE 18 FROM LI INE 16 OR LII PAXABLE INCOI	NE 19	14, 205,	530. 305. 025.			*	
105	* IF LINE 21	ICLUDE ON FOI IS -0- OR I IS A NEGAT	MORE, USE	AMOUNT	FROM L.	INE 2 0 ANI	20	;	305.
	STATE AND LO	CAL INCOME	PAX REFUND	S PRIOF	TO 200	01			
	TOTAL TO FOR	M 1040, LINE	3 10						305.

FORM 1040	AGES RECEI	(VED AND TAX	ES WITHHE	LD -	STATE	EMENT 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 T STATE OF ILLINOIS	32,144,	5,733.	934.		1,993.	466.
COMPTROLLER S UNIVERSITY OF CHICAGO	53,288.	5,811.	1,544.			874.
HOSPITALS	121,910.	35,084.	3,657.		5,450.	1,783.
TOTALS	207,342.	46,628.	6,135.		7,443.	3,123.
SCHEDULE A	CACH	COMMETHIA	ONG .		G	
SCHEDULE A	CASH	CONTRIBUTI	ONS .		STATE	MENT 4
DESCRIPTION				OUNT LIMIT	5 TO 10 TO 1	OUNT LIMIT
MISCELLANEOUS ORGANIZED	CHARITIES		(Face of the same	2,500.		
EUBTOTALS			14	2,500.	-	
POTAL TO SCHEDULE A, LIN	E 15	•				2,500.

SCHE	DULE A ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 5
1.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 9, 14, 18,	
2.	19, 26, AND 27	26,976.
3.	ON LINE 27	0.
5.	IF YES, SUBTRACT LINE 2 FROM LINE 1	26,976.
	SEPARATELY)	
	THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28. IF YES, SUBTRACT LINE 6 FROM LINE 5 64,947.	101
	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.
	_	

Name(s) as shown on return

Social security number

BARACK H & MICHELLE L OBA	MA
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2004 Filing Status MARRIED FILING JOINT

2003 Filing Status MARRIED FILING JOINT 2003 Tax Bracket 0.0% 2004 Tax Bracket 28.0% Tax Year Tax Year Increase Description 2003 (Decrease). 2004 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. 11,354. 10,081. TAXES -1,273.14,395. INTEREST (DEDUCTIBLE) 12,241. 2,154. 2,500. 3,400. CONTRIBUTIONS -900. 24,030. TOTAL ITEMIZED DEDUCTIONS 25,028. 998. 214,297. INCOME BEFORE EXEMPTIONS 182,619. -31,678. PERSONAL EXEMPTIONS 9,272. 12,400. 3,128. TAXABLE INCOME 205,025. 170,219. -34,806. 49,104. TAX 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 TAK) 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. 6,910. TAX 5,980. -930. NON-REFUNDABLE CREDITS 184. 197. 13. 7,031. 6,135. PAYMENTS -896. AMOUNT REFUNDED 305. 352. 47.

£ 1040	Ųj	U.S. Individual Income Tax Return 2003 (83) IRS Use Only - Don	ol write or o	lane e me
Label		the year Jan. 1-Dec. 31, 2003, or other tax year beginning 2003, ending 21		OMB No. 1545-0074
(See	L	our first name and initial Last name	Ye	ur social security min
instructions	A I	BARACK H OBAMA		
AND ADDRESS OF THE PARTY OF THE		a joint return, spouse's first name and initial Last name	Si	DUES & DET ALBERTATY TRAVE
Use the IRS label.		4ICHELLE L OBAMA lome address (number and street). If you have a P.O. box, see page 19. Apt. or	-	- Committee - Committee -
011-1-1	H '	onne audress (number and smeet). Il you have a P.O. box, see page 19. Apt. n	G. Z	Important! 🗵
	REC	ity, town or post office, state, and ZIP code. II you have a foreign audress, see page 19.		You must enter your SSN(s) above.
Presidential L Election Camp		CHICAGO, IL 60615 Note. Checking "Yes" will not change your tax or reduce your refund. Y		
(See page 19.)	aigii	Do you, or your spouse if filing a joint return, want \$3 to go to this fund?	ou L	Spouse lo 🗓 Yes 🗌 N
Filing Statu	s 1	Single 4 Head of household (with o		
	2	Married filling jointly (even if only one had income) the qualifying person is a		
Check only	3	Married filing separately. Enter spouse's SSN above this child's name here.	-	
one box.		and full name here. ▷ 5 Qualifying widow(er) with	dependen	t child. (See page 20.)
Exemptions	6	Yourself. If your parent (or someone else) can claim you as a dependent on but or nor tax raturn, do not check boy da		ria of boiles
	1	X Spouse	Acres 1	and 66 2
	,	abpointed to be sendent's social	ing child for	No. of chirdren on 55 who
		(1) First name Last name you	chilig fax crecit (see page 21)	. a lived with you 2
		MALIA A OBAMA DAUGHTER	X	o did not live with you doe to divorce
If more than five		NATASHA M OBAMA DAUGHTER	Х	or separation (see page 21)
dependents,				
see page 21.				Dependents on an not entered above
		Total number of everyolisms plained		Add numbers
I=	7	Total number of exemptions claimed	1	above > 4
Income	8a	Wages, salaries, tips, etc. Attach Form(s) W-2	7	238,327
Attach	b	Taxable interest. Altach Schedule B if required Tax-exempt interest. Do not include on line &a 86	8a	
Forms W-2 and W-2G here.	9a	Ordinary dividends. Attach Schodule B if repured	1	
Also attach	b	Ordinary dividends. Attach Schedule B if required Qualified dividends (see page 23) 9b	9a	
Form(s) 1099-R if tax	10	Taxable refunds, credits, or offsets of state and local income taxes		
was withheld.	11	Alimony received	10	
•••	12	Business income or (loss). Attach Schedule C or C-EZ	11	
If you did not get a W-2,	13a	Capital gain or (loss). Attach Schedule D if required. If not required, check here	12 13a	
see page 22.	b	If box on 13a is checked, enter post-May 5 capital gain distributions 13b	134	
St. 19	14	Other gains or (losses). Attach Form 4797	14	
Enclose, but do	15a	IRA distributions 15a b Taxable amount (see page 25)	15b	
not attach, any payment. Also,	16a	Pensions and annuities 16a b Taxable amount (see page 25)	16b	
lease use	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
orm 1040-V.	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits 20a b Taxable amount (see page 27)	20h	
	21	Other income. List type and amount (see page 27)		
	22	Add the amounts in the far right polymer for line 7 than 104 Ti	21	
	22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	238,327.
Adjusted	23	Educator expenses (see page 29) 23		
aross	24 25	IRA deduction (see page 29) 24		
ncome	26	Student loan interest deduction (see page 31) Tuiling and fees deduction (see page 32)	- 4	
	27	Tuition and fees deduction (see page 32) 26		
	28	Moving expenses. Attach Form 3903 27 One-half of self-employment tax. Attach Schedula SZ 28		
	29			
	30	Pall and a second secon		
	31	Penalty on early withdrawal of cavings		
	32a			
	33		00	
10001 1-18-03	34	Cubroot line 22 from Eng 20 This is soon of the line o	33	220 227
		Privacy Act, and Paperwork Reduction Act Notice, see page 77.	34	238,327,

Ferm 1040 ; 200:	11 B	ARACK H & MICHELLE L OBAMA		1-,		Page 2
Tax and	35	Amount from line 34 (adjusted gross income)			35	238,327.
Credits		Check You were born before January 2, 1939, Blind.				
Stannard Deduction for -		it: Spouse was born before January 2, 1939, Blind.		D 36a		
O Paccio who	b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-at	atus at en	I> 36b	7 1	
checked any	37	Itemized deductions (from Schedule A) or your standard deduction (see left or	naroin)		37	24,030.
pr 365 01 who	38				38	214,297.
as a decendent		Subtract line 37 from line 35 If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions	claimed on	line 6d. If line 26	00	414,491.
		is over \$104,625, see the worksheet on page 35	T GIGHTIGU UTT	ine ou. If fine 35	00	0 070
	40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, er			39	9,272.
9 Ali athors	41	Tax Chack if any tay in from: a Secretary 2014 h Secretary 4070	ner -u		40	205,025.
Eingle, or		Tax. Check if any tax is from: a Form(s) 8814 b Form 4972			41	49,104.
Married filing	· 42	Alternative minimum tax. Altach Form 6251	··· · · · · · · · · · · · · · · · · ·		42	
54 150	43	Add lines 41 and 42	A CONTRACTOR OF THE PARTY OF TH		43	49,104.
Maried fena	44	Foreign tax credit. Attach Form 1116 if required	44		- 1	
Cuality or	45	Credit for child and dependent care expenses. Attach Form 2441	45	700	- 1	
41/downN), 52,500	46	Credit for the elderly or the disabled. Attach Schedule R	46			
	47	Education credits, Atlach Form 9863	47			
Hend of frontending	48	Retirement savings contributions credit. Attach Form \$880	48			
\$7,000	49	Child tax credit (see page 40)	49			
	50	Adoption credit. Attach Form 8839	50			
	51	Credits from: a Form 8396 b Form 8859	51			
	52	Other credits, Check applicable box(es): a Form 3800				
		b Form 8801 c 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	56	Self-employment tax. Attach Schedule SE			55	20/2021
	56	Social security and Medicare tax on tip income not reported to employer. Attach	Form 4137		56	
Taxes	57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Fo	rm 5329 if re	equired	57	
	58	Advance earned income credit payments from Form(s) W-2	6020 11 11		58	
	59	Household employment taxes. Attach Schedule H			59	3,452.
		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.		31.,030.
	62	2003 estimated tax payments and amount applied from 2002 return	62	55,552	1	
If you make	63	Earned income credit (EIC)	63		1	
a qualifying child, attach	64	Excess social security and tier 1 RRTA tax withheld (see page 56)	64			
Schedule EIC.	65	Additional child tax credit. Attach Form 8812	65		1	
	66	Amount paid with request for extension to file (see page 56)	66		1 1	
	67	Other payments from: a Form 2439 b Form 4136 c Form 8885	67		1	
		Add lines 61 through 67. These are your total payments		>	68	53,381.
Refund	69	If line 58 is more than line 60, subtract line 60 from line 68. This is the amount or	nı overnald		69	1,525.
Creat	70a	Amount of line 69 you want refunded to you	os overpaid,		70a	1,525.
deposit? See page 56 (gs	b .	Routing Control of Type: Checking Saviegs of Account			704	1,243,
and filt in 75t. 70c, and 70c		Amount of line 69 you want applied to your 2004 estimated tax	71			
Amount	72	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see pa		A	72	
You Owe		Estimated tax penalty (see page 58)	73		12	
255 (0) 25 (25) C	De	you want to allow another person to discuss this return with the IRS (see page 5		Yes. Complete the f	ollowing	No
Third Party	100	signer's Phone	נטו ונטו	res. Gumplete the h		and the same of
Designee		me ▷ .PREPARER, no. ▷			number (identification
Sign	Under	pomatiss of deright. Indebte stitually nitro incomprise this return and accompanying schedules and motes: Destiration of pulpatient of the intermediate of the pulpatient of the property of the pulpatient of the	statements, an	nd to the best of my know	redoo and b	PIN) >
Here	ans se	modete Deculration, of puspeteri (othick than (bixpayer) is based on all information of which prepare our page (Cale Your occupation	er has any knov	nlaqüe'	I Dautime	phone number
Joint Fature?		(1/10/	w/0man	ID CHARGO	1	priorie namber
Gae page 20. Keep a copy	7 -	Gousse's signature. If a joint return, both must sign. Date Spouse's occupat		E SENATOR	-	
for your records.					1	
D-1-I		HOSPITA	L ADMI	NISTRATOR		
Preparer's	Precere Signatu		1 1 10 1 to	Check if self-	Preparer's	SSN or F7IN
Hon Only						
		LAWRENCE A. HORWICH & ASSOCI	ASSOCIATION AND ADDRESS OF THE PARTY OF THE	P.C.		
310002 :	otayed)	address VACKER DRIVE - SUITE	7800	Phone	110.(
te te wa	and ZIP	code CHICAGO, IL 60606-4475				

		Child Tax Credi	t Worksheet (keep for your rec	ords)		
Name(s): Fir BARACK		& MICHELLE L O	t Bama		Your SSN	*** ****
Part 1	1.		X \$1,000. Enter the result		_	2,000.
	2.	Enter the amount, if any, of your advance child tax	credit (before offset) 2	800	'	<u> </u>
	3.	Is line 1 less than line 2?		0001		
		Yes. STOP				
		You cannot take this credit. If line 2 is more	than line 1, you			
		do not have to pay back the difference.				
		X No. Subtract line 2 from line 1. Enter the amount from Form 1040, line 35, or Form			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 15; and Form 4563, line 15. 	5	0.		
		 Amounts from Form 2555, lines 43 and 48; Form 	n 2555-EZ,			
		line 18; and Form 4563, line 15.	J			
		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	i.			
		Married filing jointly - \$110,000)			
		Single, head of household, or qualifying widow/ Married filing persentate. #55,000	er) - \$75,000 } 7	110,000.		
	1.2	warned ming separately - 500,000	7			
	8.	Is the amount on line 6 more than the amount on lin	ne 7?			
		No. Leave line 8 blank. Enter -0- on line 9.			đ.	
		Yes. Subtract line 7 from line 6. If the result is not a multiple of \$1,000, incre	8	129,000.		
		\$1,000 (for example, increase \$425 to \$1,00	ease if to the next multiple of 00, 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 lin	e 9?			
		X No. STOP		84		
		You cannot take the child tax credit on Form	1040, line 49, or Form 1040A, line 33.			
	44	Yes. Subtract line 9 from line 3. Enter the re	esul.	in the contract of the contrac	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 line: 1040A filers: Enter the total of the amounts from lin	s 44 mrough 48. 12			
	13	Are you claiming any of the following credits?	es 29 unough 32. J			
		 Adoption credit, Form 8839 Mortgage inter: 	ast credit Form 830F			
		District of Columbia first-time homebuyer credit,				
		No. Enter the amount from line 12.	i min con-	7	10	
		Yes. Complete the Line 13 Worksheet to fig	ure the amount to enter here)	13	
	14.	Subtract line 13 from line 11. Enter the result.		- 1		
	15.	s the amount on line 10 of this worksheet more than	the amount on line 14?		17	
		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 Marnel Revenue Service (99) Namers) snown 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).

2003 Attachment Sequence No. 07

Your social security number

The state of the s	4 E	MICHELLE L OBAMA			- G.	
Medical		Caution, Do not include expenses reimbursed or paid by others.				
and	1	Medical and dental expenses (see page A-2)	. 1			
Denta!	2	Enter amount from Form 1040, line 35	41			
Expenses	3	Multiply line 2 by 7.5% (.075)	. 3			
Taura Van		Subtract line 3 from line 1. If line 3 is more than line 1, enter 0-			. 4	
Taxes You	5		5		582.	
Paid	6	Real estate taxes (see page A-2)	. 6	3,6	572.	
(See	7	Personal property taxes	. 7			
page A-2.)	8	Other taxes. List type and amount				
	9	Add lines 5 through 8	8		. 9	11,354
Interest	10	Home mortgage interest and points reported to you on Form 1098		12,2		11100=
You Paid (See page A3)	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		22/2		
Note:	,	>	11			
Personal	12	Points not reported to you on Form 1098. (See page A-3.)	12		-	
interest is	13	Investment interest. Attach Form 4952 if required. (See page A-4.)	13			
deduct bie.	14	Add lines 10 through 13	1,500	A HARMAN AND A STREET	14	12,241
Gifts to		Gitts by cash or check, if you made any gift of \$250 or more.	TT	******	1 141	14,441
Charity		see page A-4 SEE STATEMENT 4	15	3 /	.00.	
	16	Other than by cash or check. If any gift of \$250 or more, see page A-4.	10	2,4	.00.	
if you made a gift and got a		You must attach Form 8263 if over \$500	16			
benefit for it,	17	Carryover from prior year	17			
see page A-4.	18	Add lines 15 through 17	11/1		18	3,400.
Casualty and Theft Losses						3,400.
	19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)			. 19	
Job Expenses and Most	20	Unreimbursed employee expenses - job travel, union dues, job education, etc.			- 1	
Other		Attach Form 2106 or 2106-EZ-if required. (See page A-5.)				
Miscellaneous Deductions	1	UNION AND PROFESSIONAL DUES 229.				
ceaacana	0.1	Toursement for force	20		29.	
	21	Tax preparation fees Other expenses - investment, safe deposit box, etc. List type and amount	21	1,2	06.	
	222	The state of the s				
See	1-	·				
page A5)						
			11			
	23	Add lines 20 through 22	22	4	2.5	
	24	Add lines 20 through 22	23	1,4	35.	
	25	Enter amount from Form 1040, line 35 24 238 , 327	TT	4		
	26	Multiply line 24 by 2% (.02) Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	25	4,7	-	
	27				26	0.
Othor	E	Other - from list on page A-6, List type and amount				
Miscellaneous	Þ					
Miscellaneous					-	
Miscellaneous Deductions				 STIMT 5	27	**************************************
Other Miscellaneous Deductions Total Itemized Deductions		's Form 1040, line 35, over \$139,500 (over \$69.750 if married filling separately)? No. Your deduction is not limited, Add the amounts in the far right column	}	STMT 5		24 020
Miscellaneous Deductions Total Total temized		's Form 1040, line 35, over \$139,500 (over \$69,750 if married filling separately)?	}	STMT 5		24,030.

Child and Dependent Care Expenses

▷ Attach to Form 1040.▷ See separate instructions.

OM5 No. 1545-0665

Department of the Treasury Internal Revenue Service (99)

Name(s) snown on Form 1040		N.	Your sact I secu	irity number
BARACK H & MICHELLE L O	BAMA			
Before you begin: You need to understand th	e following terms. See Definitions on page	1 of the instructions		
	ring Person(s) • Qualified Expens		ome	
	Who Provided the Care - You mu			
Part I Persons or Organizations (If you need more space, use the	bottom of page 2.)	is complete this part.		
	(b) Address r, street, apt. no., city, state, and ZIP code)	(c) Identifying (SSN or	number (d) A	mount paid
	RA - ME - PILL ST IL SCCLS			23,894.
Did you re	eceive ——— No ———	Complete only Part	Il below.	
dependent car	e benefits? ——— Yes ———		page 2 next.	
Caution If the care was provide	d in your home, you may owe employment t	C 11		so d
		axes. See the instructions	for Form 1040, line 5	
Part II Credit for Child and Depo 2 Information about your qualifying person				
POLITY COURT - 1-99-11	ng person's name		1/-1 012	d expenses,
First	Last	(b) Qualifying social securit	I insured and	l paid in 2003 for sled in column (a)
			With Education and	neo in Goldmin (d)
MALIA A	OBAMA			11,947.
173 M3 G173				
NATASHA M	OBAMA			11,947.
3 Add the amounts in column (c) of line 2. Do for two or more persons. If you completed !	o not enter more than \$3,000 for one qualify Part III, enter the amount from line 26C	ving person or \$6,000 OL (C) LIMITE	D 3	3,500.
4 Enter your earned income			4 1:	22,438.
5 If married filing jointly, enter your spouse's	earned income (if your spouse was a studer	or was	·· 	02,40.
disabled, see the instructions): all others, e		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_ 5 _ 1.	15,889.
6 Enter the smallest of line 3, 4, or 5			6	3,500.
7 Enter the amount from Form 1040, line 35.		7 238,32	7	
8 Enter on line 8 the decimal amount shown to	pelow that applies to the amount on line 7	. 230,32	7.	
If line 7 is:	. If line 7 is:			
Dec But not amo	mai De	ecimal nount	1 1	
Over over is	Over over is			
15.000 - 17,000	35 \$29,000 - 31,000 34 \$1,000 - 33,000	.27 .26 .25 .24 .23 .22 .21		
	33 33,000 35,000 32 35,000 37,000	.25	8	х.20
21,000 - 23,000	37,000 - 39,000	.23	1 !	
25,000 - 27,000	41,000 - 43,000	22 21		
27,000 · 29,000	28 43,000 - No limit	.20		
6				
Multiply line 6 by the decimal amount on line			1	
the instructions Enter the amount from Form 1040, line 43, r	ninus any amount on Form 10/0 line 44		9	700.
1 Credit for child and dependent care expense.	nses. Enter the smaller of line 9 or line 10 h	nere and on Form 1040	10 4	19,104.
	and the state of t	[2 시간 바다 10 HT	11	700.
HA For Paperwork Reduction Act Notice,	see separate instructions.			2441 (2003)

	art III Dependent Care Benefits L OBAMA				Page 2
12	Enter the total amount of dependent care benefits you received for 2003. This are in box 10 of your W-2 form(s). Do not include amounts that were reported to you Form(s) W-2	as words	n hov 1 of	12	2,500.
13	Enter the amount forfeited, if any (see the instructions)			13	
14	Subtract line 13 from line 12			14	2,500.
	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 carned income	17	122,438.		
18	Enter the amount shown below that applies to you. 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). If married filing separately, see the instructions for the amount to enter. 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:				
	The amount from line 19 or S5,000 (\$2,500 if married filling separately and you were required to enter your spouse's earned income on line 18).	reconstantines.	÷,3	20	2,500.
21	Taxable benefits. Subtract line 20 from line 14. Also, include this amount on Form line 7. On the dotted line next to line 7, enter "DCB"	1040,		21	
	To claim the child and dependent care 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		(- 0 : - 1	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					3,500.
25	Complete line 2 on page 1 of this form. Do not include in column (c) any benefits slabove. Then, add the amounts in column (c) and enter the total here	nown on lir	ne 20	25	21,394.
26	Enter the smaller of line 24 or 25. Also, enter this amount on line 3 on page 1 of thi				3,500.
	complete lines 4-11	Carlos Ca		26	5 5 1111

SCHEDULE H (Form 1040)

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

90009

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (89)

BARACK H OBAMA

Name of employer

ment of the Treasury I Revenue Service (89)	 Attach to Form 1040, 1040NR, 1040-SS, or 1041. See separate instructions. 		Allacriment A4		
e of employer		Social securi			
RACK H OBAMA		Employer	identification number		
under age 21, your parent, or	old employee cash wages of \$1,400 or more in 2003? (If any househo anyone under age 18, see the line A instructions on page H-3 before	old employee was your you answer this quest	spouse, your child ion.)		
Yes. Skip lines B and No. Go to line B.	C and go to line 1.				
Did you withhold Federal inco	ne 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 employed	ovees?
(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 employed do not have to complete this form for 2003.)	es in 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.	
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 2,753
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 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. Advanced to the state of the	
7 Advance earned income credit (EIC) payments, if any	7
8 Net taxes (subtract line 7 from line 6)	8 3,396
	0 3,350
9 Did you pay total cash wages of \$1,000 or more in any calandar 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 10	040, see
the line 9 instructions on page H-3.	
X Yes. Go to line 10 on page 2.	ř.

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

Schedule H (Form 1040) 2003

	Federal Unemploy	H OBAMA	av							Page 2
Part II	rederal unemploy	ment (FOTA) I	ax						Yes	No
10 Did vo	ou pay unemployment contr	thutions to only one	state?					10	1732	1
	ou pay all state unemployme									
	all wages that are taxable for									
Next: If vo	ou checked the "Yes" box o	on all the lines above	e, complete s	Section A.						
If yo	ou checked the "No" box or	n any of the lines at	oove, skip Se	ction A and comp	olete Section B.					
				ction A						
13 Name	of the state where you paid	d unemployment co	ntributions		IL					
14 State	reporting number as shown	on state unemploy	ment tax retu	#n <u> </u>	39859					
					1					
	ibutions paid to your state u					54.			m c	
16 Total	cash wages subject to FUT.	A lax (see page H-4)				16		1,0	000.
47 5154	tax. Multiply line 16 by .00	9 Enter the regult h	ora akin Saa	tion D and no to	lina 26	-	17			56.
17 FUIA	tax. Multiply line 16 by .uu	o. Enter the result in		ction B	iine 20		17 1			30.
18 Come	plete all columns below that	apply if you need r							-	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	T	(h)		(i)
Marne	State reporting number as shown on state	Taxable wages (as	State experience	se rate State	Multiply col. (c)	Multiply col. (c)		ubtract col. (g) from col. (f).	Contrib paid to	outions
pute	remoleyment lax	delined in state act)	From	To rate	ay 053	by col (e)	11	tero or less, enter -0	unempi	gyment
		_			i			critica de c		Treems.
									7.35	
19 Totals	·				************	L	19			
	The Barbanas and an action of the second									
20 Add c	olumns (h) and (i) of line 19				20					
	cash wages subject to FUT.						21			
22 Multip	aly line 21 by 5.2% (.062)						22			
					1		-			
	dy line 21 by 5.4% (.054)				23					
24 Enter	the smaller of line 20 or line	e 23					24			
F: (T.)	A STATE OF THE PARTY OF THE PAR	Las CC Cata the a	still mines would	no to line OC		- 1	05			
	tax, Subtract line 24 from Total Household E	me 22. Enter the re	Suit nere and	do to line Se			25			
Part III	10tal (10daellold L	inprogramme 12								
00 E-t	the amount from time D						26		7 7	396.
26 Enter	the amount from line 8	***************************************		****			20		٠, ٠	1000
07 444 5	ne 17 (or line 25) and line 2	6				_	27		3 /	152.
	ou required to file Form 104					L	LI		5,	
	es. Stop. Enter the amoun		on Form 10a	10 line 59 Do no	t complete Part IV	/ below				
ا المنكب	es. Otop. Line the amoun	t nominic zr dbove	. 0177 01111 10	10, 11.10 0.5. 20 110	r dompional r air in					
IN	o. You may have to comp	olete Part IV. See pa	ige H-4 for de	tails.						
Part IV	Address and Signa				he line 28 instruct	tions on page I-	1-4.			
Appress (num	oper and street) or P.O. box it mail is					1		om, or suite no		
City tovat of	quat office, state, and ZIF code									
Under penalti	ies of perjury, I designe that I have ex to to a state unemployment fund clai	emined this schedule, inc	luding accompan	ring statements, and to	the best of my knowled	dge and pelief, it is tr	na' coll	ect, and comple	te. No pa	rt of any
payingnt mad	as to a state trice that allowed and citi	and the size of the second of the	=4, =49051631	nie peymone to e	F-17-18-1	100				
				80	92					
D					>					
F Emaley	er's signature				Date		200		-1-1	
210352							Sche	dule H (For	m 1040)) 2003

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. MULTIPLY \$3,050 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D	FORM 1040	PERSONAL	EXEMPTION	WORKSHEET	 1-2	STATE	MENT	1
ON FORM 1040, LINE 6D	BELOW FOR YOUR FILING NO. STOP. MULTIPLY FORM 1040, LINE	G STATUS? \$3,050 BY	THE TOTAL N	UMBER OF I	EXEMPTIONS			4
MARRIED FILING JOINT OR WIDOW(ER) \$209,250 SUBTRACT LINE 4 FROM LINE 3	ON FORM 1040, LINE 6 ENTER THE AMOUNT FROM ENTER THE AMOUNT FOR MARRIED FILING SEE SINGLE	D M FORM 104 YOUR FILI ARATE	10, LINE 35 ING STATUS \$10 \$13	4,625 9,500	238,327		12,20	. 0 0
DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MFS)	MARRIED FILING JOI SUBTRACT LINE 4 FROM IF LINE 5 IS MORE TH MARRIED FILING SEPAR	NT OR WIDO I LINE 3 IAN \$122,50 LATE) ENTER	DW(ER) \$20 00 (\$61,250	9,250	29,077			
ORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT FEDERAL STATE CITY AMOUNT TAX TAX SDI FICA MEDICAL THE UNIVERSITY OF CHICAGO 64,287. 11,848. 1,869. 3,986. 93 STATE OF ILLINOIS COMPTROLLER 58,151. 6,629. 1,685. 95 UNIVERSITY OF CHICAGO HOSPITALS 115,889. 34,904. 3,477. 5,394. 1,68	. DIVIDE LINE 5 BY \$2, . MULTIPLY LINE 6 BY 2 AS A DECIMAL	500 (\$1,25 % (.02) AN	ID ENTER THE				2,9	28
### AMOUNT TAX TAX SDI FICA MEDICAL THE UNIVERSITY OF CHICAGO	. SUBTRACT LINE 8 FROM	I LINE 2. 7	COTAL TO FOR	KM 1040, L	INE 39.		9,2	72
## AMOUNT TAX TAX SDI FICA MEDICAL WITHHELD TAX W/H TAX TAX THE UNIVERSITY OF CHICAGO 64,287. 11,848. 1,869. 3,986. 93 STATE OF ILLINOIS COMPTROLLER 58,151. 6,629. 1,685. 95 UNIVERSITY OF CHICAGO HOSPITALS 115,889. 34,904. 3,477. 5,394. 1,68	ORM 1040 V	AGES RECE	IVED AND TAX	ES WITHHE	D.D	STATE	MENT	
CHICAGO 64,287. 11,848. 1,869. 3,986. 93 STATE OF ILLINOIS COMPTROLLER 58,151. 6,629. 1,685. 95 UNIVERSITY OF CHICAGO HOSPITALS 115,889. 34,904. 3,477. 5,394. 1,68			XAT	TAX	SDI			
COMPTROLLER 58,151. 6,629. 1,685. 95 UNIVERSITY OF CHICAGO HOSPITALS 115,889. 34,904. 3,477. 5,394. 1,68	CHICAGO	64,287.	11,848.	1,869.		3,986.	9	3 2
	COMPTROLLER UNIVERSITY OF CHICAGO	SHOOLANGH PLAN SOLD PARTON STO				5 301		
TOTAL TOTAL CONTROL OF THE SECONDARY STATE OF						THE STREET		-

BARACK H & MICHELLE L OL MA

SCHEDULE A STATE AND LOCAL	INCOME TAXES	STATEMENT	3
DESCRIPTION		AMOUNT	
THE UNIVERSITY OF CHICAGO STATE OF ILLINOIS COMPTROLLER UNIVERSITY OF CHICAGO HOSPITALS ILLINOIS PRIOR YEAR BALANCE DUE AND EXTER	NSION PAYMENTS	1,86 1,68 3,47	5. 7.
TOTAL TO SCHEDULE A, LINE 5		7,68	2.
SCHEDULE A CASH CONTR:	IBUTIONS	STATEMENT	4
DESCRIPTION	AMOUNT 50% LIMIT	STATEMENT AMOUNT 30% LIMIT	4
DESCRIPTION	AMOUNT	AMOUNT	4
DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT	4

BARACK H & MICHELLE L OL_MA

SCHE:	DULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEME	NT 5
1.	ADD T	THE AMOUNTS ON SCHEDULE A, LINES 4, 9, 14, 18,		
2.	ADD T	HE AMOUNTS ON SCHEDULE A, LINES 4, 13, AND 19, ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED	26	6,995.
3.	IS TH IF NO FROM	NE 27	3• (8)	0.
4. 5. 6.	MULTI ENTER ENTER	S, SUBTRACT LINE 2 FROM LINE 1	596. 327.	6,995.
7.	IS TH ON LI IF NO	, YOUR DEDUCTION IS NOT LIMITED. ENTER MOUNT FROM LINE 1 ABOVE ON SCHEDULE A,		
8. 9.	IF YE	S, SUBTRACT LINE 6 FROM LINE 5	65.	2,965.
10.	TOTAL ENTER	ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. THE RESULT HERE AND ON SCHEDULE A, LINE 28		1,030.

Illinois Department of Revenue

2003 Form IL-1040
Individual Income Tax Return

or for	fiscal	year
endir	ıg	/04

Do not write above this line.

Step 1: Personal Information

BARACK H OBAMA MICHELLE L OBAMA

	С	Check your filing status. Single or head of household X Married filing jointly Married filing separately Wido	wed	
9	Step 2: Incor			
V	The state of the s	Write your federal adjusted gross income from your U.S. 1040, Line 34;		
200		U.S. 1040A, Line 21; U.S. 1040EZ, Line 4; or U.S. TeleFile Tax Record, Line I.	1	238,327.
and 1999-R forms here.	9	Write your federally tax-exempt interest and dividend income from		230,321.
s h	4		2	
FI	0	your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ.		
150	3	Write any other additions to your income that are taxable in Illinois. See		
9.4		instructions for details. Specify your additions.	_ 3	
100		Add Lines 1 through 3. This is your income.	4	238,327.
7	Step 3: Base	Income		
	Attach 5	Write income received from Social Security benefits and certain retirement		
Q.Y	Form Web	plans if that income is included in Step 2, Line 1. See instructions. 5		
M.	Mistary W-2 > 6	Write the military pay you earned if it is included in Step 2, Line 1, 6		
c.i	7	Write any Illinois Income Tax refund included in Line 10 of U.S. 1040. 7		
Staple W-2,		Write the U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency		
9	See Instructions	interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1. 8		
tag	L	Write any other subtractions to your income. See Line 9 instructions		
G)	Eee L- C	and Publication 101 for details. Do not subtract your out-of-state		
A		income. Specify your subtractions.		
H			-	
		Check if Line 9 includes any amount from Schedule 1299-C.	30	
		Add Lines 5 through 9. This is the total of your subtractions.	10	020 205
		Subtract Line 10 from Line 4. This is your Illinois base income.	11	238,327.
	Step 4: Exem			
	The state of the s	a Write the number of exemptions from your federal return. 4 x \$2,000 a 8,00	00.	
	instructions before	b If someone else claimed you on their return, see Line 12		
	completing	instructions to figure the number to write here. X \$2,000 b		
	thus step.	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.
Attach your check.	Step 5: Net II			0,000
2		Residents only: Subtract Line 12 from Line 11. This is your net income. Skip Line 14.	13	230,327.
10,		Nonresidents and part-year residents only:		230,321.
===	Schadule NR	등은 경기를 가게 되었다면 가게 되었다면 보다 되었다	20000000	
toc		Check the box that applies to you during the year 2003. Nonresident Part-year re	esident	
		Complete Illinois Schedule NR, and write your Illinois base income from		
Δ	-	Step 5, 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.
	040 nago 1 (H-12/03) 1231	This form is authorized as pullined by the illinois Income Tex Act. Disclosure of this information is REQUIRED, Failure to	3	The state of the s
		ray form a farmer as outlined by the manufacture real or Declarate in the manufacture recommend in the Farms Management Center. It is farm has been approved by the Farms Management Center. IL -492-0065		

Sten 7: Davit	16	Write the amount of your tax from Page 1, Step 6. Line 15 here.	16_	6,910.
_				
W-2's (Altach	11	Write the total amount of Illinois Income Tax withheld from your pay		
to page 1)	d D	as shown on your W-2 forms, generally found in Box 17. 17	7,031.	
- 1	10	Write any estimated payments you made with Forms IL-1040-ES		
	10	and IL-505-I. Include any credit from your 2002 overpayment. 18		
	19	If you paid income tax to another state while an Illinois resident, complete		
Other states'	חר	Schedule CR and write the amount from Line 8 of that schedule here.		
required 4	20	If you paid Illinois Property Tax, complete the PT Worksheet in instructions.		
Schedulas		Write PT Worksheet Lino 3 amount here. ── > 20a 3,672.		sufferences accessors
	2-1	Write PT Worksheet Line 8 amount here.	184.	STATEMENT 1
Receipt or > 2	21	If you paid education expenses, see instructions. Write Schedule ED or		
Schedule ED		ED Worksheet Line 1 amount here: — > 21a		
	20	Write Schedule ED or ED Worksheet Line 10 amount here.		
2	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.		
		Check if you have a qualifying child (living with you) born after 12/31/85.		
	23	If you completed Illinois Schedule 1299-C, write the amount from		
1299-C		Step 4, Line 51 here. — > 23		
Step 8: Overp	24 Dav	Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and cred ment or Tax Due	lits. 24 _	7,215.
	_	If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayme	nt. 25	305.
		If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due.	26	303.
Step 9; Penal	ίν	The total greater than Eine 24, about of the 24 from Eine 10. This is your tax due.	20_	
72 12	JDJA 8	Write your late-payment penalty for underpayment of estimated tax		1/0/17-0019-00-00
Attach		from Form IL-2210, Line 28.		
		a Check if you annualized your income on Form IL-2210, Step 6,		
Form IL-2210		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: Dona		ons Any donation will reduce your refund or increase the amount you owe ————		
		Write the amount you wish to donate to one or more of the following voluntary contributi	on funds	
		Wildlife Departmention	on farius.	
		OUT I I I I I I I I I I I I I I I I I I I		
		[12] [12] [13] [13] [13] [13] [13] [13] [13] [13		
¥				
		- Company of the Comp		
		Prostate Cancer Research f Leukemia Treatment Add Lines a through I. This is your voluntary contributions total. 28		
29		Add Line 27 and Line 28. This is your total penalty and donations.	29	
Step 11: Refu	nd	or Amount You Owe		
		If you have an overpayment on Line 25 and this amount is greater than		
0.		Line 29, subtract Line 29 from Line 25.	30	205
3.		Write the amount from Line 30 that you want applied to your	30 _	305.
		2004 estimated tax.		
3′		Subtract Line 31 from Line 30. This is your refund.	32	205
			32 _	305.
See instructions		Direct deposit your refund by completing the following information.		
		Routing number Checking or Savings		
Payment Options > 34		Account number		
See instructions	S 3	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,		
Sten 12: Sign	2	dubyall United Line 29. This is the amount you owe.	34 _	
Under	pe	nalties of நடிர்ந்து is tate that I have examined this return and, to the best of my knowledge.	ae, it is true, co	prect, and complete
	Į.	CUPY		
Your sign	natu	Ta Date Daylima phone number Your spouse's sic	nature	****
, , , , , , , , , , , , , , , , , , , ,	-(Date
349002 Paid pre	DATE	1's signatura Date Preparer's phone number Preparer's FEIN, \$	Sh or DTIN	
12-11-03 If no no				DEPARTMENT OF REVENUE
D: 3021 11 110 pc		SPRINGFIELD IL 627 19-0001	SPRINGFIE	LD IL 62726-0001

104	0)	U.S. Individual Income Tax Return	2002	(99) IRS Use Only - Do n	at write or s	table in this space
Label		he year Jan. 1-Dec. 31, 2002, or other tax year beginning	, 2003	ending .20		OMB No. 1545-0074
	LY	our first name and initial	Last name		Yo	ur social security number
instructions	-	ARACK H	OBAMA			ــــــــــــــــــــــــــــــــــــــ
		a joint return, spouse's first name and initial	Last name		Sp	ouse's social security number
Dac the life		TCHELLE L ome address (number and street). If you have a P.O.	OBAMA	1 4-4		ب نورنا ب كوب
label. Otherwise,	n i		oux, see page 2 i.	Apt. n	o. Z	∆ Important! ∆
please print		450 5 4201 171114 y, town or and not a mile, and dishability to have a loreign	n address, see page 21.	1		You must enter your SSN(s) above.
Presidential L		HICAGO, IL 60615				
Election Camp	aign				ou	Spouse
(See page 21.)		Do you, or your spouse If filing a joint ret				lo X Yes No
Filing Status	s '	Single X Married filing jointly (even if only one had inco		Head of household (with on the qualifying person is a		
	3	Married filing separately. Enter spouse's SSN		this child's name here.		not your dependent, ente
Check only		and full name here. D		Gualifying widow(er) with		nt child (vear
one box.). (See pa	
F	6a	X Yourself. If your parent (or someone else) can claim	you as a dependent on his			No. of boxes
Exemptions	b	X Spouse				checked on 6a 2
	C	\$31.00Tb3.400.00334.0049	(3) Dependent's social	(3) Dependent's relationship to	(417 if qualify ing child for child lax credi	No, of your children on 6c who:
		(1) First name Last name	security number	you	(see page 22)	o lived with you 2
•		MALIA A OBAMA		DAUGHTER	X	o did not live with you due to divorce
If more than five		NATASHA M OBAMA		DAUGHTER	K	or separation (see page 22)
If more than five dependents,						Dependents on 8c
see page 22.				 		not entered above
		Total number of exemptions claimed				Add numbers on lines > 4
t	7	MANAGEMENT OF THE PROPERTY OF THE PARTY OF T		in municipality and and		226,300.
Income	8a	Taxable interest. Attach Schedule B if required			8a	33.
Attach Forms W-2 and	b	Tax-exempt interest. Do not include on line 8a	***************************************	[86]	U I	J.J.
W-2G here.	9	Ordinary dividends. Attach Schedule B if required			9	
Also attach	10	Taxable refunds, credits, or offsets of state and local	al income taxes		10	
Form(s) 1099-R if tax	11	Alimony received			11	
was withheld.	12	Business income or (loss). Attach Schedule C or G-	-EZ		12	34,491.
If you did not	13	Capital gain or (loss). Attach Schedule D if required	. If not required, check	here D	13	
get a W-2.	14	Other gains or (losses). Attach Form 4797	77111-120-1-120-1-120-1-120-1	TATALAN TATALAN AND AND AND AND AND AND AND AND AND A	14	
see page 23.	15a	IRA distributions 15a		b Taxable amount (see page 25)	15b	
Enclose, but do	15a	Pensions and annuities 16a		h Taxahle amount (see page 25)	16b	
not attach, any	17	Rental real estate, royalties, partnerships, S corpora	ations, trusts, etc. Atlac	h Schedule E	17	
payment. Also, please use	18	Farm income or (loss). Attach Schedule F	************************		18	
Form 1040-V.	19 20a	Unemployment compensation		. Tarable and a 1/2	19	
	21	Social security benefits 20a Cher income. List type and amount (see page 29)		n Taxable amount (see page 27)	20b	II - Walling
	61	ones moonie. List type and amount (see page 25)_			21	
	22	Add the amounts in the far right column for lines 7	through 21. This is you	r total income	22	260,824.
	23	Educator expenses (see page 29)		23		200,024.
	24	IRA deduction (see page 29)		24		
	25	Charlest less interest deduction (see one of 0.1)		25	1	
Adjusted	26	Tuition and fees deduction (see page 32)		26		
Gross	27	Archer MSA deduction. Attach Form 8853		27		
ncome	28	Moving expenses. Attach Form 3903		28	- 27	
	29	One-half of self-employment tax. Attach Schedule S	Ε	29 1,430.		
	30	Self-employed health insurance deduction (see pag-	e 33)	30		
	31	Self-employed SEP, SIMPLE, and qualified plans		31	2.21	
	32	Penalty on early withdrawal of savings		32		
	33a	Alimony paid b Recipient's SSN ▷		33a	-	
10001	34	Add lines 23 through 33a			34	1,430.
10.00.00	36	Subtract line 34 from line 22. This is your adjusted.	arnee income	N	or	250 204

: · .						
Form 1040 (200	2) F	ARACK H & MICHELLE L OBAMA				12
Tax and	36				1 1	Page
Credits		Amount from line 35 (adjusted gross income) Check if: You were 65 or older, Blind; Spouse was 65 or			36	259,394
Standard	0/6	Add the sumber of boyes elected character the sent to	or older, L Blind.			
Deduction for -		Add the number of boxes checked above and enter the total here	P 37a		-	
O People who checked any		If you are married filing separately and your spouse itemizes deductions, or you were a dual-st	latus alien > 37h L			
box on line 37a	38	Itemized deductions (from Schedule A) or your standard deduction (see left in	nargin)		38	22,272
or 37b OT who can be claimed	39	Subtract line 38 from line 36			39	237,122
as a cependent	40	If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions	s claimed on line 6d. If line 3	6		
		is over \$103,000, see the worksheet on page 35			40	6,720.
Q All others:	41	Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, et	nter -0		41	230,402.
Single,	42	Tax. Check if any lax from: a Form(s) 8814 b Form 4972			42	62,454.
\$4,700	43	Alternative minimum tax. Altach Form 6251			43	
Head of household.	44	Add lines 42 and 43	,	\triangleright	44	62,454.
\$6,900	45	Foreign tax credit. Attach Form 1116 if required	45			3931
Married filing	46	Credit for child and dependent care expenses. Attach Form 2441	46			
jointly or Qualifying	47	Credit for the elderly or the disabled. Attach Schedule R	47			
widow(er), \$7,850	48	Education credits. Attach Form 8863	48		1	
Married filing	49	Retirement savings contributions credit. Attach Form 8880	49		1	
separately, \$3,925	50	Child tax credit (see page 39)	50		1	
10,120	51	Adoption credit. Altach Form 8839	51			¥(
	52	Credits from: a Form 8396 b Form 8859	52		1	
		Other credits. Check applicable box(es): a Form 3800	52			
	00					
	54		53			
	04	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-		P	55	62,454.
Other	56	Self-employment tax. Attach Schedule SE		-	56	2,860.
Taxes	57	Social security and Medicare tax on tip income not reported to employer. Attach	Form 4137	8	57	
	58	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach 53	29 if required		58	
	59	Advance earned income credit payments from Form(s) W-2			59	
	60	Household employment taxes. Attach Schedula H		****	60	3,644,
	61	Add lines 55 through 60. This is your total tax		12	61	68,958.
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62 52,73	18.		
	63	2002 estimated tax payments and amount applied from 2001 return	63			
If you have a qualifying	64	Earned Income credit (EIC)	64			
child, attach	65	Excess social security and tier 1 RRTA lax withheld (see page 56)	65		- 3	
Schedule EIC.	66	Additional child tax credit. Attach Form 8812	66		- 5	
	67	Amount paid with request for extension to file (see page 56)	67			
	68	Other payments from: a Form 2439 b Form 4136 c Form 8885	68			
		Add lines 62 through 68. These are your total payments		i'z-	69	52,718.
Refund	70	f line 69 is more than line 61, subtract line 61 from line 69. This is the amount yo	II overnajd			34,140.
Direct		Amount of line 70 you want refunded to you	o overbaid,	D	70	
deposit? See page 56	The second	Routing . Account		- 1	71a	
ind fill in 71b, 10, and 71d.		Amount of line 70 you want applied to your 2003 estimated tax	70		- 1	
Amount			72	12		
		Amount you owe. Subtract line 69 from line 61. For details on how to pay, see pa	47 (1944) (1944)	Þ	73	16,587.
You Owe		stimated tax penalty (see page 57)		17.		
Third Party		you want to allow another person to discuss this return with the IRS (see page 5	8)? X Yes. Complete	the to	llowing.	No
Designee		signee's Phone			Personal id	entification
		ne ▶ PREPARER no. ▶			number (P)	M) D>
	and cor	enables of perior and designation and appendix of which proper and accompanying schedules and appendix of which prepare in a market property of the property o	statements, and to the best of my mass any knowledge.	Knowl	adga and cel	ol, they are true, correct
lere	Ye	our signal A CA I EN Q Date Your occupation				none number
oint return? se page 21.	> -	ATTORNE	Y/STATE SENAT	OR		
eep a copy or your	S	pouse's signalula fila plat relium, both most sign Date Scruse's occupat	ise	0.00		1
ecords,		HOSPITA	L ADMINISTRAT	OR		1
	repare	rs Ind	ale Cheek if self-	-	Preparer's SS	N or PTIN
reparer's	ignatur	· Homeltoteen D 3	124/33 employed			
lon Only		ame (or LAWRENCE A. HORWICH & ASSOCIA		IN		
3	ours if	self-em- 125 S. WACKER DRIVE - SILTER		hone r	10.	
10002 1-31-03	loyed),	address, CHTCAGO II 60606 4475	4000			

Department of the Treasury Internal Rovenue Service

Name(s) shown on tax return

Underpayment of Estimated Tax by Individuals, Estates, and Trusts Disconsiderate instructions. Disconsiderate instruction. Discon

OMB No.1545-0140

2002 Attachment Sequence No. 06

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

m Pa	ore 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. En It III, line 22, or Part IV, line 36, on the penalty line of your return, but do not attach Form 2210.	nter the a	mount from
	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 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 with your tax return.	you must 2210	
	Check whichever boxes apply (if none apply, see the text above Part I and do not file Form 2210): a		
	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 lax as paid on the d	lates 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 20 not for both years.	01 or 2002	2 but
P	art II Required Annual Payment	10000000	
2		2	62,454
3	Other taxes (see page 2 of the instructions)	3	6,504
4	Add liftes 2 and 0	4	68,958
5	Larinea income clean		
6	Additional child lax credit 6		
7	Credit for Federal tax paid on fuels 7		
8	Health insurance credit for eligible recipients 8		
10	Add lines 5 through 8	9	
11	Gorrent year tax. Subtract line 9 from line 4	10	68,958
12	Multiply line 10 by 90% (.90)		
12			
13	of the instructions) Subtract line 12 from line 10. If less than \$1,000, stop here; you do not owe the penalty.	12	52,718
10	Do not file Form 2210.		
14	Do not file Form 2210	13	16,240.
. 1850	than \$150,000, or, if matried filling separately for 2002, more than \$75,000). Caution: See instructions		
15	Required annual payment. Enter the smaller of line 11 or line 14	14	98,973
	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	15 i	62,062.
	you checked box 1d above.		
Pa	rt III Short Method (Caution: See page 2 of the instructions to line out if you can use the short method. If you in Part I, skip this part and go to Part IV.)	u checke	d box 16 or 1c
16	Enter the amount, if any, from line 12 above		
17	Enter the total amount, if any, of estimated tax payments you made 17	i	
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.	-10	32,710.
	Do not file Form 2210 unless you checked box 1d above	19	9,344.
20	Multiply line 19 by .03713	20	347.
21	the amount on time 13 was paid on or after 47 15/03, effect -0		
	9 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.		
	Amount on Number of days paid		
	line 19 X before 4/15/03 X .00014	21	0.
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.
.HA	For Paperwork Reduction Act Notice, see page 5 of separate instructions		

SCHEDULES A&B (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).

trane's) shown on	Fann 1	540				security number
BARACK	3 H	MICHELLE L OBAMA				
Medical		Caution. Do not include expenses reimbursed or paid by others.	77			
and	1	Medical and dental expenses (see page A-2)	11			
Dental	2	Enter amount from Form 1040, line 36 2				
Expenses	3	Multiply line 2 above by 7.5% (.075)	3		- 1	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0-	1	100,000 to 100,000	14	
Taxes You	5	State and local income taxes SEE STATEMENT 3	5	9	249.	
Paid	6	Real estate taxes (see page A-2)	6		424.	
(See	7	Personal property taxes	7	= -	±24.	
page A-2.)	8	Other taxes. List type and amount	1		7.7	
2010/2016	- 100	>	THE			
					1	
	9	A 1-10 = 11 1 =	8			12 650
Interest	10	Home mortgage interest and points reported to you on Form 1098	Tanl	44	9	13,673
You Paid	11	HOME MORORGE Interest not reported to you on Form 1009. If poid to the market	10		212.	
(See		from whom you bought the home, see page A-3 and show that person's name				
page A-3.)	- 19	identifying no., and address				
E #0 120		>	88			
Note: Personal			11			
interest is		Points not reported to you on Form 1098. (See page A-3.)	12			
not	13	Investment Interest, Attach Form 4952 if required, (See page A-3.)	13			
deductible.	14	Add lines 10 through 13			. 14	11,212
Gifts to	15	Gifts by cash or check. If you made any gift of \$250 or more,				
Charity		see page A-4 SEE STATEMENT 4	15	1.0	050.	
If you made a	16	Other than by cash or check. If any gift of \$250 or more, see page A-4.				
gift and got a		You must attach Form 8283 if over \$500	16		- 1	
benefit for it,	17	Carryover from prior year	17			
see page A-4.	18	Add lines 15 through 17			18	1,050
Casualty and						1,000
Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)			19	
Job Expenses	20	Unreimbursed employee expenses - job travel, union dues, job education, etc.			1	
and Most Other		You must attach Form 2106 or 2106-EZ if required. (See page A-5.)				
Miscellaneous	P	UNION AND PROFESSIONAL DUES 180.			1	
Deductions			20	1	80.	
	21	Tax preparation fees	21		.00.	
	22	Other expenses - investment, safe deposit box, etc. List type and amount	21			
	D		37 ()			
(See			-			
page A-5 for expenses to			1			
deduct here.)						
					- 1	
	000		22			
	23	Add lines 20 through 22	23	1	80.	
	24	Enter amount from Form 1040, line 36 [24] 259, 394.				
		NG - 18.44 - 18 12.45 - 19 12.56 - 12 12 12 12 12 12 13				
	25	Multiply line 24 above by 2% (.02)	25	5,1	88.	
	25 26	Multiply line 24 above by 2% (.02) Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	25	5,1	26	0.
	25 26	Multiply line 24 above by 2% (.02) Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- Other -from list on page A-6. List type and amount	25	2,1		0.
Viscellaneous	25 26	Multiply line 24 above by 2% (.02) Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- Other - from list on page A-6. List type and amount				0.
Viscellaneous	25 26 27	Multiply line 24 above by 2% (.02) Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- Other - from list on page A-6. List type and amount				0.
Viscellaneous	25 26 27	Multiply line 24 above by 2% (.02) Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- Other - from list on page A-6. List type and amount				0.
Viscellaneous	25 26 27	Multiply line 24 above by 2% (.02) Subtract line 25 from line 23. If line 25 is more than line 23, enter ·0· Other - from list on page A-6. List type and amount	 			0,
Miscellaneous	25 26 27	Multiply line 24 above by 2% (.02) Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- Other - from list on page A-6. List type and amount	 		26	0.
Viscellaneous Deductions	25 26 27	Multiply line 24 above by 2% (.02) Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- Other - from list on page A-6. List type and amount				0.
Miscellaneous Deductions Fotal	25 26 27	Multiply line 24 above by 2% (.02) Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- Other—from list on page A-6. List type and amount Is Form 1040, line 36, over \$137,300 (over \$68.650 if married filling separately)?			26	0.
Other Miscellaneous Deductions Fotal temized	25 26 27	Multiply line 24 above by 2% (.02) Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- Other—from list on page A-6. List type and amount Is Form 1040, line 36, over \$137,300 (over \$68,650 if married filling separately)? No. Your deduction is not limited. Add the amounts in the far right column			26	0.
Miscellaneous Deductions Fotal	25 26 27	Multiply line 24 above by 2% (.02) Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- Other—from list on page A-6. List type and amount Is Form 1040, line 36, over \$137,300 (over \$68.650 if married filling separately)?			26	22,272.

BARACK H	& MICHELLE L OBAMA			
	Schedule 8 - Interest and Ordinary Dividends		Attachma Sequence	ent C
Part I Interest	1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address >		Amou	nt
	US TREASURY DEPARTMENT			3
Mater House				
Note: If you received a Form				
1099-INT, Form 1099-OID,		<u> </u>		
or substitute statement from		1		_
a brokerage firm,		-		-
ist the firm's name as the				-
payer and enter he total interest				-
shown on that				
orm.				
			1	
	0 6440			
	2 Add the amounts on line 1 3 Excludable interest on series FF and LLIS sovince boards include after 1000 for FF.	2		3
	and I do so the series of the			
	line 14. You must attach Form 8815 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a	3		
	Note. If line 4 is over \$1,500, you must complete Part III.	4		3
art II	5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions,	-	Amour	
Ordinary	see the instructions for Form 1040, line 13.		Amour	H
Dividends	Reserved to the second	-		-
)			
lote: If you				
ceived a Form				
099-DIV or ubstitute				
atement from brokerage firm,				
t the firm's		5 —		
ame as the ayer and enter		٠		
e ordinary				
vidends shown that form.		-		_
		-		
				_
			Wall Trans	-
			5	
_	Add the amounts on line 5. Enter the total here and on Form 1040, line 9	6		
artill y	lote. If line 6 is over \$1,500, you must complete Paπ III.			
	ou must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; OR (b) had	id a foreign	Yes	N
_	count; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		163	151
d	7a At any time during 2002, did you have an interest in or a signature or other authority over a financial			
usts	account in a foreign country, such as a bank account, securities account, or other financial account? b If "Yes," enter the name of the foreign country [>>	N. W. C. W.		1 2
-			_	
501 25-02	If "Yes " you may have to file Form 3500 Can and To Well you the granted of, or transferor to, a foreign	trust?		
	ork Reduction Act Notice, see Form 1040 instructions.			1 X

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. Attack to Form 1040 or Form 1041. See Instructions for Schedule C (Form 1040).

Na	me of proprietor			The state of the state of the	Social secu	rity number (SSN)
B	ARACK H OBAMA	W = 2				
A	Principal business or profession, inclu	iding product or ser	vice (see page C-1)		B Enter coo	de from pages C-7, 8, 6 9
L	EGAL SERVICES/SPEAK	KING FEES	Alest MARKET SOCIAL			⊳ 541100
C	Business name. If no separate busines	ss name, leave blank	•		D Employer	ID number (EIN), if any
9.37	ARACK H OBAMA					
E	Business address (including suite or r City, town or post office, state, and ZIF	oom no.) 🍃 👱 💆	19 4 43	Dark.		
F	Accounting method: (1) X C	ach (a)	CCRUZI (2) OU D	15		
G	Accounting method: (1) 🐰 Co	neration of this busi	ness during 20022 If "No " s	po popo C 2 for limit on leases		T#1
Н	If you started or acquired this business	s during 2002, check	there	ee page C-3 for millit on losses		. Läu Yes No
P	art I Income		The state of the s			
1	Gross receipts or sales. Caution. If this	s income was report	ed to you on Form W-2 and	the "Statutory employee" hox on		
	that form was checked, see page C-3 a	and check here		D	- 🗆 1	34,491.
2	Heturns and allowances		TABLE CONTRACTOR CONTRACTOR		2	2=,=21.
3	Subtract line 2 from line 1				2	34,491.
4	Cost of goods sold (from line 42 on pa	ge 2)			4	22/2246
5	Gross profit. Subtract line 4 from line :	3		***************************************	5	34,491。
6	Other income, including Federal and st	ate gasoline or fuel to	ax credit or refund (see page	e C-3)	6	
7						
7	Gross income. Add lines 5 and 6 art II Expenses. Enter expens				> 7	34,491,
8						
9	Advertising Bad debts from sales or	8	19 Pen	sion and profit-sharing plans	19	
J	services (see page C-3)			t or lease (see page C-5):		
10	Car and truck expenses	9	a Veh	icles, machinery, and equipment	20a	
19	(see page C-3)	10	b Oth	er business property	20b	
11	Commissions and fees	11	21 Rep	airs and maintenance	21	
12	Depletion		22 Sup	plies (not included in Part III)	22	
13	Depreciation and section 179	12	23 Taxe	es and licenses /el, meals, and entertainment:	23	
	expense deduction (not included in		E3 1279		000	
	Part III) (see page C-4)	13	h Man	rel		
14	Employee benefit programs (other		ente	rtainment		
	than on line 19)	14	c Ente	r nondeductible		
15	Insurance (other than health)	15	amo	unt included on Jiva 24b	-	
16	Interest:		(see	page C-5)		
ñ	Mortgage (paid to banks, etc.)					
. 0	Other	16b	25 Utilit	je	25	
17	Legal and professional	1-	20	es (less employment credits) expenses (from line 48 on	26	
	services	17		2)	27	
18	Office expense	18	and the same of th			0.
28	Total expenses before expenses for but	aness use of home.	Administration of the control of the co			0.
9	Temative profit (loss). Subtract line 28 fr	name English			29	34,491.
30	Expenses for business use of your home	a Autich Form 8829			30	
11	Net profit or (loss). Subtract line 30 from					
	o If a profit, enter on Form 1040, line 13	2, and also on Scher	dule SE, line 2 (statutory er	nployees, see page C-6).		
	Estates and trusts, enter on Form 1041,				31	34,491.
	o If a loss, you must go to line 32.)	
2	If you have a loss, check the box that de-	scribes your investm	ent in this activity (see page	e C-6).		
	o If you checked 32a, enter the loss on I] _	- All Income.
	sec page C-6). Estates and trusts, onter				32a _	All investment is at risk. Some investment
	o If you checked 32b, you must attach I	form 6198.			J 32b ∟	is not at risk.

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

Paril	Self-Employment Tax
	CCI. CINDIOVINCIIL I CIX

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

						ballo cir i
А	If you are a minister, member of a religious order, or Christia more of other net earnings from self-employment, check he	an Science practitions	ner and you th Part I	filed Form 4361, but	t you had \$4	100 or
1	Net farm profit or (loss) from Schedule F, line 36, and farm pline 15a. Note. Skip this line if you use the farm optional me	partnerships, Scheo	iule K-1 (For	າງ 1065),		P Land
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ	, line 3: Schedule K	-1 (Form 106	5), line 15a		
	(other than farming); and Schedule K-1 (Form 1065-B), box	9. Ministers and me	mbers of rel	dious orders see		
	page SE-1 for amounts to report on this line. See page SE-2	for other income to	report Not	a Skin this line	1 1	
	if you use the nonfarm optional method. See page SE-4	and an an an an an an an an	SEE ST	атемект 6	2	34,491.
3	Combine lines 1 and 2		w.mm	***************************************	3	34,491.
42	If line 3 is more than zero, multiply line 3 by 92.35% (.9235)	Otherwise enter a	mount from	ina 3	4a	
b	If you elect one or both of the optional methods, enter the t	otal of lines 15 and	17 hare		4b	31,852.
С	Combine lines 4a and 4b. If less than \$400, do not file this	schedule: vou do o	ot owe celf-e	nnlovment	40	
	tax. Exception. If less than \$400 and you had church emp	nlovee income ant	er illi and ce	ntinus Is	1 . 1	21 050
5 a	Enter your church employee income from Form W-2, Caut	ion See	l and co	indinde	4c	31,852,
	page SE-1 for definition of church employee income		50			
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter-		i da j		-	
6	Net earnings from self-employment. Add lines 4c and 5b				5b	21 050
7	Maximum amount of combined wages and self-employment	company or defeat to		**************************************	6	31,852.
	the 6.2% portion of the 7.65% railroad retirement (tier 1) tax	for 2000	social secu	nty tax or		PANK 19 CO 400 SO
8.a	Total social security wages and tips (total of boxes 3 and 7 of	5 Farm/s			7	84,900.00
	W-2) and railroad retirement (tier 1) compensation			60 005		
b	Unreported tips subject to social security tax (from Form 41)	07 15 60	Ba	69,287.	1	
C	Add lines 92 and 9h	37, line 9)	85			
9	Add lines 8a and 8b Subtract line 8c from line 7. If zero or less, enter ·0· here and				8c	69,287.
10	Multiply the employ of line 5 or line 5 by 10 484 (124)	on line 10 and go i	o line 11		9	<u> 15,613.</u>
11	Multiply the smaller of line 6 or line 9 by 12.4% (.124)				10	1,936.
800	Multiply line 6 by 2.9% (.029)				11	924.
12	Self-employment tax. Add lines 10 and 11. Enter here and					
13	Deduction for one-half of self-employment tax. Multiply lin	on Form 1040, line	56		12	2,860.
10	50% (.5). Enter the result here and on Form 1040, line 29	ne 12 by				
		A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	1 13 1	1,430.		
Par	t II Optional Wethods To Figure Net Earnings	s (See page SE-3.)				
Farm	Optional Method. You may use this method only if:			The second	1 1	
o YOL	r gross farm income was not more than \$2,400 or					
o You	ir net farm profits 2 were less than \$1,733.					
	Maximum income for optional methods				14	1 500 00
15	Enter the smaller of: two-thirds (2/3) of gross farm income1 (not less than zero)	or \$1,600. A	lan include	14	1,600.00
	this amount on line 4b above	(1100 1100)	ui \$1,000. A	ao moidde	15	
Nonfa	arm Optional Method. You may use this method only if:	MA CAN THANK COME SHOW IN CAPPA		*****************	15	
o You	ir net nonfarm profits ³ were less than \$1,733 and also less th	on 70 190% of you	. neocn neaf			
p You	had net earnings from self-employment of at least \$400 in 2	of the provide upon	r gross norm	annincome and		
	on; You may use this method no more than five times.	of the phot 3 years.	i.v			
17	Subtract line 15 from line 14 Enter the smaller of: two-thirds (2/3) of gross nonfarm incom	• • • • • • • • • • • • • • • • • • •			16	
1 From	line 16. Also include this amount on line 4b above Sch. F, line 11, and Sch. K-1 (Form 1065), line 15b.	From Cab C. Ray Cat	C-L C = 7 :	0.0-1.0-1	17	
² From	Sch. F, line 36, and Sch. K-1 (Form 1065), line 15a.	Sch. K-1 (Form 1065-	B), box 9.	3; Sch. K-1 (Form 106 1; Sch. K-1 (Form 1065		
		Sch. K-1 (Form 1065-	B), box 9.			- 31

Child and Dependent Care Expenses

▷ Attach to Form 1040.▷ See separate instructions.

OMB No. 1545-0068 2002 Attachment Sequence No. 21 Your social security number

Denictment of the Treasury Internal Revenue Service (99) Name(s) shown on Form 1040

BARACK 11 & MICHE	LLE L OBAMA					
Before you begin: You need to u	understand the following	terms. See Definitions	on page 1 of the in	structions.		
Dependent Care Benefits	 Qualifying Person 		and the second second second	o Earned Inco	me	
Part I Persons or Org	ganizations Who Proace, use the bottom of p	ovided the Care - \ bage 2.)	/eu mustcompl	ete this part.		
1 (a) Care provider's name		(b) Address of, no., city, state, and ZI	P code)	(c) Identifying (SSN or E	number (IN)	(d) Amount paid
SONYA HAWES	734 <u>B. ok</u> 		5			23,452
10	The state of the s			S 702 - 17 - 18 -		
	Did you receive	No	— ⊳ Cor	anlete only Part I	l balow	
d	ependent care benefits	? Yes —		mplete Only Part I	nace 2 se	nvt
L			p 00.	inpiete rait iii oit	page z ne	ext.
Caution. If the care	was provided in your ho	me, you may owe emplo	vment taxes. See	the instructions t	for Form 1	040. line 60
	d and Dependent C					
2 Information about your quali				11-1-1-1		
2. Internation about your quan			ying persons, see			(a) Dualified assesses
First	(a) Qualifying person's			(b) Qualifying page (b) Social security		(c) Qualified expenses you incurred and paid in 2002 for
1 830		L ast		Social Security	HUTHUEL	the person listed in column (a)
MALIA A	ОВА	3.5%		47		202 200
HUDIN V	UDA	MA		- dis-		11,726.
NATASHA M	ова	W.Y.		1		
						11,726.
3 Add the amounts in column (c for two or more persons, If you	u completed Part III, ente	more than \$2,400 for on or the amount from line 2	e qualifying perso 6	n or \$4,800	3	
4 Enter your earned income					4	
5 It married filling jointly, enter yo	our spouse's earned inco	me (if your scouse was a	a student or was		· -7	
disabled, see the instructions)					5	
6 Enter the smallest of line 3, 4,	, or 5				6	
			1 1			
7 Enter the amount from Form 1	040, line 36	·•· · · · · · · · · · · · · · · · · · ·	7			
8 Enter on line 8 the decimal am	nount shown below that a	applies to the amount on	line 7			
If line 7 is:	Decimal I	If line 7 is:				
But no		But not	Decimal amount		1 1	
Over over	is l	Over over	is		1	
\$0 · 10,000 10,000 - 12,000	.30 .29	\$20,000 - 22,000	.24			
12,000 - 14,000	.28	22.000 - 24,000 24,000 - 26,000	.23		8	X
14,000 - 16,000 16,000 - 18,000	.27 .26	26,000 - 28,000	.21 .20			
18,000 - 20,000	.25	28,000 - No limit	.20			
					1,54	
Multiply line 6 by the decimal a						
the instructions			****** *************	*******************	. 9	MARKATA TA
Enter the amount from Form 1	040, line 44, minus any a	mount on Form 1040, lin	ie 45		. 10	62,454.
 Credit for child and depende 	nt care expenses. Enter	the smaller of line 9 or l	ine 10 here and o	n Form 1040,		
line 45	Martin Distriction of the Control	mark to the contract of the co	ar marina and		. 11	0.
4A For Paperwork Reduction	Act Notice, see separa	te instructions.				Form 2441 (2002)

	orm 2441 (2002) BARACK H & MICHELLE L OBAMA Part III Dependent Care Benefits				306
	Enter the total amount of dependent care benefits you received for 2002. This a in box 10 of your W-2 form(s). Do not include amounts that were reported to you	mount sho	uld be shown	1 1	
	Form(s) W-2	as wages	IN DOX 1 Of	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.		3
18	Enter the amount shown below that applies to you. o If marrier 'illing jointly, enter your spouse's earned income (if your spouse v. as a student or was disabled, see the instructions for line 5).				
	o If married filling separately, see the instructions for the amount to enter. All others, enter the amount from line 17.	18	98,826.	ľ	
19	Enter the smallest of line 16, 17, or 18	19	5,000.		
20	Excluded benefits. Enter here the smaller of the following:				
	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 line 7. On the dotted line next to line 7, enter "DCB"	1040,		21	
	To claim the child and dependent care 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. Exce expenses in 2002, see the instructions for line 9	eption. If y	อน คลid 2001	24	0.
25	Complete line 2 on page 1 of this form. Do not include in column (c) any benefits s above. Then, add the amounts in column (c) and enter the total here	hown on lir	ne 20	25	***************************************
	Enter the smaller of line 24 or 25. Also, enter this amount on line 3 on page 1 of thi complete lines 4-11			26	*
			10 m		Form 2441 (2002)

SCHEDULE H (Form 1040)

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Gervice (99)

> See separate instructions.

Schedule H (Form 1040) 2002

Name of employer Sc	ocial security number
Er Er	nployer identification number
BARACK H OBAMA	— ——— : ———
A Did you pay any one household employee cash wages of \$1,300 or more in 2002? (If any household employee we under age 21, your parent, or anyone under age 18, see the line A instructions on page 3 before you answer this or	as your spouse, your child question.)
Yes. Skip lines B and C and go to line 1. No. Go to line B.	
B Eid 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.)	s?
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)	
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
Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	6 3,588.
Advance earned income credit (EIC) payments, if any	7
Net taxes (subtract line 7 from line 6)	8 3,588.
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 104 the line 9 instructions on page 4.	40, see
X Yes. Go to line 10 on page 2.	

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Par	tell Federal Unemploy		av								Page :
1 01	tit rought, onomprey	, mone (i o i A) i						-		Ves	i ido
10 D	id you pay unemployment conti	ributions to only on	e state?	• • • • • • • • • • • • • • • • • • • •					10		140
11 D	id you pay all state unemploym	ent contributions fo	r 2002 by	April 15,	2003? Fisca	year filers, see	page 4		111	1	
12 W	ere all wages that are taxable for	or FUTA tax also ta:	xable for y	your state	's unemploy	ment tax?			12	-	
Next:	If you checked the "Yes" box of	on all the lines above	ve, comple	ete Sectio	n A.						
-	If you checked the "No" box or	n any of the lines a	bove, skip			lete Section B.					
12 M	ame of the state where you paid	d unample ment es	m t alle a time	Section				1	T		
14 St	ame of the state where you paid tate reporting number as shown	on state unemploy	ment tay	return	·· D 423	IL 39859					
					- D	,,,,,,,					
15 C	ontributions paid to your state L	nemployment fund	i (see pag	e 4)		15	54.				
16 To	otal cash wages subject to FUT/	A tax (see page 4)	***********					16		7,0	000.
17 FU	JTA tax. Multiply line 16 by .008	B. Enter the result h				ne 26		17	<u> </u>		56.
18 Cr	omplete all columns below that	annly (if you need r		Section							_
(a)	(b)	(c)		d)	(e)	(f)	(g)		(h)	-	
Name	State reporting number as shown on state	Taxable wages (as defined in state act)	State expa	rience rate	State	Multiply col. (c)	Multiply col. (c	=)	Subtract col. (a)	Contrib	
state	unemployment tex return	delined in state act)	From	To	experience	by .054	by col. (e)		from col. (f). If zero or tees, enter -0	paid to unemple fur	oyment
								\neg	ente, vo.	1(1)	101
1											
				<u> </u>							
19 To	tals						L	19			
					i i	- F			1 100 00 00 00 00 00 00 00 00 00 00 00 0		1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
20 Ad	d columns (h) and (i) of line 19				L	20	432.	personal li			
21 10	tal cash wages subject to FUTA	tax (see the line ti	o instructi	ions on pa	ige 4)	,		21	<u> </u>		
22 ML	ultiply line 21 by 6.2% (.062)							22			
								- 55	-		
23 Mu	ıltiply line 21 by 5.4% (.054)				L	23				(4)	
24 En	ter the smaller of line 20 or line	23						24			
05 511	T8 1 D - 1 11 04 (11		a www		5 E201						
Dart	TA tax. Subtract line 24 from lin	ne 22. Enter the res						25	L		
rast	III Total Household El	inprovincia rea	ACS .								
26 Ent	er the amount from line 8							26		3,5	00
			***********	****	**********************	********************		20		2,3	00.
27 Add	d line 17 (or line 25) and line 26	***************************************	*********	***********				27		3,6	44.
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. Vou mou boug to comple	ata Dant IV Can and		4-9-	72						
Part	No. You may have to complete IV Address and Signal				irod Can Iba	lina 00 instructi					
	number and street) or P.O. box if mail is no	ot delivered to street addr	ress	niy ii requ	ied. See ille	ille 26 instructi	ons on page 4		ora, or suite no		
							i				
ity, town	or post office, state, and ZiP code							-			
				370							
inder pen ayment n	nallies of perjury, I declare that I have exam nace to a state unamployment fund claim:	nined this schedule, inclued as a credit was, or is to	ding accomp	anying stater	ments, and to the	e best of my knowledg	ge and cellef, it is tr	uè, corr	act, and complete	No part	of any
	W.5										
						\$0 III					
Emp	loyer's signature					Date Date					
10352								Scho	dula H /Farm	1040	2000

	M 1040	PERSONA	L EXEMPTION	WURKSHEET		STAT	EMENT	1
1.	IS THE AMOUNT ON FOR BELOW FOR YOUR FILT NO. STOP. MULTIPLY FORM 1040, LIN YES. GO TO LINE 2.	NG STATUS? \$3,000 BY	THE TOTAL	NUMBER OF	EXEMPTION			
2.	MULTIPLY \$3,000 BY	THE TOTAL	NUMBER OF E	XEMPTIONS	CLAIMED			
3.	ON FORM 1040, LINE ENTER THE AMOUNT FR	6D			259,394		12,0	00.
4.		R YOUR FIL PARATE	ING STATUS \$1 \$1 \$1	 03,000 37,300 71,650 06,000	206,000			
i .	SUBTRACT LINE 4 FRO IF LINE 5 IS MORE T MARRIED FILING SEPA ON FORM 1040, LINE	M LINE 3 HAN \$122,5 RATE) ENTE			53,394			
	ON LOKE TOFO, DINE							
· .	DIVIDE LINE 5 BY \$2	,500 (\$1,25	50 IF MFS)		2.2			
	DIVIDE LINE 5 BY \$2 MULTIPLY LINE 6 BY	28 (.02) AI	50 IF MFS) ND ENTER THI	E RESULT	22		2	
T _a	DIVIDE LINE 5 BY \$2 MULTIPLY LINE 6 BY AS A DECIMAL	2% (.02) AI	50 IF MFS) ND ENTER THI	E RESULT	0.4		F 24	0.0
5. 7. 3.	DIVIDE LINE 5 BY \$2 MULTIPLY LINE 6 BY AS A DECIMAL MULTIPLY LINE 2 BY	2% (.02) AI LINE 7 .	ND ENTER THI	E RESULT	0.4		5,28	80.
7 . 3 .	DIVIDE LINE 5 BY \$2 MULTIPLY LINE 6 BY AS A DECIMAL	2% (.02) AI LINE 7 .	ND ENTER THI	E RESULT	0.4		5,28	
T _a	DIVIDE LINE 5 BY \$2 MULTIPLY LINE 6 BY AS A DECIMAL MULTIPLY LINE 2 BY	2% (.02) AI LINE 7 .	ND ENTER THI	E RESULT	0.4			
7 . 3 .	DIVIDE LINE 5 BY \$2 MULTIPLY LINE 6 BY AS A DECIMAL MULTIPLY LINE 2 BY SUBTRACT LINE 8 FROM	2% (.02) AI LINE 7 . M LINE 2. !	ND ENTER THI	E RESULT	0.4 INE 40.	4		
ORI	DIVIDE LINE 5 BY \$2 MULTIPLY LINE 6 BY AS A DECIMAL MULTIPLY LINE 2 BY SUBTRACT LINE 8 FROM	2% (.02) AI LINE 7 . M LINE 2. !	ND ENTER THI	E RESULT RM 1040, L KES WITHHE STATE TAX	0.4 INE 40. LD CITY SDI	4	6,72	20. 2
EN THE	DIVIDE LINE 5 BY \$2 MULTIPLY LINE 6 BY AS A DECIMAL MULTIPLY LINE 2 BY SUBTRACT LINE 8 FROM M 1040 MPLOYER'S NAME HE UNIVERSITY OF	2% (.02) AI	ND ENTER THI	E RESULT RM 1040, L RES WITHHE STATE TAX WITHHELD	O.4 INE 40. LD CITY SDI TAX W/H	STATE FICA TAX	6,72 EMENT MEDICATAL	20. ARE
EM THE CH	DIVIDE LINE 5 BY \$2 MULTIPLY LINE 6 BY AS A DECIMAL MULTIPLY LINE 2 BY SUBTRACT LINE 8 FROM M 1040 MPLOYER'S NAME HE UNIVERSITY OF HICAGO	2% (.02) AI	ND ENTER THI OF THE POTAL TO FOR IVED AND TAX FEDERAL TAX	E RESULT RM 1040, L RES WITHHE STATE TAX WITHHELD	O.4 INE 40. LD CITY SDI TAX W/H	4 STATE	6,72 EMENT MEDICATAL	20.
ORI TH CH ST	DIVIDE LINE 5 BY \$2 MULTIPLY LINE 6 BY AS A DECIMAL MULTIPLY LINE 2 BY SUBTRACT LINE 8 FROM M 1040 MPLOYER'S NAME HE UNIVERSITY OF	2% (.02) AI	ND ENTER THI	E RESULT RM 1040, L KES WITHHE STATE TAX WITHHELD 2,019.	O.4 INE 40. LD CITY SDI TAX W/H	STATE FICA TAX	6,72 EMENT MEDICA TAX	20. ARE
EM CH ST COUNTY	DIVIDE LINE 5 BY \$2 MULTIPLY LINE 6 BY AS A DECIMAL MULTIPLY LINE 2 BY SUBTRACT LINE 8 FROM MPLOYER'S NAME HE UNIVERSITY OF HICAGO FATE OF ILLINOIS DMPTROLLER	2% (.02) AI	FEDERAL TAX WITHHELD 13,647. 7,146.	E RESULT RM 1040, L KES WITHHE STATE TAX WITHHELD 2,019.	O.4 INE 40. LD CITY SDI TAX W/H	STATE FICA TAX	6,72 EMENT MEDICA TAX	2 ARE K

BARACK H & MICHELLE L OBAMA

SCHEDULE A	STATE AND LOCAL INCOME !	TAXES	STATEMEN'1'	3
DESCRIPTION			AMOUNT	
	TROLLER HOSPITALS LANCE DUE AND EXTENSION PAY	YMENTS	2,0 1,6 2,9 2,5	86. 65.
TOTAL TO SCHEDULE A, L:	INE 5		9,2	49.
SCHEDULE A	CASH CONTRIBUTIONS		STATEMENT	4
SCHEDULE A DESCRIPTION	CASH CONTRIBUTIONS	AMOUNT 50% LIMIT	STATEMENT AMOUNT 30% LIMIT	
DESCRIPTION			AMOUNT	
		50% LIMIT	AMOUNT	

SCHE	EDULE A ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT
1.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 9, 14, 18,	
2.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 13, AND 19, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED	25,935
3.	ON LINE 27	0.
4. 5. 6.	IF YES, SUBTRACT LINE 2 FROM LINE 1	25,935. 18. 94.
7.	SEPARATELY)	00.
	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	
8, 9,	MULTIPLY LINE 7 ABOVE BY 3% (.03)	3
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28	22,272.
CHE	DULE SE NON-FARM INCOME	STATEMENT 6
DESCE	RIPTION	TNUOMA
ROM	SCHEDULE C	34,491.

Name(s) as shown on return

Social security number

BARACK	H	3	MICHELLE	L	OBAMA

2001 Filling Status	MARRIED	FILING	TMIOU	2002 Filing Status MARRIED FILING JOINT	
2001 Tay Procket	0 09			2002 Tay Breaket 2 C 0 C	-

2001 Tax Bracket 0.0%	2002 Tax Bracket 35.0	8 1111110 00	7272
Description	Tax Year	Tax Year	Increase
	2001	2002	(Decrease)
WAGES, SALARIES, AND TIPS SCHEDULE B - TAXABLE INTEREST SCH. C/C-EZ (BUSINESS INCOME/LOSS) TOTAL INCOME	176,965.	226,300.	49,335,
	0.	33.	33,
	98,158.	34,491.	-63,667,
	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 INTEREST (DEDUCTIBLE) CONTRIBUTIONS TOTAL ITEMIZED DEDUCTIONS	8,728.	13,673.	4,945.
	11,439.	11,212.	-227.
	1,470.	1,050.	-420.
	17,443.	22,272.	4,829.
INCOME BEFORE EXEMPTIONS PERSONAL EXEMPTIONS TAXABLE INCOME	255,316.	237,122.	-18,194.
	4,872.	6,720.	1,848.
	250,444.	230,402.	-20,042.
TAX . TAX BEFORE CREDITS	79,046.	62,454.	-16,592.
	79,046.	62,454.	-16,592.
TAX AFTER NON-REFUNDABLE CREDITS	79,046.	62,454.	-16,592.
SCHEDULE SE (SELF-EMPLOYMENT TAX) SCH. H (HOUSEHOLD EMPLOYMENT TAX) TOTAL TAX	4,729.	2,860.	-1,869.
	2,297.	3,644.	1,347.
	86,072.	68,958.	-17,114.
FEDERAL INCOME TAX WITHHELD ESTIMATED TAX PAYMENTS TOTAL PAYMENTS	31,784.	52,718.	20,934.
	10,200.	0.	-10,200.
	41,984.	52,718.	10,734.
FORM 2210/2210F (EST. TAX PENALTY) BALANCE DUE (INCLUDING 2210/2210F)	44,088.	347. 16,587.	347. -27,501.

£ 1040		serment of the Treasury—Internal Revenue S. Individual Income Tax Re		01	(99) IRS Us	se Only—Da	not write	or staple in this space.	
(_	or the year Jan. 1-Dec. 31, 2001, or other tax year be	ginning	, 2001, en		, 20		OMB No. 1545-007	4
Label	. 1	our first name and Initial	Last name				Your	social security nun	nber
increasions I	A !-	Barack H.	Obama Last name					ii	
on page 19.)	E	a joint return, spouse's first name and initial	Obama				Spou	se's social security	number
Use the IRS	-	ome address (number and street). If you have		10 10	Apt.	20	-		-
Otherwise, I B	É .	-F-12 Sast V w Feb.	a rioi bon nee pa	90 19.	Apr.	110.		important!	\triangle
nlease print { F	7 0	ty, 22 cilico, srate, and ZIP code. If	you have a foreign	address, :	see page 19.			You must enter	
Presidential \		hicago, IL 60615)		your SSN(s) above	9.
Election Campaig	n A	Note. Checking "Yes" will not change	your tax or redu	ce your n	efund.			ou Spou	
(See page 19.)	¥	Do you, or your spouse if filing a joint	return, want \$3 t	to go to t		⊳	V Y€	s No Ves	DNO
Elling Chatte	1	Single							
Filing Status	2	Married filling joint return (even							
	3	Married filing separate return. Ente	er spouse's social se	ecurity no.	above and full n	ame here.	▶		
Check only	4	Head of household (with qualify enter this child's name here. >	/ing person). (See	page 19.)	If the qualifyin	g person i	a child	d but not your depe	endent,
one box.	5	Qualifying widow(er) with depe		SDOUSE	tied b). (See pa	na 10 \		
	6a	Yourself. If your parent (or someon						No. of boxes	
Exemptions		return, do not check bo	ж 6а				}	checked on	2
	b	Spouse]	6a and 6b No. of your	
	C	Dependents:	(2) Deprinder		(3) Dependent's relationship to	(4) √ if qui child for ch	lifying	children on 6c	
F		(1) First name Last name	social security n		you	credit (see p		who: • lived with you	2
If more than six		Malia A. Obama Natasha M. Obama	-	_	daughter			o did not live with	
dependents, see page 20.		IVALABITE IVI. ODAIIIA			daughter			you due to divorce or separation	
		2000	1			누片		(see page 20)	
			1 1 1			H	_	Dependents on 6c not entered above	
					-		_	Add numbers	
	d	Total number of exemptions claimed						entered on lines above >	4
Inaama	7	Wages, salaries, tips, etc. Attach Form					7	176,965	
income	8a	Taxable interest. Attach Schedule B if				* *	8a		Structure
Attach Forms W-2 and	b	Tax-exempt interest. Do not include o		. Bb			Willi		
W-2G here.	9 10	Ordinary dividends. Attach Schedule B	if required .				9		
Also attach Form(s) 1099-R	11	Taxable refunds, credits, or offsets of s Alimony received		come taxi	es (see page 2	(2)	10		
if tax was	12	Business income or (loss). Attach Sche					12	98,158	
withheld.	13	Capital gain or (loss), Attach Schedule	D if required. If n	ot require	rl check here	. □	13	55,100	
	14	Other gains or (losses). Attach Form 47	97				14		
If you did not	15a	Total IRA distributions . 15a			le amount (see p	page 23)	15b		
get a W-2. sue page 21.	16a	Total pensions and annuities 16a 1		b Taxab	le amount (see p	page 23)	16b		
	17	Rental real estate, royalties, partnership	s, S corporations,	, trusts, e	tc. Attach Sch	edule E	17		
Enclose, but do not attach any	18 19	Farm income or (loss), Attach Schedule	F				18		
payment Also.	20a	Unemployment compensation					19 20b		
please use Form 1040-V.	21	Other income. List type and amount (se	e nage 27)	D 19390	e amount (vee p	age 25)	21		
	22	Add the amounts in the far right column f	or lines 7 through	21. This is	s your total inc	ome >	22	275,123	-
0 1:	23	IRA deduction (see page 27)		23			11111		-
Adjusted	24	Student loan interest deduction (see pa	ge 28)	24					
Gross	25	Archer MSA deduction. Attach Form 88	53	25					
Income	26	Moving expenses. Attach Form 3903		26					
	27	One-half of self-employment tax. Attach	Schedule SE .	. 27	2,3	64			
	28	Self-employed health insurance deducti				_			
	29	Self-employed SEP, SIMPLE, and qualify	ied plans			_			
	30 31a	Penalty on early withdrawal of savings		30		-			
	31a	Alimony paid b Recipient's SSN ▷ Add lines 23 through 31a		31a				2,364	
	33	Subtract line 32 from line 22. This is you	ur adjusted gros:	s Income			32	272 750	

Form 1040 (200)1)			Page 2
Tax and	34	Amount from line 33 (adjusted gross income)	34	272,759
Credits	35a	Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind.	111111	
		Add the number of boxes checked above and enter the total here > 35a		
Standard Deduction	Ь	If you are married filing separately and your spouse itemizes deductions, or		
for—		you were a dual-status alien, see page 31 and check here ▶ 35b □		
o People who	⁰ 36	Itemized deductions (from Schedule A) or your standard deduction (see left margin).	36	17,443
box on line	37	Subtract line 36 from line 34	37	255,316
35a or 35b or who can be	38	If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed or	1	
claimed as a dependent,		line 6d. If line 34 is over \$99,725, see the worksheet on page 32	38	4,872
see page 31.	39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	250,444
o All others:	40	Tax (see page 33). Check if any tax is from a Form(s) 8814 b Form 4972	40	79,046
Single, \$4,550	41	Alternative minimum tax (see page 34). Attach Form 6251	41	0
Head of	42	Add lines 40 and 47	42	79,046
household,	43	Foreign tax credit. Attach Form 1116 if required	111111	
\$6,650	44	Credit for child and dependent care expenses. Attach Form 2441 44		
Married filing jointly or	45	Credit for the elderly or the disabled. Attach Schedule R 45		
Qualifying widow(er),	46	Education credits. Attach Form 8863		
\$7,600	47	Rate reduction credit. See the worksheet on page 36		
Married	48	Child tax credit (see page 37)		
filing separately,	49	Adoption credit, Attach Form 8839		
\$3,800	50	Other credits from: a Form 3800 b Form 8396		
		c ☐ Form 8801 d ☐ Form (specify)		1
	51	Add lines 43 through 50. These are your total credits	51	
***************************************	52	Subtract line 51 from line 42. If line 51 is more than line 42, enter -0	52	79,046
Other	53	Self-employment tax. Attach Schedule SE	53	4,729
Taxes	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 .	55	
	56	Advance earned income credit payments from Form(s) W-2	56	
	57 58	Household employment taxes, Attach Schedule H	57	2,297
D		Add lines 52 through 57. This is your total tax	58	86,072
Payments	59	Federal income tax withheld from Forms W-2 and 1099	-/////	
	60	2001 estimated tax payments and amount applied from 2000 return 60 10,200	-/////	1
If you have a qualifying	100	Earned income credit (EIC)	-888	
child, attach	ь	Nontaxable earned income [51b]		
Schedule EIC.	62	Excess social security and RRTA tax withheld (see page 51) 62	-888	
	63	Additional child tax credit, Attach Form 8812 63		i
	64	Amount paid with request for extension to file (see page 51) 64	-333	
		Other payments. Check if from a Form 2439 b Form 4136 65 Add lines 59, 60, 61a, and 62 through 65. These are your total payments	111111	-
			66	41,984
Refund	67	If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid	67	
Direct deposit? See b		Amount of line 67 you want refunded to you	68a	
page 51 and		Routing number Savings		
fill in 68b, P 68c, and 68d.		Account number		
Amount	70	Amount of line 67 you want applied to your 2002 estimated tax ▷ 69	11111	
You Owe	71	Amount you owe. Subtract line 66 from line 58. For details on how to pay, see page 52 > Estimated tax penalty. Also include on line 70 71	70	44,088
		you want to allow another person to discuss this return with the IRS (see page 53)? Yes.	<u> </u>	
Third Party		NAME AND THE PARTY OF THE PARTY	Complete	the following Me No
Designee	Desi	gnee's Phone Personal identif e ▷ no ▷ () number (2)(M	ication	
Sign	Unde	r cenalties of periory. I declare that I have examined tirks return any accompanion estectates and declare that	nd to the be	et of my troudenes and
Here	belie	f, they are true, correct, and complete. Declaration of preparer jother than taxpayer; is based on all information of v	which prepar	er has any knowledge.
Joint return?		Signature Date rour occupation		e phone numbe:
See page 19.	(Attorney/State Senator	1	HT0 37 786975 13 TELEFORE
Кеер а сору	Spor	use's signature. If a joint return, both must sign. Date , Spouse's occupation	2000	THE THE PROPERTY OF THE PARTY O
or your ecords.		Millella Ooma 1/13/02 Hospital Administrator		
			Propri	William STA
Paid	signa	Check if	Liehate	er's SSN or PTIN
Preparer's	Firm	's name (or).	٠	
J se Only	yours	s if self-employed), ()	1 .	
~	- Judi	ess, and zir code r Phone no.	()	

SCHEDULES A&B (Form 1040)

Schedule A- Itemized Deductions

(Schedule B is on back)

OMB No. 1545-0074

Department of the Treasury Internet Revenue Service

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

Attachment Sequence No. 07

Name(s) shown Barack H. &		m 1040 helle L. Obama		Your so	ocial security number
Medical and Dental Expenses	1. 2 3 4	Enter amount from Form 1040, line 34 . 2	1 3 enter -0	4	0
Taxes You	5	State and local income taxes	5 5,189		
Paid	6	Real estate taxes (see page A-2)	6 3,539	-/////	
(5ea*	7	Personal property taxes	7	-/////	
page A-2.)	8	Other taxes. List type and amount ▷			
	9	Add lines 5 through 8	B	9	8,728
Interest	10	Flome mortgage Interest and points reported to you on Form 1098	10 11,439		
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid			
(See		to the person from whom you bought the home, see page A-3			
page A-3.)		and show that person's name, identifying no., and address >			
Distance			11		
Note. Personal	12	Points not reported to you on Form 1098. See page A-3	''	-/////	
interest is	12	for special rules	12		1
not deductible.	13	investment interest. Attach Form 4952 if required. (See			
	10.00	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	15 1,470		
If you made a	16	more, see page A-4 Other than by cash or check. If any gift of \$250 or more,	100		
gir and got a	10	see page A-4. You must attach Form 8283 if over \$500	16		
hensit for 4,	17	Carryover from prior year	17		
see page A-4.	18	Add lines 15 through 17		18	1,470
Casualty and Theft Losses	10				
M. T.	19	Casualty or theft loss(es). Attach Form 4684. (See page A	A-5.)	19	
Job Expenses	20	Unreimbursed employee expenses—job travel, union			
and Most Other		dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See page A-5.) >			
Miscellaneous		or 2100 E2 if regimes. (1000 page 14-0.)			
Deductions			20		
	21	Tax preparation fees	21		
See	22	Other expenses—investment, safe deposit box, etc. List			
page A-5 for expenses to		type and amount ▶			
Jaduct here.			22	- 11111	
	23	Add lines 20 through 22	23	<i>-2000</i>	
	24	Enter amount from Form 1040, line 34 . L24			
	25 26	Multiply line 24 above by 2% (.02) Subtract line 25 from line 23. If line 25 is more than line 2	25	311111	
Other	27			26	0
Viiscellaneous	21	Other—from list on page A-6. List type and amount ▷			
Deductions		***************************************	•••••	27	- 1
Total	28	Is Form 1040, line 34, over \$132,950 (over \$66,475 if mar	ried filling separately)?	-	
temized		☐ No. Your deduction is not limited. Add the amounts in t			
Deductions		for lines 4 through 27. Also, enter this amount on F	orm 1040, line 36. . 1>	28	17,443
		Yes. Your deduction may be limited. See page A-6 for the	amount to enter.		
			,		

SCHEDULE C-EZ (Form 1040)

Net Profit From Business

(Sole Proprietorship)

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

OMB No. 1545-6074
200 F

Department of the Treasury Internel Revenue Service (99) Name of proprietor

> Attach to Form 1040 or 1041. > See instructions on back.

Attachment Sequence No. 09A

Name of proprietor Social security number (SSN) Barack H. Obama 11 जिल्ला General Information □ Had business expenses of \$2,500 or · Had no employees during the year. Are not required to file Form 4562, You May Use Depreciation and Amortization, for a Use the cash method of accounting. Schedule C-EZ this business. See the instructions Instead of Did not have an inventory at any for Schedule C, line 13, on page Schedule C time during the year. C-3 to find out if you must file. And You: Only If You: Did not have a net loss from your · Do not deduct expenses for business use of your home. o Do not have prior year unallowed · Had only one business as a sole passive activity losses from this business. Principal business or profession, including product or service B Enter code from pages C-7 & 8 Legal services/attorney D 5 4 1 1 0 0 Business name. If no separate business name, leave blank. D Employer ID number (EIN), If any 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 Penulli Figure Your Net Profit 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 98,158 1 2 Total expenses, If more than \$2,500, you must use Schedule C. See Instructions 2 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.) Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2. हिंहाती [[[] 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 ☐ Yes ☐ No ☐ Yes ☐ No b If "Yes," is the evidence written? ☐ Yes

Cat. 11o. 14374D

Schedule C-EZ (Form 1940) 2001

For Paperwork Reduction Act Notice, see Form 1040 instructions.

2000	edule SE (Form 1040) 2001	Attachment Sequence No.	17		Page 2
Nar Ba	ne of person with self-employment income (as shown on Form 1040) rack H. Obama	Social security number of persi with self-employment income	on >		
Se	ction B—Long Schedule SE				Special
阳	Self-Employment Tax				
45	e. If your only income subject to self-employment tax is church em and go to line 5a. income from services you performed as a minister one. See page SE-1.	pioyee income, skip lines 1 to or a member of a religious or	hrough der is	h 4b. Enter -0- not church em	on line ployee
A	If you are a minister, member of a religious order, or Christian Sci had \$400 or more of other net earnings from self-employment, ch	ence practitioner and you file eck here and continue with Pa	d Forn	n 4361, but you	
1	Net farm profit or (loss) from Schedule F, line 36, and farm partner 1065), line 15a. Note. Skip this line if you use the farm optional me	ershins, Schedule K-1 (Form	1	5	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3 line 15a (other than farming); and Schedule K-1 (Form 1065-B), but of religious orders, see page SE-1 for amounts to report on this line.	; Schedule K-1 (Form 1065), ox 9. Ministers and members ne. See page SE-2 for other			
3	income to report. Note. Skip this line if you use the nonfarm option	nal method. See page SE-3.	2	98,158	-
	Combine lines 1 and 2		3	98,158	_
h	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherw If you elect one or both of the optional methods, enter the total of	ise, enter amount from line 3	4a 4b	90,649	_
c	Combine lines 4a and 4b. If less than \$400, do not file this schedule; you tax. Exception. If less than \$400 and you had church employee income	u do not owe self-employment	4c	90,649	
5a	Enter your church employee income from Form W-2. Caution. Se page SE-1 for definition of church employee income.	te 5a	100	22,040	-
b			5b		
6	Not complete from a 15 and 1 a		6	90,649	-
7	Maximum amount of combined wages and self-employment earnin tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax	as subject to social security	7	80,400	00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form): W-2) and railroad retirement (tier 1) compensation	6) Ba 63,465		50,200	-00
	Unreported tips subject to social security tax (from Form 4137, line 9 Add lines 8a and 8b		8c	63,465	
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line	ne 10 and go to line 11 b-	9	16,935	10000
0	Multiply the smaller of line 6 or line 9 by 12.4% (.124)		10	2,100	_
1	Multiply line 6 by 2.9% (.029)		11	2,629	
2	Self-employment tax. Add lines 10 and 11. Enter here and on For	m 1040, line 53	12	4,729	
3	Deduction for one-half of self-employment tax. Multiply line 12 b 50% (.5). Enter the result here and on Form 1040, line 27				
भार			WW BE		
2500					
YOU	Optional Method. You may use this method only if: If gross farm income ¹ was not more than \$2,400 pr				
You	r net farm profits ² were less than \$1,733.		1		
4	Vlaximum income for optional methods		14	1,600	00
5	Enter the smaller of: two-thirds (¾) of gross farm income¹ (not less notude this amount on line 4b above	than zero) or \$1,600. Also			
onfo	rm Optional Method. You may use this method only if:	 	15		
You	r net nonfarm profits ³ were less than \$1.733 and also less than 72.18 e ³ and	39% of your gross nonfarm			
3102.000	had net earnings from self-employment of at least \$400 in 2 of the	prior 2 years			
auti	on. You may use this method no more than five times.	prior 3 years.			
5 5	Subtract line 15 from line 14		16		
	inter the smaller of: two-thirds (3/4) of gross pontern income that los	ss than zero) or the amount			111111111111111111111111111111111111111
(on line 16. Also include this amount on line 4b above		17		

From Sch. F, line 11, and Sch. K-1 (Form 1085), line 15b. From Sch. F, line 36, and Sch. K-1 (Form 1065), line 15a.

SCHEDULE H (Form. 1040).

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

See separate instructions.

Attachment Sequence No. 44

Marie of engage.		Social security number			
Ba	rack H. Obama	For 'err identification number			
А	Did you pay any one household employee cash wages of \$1,300 or more in 2001? (If any hou spouse, your child under age 21, your parent, or anyone under age 18, see the line A instruction answer this question.)	sehold employee was your ons on page 3 before you			
	✓ Yes. Skip lines B and C and go to line 1. □ No. Go to line B.				
В	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.				
С	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2000 or 2001 to hot count cash wages paid in 2000 or 2001 to your spouse, your child under age 21, or you	ousehold employees? our parent.)			
	No. Stop. Do not file this schedule.Yes. Skip lines 1-9 and go to line 10 on the back.				
ji.	Social Security, Medicare, and Income Taxes				
1	Total cash wages subject to social security taxes (see page 3)				
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)				
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4 414			
5	Federal income tax withheld, if any	5			
6	Total social security, Wiedicare, 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 he (Do not count cash wages paid in 2000 or 2001 to your spouse, your child under age 21, or you	ousehold employees? our parent.)			
	☐ No. Stop. Enter the amount from line 8 above on Form 1040, line 57. If you are not require line 9 instructions on page 4.	ed to file Form 1040, see the			
	☑ Yes. Go to line 10 on the back.				

	tule H (Form 1040) 2001		UTON To								Page 2		
TEEL	ecini Lederal O	nemployment (F	UIAI Iai	ξ						Yes	Late		
10	Did you pay unemi	oloyment contribution	ons to onl	v one stat	e7				1	0 e	No		
11	Did you pay all stat	te unemployment co	ontribution	ns for 200	1 by April 1	5, 2002? Fisca	al vear filers, s	ee pad		1 0			
12	Were all wages that	it are taxable for Fl	UTA tax a	lso taxabl	e for your	state's unemp	loyment tax?			2 %			
Next	: If you checked the If you checked the	e "Yes" box on all e "No" box on any	the lines of the lin	above, co les above,	mplete Se skip Sect	ction A. ion A and con	nplete Section	В.					
				Sec	tion A				Oler Children	-			
13	Name of the state	where you paid une	mployme			Illinois		100 marin			_		
4	State reporting nun	nber as shown on s	tate unen	nployment	tax return	► ILT							
5	Contributions paid	to Movie State Commen	olau	E		15	599						
5	Total cash wages s					[10]		16		14,267			
7	FUTA tax. Multiply	line 16 by .008. En	ter the res			n B, and go to	line 26	17		114			
8	Complete all colum	nns below that appl	v (if you r		tion B	nane Al·							
-2	(b)	3,14, 4,14,	7/3	(d)	(COMPANY)	page 1).		T -	(h)	0			
(a) ame	State reporting number as shown on state	(c) Taxable wages (as	State expe	erience rate riod	(e) State	(f) Multiply col. (c)	(g) Multiply col. (c)		col. (g)	Contribu	tions		
o! tete	unemployment tax return	defined in state act)			rate	expenence rate		by .054	by col. (e)	zero	or less,	nuemblo? baiq to	yment
			From	То				ent	er -0	func	1		
						9)					4		
				i									
9	Totals						19						
						i i i · ·	[15	And I					
ο,	Add columns (h) and	d (i) of line 19			* 0* 0	20		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ĺ			
1	lotal cash wages su	ubject to FUTA tax ((see the li	ne 16 inst	ructions on	page 4)		21					
2 1	Multiply line 21 by 6	284 (062)						22					
	manipag and an eg o	. 270 (1002)						10.03					
i	Multiply line 21 by a	.4% (.054)				23							
į	Enter the smaller of	line 20 or line 23.	* * *					24					
F	UTA tax. Subtract	line 24 from line 22	. Enter th	e result he	are and go	to line 26		25	*				
This.	III Total Hous	ehold Employme	ent Taxe	S			 	20					
E	inter the amount fro	om line 8		man na ur				26		2,183			
-	Add line 17 (or line 2	(E) and line 26						27		2,297			
	kre you required to i						!	21		2,201			
	Yes. Stop. Ent		line 27 al	bove on F	orm 1040,	line 57. Do no	ot complete						
	Part IV be	low.				CONTRACTOR LIBERULA NA							
TIG	I No. You may I	nave to complete P nd Signature—Co	art IV. Sec	bis cart	or details.	wired Cas th	n line 20 in-						
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rect.	enaities of perjury, 1 deci- and complete. No part of	are that I have examined any payment made to a	i this schedi I state unom	ule including ployment fun	accompanyin id claimed as	ig statements, and a credit was, or is	to the best of m to be, deducted f	y knowle	edge and to payments	pelief, it is	true,		
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Emp	oloyer's signature					У г	Date						
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Department of the Treasury

Alternative Minimum Tax— Individuals

See separate instructions.

OMB No. 1545-0227

Attachment Sequence No. 32

Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 Your social security number Partil Alternative Minimum Taxable Income If you itemized deductions on Schedule A (Form 1040), go to line 2. Otherwise, enter your standard Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 21/2% of Form 1040, line 34 2 2 3 8,728 3 4 Certain interest on a home mortgage not used to buy, build, or improve your home 4 1,172 Miscellaneous itemized deductions. Enter the amount from Schedule A (Form 1040), line 26 5 5 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 Adjusted gain or loss. Enter difference between AMT and regular tax gain or loss. 9 9 incentive stock options. Enter excess of AMT income over regular tax income. . . 10 10 Passive activities. Enter difference between AMT and regular tax income or loss . . . 11 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 Other. Enter the amount, if any, for each Item below and enter the total on line 14. a Circulation expenditures . i Mining costs b Depletion J Patron's adjustment . . c Depreciation (pre-1987). . k Poliution control facilities d installment sales I Research and experimental e Intangible drilling costs . . m Section 1202 exclusion . f Large partnerships . . . n Tax shelter farm activities g Long term contracts. . . o Related adjustments h Loss limitations . . . L 14 9,900 15 Total adjustments and preferences. Combine lines 1 through 14 15 Enter the amount from Form 1040, line 37. If less than zero, enter as a (loss) 255,316 16 Enter as a positive amount any net operating loss deduction from Form 1040, line 21 17 17 If Form 1040, line 34, is over \$132,950 (over \$66,475 if married filling separately) and you itemized deductions, enter the amount, if any, from line 19 19 269,410 Alternative tax net operating loss deduction (see page 6 of the instructions) . 20 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.) . 269,410 Rend II | Alternative Minimum Tax Exemption amount. (If this form is for a child under age 14, see page 7 of the instructions.) AND line 21 is THEN enter on IF your filing status is . . . noi over . . . line 22 . . . Single or head of household. \$112,500 \$35,750 Married filing jointly or qualifying widow(er) . . . 150,000 49.000 22 If line 21 is over the amount shown above for your filing status, see page 7 of the instructions. Subtract line 22 from line 21. If zero or less, enter -0- here and on lines 26 and 28 and stop here 220,410 23 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 refigured for the AMT, if necessary). All others: If line 23 is \$175,000 or less (\$67,500 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 24 58,215 Alternative minimum tax foreign tax credit (see page 7 of the instructions) 25 26 58,215 Enter your tax from Form 1040, line 40 (minus any tax from Form 4972 and any foreign tax credit from 79.046 Alternative minimum tax. Subtract line 27 from line 26. If zero or less, enter -0-. Enter here and on Form 1040, line 41



Illinois Department of Revenue 2001 Form IL-1040

or for fiscal year ending.

www.ll.tax.com

Staple W2, W-2-G, and 1099-R forms here.

Attach

Federal Page Form W-2 1099-R

Military W-2

Instructions

instructions

See Instructions

before completing

this step.

Attach

Schedule NR

San

Individual Income Tax Return 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. rour Social Security number Your spouse's Social Security number B Place your label or print your personal information below. Obama Barack H. 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 Check the same filling status you checked on your federal return. ☐ Single or head of household ☑ Married filling jointly ☐ Married filling 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 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. \$272,759.00 Write your federally tax-exempt Interest and dividend income from your U.S. 1040 or 1040A, Line 8b. Write any other additions to your income that are taxable in Illinois. See the instructions for details. Specify your additions. Add Lines 1 through 3. This is your income. Step 3: Figure your base income -Write income received from Social Security benefits and certain retirement plans if that income is included in Step 2, Line 1. See instructions. õ Write the military pay you earned if it is included in Step 2, Line 1. Write your Illinois Income Tax refund if it is included in Line 10 of your U.S. 1040. Write Ihe 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 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. _ 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. \$272,759.00 11 Step 4: Figure your exemption allowance -12 a Write the number of exemptions from your federal return. 4 x \$2,000 b If someone else claimed you on their return, see Line 12 instructions to figure the number to write here. ж \$2,000 Ь c Check if 65 or older: You +
d Check if legally blind: You + Spouse = € \$1,000 c Spouse = X \$1,000 Add Lines a through d. This is your total Illinois exemption allowance. 12 \$8,000.00 Step 5: Figure your net income -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. \$264,759.00

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-492-0055 (IL-1040 fron: (R-03/02)

Complete Illinois Schedule NR, and write your Illinois income from

Check the box that applies to you during the year 2001.

Nonresident Part-year resident

Monresidents and part-year residents only:

Step 5, Line 45.

0	tep 6: Figure your tax	
8		15\$264,759.00
1	16 Residents: Multiply Line 15 by 3% (.03). Write the result on Line 16. This is your tax.	
A PROPERTY	Nonresidents and part-year residents: Write the tax from Schedule NR, Step 5, Line 51.	16 \$7,942,77
	tep 7: Figure your payments and credits	
VI42's (Attach	17 Write the total amount of Illinois Income Tax that was withheld from	
to front)	your pay as shown on your W-2 forms, generally found in Box 17. \$5,188	1.98
	18 Write any estimated payments you made with Forms IL-1040-ES	123
	and IL-505-I. Include any credit from your 2000 overpayment.	
1 12 11 22	19 If you paid income tax to another state, complete Illinois Schedule CR	
Schedule CR Other states'	and write the amount from Line 8 of that schedule here.	
B I was division in the same	20 If you paid Illinois Property Tax, complete the PT Worksheet in instructions.	
schedules	→ Write PT Worksheet Line 3 amount here.—> 20a\$3,539,02	
	Write PT Worksheet Line 8 amount here 20b \$176	95
	2,1 If you paid education expenses, see instructions. Write Schedule ED or	
Receipt or Schedule ED	→ ED Worksheet Line 1 amount here. → 21a	
	Write Schedule ED or ED Worksheet Line 10 amount here. 21b	
å l	22 If you received a federal EIC, complete the EIC Worksheet in instructions.	
	→ Write EIC Worksheet Line 1 amount here → 22a	16
	Write EIC Worksheet Lines 9 or 12 amount here. 22b	
	If you completed Illinois Schedule 1299-C, write the amount from	 0
Schedule 1299-C	Section II, Part X, Line 49.	
1		<u>24</u> \$5,365.93
5	ep 8: Figure your overpayment or your tax due	2400,000,93
	25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment. 2	AP.
	If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due.	26 \$2,576,84
St	ep 9: Figure your penalty ————————————————————————————————————	32,57 <u>q.84</u>
	7 Write your late-payment penalty for underpayment of estimated tax	the second secon
Artach	from Form IL-2210, Line 28.	
Form IL-2210	— Check the box if you annualized your income on Form IL-2210, Step 6,	
75111112-2210	or if you are 65 or older and permanently living in a nursing home.	
St	p 10: Figure your donations Any donation will reduce your refund or increase the amount yo	
		OU OWD
2	8 Write the amount you wish to donate to one or more of the following voluntary contribution f	ou owe,
2	8 Write the amount you wish to donate to one or more of the following voluntary contribution f	ou owsiunds.
2	Write the amount you wish to conate to one or more of the following voluntary contribution for Wildlife Preservation a Breast Cancer Research e	ou owe,unds.
2	Write the amount you wish to conate to one or more of the following voluntary contribution f Widdle Preservation a Breats Cancer Research e Child Abuse Prevention b Prostate Cancer Research f \$100.00	ou owe,unds.
2	Write the amount you wish to conate to one or more of the following voluntary contribution f Wildlile Preservation a Breatst Cancer Research e Child Abuse Prevention b Prostate Cancer Research f \$100,00 Alzheimer's Research c World War II Memorial g	ou owe,unds.
2	Write the amount you wish to conate to one or more of the following voluntary contribution f Wildlille Preservation a Breatst 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	unds.
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2 Stit 3 3 3 Direct Deposit See Instructions See instructions Ste	Write the amount you wish to conate to one or more of the following voluntary contribution for Wildille Preservation a	2 Savings 4\$2,676,84 is true, correct, and complete
2 Site 3 3 3 Direct Deposit Sae Instructions 3 Payment Options See instructions Ste	Write the amount you wish to conate to one or more of the following voluntary contribution for Wildlife Preservation a	2 Savings 4\$2,676,84 is true, correct, and complete
22 Ste 3 3 3 3 Direct Deposit See Instructions 3 Payment Options See instructions Ste	Write the amount you wish to donate to one or more of the following voluntary contribution for Widille Preservation a Breast Cancer Research e Child Abuse Prevention b Prostate Cancer Research for S100,00 Alzheimer's Research c World War II Mernorial g Homeless Assistance d Korean War Fund h Add Lines at through h. This is your total voluntary contributions 28 S100,00 Add Line 27 and Line 28. This is your total voluntary contributions 28 S100,00 Add Line 27 and Line 28. This is your total penalty and donations. 11: Figure your refund or the amount you owe If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2002 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Type of account Checking Account number 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. 12: Sign and date your return Index penalties of periury, I state that I have examined this return and, to the best of my knowledge, it would be a signature Date Daytime phone number Your spouse's signature	9 \$100.00 9 \$100.00 2
22 Ste 3 3 3 3 Direct Deposit See Instructions 3 Payment Options See instructions Ste	Write the amount you wish to conate to one or more of the following voluntary contribution for Wildlife Preservation a	9 \$100.00 9 \$100.00 2
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2 Str 3 3 3 Object Deposit See Instructions See instructions See instructions Ste	Write the amount you wish to conate to one or more of the following voluntary contribution for Widille Preservation a	Savings \$2,676,84 is true, correct, and complete Compared to the part of th

	F	J.S. Individual Income Tax F or the year Jan. 1-Dec. 31, 2000, or other tax	Return 2000	(99) IRS Use Only—Do		staple in this space.	
Label	T	Your first name and initial	Last name	, zado, ending	, 20	City 140, 12	
1584	L	Barack H.	Obama		i lour s	ocial security nu	mber
Instructions on page 12.)	A B E	If a joint return, spouse's first name end initial	Last name		Snous	s's social security	e mi tana la
Use the IRS	L _	Michelle L.	Obama			1 1	учины
label.	н	How suffer Inumber and street). If you have	e a P.O. box, see page 19.	Apt. no.	IA		. ^
Otherwise, please print	E -	648 H1 32 453				Important	
or type. Presidential	E	City, town or post office, state, and ZIP code. Chicago, IL 60615				ou must enter our SSN(s) abov	/e.
Election Camp (See page 19.)	aign	Note. Checking "Yes" will not chang Do you, or your spouse if filing a join	e your tax or reduce your i	efund.	You	J Spot	
F-111 O	1	Single				LINO EITE	5 11/1
Filing Statu	15 2	Married filing joint return (eve	n if only one had income)				
	2	Married filing separate return. Ent	er spouse's social security no.	above and full name here.	Þ		
Check only	4	Head of household (with qualit	ying person). (See page 19.	If the qualifying person	ls a child b	out not your den	endan
one box.	5	- cine, this child's name here.					enden
(*************************************			endent child (year spouse	dled ▷). (See p	age 19.)		
Exemptions	6	 Yourself, if your parent (or some return, do not check be 	one else) can claim you as	a dependent on his or h		No. of boxes	
and in quality		Spouse	эх 6а			checked on 6a and 6b	2
		Dependents:	· · · · · · · · · · · · · · · · · · ·	(3) Dependent's (4)V if or	- u	No. of your	- 19
		(1) First name Last name	(2) Dependent's social security number	relationship to child for c	hild tax	children on 6c	
		Malia A. Obama		you credit (see	170e 201	who: • lived with you	_ 1
If more than six				daughter		did not live with	
dependents, see page 20.						you due to divorce or separation	
paga zu.						(see page 20) .	
					!	Dependents on 6c not entered above	
						Add numbers	
		Total number of exemptions claimed				entered on	3
	7	Wages, salaries, tips, etc. Attach Form	V=1 IA/ 2	· · · · · ·		ines above > E	
Income	Ba		required	* * * * * * * *	8a	212,999	
Attach	b		on line 8a 8b	i	111111	38	
Forms W-2 and	9	Ordinary dividends. Attach Schedule B			9		
W-2G here. Also attach	10	Taxable refunds, credits, or offsets of	state and local income tave		10	157	-
Form(s) 1099-R	11	Alimony raceived		.s (see page 22)	11	107	-
I tax was	12	Business income or (loss). Attach Sche	dule C or C-EZ		12	16,500	_
vithheld.	13	Capital gain or (ioss). Attach Schedule	D if required If not require	d chack been b	13	1,836	-
	14	Other gains or (losses). Attach Form 47	97		14	1,000	
you did not	15a	Total RA distributions . 15a	b Taxabi	a amount (see page 23)	15b		
ot a W-2, or page 21.	16a	Total pensions and ancuities 16a	13,055 j b Taxabl	e amount (see cage 23)	16b	9,196	
	17	Rental real estate, royalties, partnership	s. 5 corporations, trusts, et	c. Attach Schedule F	17		
nclose, but de	18	Farm income or (loss). Attach Schedule	F	L. L. Carriedone L	18		
ot attach, any syment. Also,	19	Unemployment compensation			19		
lease use	20a	Social security benefits . 20a	b Taxabio	amount (see page 25)	20b		
orm 1040-V.	21	Other income. List type and amount (se	e page 25)	environment and a second	21		-
	22	Add the amounts in the far right column f	or lines 7 through 21. This is	your total income ▷	22	240,726	
djusted	23	IRA deduction (see page 27)	23				
	24	Student loan interest deduction (see page	ge 27) 24				
ross	25	Medical savings account deduction, Att.	ach Form 8853 _ 25			1	
come	26	Moving expenses, Attach Form 3903				1	
	27	One half of self-employment tax. Attach	Schedule SE _ 27	221		4	
	28	Self-employed health insurance deduction	on (see page 29; 28				
	29	Self-employed SEP, SIMPLE, and qualifi	ed plans . 29				
	30	Penalty on early withdrawal of savings.	30				
	31a	Almony paid b Recipient's SSN D	31a				
	32	Add lines 23 through 31a			32	221	
	33	Subtract line 32 from line 22. This is you	r adjusted gross income		33	240,505	
40.0		Act, and Paperwork Reduction Act Not				INCHES OF THE CONTRACTOR OF TH	

SCHEDULES A&B Schedule A-Itemized Deductions OMB No. 1545-0074 (Form 1040) (Schedule B is on back) Department of the Treasury Attach to Form 1040. ▷ See Instructions for Schedules A and B (Form 1040). Attachment Sequence No. 07 Internal Revenue Service Name(s) shown on Form 1040 Your social security number Barack H. & Michelle L. Obama Medical Caution. Do not include expenses reimbursed or paid by others. and Medical and dental expenses (see page A-2) . . . 1 Dental Enter amount from Form 1040, line 34 _ 2 3 Expenses Multiply line 2 above by 7.5% (.075) Subtract line 3 from line 1. If line 3 is more than line 1, enter -0 4 State and local income taxes Taxes You 6,270 5 Paid 6 Real estate taxes (see page A-2) 6 3,119 7 Personal property taxes (See 7 (page A-2.) Other taxes. List type and amount ▷ В Add lines 5 through 8 . . 9 9,389 9 interest 10 Home mortgage interest and points reported to you on Form 1098 10 11,889 You Paid 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 (Sec page A-3) and show that person's name, identifying no., and address > Note. 11 Personal Points not reported to you on Form 1098. See page A-3. interest is for special rules 12 not deductible. 13 Investment interest. Attach Form 4952 if required. (See 13 14 Add lines 10 through 13. 11.889 14 Gifts to Gifts by cash or check. If you made any gift of \$250 or Charity 2,350 more, see page A-4 15 If you made a Other than by cash or check. If any gift of \$250 or more, 16 gift and got a see page A-4. You must attach Form 8283 if over \$500 16 benefit for it Carryover from prior year 17 17 See page A-4 18 Add lines 15 through 17 2.350 18 Casualty and Casualty or theft loss(es). Attach Form 4684. (See page A-5.) Theft Losses 19 Job Expenses 20 Unreimbursed employee expenses—job travel, union and Most dues, job education, etc. You must attach Form 2106 Other or 2106-EZ if required. (See page A-5.) ▷ Miscellaneous -----Deductions 20 21 21 Other expenses—investment, safe deposit box, etc. List 1500 page A-5 for type and amount ▷..... expenses to deduct here.) 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) Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-26 26 Other 27 Miscellaneous Deductions 27 Total Is Form 1040, line 34, over \$128,950 (over \$64,475 if married filing separately)? Itemized Your deduction is not limited. Add the amounts in the far right column Deductions

for lines 4 through 27. Also, enter this amount on Form 1040, line 36.

Yes. Your deduction may be limited. See page A-6 for the amount to enter.

28

20.281

Form 1040 (206	00)		Page
Tax and	34	Amount from line 33 (adjusted gross income)	34 240,505
Credits	352	Check if: You were 65 or older. Blind: Spouse was 65 or older, Blind. Add the number of boxes checked above and enter the total here > 35a	
	_ 1	If you are married filling separately and your spouse lumines deductions or	
Standard	7	you were a dual-status alien, see page 31 and check here	
Deduction for Most	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	
People		line 35a or 35b or if someone can claim you as a dependent	36 20,281
Single:	37	Subtract line 36 from line 34	37 220,224
\$4,400	38	If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on	
Head of household:		line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to enter	38 5,208
\$6,450	39	Taxable income, Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39 215,016
Married filing jointly or	40	Tax (see page 32). Check if any tax is from a Form(s) 8814 b Form 4972	40 60,160
Qualifying	41	Alternative minimum tax. Attach Form 6251	41 0
widow(er): \$7,350	42	Add lines 40 and 41	42 60,160
Married	43	Foreign tax credit. Attach Form 1116 if required	
filing separately:	44	Credit for child and dependent care expenses. Attach Form 2441 44	
\$3.675	45	Credit for the elderly or the disabled. Attach Schedule R	
	J 46	Education credits. Attach Form 8863	
	47	Child tax credit (see page 36)	
	48	Adoption credit. Attach Form 8839	
	49	Other, Check if from a Form 3800 b Form 5396	
	50	C Form 8801 d Form (specify) 49	THE .
	51	Add lines 43 through 49. These are your total credits	50
2000 A			51 60,160
Other	52 53	Self-employment tax. Attach Schedule SE	52 442
Taxes	54	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	53
	55	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 If required	54 626 no
	56	Advance earned income credit payments from Form(s) W-2	55
	57	Add lines 51 through 56. This is your total tax	56 2,504 57 63,732
Payments	58	Federal income tax withheld from Forms W-2 and 1059 . 58 44,760	700,732
	59	2000 estimated tax payments and amount applied from 1999 return 59 4,750	
If you have a	60a	Earned income credit (EIC) 60a	
qualifying child, attach	ь	Nontaxable earned income, amount	
Schedule EIC.		and type ▶	
	61	Excess social security and RRTA tax withheld (see page 50) 61 2,551	
	62	Additional child tax credit. Attach Form 8812	
	63	Amount paid with request for extension to file (see page 50) 63	
	64	Other payments. Check if from a Form 2439 b Form 4136 64	
		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
Have it	67a	Amount of line 66 you want refunded to you	67a
directly			
deposited! >- See page 50		Routing number	
and fill in 67b, 🏱		Account number	
		Amount of line 66 you want applied to your 2001 estimated tax . ▶ G8	
THOUSE	69	If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe.	1000
You Owe		For details on how to pay, see pag∈ 51	69 12,571
Sian	Under t	penalties of periury I declare that I have examined this cours and accompanies saled the	
-lere	belief, t	hey are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w	to the best of my knowledge and which preparer has any knowledge
oint return?)		Signature Date Your occupation Daytime phone	
iee page 19.	(Jacob 4/15/01 Attorney/prof.	25 Company (1997)
еер а сору	Spou	se's signature. If a loint return, both must sign. Date Spouse's occupation March 195 de	this enture with a
ecords.	me	chille Obania Titofor Univ. dean shown below (see	uss this return with the preparer
	repare	r's Date	Preparer's 55N or FTM1
5	signatur		
reparer's	irm's n	ame (or	:
Ise Only	Curs if	self-employed),	

SCHEDULE C-EZ (Form 1040)

Net Profit From Business (Sole Proprietorship) > Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)	➤ Attach to Form 1040 or Form	1041. ➤ See instructions on ba	ck.	Attachment Sequence No. 09A			
Name of proprietor Barack H. Obama			Social s	ecurity number (SSN)			
Partil General I	nformation						
You May Use Schedule C-EZ Instead of Schedule C Only If You:	edule C-EZ o Use the cash method of accounting. ead of Old not have an inventory at any edule C Use the cash method of accounting. Depleted on this business for Schedule C-3 to find out time during the year. And You: C-3 to find out time during the year.						
	profession, including product or service	A PROPERTY OF THE PARTY OF THE		code from pages C-7 & 8			
- Indiana - Indi	separate business name, leave blank.	VII. 18 10 10 10 10 10 10 10 10 10 10 10 10 10		8 1 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
E Business address (in	cluding suite or room no.). Address not requir	red if same as on Form 1040, page	1.				
1 Gross receipts. Ca employee" box on	ur Net Profit aution: If this income was reported to you that form was checked, see Statutory E , on page C-2 and check here	imployees in the instructions fo	r 11	16,500			
2 Total expenses. If	more than \$2,500, you must use Sched	ule C. See instructions	2	0			
Form 1040, line 12	ct line 2 from line 1. If less than zero, y 2, and also on Schedule SE, line 2. (Sta de SE, line 2. Estates and trusts, enter o	tutory employees do not report	this	16,500			
[胚版]]] Informatio	n on Your Vehicle. Complete this pa	rt only if you are claiming car	or truck e	expenses on line 2			
4 When did you place	e your vehicle in service for business pu	rposes? (month, day, year) > _	/				
5 Of the total number	r of miles you drove your vehicle during	2000, enter the number of mile	s you used	your vehicle for:			
a Business	b Commuting	c Other	••••••	********			
6 Do you (or your spo	ouse) have another vehicle available for	personal use?	ete a e	. 🗆 Yes 🗌 No			
7 Was your vehicle a	vailable for use during off-duty hours?			. 🗆 Yes 🗀 No			
8a Do you have evider	nce to support your deduction?		K 10 8 16	_ □ Yes □ No			
b If "Yes," is the evid	ence written?			- ☐ Yes ☐ No			

Schodule SE (Form 1040) 2000	17 Pag			
Name of person with self-employment income (as shown on Form 1040) Barack H. Obama	1	<u>. !</u>		
Section B—Long Schedule SE				
<u> </u>				
Note. If your only income subject to self-employment tax is church edc and go to line 5a. Income from services you performed as a minist income. See page SE-1.	ter or a member of a religious ord	er is no	t church emp	oloyee
A If you are a minister, member of a religious order, or Christian S had \$400 or more of other net earnings from self-employment, or	Science practitioner and you filed check here and continue with Par	Form 4	361, but you ▶	
1 Net farm profit or (loss) from Schedule F, line 36, and farm part 1065), line 15a. Note. Skip this line if you use the farm optional	tnerships, Schedule K-1 (Form method. See page SE-3	1		
2 Net profit or (loss) from Schedule C, line 31: Schedule C-EZ, line fine 15a (other than farming); and Schedule K-1 (Form 1065-B), log religious orders, see page SE-1 for amounts to report on this income to report. Note. Skip this line if you use the nonfarm option.	box 9. Ministers and members line. Seé page SE-2 for other	2	16,500	
3 Combine lines 1 and 2		3	16,500	
4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Other		4a	15,238	
bill 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; tax. Exception. If less than \$400 and you had church employee inc	you do not owe self-employment come, enter -0- and continue >	4c	15,238	
5a Enter your church employee income from Form W-2. Caution: page SE-1 for definition of church employee income	See 5a 5a			
인하는 이렇게 하면데 내려를 보면하다면서 되었다면서 얼마나 되었다면서 되었다면서 되었다면서 얼마나 되었다면서 그렇게 하는데 하면 하면 하다는 그래요?		5b	15,238	
6 Net earnings from self-employment. Add lines 4c and 5b .		6	15,230	_
7 Maximum amount of combined wages and self-employment earn tax or the 5.2% portion of the 7.65% railroad retirement (tier 1) to	ax for 2000	7	76,200	00
Ba Total social security wages and tips (total of boxes 3 and 7 on Form W-2) and railroad retirement (tier 1) compensation	m(s) 8a 117,342			
b. Unreported tips subject to social security tax (from Form 4137, lin	e 9) 8b 1	8c	117,342	
c Add lines 8a and 8b	1. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	9	0	
9 Subtract line 8c from line 7. It zero or less, enter -0- here and on	Time 10 and go to line 11 . >	10		_
10 Multiply the smaller of line 6 or line 9 by 12.4% (.124)		11	442	
11 Multiply line 6 by 2.9% (.029)			442	_
12 Self-employment tax. Add lines 10 and 11. Enter here and on F	Form 1040, line 52	12	442	
13 Deduction for one-half of self-employment tax. Multiply line 12 50% (.5). Enter the result here and on Form 1040, line 27	? by 13 221			
Peralli Optional Methods To Figure Net Earnings (See pag	e SE-3.)			
Farm Optional Method. You may use this method only if:		7		
Your gross farm income was not more than \$2,400 or		ki		Ċ
		- 1		
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 (%) of gross farm income (not le	are than zerol or \$1,600 Also			
include this amount on line 4b above		15		
Nonfarm Optional Method. You may use this method only if:				
 Your net nonfarm profits³ were less than \$1,733 and also less than 73 moone³ and 	2.189% of your gross nonfarm			
 You nad 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.	10 80			
16 Subtract line 15 from line 14		16		
17 Enter the smaller of: two-thirds (%) of gross nonfarm income ⁴ (not on line 15. Also include this amount on line 4b above	less than zero) or the amount	17		
	C-E2, line 3; Sch. K-1 (Form 1065), line 15a; ; -E2, line 1; Sch. K-1 (Form 1065), line 15c; ar			

SCHEDULE D (Form 1040)

Capital Gains and Losses

► Attach to Form 1040. ➤ See Instructions for Schedule D (Form 1040). OMB No. 1545-0074 2000

Attachment Sequence No. 12 Your social security number

Department of the Treesury
Service (99) Name(s) shown on Form 1040

▶ Use Schedule D-1 for more space to list transactions for lines 1 and 8. Barack H. Obama

Short-Term Capital Gains and Losses—Assets Held One Year or Less (b) Date acquired (Mo., day, yr.) (a) Description of property (Example: 100 sh. XYZ Co.) (e) Cost or other basis (see page D-6) (c) Date sold (d) Sales price (f) Gain or (loss) Subtract (e) from (d) Enter your short-term totals, if any, from Schedule D-1, line 2 Total short-term sales price amounts. Add column (d) of lines 1 and 2 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 6 Net short-term capital gain or (loss). Combine column (f) of lines 1 through 6 № Long-Term Capital Gains and Losses—Assets Held More Than One Year (b) Date acquired (Mo., day, yr.) (a) Description of property (Example: 100 sh. XYZ Co.) (e) Cost or other basis (see page D-6) (c) Date sold (d) Sales price (g) 28% rate gain or (f) Gain or (loss) Subtract (e) from (d) (Mo., day, yr.) (see page D-6) (loss) (see instr below) 8 Demutualization 02/02/70 03/18/00 1,836 1,836 payment 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 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and

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 14 Net long-term capital gain or (loss). Combine column (f) of lines 8 through 14 1-1,836 16

long-term gain or (loss) from Forms 4684, 6781, and 8824

Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts

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).

Next: Go to Part III on the back.

11

12

13

1.75	INSULD 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	17	1,836
	Next: Complete Form 1040 through line 39. Then, go to Part IV to figure your tax if:		
	c Both lines 16 and 17 are gains and		
	 Form 1040, line 39, is more than zero. 		1
9091CAS	Otherwise, stop here.		
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	18	
	o (\$3,000) or, if married filing separately, (\$1,500)	11111111	
	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		
	 Form 1040, line 37, is a loss. 		
De.	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	_//////	- 1
23	Combine lines 7 and 15. If zero or less, enter -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-B	-/////	
26	Add lines 24 and 25	_//////	1,836
27	Subtract line 26 from line 22. If zero or less, enter -0	27	
28	Subtract line 27 from line 19. If zero or less, enter -0-	28	213,180
29	Enter the smaller of:		
	The amount on line 19 or	29	43,850
	 \$25,250 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 	2000	
30	Enter the smaller of line 28 or line 29		
31	Subtract line 22 from line 19. If zero or less, enter -0		
32	Enter the larger of line 30 or line 31	-/////	
33	Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies	33	59,793
	Note. If the amounts on lines 29 and 30 are the same, skip lines 34 through 37 and go to line 38.		
34	Enter the amount from line 29		
35	Enter the amount from line 30		- 1
36	Subtract line 35 from line 34		
57	Multiply line 36 by 10% (.10)	37	
	Note. If the amounts on lines 19 and 29 are the same, skip lines 38 through 51 and go to line 52.		
38	Enter the smaller of line 19 or line 27	-/////	1
39	Enter the amount from line 36	-7////	
10	Subtract line 35 from time 30	- 111111	367
11	Multiply line 40 by 20% (.20)	41	307
	Note. If line 26 is zero or blank, skip lines 42 through 51 and go to line 52. Enter the smaller of line 22 or line 25		
3		- //////	
4			
	Enter the amount from line 19		
6	Subtract line 45 from line 42. If zero or less, enter -0	-/////	
7	Multiply line 46 by 25% (.25)	47	
	Note. If line 24 is zero or blank, skip lines 48 through 51 and go to line 52.	111111	
8	Enter the amount from line 19		- 1
9	Add ines 32, 36, 40, and 46		
0	Subtract line 49 from line 48		1
	Multiply line 50 by 28% (.28)	51	
2.	Add lines 33, 37, 41, 47, and 51,	52	60,160
3	igure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies	53	60,454
4	Tax on all taxable income (including capital gains). Enter the smaller of line 52 or line 53 here		2007.00
	and on Form 1040, line 40	54	60,160
270000		Schodula	D (Form 1040) 200

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.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name of employer

Barack H. Obama

> See separate instructions.

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 employe spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page 3 to answer this question.)							
	✓ Yes. Skip lines B and C and go to line 1.☐ No. Go to line B.						
В	Did you withhold Federal income tax during 2000 for any nousehold 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 hor (Do not count cash wages paid in 1999 or 2000 to your spouse, your child under age 21, or you	ır parei	d employees? nt.)				
	☐ No. Stop. Do not file this schedule. ☐ Yes. Skip lines 1-9 and go to line 10 on the back.						
E	Social Security, Medicare, and Income Taxes		- A - A N HIANDA				
	Total cash wages subject to social security taxes (see page 3)						
	Social security taxes. Multiply line 1 by 12.4% (.124)	2	1,984				
	Total cash wages subject to Medicare taxes (see page 3)		i				
	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	464				
	Federal income tax withheld, if any	5					
	Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	6	2,448				
	Advance earned income credit (EIC) payments, if any	7					
	Net taxes (subtract line 7 from line 6)	8	2,448				
	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 1999 or 2000 to hot (Do not count cash wages paid in 1999 or 2000 to your spouse, your child under age 21, or you						
	No. Stop. Enter the amount from line 8 above on Form 1040, line 56. If you are not required line 9 instructions on page 4.	to file	Form 1040, see				
	☑ Yes. Go to line 10 on the back.						

*****	mae H (Form 1040) 2000								Page 2
िटा	@[[] Federal L	Inemployment (F	UTA) Tax						Yes No
				102325012454				5	10 4
10	Did you pay unem	ployment contribution	ons to only	one stat	e'	c 00015 Fire			11 6
11	Did you pay all sta	ite unemployment of at are taxable for Fl	UTA tay of	5 101 2000	o by April 1	stata's unamp	lovment tov?	ee page 4	12 2
12	The same and the same and the same of the				18.7		loyment tax r		
Nex	I. Jou checked th	ne "Yes" box on all ne "No" box on any	of the lin	es above, co	skip Sect	ion A and com	nplete Section	В.	
				Sec	tion A				
13	Name of the state	where you paid une	employmer	nt contribu	utions > .	Illinois		100	
14	State reporting nur	mber as shown on s	state unem	ployment	tax return	▶			
75	Contributions paid	to your state unem	ployment i	fund (see	page 4) .	15	279	33413	
16		subject to FUTA tax				* * * * *		16	7,000
17	CITA tou Multiply	line 16 by .008. En	tor the roc	ult hara	tur. Saction	n B and no to	line 26	17	56
17	FUTA tax, Multiply	Tille 16 by .006. En	ter the res		tion B	1 5, 110 40 10	III 20	171	50
18	Complete all colur	mns below that appl	y (if you n			e page 4):			
(a)	(b)	675		(d)			ki see	(h)	(1)
dame	State reporting number as snown on state unemployment tax	(c) Taxable wages (as defined in state act)	State experience rate		(e) State experience	Multiply cal. (c) by .054	(g) Multiply cal. (c) by cal. (e)	Subtract col. (g) from col. (f), if zero or less,	Contributions paid to state unemployment
state	return	delined in state day	From	To	rate		ay 25.11 (a)	enter -0	fund
		d				h			-
19	Totals				TO BE HALL BU	21 12 21 12 2	19		
	*					1 1	Ī		
20	Add columns (h) a:	nd (i) of line 19 .		4 2 0		20			
2.1	lotal cash wages s	subject to FUTA tax	(see the li	ne 16 inst	ructions or	n page 4)	00 X 10 961	21	
	Advision fine 23 by	c 28/ 1062)						22	
22	Multiply line 21 by	0.2 6 (.002)						2530	
23	Multiply line 21 by	5.4% (.054)	21112 G 122	· 7: %		23			
		of line 20 or line 23.						24	
	F1178	24 (!! 21	D. Castan ale			t- U D5			
5 2/2/1		t tine 24 from tine 22 sehold Employm			sie and go	to me 2b		25	
rr-in	FILLI TOTAL TIOU	Senoid Employin	CHE TONG		***************************************				
6	Enter the amount fr	rom line 8	er og også	D 20 10	T 8 4	701 W W W W		26	2,448
7	Add line 17 (or line	25) and line 26.		* * 4				27	2,504
120	Are you required to								
1	[[[하는 그리스라고]	iter the amount from	n line 27 a	bove on F	orm 1040,	line 56. Do no	ot complete		
	Part IV b □ No. You may	have to complete F	Part IV. See	e page 4 l	for details.				
PETA		and Signature—C				uired. See th	ne line 28 ins	structions on	page 4.
dens		P.C. box if mall is not de						Apt., room, or	
	on ar post office, state,	art 719 rada							
	the their since, since,	11 3 21 2011							
ndar!	senates of penury. I do	clare that I have examine	c this sched	ule, instituting	a accompany	no statements, and	d to the best of m	y knowledge and	belief, it is true
0:10:1	and complete (in bart	or payment made to	à state unem	iployment fri	nd chamed as	a credit was, or s	s to be, deducted	from the paymen	ts to employees.
× =						_ \ \			
Err	ployer's signature					V	Date		

Form 6251

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

Your social security number Name(s) shown on Form 1040 Barack H. & Michelle L. Obama Partill Adjustments and Preferences If you itemized deductions on Schedule A (Form 1040), go to line 2. Otherwise, enter your standard 2 6,013 Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 21/2% of Form 1040, line 34 9.389 Taxes. Enter the amount from Schedule A (Form 1040), line 9 3 3 1,499 4 Certain interest on a home mortgage not used to buy, build, or improve your home , . . . 0 5 Miscellaneous itemized deductions. Enter the amount from Schedule A (Form 1040), line 26 5 157 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 B Post-1986 depreciation. Enter difference between regular tax and AMT depreciation. 8 Adjusted gain or loss. Enter difference between AMT and regular tax gain or loss. . . . 9 9 10 10 Incentive stock options. Enter excess of AMT income over regular tax income. . . . 11 Passive activities. Enter difference between AMT and regular tax income or loss. Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (Form 1041), line 9 . 13 Tax-exempt interest from private activity bonds issued after 8/7/86 13 Other. Enter the amount, if any, for each Item below and enter the total on line 14. a Circulation expenditures h Loss limitations b Depletion i Mining costs j Patron's adjustment . . . c Depreciation (pre-1987). . d Installment sales k Pollution control facilities e Intangible drilling costs , . I Research and experimental f Large partnerships . . . m Section 1202 exclusion . . n Tax shelter farm activities g Long-term contracts. . 14 o Related adjustments Total Adjustments and Preferences. Combine lines 1 through 14 15 16,744 [Email] Alternative Minimum Taxable Income 220.224 16 Enter the amount from Form 1040, line 37. If less than zero, enter as a (loss) 17 Net operating loss deduction, if any, from Form 1040, line 21. Enter as a positive amount . If Form 1040, line 34, is over \$128,950 (over \$64,475 if married filling separately), and you itemized 3.347 18 deductions, enter the amount, if any, from line 9 of the worksheet for Schedule A (Form 1040), line 28 19 233.621 19 Alternative tax net operating loss deduction. See page 6 of the instructions 20 Alternative Minimum Taxable Income, Subtract line 20 from line 19, (If married filing separately and line 233,621 21 is more than \$165,000, see page 7 of the instructions.) . Exemption Amount and Alternative Minimum Tax Exemption Amount. (If this form is for a child under age 14, see page 7 of the instructions.) THEN enter on AND line 21 is IF your filing status is . . . not over . . . line 22 . . . 24,095 22 Married filing jointly or qualifying widow(er) . . 150,000 . . 22.500 If line 21 is over the amount shown above for your filling status, see page 7 of the instructions. 209.526 23 Subtract line 22 from line 21. If zero or less, enter -0- here and on lines 26 and 28 and stop here 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 nad 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 55,020 24 25 Alternative minimum tax foreign tax credit. See page 7 of the instructions . 26 55,020 Enter your tax from Form 1040, line 40 (minus any tax from Form 4972 and any foreign tax credit from 60,160 27 Alternative Minimum Tax, Subtract line 27 from line 26. If zero or less, enter -0-. Enter here and on Form 0 1040, line 41

144.5	Line 24 Computation Using Maximum Capital Gains Rat		New York Control of the Control		
*****	Caution: If you did not complete Part IV of Schedule D (Form 1040), see page you complete this part.	Willia.	200 500		
29	Enter the amount from Form 6251, line 23			29	209,526
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	-	Ý
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
	Subtract line 34 from line 29. If zero or less, enter -0			35	207,690
35	If line 35 is \$175,000 or less (\$87,500 or less if married filling separately), mul	ticly line			
36	Otherwise, multiply line 35 by 28% (.28) and subtract \$3,500 (\$1,750 if married	l filing sep	carately) from the		
	result,			36	54,653
		î î	1		
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		
	regular tax). See page 8 of the instructions				
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	0		
41	Enter the amount from line 38	-41			
42	Subtract line 41 from line 40	42	1,836		16
43	Multiply line 42 by 20% (20)			43	367
	Note: If line 31 is zero or blank, skip lines 44 through 47 and go to line 48.				
	Enter the amount from line 29	1 44	1		
44	Enter the amount from the 25				
45	Add lines 35, 38, and 42	45		-	
16	Subtract line 45 from line 44	46			
47	Multiply line 46 by 25% (.25)			47	
	081				55,020
48	Add lines 36, 39, 43, and 47			48	33,020
19	If line 29 is \$175,000 or less (\$87,500 or less if married filing separately), mult Otherwise, multiply line 29 by 28% (.28) and subtract \$3,500 (\$1,750 if married				55,167
	result			49	23,101
50	Enter the smaller of line 48 or line 49 here and on line 24			50	55,020