

Form 1040

U.S. Individual Income Tax Return

2006

(99)

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

Label
(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

Presidential

Election Campaign

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning		2006, ending	20	OMB No. 1545-0047
Label	Your first name and initial	Last name	Your social security number	
	BARACK H.	OBAMA		
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number	
	MICHELLE L.	OBAMA		
	Home address (number and street). If you have a P.O. box, see page 16.		Apt. no.	You must enter Δ your SSN(s) above. Δ
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.		Checking a box below will not change your tax or refund.	
	CHICAGO, IL 60615			

Filing Status

Check only one box.

- 1 Single
2 ☒ Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above and full name here. Δ
4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. Δ
5 Qualifying widow(er) with dependent child (see page 17)

Exemptions

If more than four dependents, see page 19.

6a	<input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b	3
b	<input checked="" type="checkbox"/> Spouse	No. of children on 6c who:	
c	Dependents:	(4) If qualifying child for child tax credit (see page 19)	
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you
MALIA A. OBAMA			DAUGHTER
NATASHA M. OBAMA			DAUGHTER
d	Total number of exemptions claimed	Add numbers on lines above	4

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	430,700.
8a	Taxable interest. Attach Schedule B if required	8a	4,590.
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	1,188.
b	Qualified dividends (see page 23)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	506,618.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here Δ	13	-3,000.
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount (see page 27)	20b	
21	Other income. List type and amount (see page 29)		
	TREEHOUSE FOODS	51,200.	51,200.
22	Add the amounts in the far right column for lines 7 through 21. This is your total income Δ	22	991,296.

Adjusted Gross Income

23	Archer MSA deduction. Attach Form 8853	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	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	
31a	Alimony paid b Recipient's SSN Δ	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 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	7,470.
37	Subtract line 36 from line 22. This is your adjusted gross income Δ	37	983,826.

610001
03-18-07

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 80.

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Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	983,826.
Standard Deduction for: <input type="checkbox"/> People who checked any box on line 39a or 39b or who can be claimed as a dependent. <input type="checkbox"/> All others: Single or Married filing separately, 39, 150 Married filing jointly or Qualifying widow(er), 50, 300 Head of household, 37, 500	39a	Check <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
		or: <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39b		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here <input type="checkbox"/> 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	152,464.
	41	Subtract line 40 from line 38	41	831,362.
	42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	4,400.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	826,962.
	44	Tax. Check if any tax is from: a Form(s) 8814 b Form 4972	44	262,687.
	45	Alternative minimum tax. Attach Form 6251	45	
	46	Add lines 44 and 45	46	262,687.
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	1,200.
	49	Credit for the elderly or the disabled. Attach Schedule R	49	
	50	Education credits. Attach Form 8863	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
52	Residential energy credits. Attach Form 5695	52		
53	Child tax credit (see page 42). Attach Form 8901 if required	53		
54	Credits from: a Form 8396 b Form 8839 c Form 8859	54		
55	Other credits: a Form 3800 b Form 8801 c Form	55		
56	Add lines 47 through 55. These are your total credits	56	1,200.	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	261,487.	
Other Taxes	58	Self-employment tax. Attach Schedule SE	58	14,939.
	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
	61	Advance earned income credit payments from Form(s) W-2, box 9	61	
	62	Household employment taxes. Attach Schedule H	62	1,005.
	63	Add lines 57 through 62. This is your total tax	63	277,431.
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	103,604.
	65	2005 estimated tax payments and amount applied from 2005 return	65	215,000.
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election <input type="checkbox"/> 66b		
	67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67	
	68	Additional child tax credit. Attach Form 8812	68	
	69	Amount paid with request for extension to file (see page 60)	69	
	70	Payments from: a Form 2439 b Form 4136 c Form 8885	70	
71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	60.	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	318,664.	
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	40,856.
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
	b	Routing number <input type="checkbox"/> C Type. Checking Savings <input type="checkbox"/> Account number <input type="checkbox"/>		
	75	Amount of line 73 you want applied to your 2007 estimated tax	75	40,856.
Amount You Owe	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76	
	77	Estimated tax penalty (see page 62)	77	377.
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see page 63)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Sign Here Joint return? See page 17. Keep a copy for your records.	Your signature PREPARER	Date	Your occupation US SENATOR	Daytime phone number
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOSPITAL ADMINISTRATOR	
Paid Preparer's Use Only	Preparer's signature WINEBERG SOLHEIM HOWELL & SHAIN P.C.	Date	Check if self-employed	Preparer's SSN or PTIN EIN
	Firm's name (or yours if self-employed), address, and ZIP code 180 N. LASALLE ST., SUITE 2200 CHICAGO, IL 60601	Phone		

Child Tax Credit Worksheet (keep for your records)

Name(s): First BARACK H. & MICHELLE L.	Last OBAMA	Your SSN
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Part 1

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

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

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

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

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

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

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

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

Part 2

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

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

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

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

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

Form **2210**Department of the Treasury
Internal Revenue Service**Underpayment of
Estimated Tax by Individuals, Estates, and Trusts**

▶ See separate instructions.

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

OMB No. 1545-0140

2006Attachment
Sequence No. **06**

Name(s) shown on tax return

Identifying number

BARACK H. & MICHELLE L. OBAMA**Do You Have To File Form 2210?**

Complete lines 1 through 7 below. Is line 7 less than \$1,000?	Yes	Do not file Form 2210. You do not owe a penalty.
No		
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You do not owe a penalty. Do not file Form 2210 (but if box E below applies, you must file page 1 of Form 2210).
No		
You may owe a penalty. Does any box in Part II below apply?	Yes	You must file Form 2210. Does box B, C, or D apply?
No		
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.		
		No
		Yes
		You must figure your penalty.
		You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.

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

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

Next: Is line 9 more than line 6?

No. You do not owe a penalty. Do not file Form 2210 unless box E below applies.

☒ Yes. You may owe a penalty, but do not file Form 2210 unless one or more boxes in Part II below applies.☐ If box B, C, or D applies, you must figure your penalty and file Form 2210.☐ If only box A or E (or both) applies, file only page 1 of Form 2210. You are not required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or Part IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210.**Part II Reasons for Filing.** Check applicable boxes. If none apply, do not file Form 2210.

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

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

Form 2210 (2006)

Part IV Regular Method (See page 3 of the instructions if you are filing Form 1040NR or 1040NR-EZ.)**Section A - Figure Your Underpayment**

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

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

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

Form 2210 (2006)

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

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

(a)
1/1/06 - 3/31/06(b)
1/1/06 - 5/31/06(c)
1/1/06 - 8/31/06(d)
1/1/06 - 12/31/06**Part I Annualized Income Installments**

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

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

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

BARACK H. & MICHELLE L. OBAMA

Form 2210 (2006)

Page 4

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

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

	(a) 1/1/06 - 3/31/06	(b) 1/1/06 - 5/31/06	(c) 1/1/06 - 8/31/06	(d) 1/1/06 - 12/31/06
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Part I Annualized Income Installments

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

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

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

612551 / 01-30-07

Form 2210 (2006)

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

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

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

512511
05-01-05

15490403 131470 40C01F

7
2006.05040 OBAMA, BARACK H.

40C01F 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)

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

OMB No. 1545-0074

2006
Attachment
Sequence No. 07

Your social security number

BARACK H. & MICHELLE L. OBAMA

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see page A-1)	1	
2	Enter amount from Form 1040, line 38	2	
3	Multiply line 2 by 7.5% (.075)	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5 State and local income taxes SEE STATEMENT 3	5	32,194.
(See page A-3.)	6 Real estate taxes (see page A-3)	6	16,181.
	7 Personal property taxes	7	
	8 Other taxes. List type and amount	8	
	9 Add lines 5 through 8	9	48,375.
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	60,449.
(See page A-3.)	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address	11	
	12 Points not reported to you on Form 1098	12	
	13 Investment interest. Attach Form 4952 if required. (See page A-4.)	13	
	14 Add lines 10 through 13	14	60,449.
Gifts to Charity	15 Gifts by cash or check. SEE STATEMENT 4	15	60,307.
If you made a gift and got a benefit for it, see page A-4.	16 Other than by cash or check. If any gift of \$250 or more, see page A-5. You must attach Form 8283 if over \$500	16	
	17 Carryover from prior year	17	
	18 Add lines 15 through 17	18	60,307.
Casualty and Theft Losses	19 Casualty or theft loss(es). Attach Form 4684. (See page A-6.)	19	
Job Expenses and Certain Miscellaneous Deductions	20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-6.)	20	
(See page A-6.)	21 Tax preparation fees	21	
	22 Other expenses - investment, safe deposit box, etc. List type and amount	22	
	23 Add lines 20 through 22	23	
	24 Enter amount from Form 1040, line 38	24	
	25 Multiply line 24 by 2% (.02)	25	
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	
Other Miscellaneous Deductions	27 Other - from list on page A-7. List type and amount	27	
Total Itemized Deductions	28 Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)? No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40. X Yes. Your deduction may be limited. See page A-7 for the amount to enter. 29 If you elect to itemize deductions even though they are less than your standard deduction, check here	28	152,464.

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

Schedule A (Form 1040) 2006

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

Your social security number

BARACK H. & MICHELLE L. OBAMA

Schedule B - Interest and Ordinary Dividends

Attachment
Sequence No. 08Part 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 ▶

JP MORGAN CHASE

NORTHERN TRUST BANK

UBS

UBS - FREEDOM TRUST

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Amount

2,926.

1,401.

179.

84.

1

- 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.

3

Attach Form 8815

- 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.

Part II
Ordinary
Dividends

- 5 List name of payer ▶

NORTHERN TRUST SECURITIES

Amount

1,188.

5

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

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

6

1,188.

Note: If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign
Accounts
and
Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

- 7a At any time during 2006, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

X

- b If "Yes," enter the name of the foreign country ▶

- 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

X

832501
11-10-06

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

Schedule B (Form 1040) 2006

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

Attach to Form 1040, 1040NR, or 1041.

See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2006

Attachment
Sequence No. 09

Name of proprietor

Social security number (SSN)

BARACK H. OBAMA

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

AUTHOR

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

711510

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

BARACK H. OBAMA

D Employer ID number (EIN), if any

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code

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

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

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

Part I Income

1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here

1

2 Returns and allowances

2

3 Subtract line 2 from line 1

3

4 Cost of goods sold (from line 42 on page 2)

4

5 Gross profit. Subtract line 4 from line 3

5

6 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-3)

SEE STATEMENT 6

6

551,240.

7 Gross income. Add lines 5 and 6

7

551,240.

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

8 Advertising

8

9 Car and truck expenses

9

(see page C-4)

10 Commissions and fees

10

34,852.

11 Contract labor

11

(see page C-4)

12 Depletion

12

13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)

13

14 Employee benefit programs (other than on line 19)

14

15 Insurance (other than health)

15

16 Interest:

a Mortgage (paid to banks, etc.)

16a

b Other

16b

17 Legal and professional services

17

9,770.

18 Office expense

18

19 Pension and profit-sharing plans

19

20 Rent or lease (see page C-5):

a Vehicles, machinery, and equipment

20a

b Other business property

20b

21 Repairs and maintenance

21

22 Supplies (not included in Part III)

22

23 Taxes and licenses

23

24 Travel, meals, and entertainment:

a Travel

24a

b Deductible meals and entertainment (see page C-6)

24b

25 Utilities

25

26 Wages (less employment credits)

26

27 Other expenses (from line 48 on page 2)

27

28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns

28

44,622.

29 Tentative profit (loss). Subtract line 28 from line 7

29

506,618.

30 Expenses for business use of your home. Attach Form 8829

30

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

o If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR, line 13

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

o If a loss, you must go to line 32.

31

506,618.

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

o If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR,

line 13 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.

o If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a

All investment is at risk.

32b

Some investment is not at risk.

LHA 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

2006

Attachment
Sequence No. 12

Department of the Treasury
Internal Revenue Service (60)

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

Name(s) shown on return

Your social security number

BARACK H. & MICHELLE L. OBAMA

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1					

2	Enter your short-term totals, if any, from Schedule D-1, line 2	2		
3	Total short-term sales price amounts. Add lines 1 and 2 in column (d)	3		
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4		
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5		
6	Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet in the instructions	6	(10,136)	
7	Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)	7	-10,136.	

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8 NUVEEN FLOATING RATE PFD SHS	02/28/05	04/11/06	100,000.	100,000.	

9	Enter your long-term totals, if any, from Schedule D-1, line 9	9		
10	Total long-term sales price amounts. Add lines 8 and 9 in column (d)	10	100,000.	
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11		
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12		
13	Capital gain distributions	13		
14	Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet in the instructions	14	()	
15	Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2	15		

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

Schedule D (Form 1040) 2006

520817 12-11-06

Part III Summary

16 Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 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 a (\$0.00) or if married filing separately, (\$1,500)	21	(3,000.)

SEE STATEMENT 7

Form 1040 U.S. Individual Income Tax Return 2005		OMB No. 1545-0047	
For the year Jan. 1-Dec. 31, 2005, or other tax year beginning		2005, ending	
Label (See instructions on page 16.)	Your first name and initial	Last name	Your social security number
Use the IRS label. Otherwise, please print or type.	BARACK H.	OBAMA	
Presidential Election Campaign	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	MITCHELLE L.	OBAMA	
	Home address (number and street). If you have a P.O. box, see page 16.	Apt. no.	You must enter your SSN(s) above.
	City, town, or post office, state, and ZIP code. If you have a foreign address, see page 16.		Checking a box below will not change your tax or refund.
	CHICAGO, IL 60615		
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ... <input type="checkbox"/> You <input type="checkbox"/> Spouse			
Filing Status	1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here.	
Check only one box.	2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)	
Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b	
	b <input checked="" type="checkbox"/> Spouse	2	
	c Dependents:	No. of children on 6c who lived with you and did not live with you due to divorce or separation (see page 20)	
	(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If qualifying child for child tax credit (see page 19)	2	
	MALIA A. OBAMA	DAUGHTER	
	NATASHA M. OBAMA	DAUGHTER	
If more than four dependents, see page 19.	d Total number of exemptions claimed	4	
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	471,009.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	8a Taxable interest. Attach Schedule B if required	8a	13,385.
	b Tax-exempt interest. Do not include on line 8a	8b	
	9a Ordinary dividends. Attach Schedule B if required	9a	2,754.
	b Qualified dividends (see page 28)	9b	2,754.
	10 Taxable refunds, credits, or offsets of state and local income taxes	10	352.
	11 Alimony received	11	
	12 Business income or (loss). Attach Schedule C or C-EZ	12	1,141,495.
If you did not get a W-2, see page 22.	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here	13	-3,000.
	14 Other gains or (losses). Attach Form 4797	14	
Enclose, but do not attach, any payment. Also, please use Form 1040-V.	15a IRA distributions	15a	
	b Taxable amount (see page 25)	15b	
	16a Pensions and annuities	16a	
	b Taxable amount (see page 25)	16b	
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18 Farm income or (loss). Attach Schedule F	18	
	19 Unemployment compensation	19	
	20a Social security benefits	20a	
	b Taxable amount (see page 27)	20b	
	21 Other income. List type and amount (see page 29)	21	45,000.
	SEE STATEMENT 1		
	22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	1,670,995.
Adjusted Gross Income	23 Educator expenses (see page 29)	23	
	24 Certain business expenses of reservists, performing artists, and fee-based government officials. Attach Form 2105 or 2105-EZ	24	
	25 Health savings account deduction. Attach Form 8889	25	
	26 Moving expenses. Attach Form 3903	26	
	27 One-half of self-employment tax. Attach Schedule SE	27	15,889.
	28 Self-employed SEP, SIMPLE, and qualified plans	28	
	29 Self-employed health insurance deduction (see page 30)	29	
	30 Penalty on early withdrawal of savings	30	
	31a Alimony paid b Recipient's SSN	31a	
	32 IRA deduction (see page 31)	32	
	33 Student loan interest deduction (see page 33)	33	
	34 Tuition and fees deduction (see page 34)	34	
	35 Domestic production activities deduction. Attach Form 8803	35	
	36 Add lines 23 through 31a and 32 through 35	36	15,889.
	37 Subtract line 36 from line 22. This is your adjusted gross income	37	1,655,106.

510001
11-05-05

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

Form 1040 (2005)

Form 1040 (2005) **BARACK H. & MICHELLE L. OBAMA** Page 2

Tax and Credits

30 Amount from line 37 (adjusted gross income) 30 1,655,106.

39a Check ☐ You were born before January 2, 1941, ☐ Blind. ☐ Spouse was born before January 2, 1941, ☐ Blind. Total boxes checked ... 39a

b If your spouse itemizes on a separate return or you were a dual-status alien, see page 26 and check here ... 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 112,408.

41 Subtract line 40 from line 30 41 1,542,698.

42 If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d 42 0.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 1,542,698.

44 Tax. Check if any tax is from: a ☐ Form(s) 9814 b ☐ Form 4972 44 513,456.

45 Alternative minimum tax. Attach Form 6251 45

46 Add lines 44 and 45 46 513,456.

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48 1,200.

49 Credit for the elderly or the disabled. Attach Schedule R 49

50 Education credits. Attach Form 8863 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit (see page 41). Attach Form 8801 if required 52

53 Adoption credit. Attach Form 8839 53

54 Credits from: a ☐ Form 8396 b ☐ Form 8869 54

55 Other credits. Check applicable box(es): a ☐ Form 3900 b ☐ Form 8801 c ☐ Form 55 55

56 Add lines 47 through 55. These are your total credits 56 1,200.

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- 57 512,256.

Other Taxes

58 Self-employment tax. Attach Schedule SE 58 31,776.

59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 59

60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 60

61 Advance earned income credit payments from Form(s) W-2 61

62 Household employment taxes. Attach Schedule H 62 1,582.

63 Add lines 57 through 62. This is your total tax 63 545,614.

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64 114,747.

65 2005 estimated tax payments and amount applied from 2004 return 65

66a Earned income credit (EIC) 66a

b Nontaxable combat pay election 66b

67 Excess social security and tier 1 RRTA tax withheld (see page 59) 67

68 Additional child tax credit. Attach Form 8812 68

69 Amount paid with request for extension to file (see page 59) 69

70 Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885 70

71 Add lines 64, 65, 66a, and 67 through 70. These are your total payments 71 114,747.

Refund

72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid 72

73a Amount of line 72 you want refunded to you 73a

b Refund number 73b

74 Amount of line 72 you want applied to your 2006 estimated tax 74

75 Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60 75 430,867.

76 Estimated tax penalty (see page 60) 76

Third Party Designee

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

Designee's name: **PREPARER** Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature: **US SENATOR** Date: **HOSPITAL ADMINISTRATOR** Daytime phone number:

Spouse's signature, if a joint return. Both must sign. Date:

Preparer's

Preparer's signature: **WINEBERG SOLHEIM HOWELL & SHAIN P.C.** Date: **180 N. LASALLE ST., SUITE 2200** Check if self-employed: ☐ Preparer's SSN or PTIN: **CHICAGO, IL 60601** Phone no.:

Use Only

Firm's name (or yours if self-employed), address, and ZIP code: **WINEBERG SOLHEIM HOWELL & SHAIN P.C.** **180 N. LASALLE ST., SUITE 2200** **CHICAGO, IL 60601** Phone no.:

510002 11-05-05

Child Tax Credit Worksheet (keep for your records)

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

Part I

- Number of qualifying children: 2 X \$1,000. Enter the result. 1 2,000.
- Enter the amount from Form 1040, line 38, or Form 1040A, line 22. 2 1,655,106.
- 1040 filers: Enter the total of any-
 - Exclusion of income from Puerto Rico, and
 - Amounts from Form 2555, lines 43 and 48; Form 2555-EZ, line 18; and Form 4563, line 15.
 1040A filers: Enter -0-. 3 0.
- Add lines 2 and 3. Enter the total. 4 1,655,106.
- Enter the amount shown below for your filing status,
 - Married filing jointly - \$110,000
 - Single, head of household, or qualifying widow(er) - \$75,000
 - Married filing separately - \$55,0005 110,000.
- Is the amount on line 4 more than the amount on line 5?
 - ☐ No. Leave line 6 blank. Enter -0- on line 7.
 - ☒ Yes. Subtract line 5 from line 4. 6 1,546,000.
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).
- 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 7?
 - ☒ No. **STOP**
You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 33.
 - ☐ Yes. Subtract line 7 from line 1. Enter the result. 8 1,546,000.

Part II

- Enter the amount from Form 1040, line 46, or Form 1040A, line 28. 9 1,546,000.
- 1040 filers: Enter the total of the amounts from lines 47 through 51. 10 1,546,000.
1040A filers: Enter the total of the amounts from lines 28 through 32. 10 1,546,000.
- Are you claiming any of the following credits?
 - Adoption credit, Form 8839
 - Mortgage interest credit, Form 8396
 - District of Columbia first-time homebuyer credit, Form 8959☐ No. Enter the amount from line 10. 11 1,546,000.
☐ Yes. Complete the Line 11 Worksheet to figure the amount to enter here. 11 1,546,000.
- Subtract line 11 from line 9. Enter the result. 12 1,546,000.
- Is the amount on line 8 of this worksheet more than the amount on line 12?
 - ☐ No. Enter the amount from line 8. 13 1,546,000.
 - ☐ Yes. Enter the amount from line 12. 13 1,546,000. This is your child tax credit.

SCHEDULES A&B
(Form 1040)Department of the Treasury
Internal Revenue Service
Instructions shown on Form 1040Schedule A - Itemized Deductions
(Schedule B is on page 2)

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

OMB No. 1545-0074

2005
Attachment
Sequence No. 07

Your social security number

BARACK H. & MICHELLE L. OBAMA

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-2)	1			
2	Enter amount from Form 1040, line 38	2			
3	Multiply line 2 by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		State and local (check only one box):			
(See page A-2.)		a <input checked="" type="checkbox"/> Income taxes, or			
		b <input type="checkbox"/> General sales taxes (see page A-3)		SEE STATEMENT 7	
5		5	47,950.		
6	Real estate taxes (see page A-5)	6			
7	Personal property taxes	7			
8	Other taxes. List type and amount	8			
9	Add lines 5 through 8	9	47,950.		
Interest You Paid		Home mortgage interest and points reported to you on Form 1098		10 32,418.	
(See page A-5.)		Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address		11	
Note. Personal interest is not deductible.		Points not reported to you on Form 1098		12	
		Investment interest. Attach Form 4952 if required. (See page A-6.)		13	
		Add lines 10 through 13		14 32,418.	
Gifts to Charity		15a Total gifts by cash or check. SEE STATEMENT 8		15a 77,315.	
If you made a gift and got a benefit for it, see page A-7.		b Gifts by cash or check after August 27, 2005, that you elect to treat as qualified contributions		15b	
		Other than by cash or check. If any gift of \$250 or more, see page A-7. You must attach Form 8283 if over \$500		16	
		Carryover from prior year		17	
		Add lines 15a, 16, and 17		18 77,315.	
Casualty and Theft Losses		19 Casualty or theft loss(es). Attach Form 4684. (See page A-6.)		19	
Job Expenses and Certain Miscellaneous Deductions		20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-6.)		20	
(See page A-6.)		Tax preparation fees		21 618.	
		Other expenses - investment, safe deposit box, etc. List type and amount		22	
		ESTATE PLANNING FEES 2,500.		22 2,500.	
		Add lines 20 through 22		23 3,118.	
		Enter amount from Form 1040, line 38		24 1,655,106.	
		Multiply line 24 by 2% (.02)		25 33,102.	
		Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-		26 0.	
Other Miscellaneous Deductions		27 Other - from list on page A-9. List type and amount		27	
Total Itemized Deductions		28 Is Form 1040, line 38, over \$145,950 (over \$72,975 if married filing separately)?		28	
		No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40.		STMT 9 112,408.	
		Yes. Your deduction may be limited. See page A-9 for the amount to enter.			
		If you elect to itemize deductions even though they are less than your standard deduction, check here			

519501 11-27-05 LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2005

5.4

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2005.05030 OBAMA, BARACK H.

40C01F_1

09/21/2006 9:45AM

SCHEDULE C
(Form 1040)Department of the Treasury
Internal Revenue Service (IRS)**Profit or Loss From Business**

(Sole Proprietorship)

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

See Instructions for Schedule C (Form 1040).

OMB No. 1545-0047

2005Attachment
Sequence No. 09

Name of proprietor

Social security number (SSN)

BARACK H. OBAMA

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

AUTHOR

B Enter code from pages C-6, 8, & 10

711510

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

BARACK H. OBAMA

D Employer ID number (EIN), if any

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code

F Accounting method. (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)

G Did you "materially participate" in the operation of this business during 2005? If "No," see page C-3 for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2005, check here

Part III Income

1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here

2 Returns and allowances

3 Subtract line 2 from line 1

4 Cost of goods sold (from line 42 on page 2)

5 Gross profit. Subtract line 4 from line 3

6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3) SEE STATEMENT 10

7 Gross income. Add lines 5 and 6

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

8 Advertising

9 Car and truck expenses
(see page C-3)

10 Commissions and fees

11 Contract labor
(see page C-4)

12 Depletion

13 Depreciation and section 179
expense deduction (not included in
Part III) (see page C-4)14 Employee benefit programs (other
than on line 19)

15 Insurance (other than health)

16 Interest

a Mortgage (paid to banks, etc.)

b Other

17 Legal and professional
services

18 Office expense

19 Pension and profit-sharing plans

20 Rent or lease (see page C-6):

a Vehicles, machinery, and equipment

b Other business property

21 Repairs and maintenance

22 Supplies (not included in Part III)

23 Taxes and licenses

24 Travel, meals, and entertainment:

a Travel

b Deductible meals and
entertainment (see page C-6)

25 Utilities

26 Wages (less employment credits)

27 Other expenses (from line 48 on
page 2)

28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns

29 Tentative profit (loss). Subtract line 28 from line 7

30 Expenses for business use of your home. Attach Form 8829

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

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

Estates and trusts, enter on Form 1041, line 3.

o If a loss, you must go to line 32.

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

o If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees,
see page C-6). Estates and trusts, enter on Form 1041, line 3.

o If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a ☐ All investment
is at risk.32b ☐ Some investment
is at risk.

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

Schedule C (Form 1040) 2005

FORM 1040 01-11-05

5.6

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2005.05030 OBAMA, BARACK H.

40C01F_1

09/21/2006 9:45AM

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (53)
Name(s) shown on Form 1040**Capital Gains and Losses**

▶ Attach to Form 1040.

▶ See instructions for Schedule D (Form 1040).

OMB No. 1545-0071

2005Attachment
Sequence No. 12

Your social security number

BARACK H. & MICHELLE L. OBAMA**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
13400 SHS AVI BIOPHARMA INC	02/22/05	10/28/05	10,915.	8,843.	2,072.
2500 SHS SKYTERRA COMM, INC	02/10/05	11/01/05	75,922.	91,130.	-15,208.

2	Enter your short-term totals, if any, from Schedule D-1, line 2	2		
3	Total short-term sales price amounts. Add lines 1 and 2 in column (d)	3	86,837.	
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4		
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5		
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions	6	()	
7	Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)	7		-13,136.

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8					

9	Enter your long-term totals, if any, from Schedule D-1, line 9	9		
10	Total long-term sales price amounts. Add lines 8 and 9 in column (d)	10		
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11		
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12		
13	Capital gain distributions	13		
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions	14	()	
15	Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2	15		

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

Schedule D (Form 1040) 2005

Schedule D (Form 1040) 2005 **BARACK H. & MICHELLE L. OBAMA**Page **2****Part III Summary**

16	Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 15, and then go to line 17 below	16	-13,136.
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-7 of the instructions	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-8 of the instructions	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040. Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 43, and then complete the Schedule D Tax Worksheet on page D-8 of the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of: <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) 	21	(3,000.)
Note. When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, line 9b? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040. <input type="checkbox"/> No. Complete the rest of Form 1040.		

Schedule D (Form 1040) 2005

Qualified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

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

Schedule SE (Form 1040) 2005

Attachment Sequence No. 17

Page 2

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

Social security number of
person with self-employment
income

BARACK H. OBAMA

Section B - Long Schedule SE

Part I Self-Employment Tax

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

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

1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip this line if you use the farm optional method (see page SE-4)

2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 9; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-4) **SEE STATEMENT 12**

3 Combine lines 1 and 2

4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

c Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue

5a Enter your church employee income from Form W-2. See page SE-1 for definition of church employee income

b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-

6 Net earnings from self-employment. Add lines 4c and 5b

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2005

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$90,000 or more, skip lines 8b through 10, and go to line 11

b Unreported tips subject to social security tax (from Form 4137, line 9)

c Add lines 8a and 8b

9 Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11

10 Multiply the smaller of line 6 or line 9 by 12.4% (.124)

11 Multiply line 6 by 2.9% (.029)

12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 58

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 27

1	
2	1,141,495.
3	1,141,495.
4a	1,054,171.
4b	
4c	1,054,171.
5a	
5b	
6	1,054,171.
7	90,000.00
8a	90,000.
8b	
8c	
9	
10	
11	30,571.
12	30,571.
13	15,286.

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

Farm Optional Method. You may use this method only if (a) your gross farm income¹ was not more than \$2,400 or (b) your net farm profits² were less than \$1,733.

14 Maximum income for optional methods

15 Enter the smaller of: two-thirds (2/3) of gross farm income¹ (not less than zero) or \$1,600. Also include this amount on line 4b above

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$1,733 and also less than 72.185% of your gross nonfarm income⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.

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

16 Subtract line 15 from line 14

17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above

14	1,600.00
15	
16	
17	

¹ From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.² From Sch. F, line 35, and Sch. K-1 (Form 1065), box 14, code A.³ From Sch. C, line 31; Sch. C-EZ, line 9; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9.⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9.524532
11-10-05

Schedule SE (Form 1040) 2005

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5.10

BARACK H.
09/21/2006 9:45AM

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Schedule SE (Form 1040) 2005

Attachment Sequence No. 17

Page 2

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

Social security number of
person with self-employment
income

MICHELLE L. OBAMA

Section B - Long Schedule SE

Part I Self-Employment Tax

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

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

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip this line if you use the farm optional method (see page SE-4)	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-4)	2	45,000.
3	Combine lines 1 and 2	3	45,000.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	41,558.
4b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
4c	Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue	4c	41,558.
5a	Enter your church employee income from Form W-2. See page SE-1 for definition of church employee income	5a	
5b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	
6	Net earnings from self-employment. Add lines 4c and 5b	6	41,558.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2005	7	90,000.00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$90,000 or more, skip lines 8b through 10, and go to line 11	8a	90,000.
8b	Unreported tips subject to social security tax (from Form 4137, line 9)	8b	
8c	Add lines 8a and 8b	8c	
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	
11	Multiply line 6 by 2.9% (.029)	11	1,205.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 58	12	1,205.
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 27	13	603.

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

Farm Optional Method. You may use this method only if (a) your gross farm income¹ was not more than \$2,400 or (b) your net farm profits² were less than \$1,733.

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

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$1,733 and also less than 72.189% of your gross nonfarm income⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.

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

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

¹ From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.² From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A.³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9.⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9.

Form **2441**
Department of the Treasury
Internal Revenue Service (20)

Child and Dependent Care Expenses

▶ Attach to Form 1040.
▶ See separate instructions.

OMB No. 1545-0074

2005
Attachment
Sequence No. 21

Name(s) shown on Form 1040

Your social security number

BARACK H. & MICHELLE L. OBAMA

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

◦ Dependent Care Benefits

◦ Qualifying Person(s)

◦ Qualified Expenses

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

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

Did you receive
dependent care benefits?

No

Yes

▶ Complete only Part II below.

▶ Complete Part III on page 2 next.

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

Part II. Credit for Child and Dependent Care Expenses

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

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Unpaid expenses you incurred and paid in 2005 for the person listed in column (a)
First	Last		
MALIA A.	OBAMA		4,920.
NATASHA M.	OBAMA		4,920.

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 32

4 Enter your earned income. See instructions

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

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

7 Enter the amount from Form 1040, line 38

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

If line 7 is:

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

If line 7 is:

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

9 Multiply line 6 by the decimal amount on line 8. If you paid 2004 expenses in 2005, see the instructions

10 Enter the amount from Form 1040, line 46, minus any amount on Form 1040, line 47

11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 46

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2441 (2005)

SCHEDULE H
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Household Employment Taxes**

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

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

▶ See separate instructions.

OMB No. 1545-1971

2005Attachment
Sequence No. 44

Name of employer

Social security number

Employer identification number

BARACK H. & MICHELLE L. OBAMA

- A** Did you pay any one household employee cash wages of \$1,400 or more in 2005? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-3 before you answer this question.)

☒ **Yes.** Skip lines B and C and go to line 1.
☐ **No.** Go to line B.

- B** Did you withhold federal income tax during 2005 for any household employee?

☐ **Yes.** Skip line C and go to line 5.
☐ **No.** Go to line C.

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

☐ **No.** Stop. Do not file this schedule.
☐ **Yes.** Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2005 do not have to complete this form for 2005.)

Part Social Security, Medicare, and Income Taxes

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

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

☐ **No.** Stop. Enter the amount from line 8 above on Form 1040, line 62. If you are not required to file Form 1040, see the line 9 instructions on page H-4.
☒ **Yes.** Go to line 10 on page 2.

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Schedule H (Form 1040) 2005

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11-29-05

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Form 2441 (2005) **BARACK H. & MICHELLE L. OBAMA**

Page 2

Part III Dependent Care Benefits

12 Enter the total amount of dependent care benefits you received in 2005. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership.	12	
13 Enter the amount forfeited or carried forward to 2006, if any (see the instructions).	13	
14 Subtract line 13 from line 12.	14	
15 Enter the total amount of qualified expenses incurred in 2005 for the care of the qualifying person(s).	15	
16 Enter the smaller of line 14 or 15.	16	
17 Enter your earned income. See instructions.	17	
18 Enter the amount shown below that applies to you. <input type="checkbox"/> If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). <input type="checkbox"/> If married filing separately, see the instructions for the amount to enter. <input type="checkbox"/> All others, enter the amount from line 17.	18	
19 Enter the smallest of line 16, 17, or 18.	19	
20 Enter the amount from line 12 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0-.	20	
21 Subtract line 20 from line 14.	21	
22 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 18).	22	
23 Deductible benefits. Enter the smallest of line 19, 20, or 22. Also, include this amount on the appropriate line(s) of your return (see the instructions).	23	
24 Enter the smaller of line 19 or 22.	24	
25 Enter the amount from line 23.	25	
26 Excluded benefits. Subtract line 25 from line 24. If zero or less, enter -0-.	26	
27 Taxable benefits. Subtract line 26 from line 21. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7. On the dotted line next to line 7, enter "DCB".	27	

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

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

Form 2441 (2005)

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Schedule H (Form 1040) 2005 **BARACK H. & MICHELLE L. OBAMA**Page **2****Part III Federal Unemployment (FUTA) Tax**

- 10 Did you pay unemployment contributions to only one state? (If you paid contributions to New York State, check "No.")

10	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- 11 Did you pay all state unemployment contributions for 2005 by April 17, 2006? Fiscal year filers, see page H-4

11	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- 12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

12	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Next: If you checked the "Yes" box on all the lines above, complete Section A.
If you checked the "No" box on any of the lines above, skip Section A and complete Section B.

Section A

- 13 Name of the state where you paid unemployment contributions IL
- 14 State reporting number as shown on state unemployment tax return 4239859
- 15 Contributions paid to your state unemployment fund (see page H-4) 15 118
- 16 Total cash wages subject to FUTA tax (see page H-4) 16 9,640
- 17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26 17 77

Section B

18 Complete all columns below that apply (if you need more space, see page H-5):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-	(i) Contributions paid to state unemployment fund
			From	To					

- 19 Totals 19
- 20 Add columns (h) and (i) of line 19 20
- 21 Total cash wages subject to FUTA tax (see the line 16 instructions on page H-4) 21
- 22 Multiply line 21 by 6.2% (.062) 22
- 23 Multiply line 21 by 5.4% (.054) 23
- 24 Enter the smaller of line 20 or line 23 24
(New York State employers must use the worksheet in the separate instructions and check here) ☐
- 25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26 25

Part III Total Household Employment Taxes

- 26 Enter the amount from line B 26 1,505
- 27 Add line 17 (or line 25) and line 26 27 1,582
- 28 Are you required to file Form 1040?
☒ Yes. Stop. Enter the amount from line 27 above on Form 1040, line 62. Do not complete Part IV below.
☐ No. You may have to complete Part IV. See page H-5 for details.

Part IV Address and Signature - Complete this part only if required. See the line 28 instructions on page H-5.

Address (number and street) or P.O. box if mail is not delivered to street address

Apt., room, or suite no.

City, town or post office, state, and ZIP code

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Employer's signature

Date

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11-29-05

Schedule H (Form 1040) 2005

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BARACK H. & MICHELLE L. OBAMA

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

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

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BARACK H. & MICHELLE L. OBAMA

FORM 1040	PERSONAL EXEMPTION WORKSHEET	STATEMENT 3
1. IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS?		
NO. STOP. MULTIPLY \$3,200 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42.		
YES. GO TO LINE 2.		
2. MULTIPLY \$3,200 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D		12,800.
3. ENTER THE AMOUNT FROM FORM 1040, LINE 38	1,655,106.	
4. ENTER THE AMOUNT FOR YOUR FILING STATUS	218,950.	
MARRIED FILING SEPARATE	\$109,475	
SINGLE	\$145,950	
HEAD OF HOUSEHOLD	\$182,450	
MARRIED FILING JOINT OR WIDOW(ER)	\$218,950	
5. SUBTRACT LINE 4 FROM LINE 3	1,436,156.	
IF LINE 5 IS MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATE) ENTER ZERO ON FORM 1040, LINE 42.		
6. DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MFS)		
7. MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL		
8. MULTIPLY LINE 2 BY LINE 7		
9. SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE 42.		0.

BARACK H. & MICHELLE L. OBAMA

FORM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	4
	2004	2003	2002
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	352.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT SALES TAX BENEFIT REDUCTION			
1 NET REFUNDS FOR RECALCULATION	352.		
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	26,976.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1	352.		
5 LINE 2 MINUS LINES 3 AND 4	26,624.		
6 MULTIPLY LINE 5 BY 80% (.80)	21,299.		
7 PRIOR YEAR AGI	207,647.		
8 ITEM. DED. PHASEOUT THRESHOLD	142,700.		
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	64,947.		
10 MULTIPLY LINE 9 BY 3% (.03)	1,948.		
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	24,676.		
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS	24,676.		
13B PRIOR YR. STD. DED. AVAILABLE	9,700.		
14 PRIOR YR. ALLOWABLE ITEM. DED.	25,028.		
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	352.		
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	352.		
17 ALLOWABLE PRIOR YR. ITEM. DED.	25,028.		
18 PRIOR YEAR STD. DED. AVAILABLE	9,700.		
19 SUBTRACT LINE 18 FROM LINE 17	15,328.		
20 LESSER OF LINE 16 OR LINE 19	352.		
21 PRIOR YEAR TAXABLE INCOME	170,219.		
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21			352.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2002			
TOTAL TO FORM 1040, LINE 10			352.

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BARACK H. & MICHELLE L. OBAMA

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 5

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T UNITED STATES SENATE - WASHINGTON, D.C.	154,047.	28,273.	4,441.		5,580.	2,320.
S UNIVERSITY OF CHICAGO HOSPITALS	316,962.	86,474.	9,509.		5,580.	4,743.
TOTALS	471,009.	114,747.	13,950.		11160.	7,063.

FORM 1040 QUALIFIED DIVIDENDS STATEMENT 6

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

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 7

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

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BARACK H. & MICHELLE L. OBAMA

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

BARACK H. & MICHELLE L. OBAMA

SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 9
1.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27	157,683.
2.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 13, 15B, AND 19, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 27	0.
3.	IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28. IF YES, SUBTRACT LINE 2 FROM LINE 1	157,683.
4.	MULTIPLY LINE 3 BY 80% (.80)	126,146.
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 38.	1,655,106.
6.	ENTER: \$145,950 (\$72,975 IF MARRIED FILING SEPARATELY)	145,950.
7.	IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28. IF YES, SUBTRACT LINE 6 FROM LINE 5	1,509,156.
8.	MULTIPLY LINE 7 BY 3% (.03)	45,275.
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8	45,275.
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28	112,408.

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

BARACK H. & MICHELLE L. OBAMA

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

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

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

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5.22 STATEMENT(S) 11, 12, 13
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tax.illinois.gov

Illinois Department of Revenue
2005 Form IL-1040
Individual Income Tax Return

or for fiscal year ending ____/05

Do not write above this line.

Step 1: Personal Information

BARACK H. OBAMA
MICHELLE L. OBAMA

C Filing status (see instructions)

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

D Check if you were a member of a professional athletic team during 2005 ☐

Step 2: Income

- 1 Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4 1 1,655,106.
- 2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ. 2
- 3 Other additions to your income. Attach Schedule M. 3
- 4 Add Lines 1 through 3. This is your total income. 4 1,655,106.

Step 3: Base Income

- 5 Income received from Social Security benefits and certain retirement plans if included in Step 2, Line 1. Attach federal page 1. 5
- 6 Military pay earned if included in Step 2, Line 1. Attach military W-2. 6
- 7 Illinois Income Tax overpayment included in U.S. 1040, Line 10. 7 352.
- 8 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1. 8
- 9 Other subtractions to your income. Attach Schedule M. 9
- Check if Line 9 includes any amount from Schedule 1299-C. ☐
- 10 Add Lines 5 through 9. This is the total of your subtractions. 10 352.
- 11 Subtract Line 10 from Line 4. This is your Illinois base income. 11 1,654,754.

Step 4: Exemptions

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

Step 5: Net Income

- 13 Residents only: Subtract Line 12 from Line 11. This is your net income. Skip Line 14. 13 1,646,754.
- 14 Nonresidents and part-year residents only:
Check the box that applies to you during the year 2005. ☐ Nonresident ☐ Part-year resident
Illinois base income from Schedule NR. Attach Schedule NR. 14

Step 6: Tax

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

IL-1040 page 1 (R-12/05)
10-3021

540001 12-23-05

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-002-0055.

09/21/2006 9:45AM

BARACK H. & MICHELLE L. OBAMA

16 Tax amount from Page 1, Step 6, Line 15

16 49,403.

Step 7: Payments and Credits

17 Illinois Income Tax withheld. Attach W-2 and 1099 forms. 17 13,950.

18 Estimated payments from Forms IL-605-1 and IL-1040-ES, including overpayment applied from 2004 return. 18 34,000.

19 Income tax paid to another state while an Illinois resident. Attach Schedule CR and other states' returns. 19

20 Illinois Property Tax credit. Complete PT Worksheet in instructions.
PT Worksheet Line 3 amount 20a
PT Worksheet Line 3 amount 20b

21 K-12 Education expenses credit. Complete ED Worksheet in instructions or Schedule ED. Attach receipt or Schedule ED.
ED Worksheet or Schedule ED Line 1 amount 21a
ED Worksheet or Schedule ED Line 10 amount 21b

22 Earned Income Credit. You must complete EIC Worksheet in instructions.
EIC Worksheet Line 1 amount 22a
EIC credit amount from the EIC Worksheet 22b
Check if you have a qualifying child (living with you) born after 12/31/87. ☐

23 Income tax credit amount from Schedule 1299-C. Attach Schedule 1299-C. 23

24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits. 24 47,950.

Step 8: Overpayment or Tax Due

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

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

Step 9: Penalty

27 Late-payment penalty for underpayment of estimated tax. 27

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

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

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

28 Amount you wish to donate to one or more of the following voluntary contribution funds

Wildlife a	Military Family g	Sarcoidosis m
Child Abuse b	Lou Gehrig's h	Autism n
Alzheimer's c	IL Veterans' Home i	Blindness o
Homeless d	Epilepsy j	Pet Population p
Breast Cancer e	Diabetes k	Brain Tumor q
Multiple Sclerosis f	Colon Cancer l	

Add Lines a through q. This is your donations total. 28

Step 11: Refund or Amount You Owe

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

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

31 Amount from Line 30 that you want applied to 2006 estimated tax. 31

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

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

34 If you have tax due on Line 26, add Lines 28 and 29. Or
If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the amount you owe. 34 1,453.

Step 12: Sign and Date

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

Your signature _____ Date _____ Daytime phone number _____ Your spouse's signature _____ Date _____

Paid preparer's signature _____ Date _____ Preparer's phone number _____ Preparer's EFIN, SSN, or PIN _____

649002
12-23-05
101-2001

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

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

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

09/21/2006 9:45AM

Illinois Department of Revenue

IL-2210 Computation of Penalties for Individuals

Attach to your Form IL-1040

2005

Attachment Sequence No. 20

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

Step 1: Provide the following information

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

Step 2: Figure your required installments

	A This year	B Last year
5 Write the amount of your total income tax from each Form IL-1040. See instructions.	5 <u>49,403.</u>	<u>5,980.</u>
6 Write the amount of credits from each Form IL-1040. See instructions.	6 _____	<u>197.</u>
7 Subtract Line 6 from Line 5.	7 <u>49,403.</u>	<u>5,783.</u>
8 Write the total amount of this year's Illinois withholding from your W-2 forms.	8 <u>13,950.</u>	
9 Subtract Line 8 from Line 7.	9 <u>35,453.</u>	
10 Multiply Column A, Line 9, by 90% (.9).	10 <u>44,463.</u>	
11 If Line 9 is \$500 or less, write "0," and go to Step 3. Otherwise, write the lesser of Column A, Line 10, or Column B, Line 7.	11 <u>5,783.</u>	
12 Divide the amount written on Line 11 by four. This is the amount of each required installment. (If you use the annualized income installment method, see instructions.)	12 <u>1,446.</u>	
	Quarter 1 April 15, 2005	Quarter 2 June 15, 2005
13 Write the required installment. See instructions.	<u>1,446.</u>	<u>1,446.</u>
14 Write any credit carried forward from the prior year and the amount withheld. See instructions.	<u>3,488.</u>	<u>3,488.</u>
15 Subtract Line 14 from Line 13. If the amount is negative, use brackets.	<u><2,042.></u>	<u><2,042.></u>
16 If the amount on Line 17 of the previous quarter is negative, write that amount as a positive here. Otherwise, write "0."	Skip this line for Quarter 1.	
17 Subtract Line 15 from Line 16. If the amount is negative, use brackets.		
	Quarter 3 September 15, 2005	Quarter 4 January 17, 2006
	<u>1,446.</u>	<u>1,446.</u>
	<u>3,488.</u>	<u>3,488.</u>
	<u><2,042.></u>	<u><2,041.></u>

Step 3: Figure your unpaid tax

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

BARACK H. & MICHELLE L. OBAMA

Step 4: Figure your late-payment penalty

Use Penalty Worksheet 1 to figure your late-payment penalty for unpaid tax.

Use Penalty Worksheet 2 to figure your late-payment penalty for underpayment of estimated tax.

Note —> You must follow the instructions in order to properly complete the penalty worksheets.

Penalty rates

Number of days late	Penalty rate
1 - 3002
31 or more10

Penalty Worksheet 1 - Late-payment penalty for unpaid tax

23 Write the amount and the date of any payment you made on or after April 18, 2006. See instructions.

Amount Date paid

a _____

b _____

24 Write the amount from Line 22 on the first line of Column C below.

A	B	C	D	E	F	G	H	I
Period	Due date	Unpaid amount	Payment applied	Balance due (Col. C - Col. D)	Payment date	Number of days late	Penalty rate (See above)	Penalty
Return April 17, 2006								

25 Add Column I. This is your late-payment penalty for unpaid tax.

Write the total amount here and in Step 5, Line 32.

25 _____

Note —> You may apply any remaining overpayment in Column E above to any underpayment when figuring the Penalty Worksheet 2.

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

Note —> If you paid the required amount from Line 17 by the payment due date for each quarter, do not complete this worksheet.

26 Write the amount and the date of each estimated income tax payment you made. See instructions.

Estimated Income Tax Payments					
Amount	Date paid	Amount	Date paid	Amount	Date paid
a _____	_____	c _____	_____	e _____	_____
b _____	_____	d _____	_____	f _____	_____

27 Write the unpaid amounts from Step 2, Line 17, Quarters 1 through 4, on the first line of the appropriate quarters in Column C below.

A	B	C	D	E	F	G	H	I
Period	Due date	Unpaid amount	Payment applied	Balance due (Col. C - Col. D)	Payment date	Number of days late	Penalty rate (See above)	Penalty
Qtr 1 April 15, 2006								
Qtr 2 June 15, 2006								
Qtr 3 Sept. 15, 2006								
Qtr 4 Jan. 17, 2006								

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

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

28 _____

BARACK H. & MICHELLE L. OBAMA

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

Note → Figure your late-filing penalty only if

- you are filing your Form IL-1040 after October 16, 2006; and
- your tax was not paid by April 17, 2006.

Figure your late-filing penalty.

29 Write the amount from Form IL-1040, Step 6, Line 15, minus any timely payments and credits.

29 _____

30 Multiply the amount on Line 29 by 2% (.02).

30 _____

31 Write the lesser of Line 30 or \$250. This is your late-filing penalty.

31 _____

Figure the amount you owe.

32 Write any late-payment penalty for unpaid tax from Step 4, Line 25.

32 _____

33 Write any late-filing penalty from Step 5, Line 31.

33 _____

34 Write the amount you owe from your Form IL-1040, Step 11, Line 34.

34 _____

35 Add Lines 32 through 34 and write the total here. This is your total tax and penalties.

35 _____

Refer to Form IL-1040, Line 34 instructions for all your payment options.

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

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

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

2004 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

**TAXPAYER'S
COPY**

FOR THE YEAR ENDING
December 31, 2004

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

Form 1040

U.S. Individual Income Tax Return

2004

(99)

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

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign (See page 16.)	L A B E L H E R E	For the year Jan. 1-Dec. 31, 2004, or other tax year beginning , 2004, ending .20		OMB No. 1545-0074	
		Your first name and initial BARACK H		Last name OBAMA	
		If a joint return, spouse's first name and initial MICHELLE L		Last name OBAMA	
		Home address (number and street). If you have a P.O. box, see page 16. CHICAGO, IL 60615		Apt. no. 1	
Only, town or post office, state, and ZIP code. If you have a foreign address, see page 16.				△ Important! △ You must enter your SSN(s) above.	
Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund?		You <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Spouse <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Filing Status		1 <input type="checkbox"/> Single		4 <input type="checkbox"/> Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▷	
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)		3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▷		5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)	
Check only one box.		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a		Boxes checked on 6a and 6b 2	
Exemptions		b <input checked="" type="checkbox"/> Spouse		No. of children on 6c who: ○ lived with you 2 ○ did not live with you due to divorce or separation (see page 16)	
If more than four dependents, see page 18.		c Dependents:		Add numbers on lines above ▷ 4	
		(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 18)			
		MALIA A OBAMA DAUGHTER <input checked="" type="checkbox"/>			
		NATASHA M OBAMA DAUGHTER <input checked="" type="checkbox"/>			
		d Total number of exemptions claimed			
Income		7 Wages, salaries, tips, etc. Attach Form(s) W-2		7 207,342.	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.		8a Taxable interest. Attach Schedule B if required		8a	
		b Tax-exempt interest. Do not include on line 8a		8b	
		9a Ordinary dividends. Attach Schedule B if required		9a	
		b Qualified dividends (see page 20)		9b	
		10 Taxable refunds, credits, or offsets of state and local income taxes STMT 1 STMT 2		10 305.	
		11 Alimony received		11	
		12 Business income or (loss). Attach Schedule C or C-EZ		12	
If you did not get a W-2, see page 19.		13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▷ <input type="checkbox"/>		13	
		14 Other gains or (losses). Attach Form 4797		14	
Enclose, but do not attach, any payment. Also, please use Form 1040-V.		15a IRA distributions		15a	
		b Taxable amount (see page 22)		15b	
		16a Pensions and annuities		16a	
		b Taxable amount (see page 22)		16b	
		17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
		18 Farm income or (loss). Attach Schedule F		18	
		19 Unemployment compensation		19	
		20a Social security benefits		20a	
		b Taxable amount (see page 24)		20b	
		21 Other income. List type and amount (see page 24)		21	
		22 Add the amounts in the far right column for lines 7 through 21. This is your total income		22 207,647.	
Adjusted Gross income		23 Educator expenses (see page 28)		23	
		24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ		24	
		25 IRA deduction (see page 26)		25	
		26 Student loan interest deduction (see page 28)		26	
		27 Tuition and fees deduction (see page 29)		27	
		28 Health savings account deduction. Attach Form 8889		28	
		29 Moving expenses. Attach Form 3903		29	
		30 One-half of self-employment tax. Attach Schedule SE		30	
		31 Self-employed health insurance deduction (see page 30)		31	
		32 Self-employed SEP, SIMPLE, and qualified plans		32	
		33 Penalty on early withdrawal of savings		33	
		34a Alimony paid b Recipient's SSN ▷		34a	
		35 Add lines 23 through 34a		35	
		36 Subtract line 35 from line 22. This is your adjusted gross income		36 207,647.	

Tax and Credits

Standard Deduction for -

O People who checked any box on line 38a or 38b of who can be claimed as a dependent.

O All others:
Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

37	Amount from line 36 (adjusted gross income)	37	207,647.
38a	Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 38a		
38b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here <input type="checkbox"/> 38b		
39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	25,028.
40	Subtract line 39 from line 37	40	182,619.
41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33	41	12,400.
42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	170,219.
43	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	37,619.
44	Alternative minimum tax. Attach Form 6251	44	
45	Add lines 43 and 44	45	37,619.
46	Foreign tax credit. Attach Form 1116 if required	46	
47	Credit for child and dependent care expenses. Attach Form 2441	47	700.
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see page 37)	51	
52	Adoption credit. Attach Form 8839	52	
53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53	
54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54	
55	Add lines 46 through 54. These are your total credits	55	700.
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	36,919.
57	Self-employment tax. Attach Schedule SE	57	
58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Advance earned income credit payments from Form(s) W-2	60	
61	Household employment taxes. Attach Schedule H	61	3,507.
62	Add lines 56 through 61. This is your total tax	62	40,426.

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

63	Federal income tax withheld from Forms W-2 and 1099	63	46,628.
64	2004 estimated tax payments and amount applied from 2003 return	64	
65a	Earned income credit (EIC)	65a	
65b	Nontaxable combat pay election <input type="checkbox"/> 65b	65b	
66	Excess social security and tier 1 RRTA tax withheld (see page 54)	66	
67	Additional child tax credit. Attach Form 8812	67	
68	Amount paid with request for extension to file (see page 54)	68	
69	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	46,628.

Refund

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	6,202.
72a	Amount of line 71 you want refunded to you	72a	6,202.
72b	Routing number <input type="checkbox"/> C Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Account number <input type="checkbox"/>	72b	
73	Amount of line 71 you want applied to your 2005 estimated tax	73	

Amount**You Owe**

74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	
75	Estimated tax penalty (see page 55)	75	

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS (see page 56)? ☒ Yes. Complete the following. ☐ No**Sign Here**

Joint return? See page 17. Keep a copy for your records.

Designee's name PREPARER	Phone no. <input type="checkbox"/>	Personal identification number (PIN) <input type="checkbox"/>
Your signature TAXPAYER'S COPY	Date <input type="checkbox"/>	Your occupation ATTORNEY/STATE SENATOR
Spouse's signature, if a joint return. Joint must sign.	Date <input type="checkbox"/>	Spouse's occupation HOSPITAL ADMINISTRATOR

Paid**Preparer's****Use Only**

Preparer's signature Lawrence A. Horwich	Date 3/2/05	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <input type="checkbox"/>
Firm's name (or yours if self-employed), address, and ZIP code LAWRENCE A. HORWICH & ASSOCIATES, P.C.	Firm's address 125 S. WACKER DRIVE - SUITE 2800 CHICAGO, IL 60606-4475		

Child Tax Credit Worksheet (keep for your records)

Name(s): First

BARACK H & MICHELLE L

Last

OBAMA

Your SSN

Part 1

1. Number of qualifying children: 2 X \$1,000. Enter the result. 1 2,000.
2. Enter the amount from Form 1040, line 37, or Form 1040A, line 22. 2 207,647.
3. 1040 filers: Enter the total of any-
 - Exclusion of income from Puerto Rico, and
 - Amounts from Form 2555, lines 43 and 48; Form 2555-EZ, line 18; and Form 4563, line 15.
 1040A filers: Enter -0-. 3 0.
4. Add lines 2 and 3. Enter the total. 4 207,647.
5. Enter the amount shown below for your filing status.
 - Married filing jointly - \$110,000
 - Single, head of household, or qualifying widow(er) - \$75,000
 - Married filing separately - \$55,0005 110,000.
6. Is the amount on line 4 more than the amount on line 5?
 - ☐ No. Leave line 6 blank. Enter -0- on line 7.
 - ☒ Yes. Subtract line 5 from line 4. 6 98,000.
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).
7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7 4,900.
8. Is the amount on line 1 more than the amount on line 7?
 - ☒ No. **STOP**
 - ☐ Yes. Subtract line 7 from line 1. Enter the result. 8
 You cannot take the child tax credit on Form 1040, line 51, or Form 1040A, line 33.

Part 2

9. Enter the amount from Form 1040, line 45, or Form 1040A, line 28. 9
10. 1040 filers: Enter the total of the amounts from lines 46 through 50. 10
- 1040A filers: Enter the total of the amounts from lines 29 through 32. 10
11. Are you claiming any of the following credits?
 - Adoption credit, Form 8839
 - Mortgage interest credit, Form 8396
 - District of Columbia first-time homebuyer credit, Form 8859☐ No. Enter the amount from line 10. 11
☐ Yes. Complete the Line 11 Worksheet to figure the amount to enter here. 11
12. Subtract line 11 from line 9. Enter the result. 12
13. Is the amount on line 8 of this worksheet more than the amount on line 12?
 - ☐ No. Enter the amount from line 8. 13
 - ☐ Yes. Enter the amount from line 12. 13
 This is your child tax credit.

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

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

▶ Attach to Form 1040.

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

OMB No. 1545-0071

2004

Attachment
Sequence No. 07

Your social security number

BARACK H & MICHELLE L OBAMA

Medical

Caution. Do not include expenses reimbursed or paid by others.

and

Dental

Expenses

- 1 Medical and dental expenses (see page A-2)
2 Enter amount from Form 1040, line 37 **2**
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-

Taxes You Paid

(See page A-2.)

- 5 State and local (check only one box):

a ☒ Income taxes, or

b ☐ General sales taxes (see page A-2) }

- 6 Real estate taxes (see page A-3)
7 Personal property taxes
8 Other taxes. List type and amount

.....
.....
.....

- 9 Add lines 5 through 8
10 Home mortgage interest and points reported to you on Form 1098
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-4 and show that person's name, identifying no., and address

Interest You Paid

(See page A-3.)

Note: Personal interest is not deductible.

- 12 Points not reported to you on Form 1098. See page A-4 for special rules
13 Investment interest. Attach Form 4952 if required. (See page A-4.)
14 Add lines 10 through 13
15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4
16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500
17 Carryover from prior year
18 Add lines 15 through 17
19 Casualty or theft loss(es). Attach Form 4684. (See page A-5.)
20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-6.)

Gifts to Charity

If you made a gift and got a benefit for it, see page A-4.

Casualty and Theft Losses

Job Expenses and Most Other Miscellaneous Deductions

(See page A-5.)

Other Miscellaneous Deductions

Total Itemized Deductions

- 28 Is Form 1040, line 37, over \$142,700 (over \$71,350 if married filing separately)?

☐ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 39.

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

STMT 5

Schedule A (Form 1040) 2004

419501
12-30-04

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

Child and Dependent Care Expenses

▶ Attach to Form 1040.
▶ See separate instructions.

OMB No. 1545-0088

2004
Attachment
Sequence No. **21**

Name(s) shown on Form 1040

Your social security number

BARACK H & MICHELLE L OBAMA

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

◦ Dependent Care Benefits

◦ Qualifying Person(s)

◦ Qualified Expenses

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

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
	SONJA HAWES	CHICAGO, IL 60605		17,550.
	MARLENE	634 EAST 53RD ST. CHICAGO, IL 60637		
	BUSHNELL	CHICAGO, IL 60605		5,388.

Did you receive dependent care benefits?

No

Complete only Part II below.

Yes

Complete Part III on page 2 next.

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

Part II Credit for Child and Dependent Care Expenses

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

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

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 32 **COL (C) LIMITED** 3 3,500.

4 Enter your earned income. See instructions 4 85,432.

5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 5 121,910.

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

7 Enter the amount from Form 1040, line 37 7 207,647.

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

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0 - 15,000		.35	\$29,000 - 31,000		.27
15,000 - 17,000		.34	31,000 - 33,000		.26
17,000 - 19,000		.33	33,000 - 35,000		.25
19,000 - 21,000		.32	35,000 - 37,000		.24
21,000 - 23,000		.31	37,000 - 39,000		.23
23,000 - 25,000		.30	39,000 - 41,000		.22
25,000 - 27,000		.29	41,000 - 43,000		.21
27,000 - 29,000		.28	43,000 - No limit		.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2003 expenses in 2004, see the instructions 9 700.

10 Enter the amount from Form 1040, line 46, minus any amount on Form 1040, line 46 10 37,619.

11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 47 11 700.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2441 (2004)

Part III Dependent Care Benefits

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

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

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

Form 2441 (2004)

SCHEDULE H
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Household Employment Taxes

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

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

▶ See separate instructions.

OMB No. 1545-0074

2004

Attachment
Sequence No. 44

Name of employer

Social security number

Employer identification number

BARACK H OBAMA

- A** Did you pay any one household employee cash wages of \$1,400 or more in 2004? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-3 before you answer this question.)

☒ **Yes.** Skip lines B and C and go to line 1.
☐ **No.** Go to line B.

- B** Did you withhold Federal income tax during 2004 for any household employee?

☐ **Yes.** Skip line C and go to line 5.
☐ **No.** Go to line C.

- C** Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2003 or 2004 to all household employees? (Do not count cash wages paid in 2003 or 2004 to your spouse, your child under age 21, or your parent.)

☐ **No.** Stop. Do not file this schedule.
☐ **Yes.** Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2004 do not have to complete this form for 2004.)

Part I Social Security, Medicare, and Income Taxes

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

- 9** Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2003 or 2004 to household employees? (Do not count cash wages paid in 2003 or 2004 to your spouse, your child under age 21, or your parent.)

☐ **No.** Stop. Enter the amount from line 8 above on Form 1040, line 61. If you are not required to file Form 1040, see the line 9 instructions on page H-4.

☒ **Yes.** Go to line 10 on page 2.

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

Schedule H (Form 1040) 2004

Part II Federal Unemployment (FUTA) Tax

10 Did you pay unemployment contributions to only one state? (If you paid contributions to New York State, check "No.")

	Yes	No
10	<input checked="" type="checkbox"/>	
11	<input checked="" type="checkbox"/>	
12	<input checked="" type="checkbox"/>	

11 Did you pay all state unemployment contributions for 2004 by April 15, 2005? Fiscal year filers, see page H-4

12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

Next: If you checked the "Yes" box on all the lines above, complete Section A.

If you checked the "No" box on any of the lines above, skip Section A and complete Section B.

Section A

13 Name of the state where you paid unemployment contributions

IL

14 State reporting number as shown on state unemployment tax return

4239859

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

15

133.

16 Total cash wages subject to FUTA tax (see page H-4)

16

7,000.

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

17

56.

Section B

18 Complete all columns below that apply (if you need more space, see page H-4):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (e) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-	(i) Contributions paid to state unemployment fund
			From	To					

19 Totals

19

20 Add columns (h) and (i) of line 19

20

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

21

22 Multiply line 21 by 6.2% (.062)

22

23 Multiply line 21 by 5.4% (.054)

23

24 Enter the smaller of line 20 or line 23

24

(New York State employers must use the worksheet in the separate instructions and check here) ☐

25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26

25

Part III Total Household Employment Taxes

26 Enter the amount from line 8

26

3,451.

27 Add line 17 (or line 25) and line 26

27

3,507.

28 Are you required to file Form 1040?

☒ Yes. Stop. Enter the amount from line 27 above on Form 1040, line 61. Do not complete Part IV below.☐ No. You may have to complete Part IV. See page H-4 for details.**Part IV Address and Signature - Complete this part only if required. See the line 28 instructions on page H-4.**

Address (number and street) or P.O. box if mail is not delivered to street address

Apt., room, or suite no.

City, town or post office, state, and ZIP code

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Employer's signature

Date

BARACK H & MICHELLE L OBAMA

FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT

1

	2003	2002	2001
GROSS STATE/LOCAL INC TAX REFUNDS	ILLINOIS 305.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS ILLINOIS	305.		
TOTAL NET TAX REFUNDS	305.		

BARACK H & MICHELLE L OBAMA

FORM 1040 TAXABLE STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 2

	2003	2002	2001
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	305.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT			
1 NET REFUNDS FOR RECALCULATION	305.		
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	26,995.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1	305.		
5 LINE 2 MINUS LINES 3 AND 4	26,690.		
6 MULTIPLY LINE 5 BY 80% (.80)	21,352.		
7 PRIOR YEAR AGI	238,327.		
8 ITEM. DED. PHASEOUT THRESHOLD	139,500.		
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	98,827.		
10 MULTIPLY LINE 9 BY 3% (.03)	2,965.		
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	23,725.		
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS	23,725.		
13B PRIOR YR. STD. DED. AVAILABLE	9,500.		
14 PRIOR YR. ALLOWABLE ITEM. DED.	24,030.		
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	305.		
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	305.		
17 ALLOWABLE PRIOR YR. ITEM. DED.	24,030.		
18 PRIOR YEAR STD. DED. AVAILABLE	9,500.		
19 SUBTRACT LINE 18 FROM LINE 17	14,530.		
20 LESSER OF LINE 16 OR LINE 19	305.		
21 PRIOR YEAR TAXABLE INCOME	205,025.		
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21			305.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2001			
TOTAL TO FORM 1040, LINE 10			305.

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 3

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

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 4

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

SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 5
1.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27	26,975.
2.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 13, AND 19, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 27	0.
3.	IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28. IF YES, SUBTRACT LINE 2 FROM LINE 1	26,975.
4.	MULTIPLY LINE 3 ABOVE BY 80% (.80)	21,581.
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 36.	207,647.
6.	ENTER: \$142,700 (\$71,350 IF MARRIED FILING SEPARATELY)	142,700.
7.	IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28. IF YES, SUBTRACT LINE 6 FROM LINE 5	64,947.
8.	MULTIPLY LINE 7 ABOVE BY 3% (.03)	1,948.
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8	1,948.
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28	25,028.

Two-Year Comparison Worksheet

2004

Name(s) as shown on return

Social security number

BARACK H & MICHELLE L OBAMA

2003 Filing Status MARRIED FILING JOINT

2004 Filing Status MARRIED FILING JOINT

2003 Tax Bracket 0.0%

2004 Tax Bracket 28.0%

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

Tax and Credits

Standard Deduction for:

☐ People who checked any box on line 36a or 36b or who can be claimed as a dependent.

☐ All others: Single, or Married filing separately, \$4,300. Married filing jointly or Qualifying widow(er), \$6,900. Head of household, \$5,100.

35	Amount from line 34 (adjusted gross income)	35	238,327.
36a	Check <input type="checkbox"/> You were born before January 2, 1939, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1939, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 36a <input type="checkbox"/> 36b		
37	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	37	24,030.
38	Subtract line 37 from line 35	38	214,297.
39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet on page 35	39	9,272.
40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-	40	205,025.
41	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	41	49,104.
42	Alternative minimum tax. Attach Form 6251	42	
43	Add lines 41 and 42	43	49,104.
44	Foreign tax credit. Attach Form 1116 if required	44	
45	Credit for child and dependent care expenses. Attach Form 2441	45	700.
46	Credit for the elderly or the disabled. Attach Schedule R	46	
47	Education credits. Attach Form 8863	47	
48	Retirement savings contributions credit. Attach Form 8880	48	
49	Child tax credit (see page 40)	49	
50	Adoption credit. Attach Form 8839	50	
51	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	51	
52	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	52	
53	Add lines 44 through 52. These are your total credits	53	700.
54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-	54	48,404.
55	Self-employment tax. Attach Schedule SE	55	
56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	56	
57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	57	
58	Advance earned income credit payments from Form(s) W-2	58	
59	Household employment taxes. Attach Schedule H	59	3,452.
60	Add lines 54 through 59. This is your total tax	60	51,856.
61	Federal income tax withheld from Forms W-2 and 1099	61	53,381.
62	2003 estimated tax payments and amount applied from 2002 return	62	
63	Earned income credit (EIC)	63	
64	Excess social security and tier 1 RRTA tax withheld (see page 56)	64	
65	Additional child tax credit. Attach Form 8812	65	
66	Amount paid with request for extension to file (see page 56)	66	
67	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	67	
68	Add lines 61 through 67. These are your total payments	68	53,381.
69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid	69	1,525.
70a	Amount of line 69 you want refunded to you	70a	1,525.
71	Amount of line 69 you want applied to your 2004 estimated tax	71	
72	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57	72	
73	Estimated tax penalty (see page 58)	73	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 58)? ☒ Yes. Complete the following. ☐ No

Designee's name PREPARER, P.C. Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature COPY Date Your occupation ATTORNEY/STATE SENATOR Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation HOSPITAL ADMINISTRATOR

Paid

Preparer's

Preparer's signature Lawrence A. Horwich Date 4/15/04 Check if self-employed ☐ Preparer's SSN or FTIN

Use Only

Firm's name (or yours if self-employed), address, and ZIP code LAWRENCE A. HORWICH & ASSOCIATES, P.C. EIN

125 S. WACKER DRIVE - SUITE 2800 Phone no.

CHICAGO, IL 60606-4475

Child Tax Credit Worksheet (keep for your records)

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

Part 1

1. Number of qualifying children: 2 X \$1,000. Enter the result. 1 2,000.
2. Enter the amount, if any, of your advance child tax credit (before offset) 2 800.
3. Is line 1 less than line 2?
 - ☐ Yes. **STOP**
You cannot take this credit. If line 2 is more than line 1, you do not have to pay back the difference.
 - ☒ No. Subtract line 2 from line 1. 3 1,200.
4. Enter the amount from Form 1040, line 35, or Form 1040A, line 22. 4 238,327.
5. 1040 filers: Enter the total of any-
 - Exclusion of income from Puerto Rico, and
 - Amounts from Form 2555, lines 43 and 48; Form 2555-EZ, line 18; and Form 4563, line 15.
 1040A filers: Enter -0-. 5 0.
6. Add lines 4 and 5. Enter the total. 6 238,327.
7. Enter the amount shown below for your filing status.
 - Married filing jointly - \$110,000
 - Single, head of household, or qualifying widow(er) - \$75,000
 - Married filing separately - \$55,000
 7 110,000.
8. Is the amount on line 6 more than the amount on line 7?
 - ☐ No. Leave line 8 blank. Enter -0- on line 9.
 - ☒ Yes. Subtract line 7 from line 6. 8 129,000.
If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).
9. Multiply the amount on line 8 by 5% (.05). Enter the result. 9 6,450.
10. Is the amount on line 3 more than the amount on line 9?
 - ☒ No. **STOP**
You cannot take the child tax credit on Form 1040, line 49, or Form 1040A, line 33.
 - ☐ Yes. Subtract line 9 from line 3. Enter the result. 10 _____

Part 2

11. Enter the amount from Form 1040, line 43, or Form 1040A, line 28. 11 _____
12. 1040 filers: Enter the total of the amounts from lines 44 through 48. 12 _____
1040A filers: Enter the total of the amounts from lines 29 through 32. } _____
13. Are you claiming any of the following credits?
 - Adoption credit, Form 8839
 - Mortgage interest credit, Form 8896
 - District of Columbia first-time homebuyer credit, Form 8859
 - ☐ No. Enter the amount from line 12. 13 _____
 - ☐ Yes. Complete the Line 13 Worksheet to figure the amount to enter here. } _____
14. Subtract line 13 from line 11. Enter the result. 14 _____
15. Is the amount on line 10 of this worksheet more than the amount on line 14?
 - ☐ No. Enter the amount from line 10. This is your
 - ☐ Yes. Enter the amount from line 14. child tax credit. 15 _____

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (695)
Name(s) shown on Form 1040

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

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

OMB No. 1545-0074

2003

Attachment
Sequence No. 07

Your social security number

BARACK H & MICHELLE L OBAMA

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see page A-2)	1	
2	Enter amount from Form 1040, line 35	2	
3	Multiply line 2 by 7.5% (.075)	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid (See page A-2.)	5 State and local income taxes SEE STATEMENT 3	5	7,682.
	6 Real estate taxes (see page A-2)	6	3,672.
	7 Personal property taxes	7	
	8 Other taxes. List type and amount	8	
	9 Add lines 5 through 8	9	11,354.
Interest You Paid (See page A-3.)	10 Home mortgage interest and points reported to you on Form 1098	10	12,241.
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address	11	
	12 Points not reported to you on Form 1098. (See page A-3.)	12	
	13 Investment interest. Attach Form 4952 if required. (See page A-4.)	13	
	14 Add lines 10 through 13	14	12,241.
Gifts to Charity If you made a gift and got a benefit for it, see page A-4.	15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4 SEE STATEMENT 4	15	3,400.
	16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500	16	
	17 Carryover from prior year	17	
	18 Add lines 15 through 17	18	3,400.
Casualty and Theft Losses	19 Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19	
Job Expenses and Most Other Miscellaneous Deductions (See page A-5.)	20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-5.) ▶ UNION AND PROFESSIONAL DUES 229.	20	229.
	21 Tax preparation fees	21	1,206.
	22 Other expenses - investment, safe deposit box, etc. List type and amount	22	
	23 Add lines 20 through 22	23	1,435.
	24 Enter amount from Form 1040, line 35	24	238,327.
	25 Multiply line 24 by 2% (.02)	25	4,767.
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	0.
Other Miscellaneous Deductions	27 Other - from list on page A-6. List type and amount	27	
Total Itemized Deductions	28 Is Form 1040, line 35, over \$139,500 (over \$69,750 if married filing separately)? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 37. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.	STMT 5	24,030.

315501
10-15-03

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

Schedule A (Form 1040) 2003

Child and Dependent Care Expenses

▶ Attach to Form 1040.
▶ See separate instructions.

OMB No. 1545-0045

2003
Attachment
Sequence No. 21

Name(s) shown on Form 1040

Your spouse's security number

BARACK H & MICHELLE L OBAMA

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

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

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

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
	SONJA HAWES	11522 11th St NW Washington, DC 20035		23,894.

Did you receive dependent care benefits?

No —————▶ Complete only Part II below.
Yes —————▶ Complete Part III on page 2 next.

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

Part II **Credit for Child and Dependent Care Expenses**

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

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

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 26 **COL (C) LIMITED** 3 3,500.

4 Enter your earned income 4 122,438.

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

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

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

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

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

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

8 x .20

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

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

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

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2441 (2003)

Part III Dependent Care Benefits

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

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

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

Form 2441 (2003)

SCHEDULE H
(Form 1040)

Department of the Treasury
Internal Revenue Service (59)

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. 1545-0071

2003

Attachment
Sequence No. 44

Name of employer

Social security number

Employer identification number

BARACK H OBAMA

A Did you pay any one household employee cash wages of \$1,400 or more in 2003? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-3 before you answer this question.)

- ☒ **Yes.** Skip lines B and C and go to line 1.
☐ **No.** Go to line B.

B Did you withhold Federal income tax during 2003 for any household employee?

- ☐ **Yes.** Skip line C and go to line 5.
☐ **No.** Go to line C.

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

- ☐ **No.** Stop. Do not file this schedule.
☐ **Yes.** Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2003 do not have to complete this form for 2003.)

Part I Social Security, Medicare, and Income Taxes

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

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

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

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

Schedule H (Form 1040) 2003

Part II Federal Unemployment (FUTA) Tax

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

Next: If you checked the "Yes" box on all the lines above, complete Section A.

If you checked the "No" box on any of the lines above, skip Section A and complete Section B.

Section A

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

Section B

18 Complete all columns below that apply (if you need more space, see page H-4):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-	(i) Contributions paid to state unemployment fund
			From	To					

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

Part III Total Household Employment Taxes

26 Enter the amount from line 8	26	3,396.
27 Add line 17 (or line 25) and line 26	27	3,452.

28 Are you required to file Form 1040?

☒ Yes. Stop. Enter the amount from line 27 above on Form 1040, line 59. Do not complete Part IV below.☐ No. You may have to complete Part IV. See page H-4 for details.**Part IV Address and Signature - Complete this part only if required. See the line 28 instructions on page H-4.**

Address (number and street) or P.O. box if mail is not delivered to street address	Apt., room, or suite no.
City, town or post office, state, and ZIP code	

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

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

FORM 1040 PERSONAL EXEMPTION WORKSHEET STATEMENT 1

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

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 2

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

BARACK H & MICHELLE L OL MA

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT	3
------------	------------------------------	-----------	---

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

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT	4
------------	--------------------	-----------	---

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

SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 5
1.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27	26,995.
2.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 13, AND 19, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 27	0.
3.	IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28. IF YES, SUBTRACT LINE 2 FROM LINE 1	26,995.
4.	MULTIPLY LINE 3 ABOVE BY 80% (.80)	21,596.
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 35.	238,327.
6.	ENTER: \$139,500 (\$69,750 IF MARRIED FILING SEPARATELY)	139,500.
7.	IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28. IF YES, SUBTRACT LINE 6 FROM LINE 5	98,827.
8.	MULTIPLY LINE 7 ABOVE BY 3% (.03)	2,965.
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8	2,965.
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28	24,030.

Illinois Department of Revenue
2003 Form IL-1040
 Individual Income Tax Return

or for fiscal year
 ending ____/04

Do not write above this line.

Step 1: Personal Information

BARACK H OBAMA
 MICHELLE L OBAMA

C Check your filing status.

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

Step 2: Income

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

Step 3: Base Income

- 5 Write income received from Social Security benefits and certain retirement plans if that income is included in Step 2, Line 1. See instructions. 5 _____
- 6 Write the military pay you earned if it is included in Step 2, Line 1. 6 _____
- 7 Write any Illinois Income Tax refund included in Line 10 of U.S. 1040. 7 _____
- 8 Write the U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1. 8 _____
- 9 Write any other subtractions to your income. See Line 9 instructions and Publication 101 for details. Do not subtract your out-of-state income. Specify your subtractions. 9 _____
- Check if Line 9 includes any amount from Schedule 1299-C. ☐
- 10 Add Lines 5 through 9. This is the total of your subtractions. 10 _____
- 11 Subtract Line 10 from Line 4. This is your Illinois base income. 11 238,327.

Step 4: Exemptions

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

Step 5: Net Income

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

Step 6: Tax

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

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

Attach your check.

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

16 6,910.

Step 7: Payments and Credits

Attach

W-2's (Attach to page 1)

Schedule CR
Other states' returns and required schedules

Receipt or Schedule ED

Schedule 1299-C

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

17 7,031.

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

18

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

19

20 If you paid Illinois Property Tax, complete the PT Worksheet in instructions.

Write PT Worksheet Line 3 amount here.

20a 3,672.

Write PT Worksheet Line 8 amount here.

20b

184. STATEMENT 1

21 If you paid education expenses, see instructions. Write Schedule ED or ED Worksheet Line 1 amount here.

21a

Write Schedule ED or ED Worksheet Line 10 amount here.

21b

22 If you received a federal EIC, complete the EIC Worksheet in instructions.

Write EIC Worksheet Line 1 amount here.

22a

Write your EIC credit amount from the EIC Worksheet here.

22b

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

☐

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

23

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

24 7,215.

Step 8: Overpayment or Tax Due

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

25 305.

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

26

Step 9: Penalty

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

27

Attach

Form IL-2210

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

☐

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

☐

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

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

Wildlife Preservation

a

Multiple Sclerosis

g

Child Abuse Prevention

b

Military Family Relief

h

Alzheimer's Research

c

Lou Gehrig's Disease

i

Homeless Assistance

d

WWII Veterans Memorial

j

Breast Cancer Research

e

Asthma & Lung Research

k

Prostate Cancer Research

f

Leukemia Treatment

l

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

28

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

29

Step 11: Refund or Amount You Owe

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

30 305.

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

31

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

32 305.

Direct Deposit
See instructions

33 Direct deposit your refund by completing the following information.

Routing number

☐

Checking or ☐ Savings

Account number

Payment Options
See instructions

34 If you have tax due on Line 26, add Lines 26 and 29. Or

If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 24 from Line 29. This is the amount you owe.

34

Step 12: Sign and Date

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

Your signature

Date

Daytime phone number

Your spouse's signature

Date

Paid preparer's signature

Date

Preparer's phone number

Preparer's FEIN, SSN, or PTIN

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

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

349002
12-11-03
ID: 3021

IL-1040 page 2 (R-12/03) DR AP ME ZZ SE WA RR RX NS DC ID

Form 1040

U.S. Individual Income Tax Return

2002

(99)

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

Label (See instructions on page 21.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign (See page 21.)	L A B E L H E R E	For the year Jan. 1-Dec. 31, 2002, or other tax year beginning , 2002, ending , 20		OMB No. 1545-0074	
		Your first name and initial BARACK H		Last name OBAMA	
		If a joint return, spouse's first name and initial MICHELLE L		Last name OBAMA	
		Home address (number and street). If you have a P.O. box, see page 21. 6650 S. LINDEN		Apt. no. 1	
City, town or post office, state, and ZIP code. If you have a foreign address, see page 21. CHICAGO, IL 60615		△ Important! △ You must enter your SSN(s) above.			
Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Filing Status					
1 <input type="checkbox"/> Single		4 <input type="checkbox"/> Head of household (with qualifying person). (See page 21.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶			
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)					
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶		5 <input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died ▶). (See page 21.)			
Check only one box.					
Exemptions					
6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a		No. of boxes checked on 6a and 6b 2			
b <input checked="" type="checkbox"/> Spouse					
c Dependents:					
(1) First name Last name		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Is the child for whom you claim a credit for child tax credit (see page 22)?	No. of your children on 6c who:
MALIA A OBAMA			DAUGHTER	<input checked="" type="checkbox"/>	2
NATASHA M OBAMA			DAUGHTER	<input checked="" type="checkbox"/>	2
If more than five dependents, see page 22.		o lived with you 2 o did not live with you due to divorce or separation (see page 22)			
d Total number of exemptions claimed		Dependents on 6c not entered above Add numbers on lines above ▶ 4			
Income					
7 Wages, salaries, tips, etc. Attach Form(s) W-2		7 226,300.			
8a Taxable interest. Attach Schedule B if required		8a 33.			
b Tax-exempt interest. Do not include on line 8a		8b			
9 Ordinary dividends. Attach Schedule B if required		9			
10 Taxable refunds, credits, or offsets of state and local income taxes		10			
11 Alimony received		11			
12 Business income or (loss). Attach Schedule C or C-EZ		12 34,491.			
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		13			
14 Other gains or (losses). Attach Form 4797		14			
15a IRA distributions		15a	b Taxable amount (see page 25)	15b	
15a Pensions and annuities		15a	b Taxable amount (see page 25)	15b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17			
18 Farm income or (loss). Attach Schedule F		18			
19 Unemployment compensation		19			
20a Social security benefits		20a	b Taxable amount (see page 27)	20b	
21 Other income. List type and amount (see page 29)		21			
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶		22 260,824.			
23 Educator expenses (see page 29)		23			
24 IRA deduction (see page 29)		24			
25 Student loan interest deduction (see page 31)		25			
26 Tuition and fees deduction (see page 32)		26			
27 Archer MSA deduction. Attach Form 8853		27			
28 Moving expenses. Attach Form 3903		28			
29 One-half of self-employment tax. Attach Schedule SE		29 1,430.			
30 Self-employed health insurance deduction (see page 33)		30			
31 Self-employed SEP, SIMPLE, and qualified plans		31			
32 Penalty on early withdrawal of savings		32			
33a Alimony paid b Recipient's SSN ▶		33a			
34 Add lines 23 through 33a		34 1,430.			
35 Subtract line 34 from line 22. This is your adjusted gross income ▶		35 259,394.			

104001
10-29-02

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 76.

Form 1040 (2002)

Tax and Credits

Standard Deduction for -
o People who checked any box on line 37a or 37b or if who can be claimed as a dependent.

o All others:
Single, \$4,700
Head of household, \$5,900
Married filing jointly or Qualifying widow(er), \$7,850
Married filing separately, \$3,925

36	Amount from line 35 (adjusted gross income)	36	259,394.
37a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	37a	
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien	37b	
38	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	38	22,272.
39	Subtract line 38 from line 36	39	237,122.
40	If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on line 6d. If line 36 is over \$103,000, see the worksheet on page 35	40	6,720.
41	Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-	41	230,402.
42	Tax. Check if any tax from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	42	62,454.
43	Alternative minimum tax. Attach Form 6251	43	
44	Add lines 42 and 43	44	62,454.
45	Foreign tax credit. Attach Form 1116 if required	45	
46	Credit for child and dependent care expenses. Attach Form 2441	46	
47	Credit for the elderly or the disabled. Attach Schedule R	47	
48	Education credits. Attach Form 8863	48	
49	Retirement savings contributions credit. Attach Form 8880	49	
50	Child tax credit (see page 39)	50	
51	Adoption credit. Attach Form 8839	51	
52	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	52	
53	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	53	
54	Add lines 45 through 53. These are your total credits	54	
55	Subtract line 54 from line 44. If line 54 is more than line 44, enter -0-	55	62,454.
56	Self-employment tax. Attach Schedule SE	56	2,860.
57	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	57	
58	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach 5329 if required	58	
59	Advance earned income credit payments from Form(s) W-2	59	
60	Household employment taxes. Attach Schedule H	60	3,644.
61	Add lines 55 through 60. This is your total tax	61	68,958.
62	Federal income tax withheld from Forms W-2 and 1099	62	52,718.
63	2002 estimated tax payments and amount applied from 2001 return	63	
64	Earned income credit (EIC)	64	
65	Excess social security and tier 1 RRTA tax withheld (see page 56)	65	
66	Additional child tax credit. Attach Form 8812	66	
67	Amount paid with request for extension to file (see page 56)	67	
68	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	68	
69	Add lines 62 through 68. These are your total payments	69	52,718.
70	If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid	70	
71a	Amount of line 70 you want refunded to you	71a	
b	Routing number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> d Account number		
72	Amount of line 70 you want applied to your 2003 estimated tax	72	
73	Amount you owe. Subtract line 69 from line 61. For details on how to pay, see page 57	73	16,587.
74	Estimated tax penalty (see page 57)	74	347.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 58)? ☒ Yes. Complete the following. ☐ No

Designee's name PREPARER	Phone no.	Personal identification number (PIN)
---------------------------------	-----------	--------------------------------------

Sign Here

Joint return? See page 21. Keep a copy for your records.

Under penalties of perjury, I declare that I prepared this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. I am not a preparer (taxpayer) is based on all information of which preparer has any knowledge.

Your signature TAXPAYER'S COPY	Date	Your occupation ATTORNEY/STATE SENATOR	Daytime phone number
Spouse's signature	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature Lawrence A. Horwich	Date 3/24/03	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code LAWRENCE A. HORWICH & ASSOCIATES, P.C. 125 S. WACKER DRIVE - SUITE 2800 CHICAGO, IL 60606-4475	EIN	Phone no.	

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

OMB No. 1545-0140

2002
Attachment
Sequence No. 06

Name(s) shown on tax return

Identifying number

BARACK H & MICHELLE L OBAMA

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

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

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

Part II Required Annual Payment

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

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

16	Enter the amount, if any, from line 12 above	16	52,718.										
17	Enter the total amount, if any, of estimated tax payments you made	17											
18	Add lines 16 and 17	18	52,718.										
19	Total underpayment for year. Subtract line 18 from line 15. If zero or less, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above	19	9,344.										
20	Multiply line 19 by .03713	20	347.										
21	<p>o If the amount on line 19 was paid on or after 4/15/03, enter -0-.</p> <p>o 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.</p> <table border="0"> <tr> <td>Amount on</td> <td>x</td> <td>Number of days paid</td> <td>x</td> <td></td> </tr> <tr> <td>line 19</td> <td></td> <td>before 4/15/03</td> <td></td> <td>.00014</td> </tr> </table>	Amount on	x	Number of days paid	x		line 19		before 4/15/03		.00014	21	0.
Amount on	x	Number of days paid	x										
line 19		before 4/15/03		.00014									
22	Penalty. Subtract line 21 from line 20. Enter the result here and on Form 1040, line 74; Form 1040A, line 48; Form 1040NR, line 73; Form 1040NR-EZ, line 26; or Form 1041, line 26, but do not file Form 2210 unless you checked one or more of the boxes in Part I above	22	347.										

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

Form 2210 (2002)

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (60)
Name(s) shown on Form 1040

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

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

OMB No. 1545-0074

2002

Attachment
Sequence No. **07**

Your social security number

BARACK H & MICHELLE L OBAMA

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see page A-2)	1	
2	Enter amount from Form 1040, line 36	2	
3	Multiply line 2 above by 7.5% (.075)	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5 State and local income taxes SEE STATEMENT 3	5	9,249.
(See page A-2.)	6 Real estate taxes (see page A-2)	6	4,424.
	7 Personal property taxes	7	
	8 Other taxes. List type and amount	8	
	9 Add lines 5 through 8	9	13,673.
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	11,212.
(See page A-3.)	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address	11	
Note: Personal interest is not deductible.	12 Points not reported to you on Form 1098. (See page A-3.)	12	
	13 Investment interest. Attach Form 4952 if required. (See page A-3.)	13	
	14 Add lines 10 through 13	14	11,212.
Gifts to Charity	15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4 SEE STATEMENT 4	15	1,050.
If you made a gift and got a benefit for it, see page A-4.	16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 9283 if over \$500	16	
	17 Carryover from prior year	17	
	18 Add lines 15 through 17	18	1,050.
Casualty and Theft Losses	19 Casually or theft loss(es). Attach Form 4684. (See page A-5.)	19	
Job Expenses and Most Other Miscellaneous Deductions	20 Unreimbursed employee expenses - job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See page A-5.)	20	180.
(See page A-5 for expenses to deduct here.)	▶ UNION AND PROFESSIONAL DUES 180.	21	
	21 Tax preparation fees	21	
	22 Other expenses - investment, safe deposit box, etc. List type and amount	22	
	23 Add lines 20 through 22	23	180.
	24 Enter amount from Form 1040, line 36	24	259,394.
	25 Multiply line 24 above by 2% (.02)	25	5,188.
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	0.
Other Miscellaneous Deductions	27 Other - from list on page A-6. List type and amount	27	
Total Itemized Deductions	28 Is Form 1040, line 36, over \$137,300 (over \$68,650 if married filing separately)? STMT 5	28	22,272.
	<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 38.		
	<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.		

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

Your social security number

BARACK H & MICHELLE L OBAMA

Schedule B - Interest and Ordinary Dividends

Attachment
Sequence No. 08**Part I**
Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶

US TREASURY DEPARTMENT

Amount

33.

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1

- 2 Add the amounts on line 1 2 33.
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You must attach Form 8815 3
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a 4 33.

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

Part II
Ordinary Dividends

- 5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13. ▶

Amount

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5

- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9 6

Note. If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; OR (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

- 7a At any time during 2002, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? X

b If "Yes," enter the name of the foreign country ▶

- 8 During 2002, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? X
- If "Yes," you may have to file Form 3520. See page B-2.

227501
10-25-02

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

Schedule B (Form 1040) 2002

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2002

Attachment
Sequence No. 09

Name of proprietor

BARACK H OBAMA

Social security number (SSN)

A Principal business or profession, including product or service (see page C-1)

LEGAL SERVICES/SPEAKING FEES

B Enter code from pages C-7, 8, & 9

541100

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

BARACK H OBAMA

D Employer ID number (EIN), if any

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code

CHICAGO IL 60615

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

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

☒ Yes ☐ No

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

Part I Income

1 Gross receipts or sales. **Caution.** If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here

34,491.

2 Returns and allowances

34,491.

3 Subtract line 2 from line 1

4 Cost of goods sold (from line 42 on page 2)

34,491.

5 Gross profit. Subtract line 4 from line 3

6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)

34,491.

7 Gross income. Add lines 5 and 6

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

8 Advertising

9 Bad debts from sales or services (see page C-3)

10 Car and truck expenses (see page C-3)

11 Commissions and fees

12 Depletion

13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)

14 Employee benefit programs (other than on line 19)

15 Insurance (other than health)

16 Interest:

a Mortgage (paid to banks, etc.)

b Other

17 Legal and professional services

18 Office expense

19 Pension and profit-sharing plans

20 Rent or lease (see page C-5):

a Vehicles, machinery, and equipment

b Other business property

21 Repairs and maintenance

22 Supplies (not included in Part III)

23 Taxes and licenses

24 Travel, meals, and entertainment:

a Travel

b Meals and entertainment

c Enter nondeductible amount included on line 24b (see page C-6)

d Subtract line 24c from line 24b

25 Utilities

26 Wages (less employment credits)

27 Other expenses (from line 48 on page 2)

28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns

0.

29 Tentative profit (loss). Subtract line 28 from line 7

34,491.

30 Expenses for business use of your home. Attach Form 8829

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

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

Estates and trusts, enter on Form 1041, line 3.

o If a loss, you must go to line 32.

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

o If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.

o If you checked 32b, you must attach Form 8198.

34,491.

32a ☐ All investment is at risk.

32b ☐ Some investment is not at risk.

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

Schedule C (Form 1040) 2002

220001 11-04-02

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

Social security number of
person with self-employment
income ▶BARACK H OBAMA**Section B - Long Schedule SE****Part I Self-Employment Tax**

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

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

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

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

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

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

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

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

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

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

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

¹ From Sch. F, line 11, and Sch. K-1 (Form 1065), line 15b.² From Sch. F, line 36, and Sch. K-1 (Form 1065), line 15a.³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), line 15a; and Sch. K-1 (Form 1065-B), box 9.⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), line 15c; and Sch. K-1 (Form 1065-B), box 9.

Child and Dependent Care Expenses

▶ Attach to Form 1040.
▶ See separate instructions.

Name(s) shown on Form 1040

Your social security number

BARACK H & MICHELLE L OBAMA

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

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

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

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

Did you receive
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on page 2 next.

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

Part II **Credit for Child and Dependent Care Expenses**

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

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

3 Add the amounts in column (c) of line 2. Do not enter more than \$2,400 for one qualifying person or \$4,800 for two or more persons. If you completed Part III, enter the amount from line 26

4 Enter your earned income

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

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

7 Enter the amount from Form 1040, line 36

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

Over	But not over	Decimal amount is
\$0 - 10,000		.30
10,000 - 12,000		.29
12,000 - 14,000		.28
14,000 - 16,000		.27
16,000 - 18,000		.26
18,000 - 20,000		.25

Over	But not over	Decimal amount is
\$20,000 - 22,000		.24
22,000 - 24,000		.23
24,000 - 26,000		.22
26,000 - 28,000		.21
28,000 - No limit		.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2001 expenses in 2002, see the instructions

10 Enter the amount from Form 1040, line 44, minus any amount on Form 1040, line 45

11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 46

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2441 (2002)

Part III Dependent Care Benefits

12 Enter the total amount of dependent care benefits you received for 2002. This amount should be shown in box 10 of your W-2 form(s). Do not include amounts that were reported to you as wages in box 1 of Form(s) W-2	12	5,000.
13 Enter the amount forfeited, if any (see the instructions)	13	
14 Subtract line 13 from line 12	14	5,000.
15 Enter the total amount of qualified expenses incurred in 2002 for the care of the qualifying person(s)	15	23,452.
16 Enter the smaller of line 14 or 15	16	5,000.
17 Enter your earned income	17	160,535.
18 Enter the amount shown below that applies to you. <input type="radio"/> If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). <input type="radio"/> If married filing separately, see the instructions for the amount to enter. <input type="radio"/> All others, enter the amount from line 17.	18	98,826.
19 Enter the smallest of line 16, 17, or 18	19	5,000.
20 Excluded benefits. Enter here the smaller of the following: <input type="radio"/> The amount from line 19 or <input type="radio"/> \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 18).	20	5,000.
21 Taxable benefits. Subtract line 20 from line 14. Also, include this amount on Form 1040, line 7. On the dotted line next to line 7, enter "DCB"	21	

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

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

Form 2441 (2002)

SCHEDULE H
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Household Employment Taxes

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

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

▶ See separate instructions.

OMB No. 1545-0074

2002

Attachment
Sequence No. 44

Name of employer

Social security number

BARACK H OBAMA

Employer identification number

A Did you pay any one household employee cash wages of \$1,300 or more in 2002? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page 3 before you answer this question.)

- ☒ Yes. Skip lines B and C and go to line 1.
☐ No. Go to line B.

B Did you withhold Federal income tax during 2002 for any household employee?

- ☐ Yes. Skip line C and go to line 5.
☐ No. Go to line C.

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

- ☐ No. Stop. Do not file this schedule.
☐ Yes. Skip lines 1-9 and go to line 10 on page 2.

Part I Social Security, Medicare, and Income Taxes

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

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

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

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

Schedule H (Form 1040) 2002

Part II Federal Unemployment (FUTA) Tax

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

Next: If you checked the "Yes" box on all the lines above, complete Section A.

If you checked the "No" box on any of the lines above, skip Section A and complete Section B.

Section A

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

Section B

18 Complete all columns below that apply (if you need more space, see page 4):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-	(i) Contributions paid to state unemployment fund
			From	To					
19 Totals	19								

20 Add columns (h) and (i) of line 19	20	432.
21 Total cash wages subject to FUTA tax (see the line 16 instructions on page 4)	21	
22 Multiply line 21 by 6.2% (.062)	22	
23 Multiply line 21 by 5.4% (.054)	23	
24 Enter the smaller of line 20 or line 23	24	
25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26	25	

Part III Total Household Employment Taxes

26 Enter the amount from line 8	26	3,588.
27 Add line 17 (or line 25) and line 26	27	3,644.

28 Are you required to file Form 1040?

☒ Yes. Stop. Enter the amount from line 27 above on Form 1040, line 60. Do not complete Part IV below.☐ No. You may have to complete Part IV. See page 4 for details.**Part IV Address and Signature - Complete this part only if required. See the line 28 instructions on page 4.**

Address (number and street) or P.O. box if mail is not delivered to street address

Appt., room, or suite no.

City, town or post office, state, and ZIP code

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Employer's signature

Date

210392
11-01-02

Schedule H (Form 1040) 2002

FORM 1040

PERSONAL EXEMPTION WORKSHEET

STATEMENT 1

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

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 2

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

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT	3
------------	------------------------------	-----------	---

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

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT	4
------------	--------------------	-----------	---

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

SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT	5
------------	-------------------------------	-----------	---

1.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27		25,935.
2.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 13, AND 19, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 27		0.
3.	IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28. IF YES, SUBTRACT LINE 2 FROM LINE 1		25,935.
4.	MULTIPLY LINE 3 ABOVE BY 80% (.80)	20,748.	
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 36.	259,394.	
6.	ENTER: \$137,300 (\$68,650 IF MARRIED FILING SEPARATELY)	137,300.	
7.	IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28. IF YES, SUBTRACT LINE 6 FROM LINE 5	122,094.	
8.	MULTIPLY LINE 7 ABOVE BY 3% (.03)	3,663.	
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8		3,663.
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28		22,272.

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

Two-Year Comparison Worksheet

2002

Name(s) as shown on return

BARACK H & MICHELLE L OBAMA

Social security number

2001 Filing Status MARRIED FILING JOINT

2002 Filing Status MARRIED FILING JOINT

2001 Tax Bracket 0.0%

2002 Tax Bracket 35.0%

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

Form 1040

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 2001

(99)

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

Label

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

L
A
B
E
L

H
E
R
E

For the year Jan. 1-Dec. 31, 2001, or other tax year beginning , 2001, ending , 20

OMB No. 1545-0074

Your first name and initial

Barack H.

Last name

Obama

Your social security number

If a joint return, spouse's first name and initial

Michelle L.

Last name

Obama

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 19.

Apt. no.

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

Chicago, IL 60615

Important!

You must enter your SSN(s) above.

Presidential Election Campaign (See page 19.)

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . . ▶

You ☒ Yes ☐ No Spouse ☒ Yes ☐ No

Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☒ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶
- 4 ☐ Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶). (See page 19.)

Exemptions

If more than six dependents, see page 20.

- 6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a
- b ☒ Spouse
- c Dependents:
- | (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 20) |
|----------------|-----------|--|-------------------------------------|--|
| Malia A. | Obama | | daughter | <input type="checkbox"/> |
| Natasha M. | Obama | | daughter | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
- No. of boxes checked on 6a and 6b 2
- No. of your children on 6c who:
- ☐ lived with you 2
 - ☐ did not live with you due to divorce or separation (see page 20)
- Dependents on 6c not entered above
- Add numbers entered on lines above ▶ 4
- d Total number of exemptions claimed

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

Enclose, but do not attach any payment. Also, please use Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 176,965
- 8a Taxable interest. Attach Schedule B if required 8a
- b Tax-exempt interest. Do not include on line 8a 8b
- 9 Ordinary dividends. Attach Schedule B if required 9
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22) 10
- 11 Alimony received 11
- 12 Business income or (loss). Attach Schedule C or C-EZ 12 98,158
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ 13
- 14 Other gains or (losses). Attach Form 4797 14
- 15a Total IRA distributions 15a b Taxable amount (see page 23) 15b
- 16a Total pensions and annuities 16a b Taxable amount (see page 23) 16b
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
- 18 Farm income or (loss). Attach Schedule F 18
- 19 Unemployment compensation 19
- 20a Social security benefits 20a b Taxable amount (see page 25) 20b
- 21 Other income. List type and amount (see page 27) 21
- 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 275,123
- 23 IRA deduction (see page 27) 23
- 24 Student loan interest deduction (see page 28) 24
- 25 Archer MSA deduction. Attach Form 8853 25
- 26 Moving expenses. Attach Form 3903 26
- 27 One-half of self-employment tax. Attach Schedule SE 27 2,364
- 28 Self-employed health insurance deduction (see page 30) 28
- 29 Self-employed SEP, SIMPLE, and qualified plans 29
- 30 Penalty on early withdrawal of savings 30
- 31a Alimony paid b Recipient's SSN ▶ 31a
- 32 Add lines 23 through 31a 32 2,364
- 33 Subtract line 32 from line 22. This is your adjusted gross income ▶ 33 272,759

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 72.

Cat. No. 11320B

Form 1040 (2001)

Tax and Credits**Standard Deduction for—**

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

o All others:

Single, \$4,550

Head of household, \$6,650

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

Married filing separately, \$3,800

34	Amount from line 33 (adjusted gross income)	34	272,759
35a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here ▷ 35a		
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here ▷ 35b <input type="checkbox"/>		
36	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	36	17,443
37	Subtract line 36 from line 34	37	255,316
38	If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet on page 32	38	4,872
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	250,444
40	Tax (see page 33). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	79,046
41	Alternative minimum tax (see page 34). Attach Form 6251	41	0
42	Add lines 40 and 41	42	79,046
43	Foreign tax credit. Attach Form 1116 if required	43	
44	Credit for child and dependent care expenses. Attach Form 2441	44	
45	Credit for the elderly or the disabled. Attach Schedule R	45	
46	Education credits. Attach Form 8863	46	
47	Rate reduction credit. See the worksheet on page 36	47	
48	Child tax credit (see page 37)	48	
49	Adoption credit. Attach Form 8839	49	
50	Other credits from: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 9396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	50	
51	Add lines 43 through 50. These are your total credits	51	
52	Subtract line 51 from line 42. If line 51 is more than line 42, enter -0-	52	79,046

Other Taxes

53	Self-employment tax. Attach Schedule SE	53	4,729
54	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	54	
55	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	55	
56	Advance earned income credit payments from Form(s) W-2	56	
57	Household employment taxes. Attach Schedule H	57	2,297
58	Add lines 52 through 57. This is your total tax	58	86,072

Payments

If you have a qualifying child, attach Schedule EIC.

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

Refund

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

67	If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid	67	
68a	Amount of line 67 you want refunded to you	68a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
69	Amount of line 67 you want applied to your 2002 estimated tax	69	

Amount You Owe

70	Amount you owe. Subtract line 66 from line 58. For details on how to pay, see page 52	70	44,088
71	Estimated tax penalty. Also include on line 70	71	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 53)? ☐ Yes. Complete the following ☒ No

Designee's name	Phone no.	Personal identification number (PIN)
---------------------------	-------------------	--

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Your signature	Date	Your occupation	Do not print phone number:
Spouse's signature, if a joint return, both must sign.	Date	Spouse's occupation	

Preparer's Use Only

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

SCHEDULES A&B
(Form 1040)

Schedule A— Itemized Deductions

OMB No. 1545-0074

2001

Department of the Treasury

Internal Revenue Service (99)

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

Attachment
Sequence No. 07

Name(s) shown on Form 1040

Barack H. & Michelle L. Obama

Your social security number

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
1	Medical and dental expenses (see page A-2)	1			
2	Enter amount from Form 1040, line 34	2			
3	Multiply line 2 above by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0
Taxes You Paid	5 State and local income taxes	5	5,189		
(See page A-2.)	6 Real estate taxes (see page A-2)	6	3,539		
	7 Personal property taxes	7			
	8 Other taxes. List type and amount ▶	8			
	9 Add lines 5 through 8	9			8,728
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	11,439		
(See page A-3.)	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ▶	11			
	12 Points not reported to you on Form 1098. See page A-3 for special rules	12			
Note. Personal interest is not deductible.	13 Investment interest. Attach Form 4952 if required. (See page A-3.)	13			
	14 Add lines 10 through 13	14			11,439
Gifts to Charity	15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	15	1,470		
If you made a gift and got a benefit for it, see page A-4.	16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500	16			
	17 Carryover from prior year	17			
	18 Add lines 15 through 17	18			1,470
Casualty and Theft Losses	19 Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19			
Job Expenses and Most Other Miscellaneous Deductions	20 Unreimbursed employee expenses—job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See page A-5.) ▶	20			
(See page A-5 for expenses to deduct here.)	21 Tax preparation fees	21			
	22 Other expenses—investment, safe deposit box, etc. List type and amount ▶	22			
	23 Add lines 20 through 22	23			
	24 Enter amount from Form 1040, line 34	24			
	25 Multiply line 24 above by 2% (.02)	25			
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26			0
Other Miscellaneous Deductions	27 Other—from list on page A-6. List type and amount ▶	27			
Total Itemized Deductions	28 Is Form 1040, line 34, over \$132,950 (over \$66,475 if married filing separately)? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.	28			17,443

SCHEDULE C-EZ
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name of proprietor
Barack H. Obama

Net Profit From Business
(Sole Proprietorship)

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

OMB No. 1545-0074

2001

Attachment
Sequence No. **09A**

Social security number (SSN)

Part I **General Information**

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

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

And You:

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

A Principal business or profession, including product or service Legal services/attorney	B Enter code from pages C-7 & 8 <div style="border: 1px solid black; padding: 2px; display: inline-block;">5 4 1 1 0 0</div>
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN), if any <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
E Business address (including suite or room no.). Address not required if same as on Form 1040, page 1. c/o Miner, Barnhill & Galland, 14 West Erie Street City, town or post office, state, and ZIP code Chicago, IL 60610	

Part II **Figure Your Net Profit**

1 Gross receipts. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see Statutory Employees in the instructions for Schedule C, line 1, on page C-2 and check here	<input type="checkbox"/>	1	96,158
2 Total expenses. If more than \$2,500, you must use Schedule C. See instructions	2		
3 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on Form 1040, line 12, and also on Schedule SE, line 2. (Statutory employees do not report this amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.)	3		96,158

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

- 4** When did you place your vehicle in service for business purposes? (month, day, year) ► 1 / 1 / 01
- 5** Of the total number of miles you drove your vehicle during 2001, enter the number of miles you used your vehicle for:
- a Business b Commuting c Other
- 6** Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 7** Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 8a** Do you have evidence to support your deduction? ☐ Yes ☐ No
- b If "Yes," is the evidence written? ☐ Yes ☐ No

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

Section B—Long Schedule SE

Part I Self-Employment Tax

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

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

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

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

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

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

14	Maximum income for optional methods	1,600	00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$1,600. Also include this amount on line 4b above		

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

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

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

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

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

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

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

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



SCHEDULE H
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Household Employment Taxes

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

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

▶ See separate instructions.

OMB No. 1545-0074

2001

Attachment
Sequence No. 44

Name of employer

Barack H. Obama

Social security number

Employer identification number

A Did you pay any one household employee cash wages of \$1,300 or more in 2001? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page 3 before you answer this question.)

- ☒ **Yes.** Skip lines B and C and go to line 1.
☐ **No.** Go to line B.

B Did you withhold Federal income tax during 2001 for any household employee?

- ☐ **Yes.** Skip line C and go to line 5.
☐ **No.** Go to line C.

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

- ☐ **No.** Stop. Do not file this schedule.
☐ **Yes.** Skip lines 1-9 and go to line 10 on the back.

Part II Social Security, Medicare, and Income Taxes

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

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

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

Part II Federal Unemployment (FUTA) Tax

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

Next: If you checked the "Yes" box on all the lines above, complete Section A.

If you checked the "No" box on any of the lines above, skip Section A and complete Section B.

Section A

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

Section B

18 Complete all columns below that apply (if you need more space, see page 4):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-	(i) Contributions paid to state unemployment fund
			From	To					

19 Totals	19		
20 Add columns (h) and (i) of line 19	20		
21 Total cash wages subject to FUTA tax (see the line 16 instructions on page 4)	21		
22 Multiply line 21 by 6.2% (.062)	22		
23 Multiply line 21 by 5.4% (.054)	23		
24 Enter the smaller of line 20 or line 23	24		
25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26	25		

Part III Total Household Employment Taxes

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

28 Are you required to file Form 1040?

☒ Yes. Stop. Enter the amount from line 27 above on Form 1040, line 57. Do not complete Part IV below.☐ No. You may have to complete Part IV. See page 4 for details.**Part IV Address and Signature—Complete this part only if required. See the line 28 instructions on page 4.**

Address (number and street) or P.O. box if mail is not delivered to street address

Apt., room, or suite no.

City, town or post office, state, and ZIP code

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Employer's signature

Date



Form 6251

Alternative Minimum Tax-- Individuals

OMB No. 1545-0227

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

2001

Attachment
Sequence No. 32

Name(s) shown on Form 1040

Your social security number

Part I Alternative Minimum Taxable Income

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

Part II Alternative Minimum Tax

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

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

Cat. No. 13600C

Form 6251 (2001)



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

or for fiscal year
 ending 2002

www.il.tax.com

Do not write above this line.

Step 1: Complete your personal information

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

000-00-0000
 Your Social Security number

000-00-0000
 Your spouse's Social Security number

B Place your label or print your personal information below.

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

C Check the same filing status you checked on your federal return.

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

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

Step 2: Figure your income

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

Step 3: Figure your base income

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

Step 4: Figure your exemption allowance

12 a Write the number of exemptions from your federal return. 4 X \$2,000 a \$8,000.00
 b If someone else claimed you on their return, see Line 12 instructions to figure the number to write here. ☐ X \$2,000 b
 c Check if 65 or older: ☐ You + ☐ Spouse = ☐ X \$1,000 c
 d Check if legally blind: ☐ You + ☐ Spouse = ☐ X \$1,000 d
 Add Lines a through d. This is your total Illinois exemption allowance. 12 \$8,000.00

Step 5: Figure your net income

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

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

Attach

Federal Page 1
 Form W-2
 1099-R
 Military W-2

See
 Instructions

See
 Instructions

See
 Instructions
 before
 completing
 this step.

Attach

Schedule NR

Step 6: Figure your tax

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

Attach**Step 7: Figure your payments and credits**

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

W-2's (Attach to front)

Schedule CR
Other states' returns and required schedules

Receipt or Schedule ED

Schedule 1299-C

Step 8: Figure your overpayment or your tax due

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

Step 9: Figure your penalty

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

Attach

Form IL-2210

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

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

Step 11: Figure your refund or the amount you owe

- 30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. 30 _____
- 31 Write the amount from Line 30 that you want applied to your 2002 estimated tax. 31 _____
- 32 Subtract Line 31 from Line 30. This is your refund. 32 _____
- 33 Direct deposit your refund by completing the following information.

Direct Deposit
See instructions

Routing number Type of account ☐ Checking ☐ Savings

Account number

Payment Options
See instructions

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

Step 12: Sign and date your return

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

[Signature] 4/13/02 [Signature] 4/13/02
 Your signature Date Daytime phone number Your spouse's signature Date

 Paid preparer's signature Date Preparer's phone number Preparer's FEIN, SSN, or PTIN

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

IL-1040 back (R-03/02) AP _____ DR _____ ME ZZ SE WA RX NS DC ID _____

1040

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 2000

(99) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2000, or other tax year beginning

2000, ending

20

OMB No. 1545-0074

Label

(See instructions on page 19.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See page 19.)

L
A
B
E
L

H
E
R
E

Your first name and initial

Barack H.

Last name

Obama

If a joint return, spouse's first name and initial

Michelle L.

Last name

Obama

Home address (number and street). If you have a P.O. box, see page 19.

548 N. W. Ave.

Apt. no.

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

Chicago, IL 60615

Your social security number

Spouse's social security number

▲ Important! ▲

You must enter your SSN(s) above.

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . . ▶

You

Spouse

☒ Yes ☐ No ☒ Yes ☐ No

Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☒ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶
- 4 ☐ Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶). (See page 19.)

Exemptions

If more than six dependents, see page 20.

- 6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

- b ☒ Spouse

- c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 20)
Malia A.	Obama		daughter	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

No. of boxes checked on 6a and 6b

2

No. of your children on 6c who:

- ☐ lived with you
- ☐ did not live with you due to divorce or separation (see page 20)

1

Dependents on 6c not entered above

Add numbers entered on lines above ▶

3

- d Total number of exemptions claimed

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	212,999
8a	Taxable interest. Attach Schedule B if required	8a	38
b	Tax-exempt interest. Do not include on line 8a	8b	
9	Ordinary dividends. Attach Schedule B if required	9	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)	10	157
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	16,500
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	1,836
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions	15a	
15b	Taxable amount (see page 23)	15b	
16a	Total pensions and annuities	16a	13,055
16b	Taxable amount (see page 23)	16b	9,196
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
20b	Taxable amount (see page 25)	20b	
21	Other income. List type and amount (see page 25)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	240,726
23	IRA deduction (see page 27)	23	
24	Student loan interest deduction (see page 27)	24	
25	Medical savings account deduction. Attach Form 8853	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	221
28	Self-employed health insurance deduction (see page 29)	28	
29	Self-employed SEP, SIMPLE, and qualified plans	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	Add lines 23 through 31a	32	221
33	Subtract line 32 from line 22. This is your adjusted gross income ▶	33	240,505

Adjusted Gross Income

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 56.

Cat. No. 11320B

Form 1040 (2000)

SCHEDULES A&B
(Form 1040)

Schedule A—Itemized Deductions

(Schedule B is on back)

OMB No. 1545-0074

2000

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Barack H. & Michelle L. Obama

Your social security number

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-2)	1		
2	Enter amount from Form 1040, line 34	2		
3	Multiply line 2 above by 7.5% (.075)	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		
Taxes You Paid	5 State and local income taxes	5	6,270	
(See page A-2.)	6 Real estate taxes (see page A-2)	6	3,119	
	7 Personal property taxes	7		
	8 Other taxes. List type and amount ▶	8		
	9 Add lines 5 through 8	9		9,389
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	11,889	
(See page A-3.)	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ▶	11		
Note. Personal interest is not deductible.	12 Points not reported to you on Form 1098. See page A-3 for special rules.	12		
	13 Investment interest. Attach Form 4952 if required. (See page A-3.)	13		
	14 Add lines 10 through 13	14		11,889
Gifts to Charity	15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	15	2,350	
If you made a gift and got a benefit for it, see page A-4	16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500	16		
	17 Carryover from prior year	17		
	18 Add lines 15 through 17	18		2,350
Casualty and Theft Losses	19 Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19		
Job Expenses and Most Other Miscellaneous Deductions	20 Unreimbursed employee expenses—job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See page A-5.) ▶	20		
(See page A-5 for expenses to deduct here.)	21 Tax preparation fees	21		
	22 Other expenses—investment, safe deposit box, etc. List type and amount ▶	22		
	23 Add lines 20 through 22	23		
	24 Enter amount from Form 1040, line 34	24		
	25 Multiply line 24 above by 2% (.02)	25		
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26		
Other Miscellaneous Deductions	27 Other—from list on page A-6. List type and amount ▶	27		
Total Itemized Deductions	28 Is Form 1040, line 34, over \$128,950 (over \$64,475 if married filing separately)? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.	28		20,281

Tax and Credits		34		240,505	
34 Amount from line 33 (adjusted gross income)		34		240,505	
35a Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here		35a			
b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here		35b			
Standard Deduction for Most People Single: \$4,400 Head of household: \$6,450 Married filing jointly or Qualifying widow(er): \$7,350 Married filing separately: \$3,675	36 Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see page 31 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent	36	20,281		
	37 Subtract line 36 from line 34	37	220,224		
	38 If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to enter	38	5,208		
	39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	215,016		
	40 Tax (see page 32). Check if any tax is from a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972	40	60,160		
	41 Alternative minimum tax. Attach Form 6251	41	0		
	42 Add lines 40 and 41	42	60,160		
	43 Foreign tax credit. Attach Form 1116 if required	43			
	44 Credit for child and dependent care expenses. Attach Form 2441	44			
	45 Credit for the elderly or the disabled. Attach Schedule R	45			
46 Education credits. Attach Form 8863	46				
47 Child tax credit (see page 36)	47				
48 Adoption credit. Attach Form 8839	48				
49 Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 5396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	49				
50 Add lines 43 through 49. These are your total credits	50				
51 Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-	51	60,160			
Other Taxes		52		442	
52 Self-employment tax. Attach Schedule SE		52	442		
53 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		53			
54 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required		54	626	no	
55 Advance earned income credit payments from Form(s) W-2		55			
56 Household employment taxes. Attach Schedule H		56	2,504		
57 Add lines 51 through 56. This is your total tax		57	63,732		
Payments		58		44,760	
58 Federal income tax withheld from Forms W-2 and 1099		58	44,760		
59 2000 estimated tax payments and amount applied from 1999 return		59	4,760		
If you have a qualifying child, attach Schedule EIC.	60a Earned income credit (EIC)	60a			
	b Nontaxable earned income, amount and type				
61 Excess social security and RRTA tax withheld (see page 50)		61	2,551		
62 Additional child tax credit. Attach Form 8812		62			
63 Amount paid with request for extension to file (see page 50)		63			
64 Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136		64			
65 Add lines 58, 59, 60a, and 61 through 64. These are your total payments		65	52,061		
Refund		66			
66 If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid		66			
67a Amount of line 66 you want refunded to you		67a			
b Routing number c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings					
d Account number					
68 Amount of line 66 you want applied to your 2001 estimated tax		68			
Amount You Owe		69		12,571	
69 If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe. For details on how to pay, see page 51		69	12,571		
70 Estimated tax penalty. Also include on line 69		70	900		
Sign Here					
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
Your signature		Date	Your occupation	Daytime phone number	
Michelle Obama		4/15/01	Attorney/prof.		
Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation	May the IRS discuss this return with the preparer shown below (see page 52)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Michelle Obama		4/15/01	Univ. dean		
Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN	
Firm's name (or yours if self-employed), address, and ZIP code		EIN		Phone no.	

SCHEDULE C-EZ
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Net Profit From Business
(Sole Proprietorship)

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

OMB No. 1545-0074

2000

Attachment
Sequence No. 09A

Name of proprietor
Barack H. Obama

Social security number (SSN)

Part I General Information

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

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

And You:

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

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

Part II Figure Your Net Profit

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

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

- 4** When did you place your vehicle in service for business purposes? (month, day, year) 1 / 1 /
- 5** Of the total number of miles you drove your vehicle during 2000, enter the number of miles you used your vehicle for:
- a Business b Commuting c Other
- 6** Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 7** Was your vehicle available for use during off-duty hours? ☐ Yes ☐ No
- 8a** Do you have evidence to support your deduction? ☐ Yes ☐ No
- b** If "Yes," is the evidence written? ☐ Yes ☐ No

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

Section B—Long Schedule SE

Part I Self-Employment Tax

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

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

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

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

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

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

14	Maximum income for optional methods		1,600	00
15	Enter the smaller of: two-thirds (⅔) of gross farm income ¹ (not less than zero) or \$1,600. Also include this amount on line 4b above.			

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

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

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

16	Subtract line 15 from line 14.			
17	Enter the smaller of: two-thirds (⅔) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above.			

¹From Sch. F, line 11, and Sch. K-1 (Form 1065), line 15b.
²From Sch. F, line 36, and Sch. K-1 (Form 1065), line 15a.

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



SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

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

OMB No. 1545-0074

2000

Attachment
Sequence No. 12

Name(s) shown on Form 1040

Barack H. Obama

Your social security number

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

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

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

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

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

Part III Summary of Parts I and II

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

17	1,836
18	()

Part IV Tax Computation Using Maximum Capital Gains Rates

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



**SCHEDULE H
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name of employer

Barack H. Obama

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.

➤ See separate instructions.

OMB No. 1545-0074

2000

Attachment
Sequence No. 44

Social security number

Employer identification number

A Did you pay any one household employee cash wages of \$1,200 or more in 2000? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page 3 before you answer this question.)

- ☒ Yes. Skip lines B and C and go to line 1.
☐ No. Go to line B.

B Did you withhold Federal income tax during 2000 for any household employee?

- ☐ Yes. Skip line C and go to line 5.
☐ No. Go to line C.

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

- ☐ No. Stop. Do not file this schedule.
☐ Yes. Skip lines 1-9 and go to line 10 on the back.

Part II Social Security, Medicare, and Income Taxes

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

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

- ☐ No. Stop. Enter the amount from line 8 above on Form 1040, line 56. If you are not required to file Form 1040, see the line 9 instructions on page 4.
☒ Yes. Go to line 10 on the back.

Part III Federal Unemployment (FUTA) Tax

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

Next: If you checked the "Yes" box on all the lines above, complete Section A.

If you checked the "No" box on any of the lines above, skip Section A and complete Section B.

Section A

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

Section B

18 Complete all columns below that apply (if you need more space, see page 4):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-	(i) Contributions paid to state unemployment fund
			From	To					

19 Totals		19	
20 Add columns (h) and (i) of line 19		20	
21 Total cash wages subject to FUTA tax (see the line 16 instructions on page 4)		21	
22 Multiply line 21 by 6.2% (.062)		22	
23 Multiply line 21 by 5.4% (.054)		23	
24 Enter the smaller of line 20 or line 23		24	
25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26		25	

Part III Total Household Employment Taxes

26 Enter the amount from line 8	26	2,448
27 Add line 17 (or line 25) and line 26	27	2,504

28 Are you required to file Form 1040?

- ☒ Yes. Stop. Enter the amount from line 27 above on Form 1040, line 56. Do not complete Part IV below.
- ☐ No. You may have to complete Part IV. See page 4 for details.

Part IV Address and Signature—Complete this part only if required. See the line 28 instructions on page 4.

Address (number and street) or P.O. box if mail is not delivered to street address

Apt., room, or suite no.

City, town or post office, state, and ZIP code

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Employer's signature

Date



Form 6251

Alternative Minimum Tax—Individuals

OMB No. 1545-0227

▶ See separate instructions.

2000

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. 32

Name(s) shown on Form 1040

Barack H. & Michelle L. Obama

Your social security number

Part II Adjustments and Preferences

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

Part III Alternative Minimum Taxable Income

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

Part IV Exemption Amount and Alternative Minimum Tax

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

For Paperwork Reduction Act Notice, see page 8 of the Instructions.

Cat. No. 13600G

Form 6251 (2000)

Part IV Line 24 Computation Using Maximum Capital Gains Rates

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

