1040		U.S. Individual Income T	ax Return	200	7	se Only - Do not	t write o	r staple in this space.
Label	. For t	he year Jan. 1-Dec. 31, 2007, or other tax ye	ear beginning	, 2	007, ending	20		OWB No. 1545-0074
(See	Y(our first name and initial		Last name	Vancous Contraction of the Contr			Your social security number
instructions		ARACK H.		ОВАМА				- 1
on page 12.)	If	a joint return, spouse's first name and	initial	Last name	the second second	e e ta el La Na Car		Spouse's social security numb
Use the IRS		ICHELLE L.		ОВАМА				
label.	H	ome address (number and street). If y	ou have a P.O. b	oox, see page 12.		Apt. no.	-	You must enter
Otherwise,						1.1		▲ your SSN(s) above. ▲
please print F or type.		ty, town or post office, state, and ZIP code. I	f you have a foreign	n address, see page 12.				Checking a box below will not
Presidential		HICAGO, IL 6061	5					change your tax or refund.
Election Campa	ign)	Check here if you, or your	spouse if filing	jointly, want \$3 to	go to this fund (see	page 12)		X You X Spous
Filing Ctatus	a.t.							g person). If the qualifying
Filing Status	2	X Married filing jointly (even if or	nly one had inco	me)				endent, enter this child's
Check only	3				name here.		ui uop	ondone, ontor tino onno o
one box.		and full name here.	Transfer Arman				lenend	ent child (see page 14)
16. (1.00.00.00.00.00.00.00.00.00.00.00.00.00	6a	X Yourself. If someone can clair	n you as a deper	ndent, do not check				Boxes checked 2
Exemptions	b	X Spouse				-10-42		on 6a and 6b
	C	Dependents:		(2) Dependent's social	(3) Depender			iru- on 6c who:
		(1) First name Last r	1	security number	relationship you	to c	ng child fo nild tax cre see page 1	dit odid not live with
		MALIA A OBAMA			DAUGHTER	1/-	X	you due to divorce or separation (see page 16)
		NATASHA M OBAMA		-	DAUGHTER		X	(see page 16)
If more than four							- 21	Dependents on 6c
dependents, see page 15.								not entered above
	d	Total number of exemptions claime	d					on lines 4
Income	7	Wages, salaries, tips, etc. Attach Fo	rm(s) W-2				7	260,735
	8a	Taxable interest. Attach Schedule E	if required		region of the region series.	remova Lydna	8a	1,442
Attach Form(s) W-2 here. Also	b	Tax-exempt interest. Do not include	on line 8a		8b 4	5,851.	A street	
attach Forms	9a		e B if required				9a	
W-2G and 1099-R if tax	b	Qualified dividends (see page 19)			9b		100	Y
was withheld.	10	Taxable refunds, credits, or offsets	of state and loca	I income taxes	STMT 1 ST	MT 3	10	6,167
	11	Alimony received					11	
If you did not	12	Business income or (loss). Attach S	chedule C or C-	EZ			12	3,972,821
get a W-2,	13	Capital gain or (loss). Attach Sched	ule D if required.	. If not required, che	ck here	▶ □	13	-3,000
see page 19.	14	Other gains or (losses). Attach Forn	1 4797			. —	14	
	15a	IRA distributions	15a		b Taxable amount		15b	
Enclose, but do not attach, any	16a	Pensions and annuities	16a		b Taxable amount		16b	
payment. Also,	17	Rental real estate, royalties, partners	ships, S corpora	tions, trusts, etc. Att	ach Schedule E		17	
please use	18	Farm income or (loss). Attach Sche	dule F				18	
Form 1040-V.	19	Unemployment compensation					19	
	20a	Social security benefits	20a	1	b Taxable amount (se	e page 24)	20b	
	21	Other income. List type and amount						
							21	
	22	Add the amounts in the far right colu	ımn for lines 7 t	hrough 21. This is ve	our total income	b	22	4,238,165.
	23	Educator expenses (see page 26)			23			_,,
Adjusted	24	Certain business expenses of reservists, p officials. Attach Form 2106 or 2106-EZ	erforming artists, a	nd fee-basis governmer	24			
Gross	25	Health savings account deduction. A			25			

31a Alimony paid b Recipient's SSN ▶ _____

Income

26 27

28

29

32

33

37

Moving expenses. Attach Form 3903

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

Self-employed SEP, SIMPLE, and qualified plans

Self-employed health insurance deduction (see page 26)

Penalty on early withdrawal of savings

IRA deduction (see page 27)

Student loan interest deduction (see page 30)

Tuition and fees deduction. Attach Form 8917

Subtract line 36 from line 22. This is your adjusted gross income

53,200.

45,000.

36

27

28

29

30

31a

32

33

34

and ZIP code

Form **2210**

Department of the Treasury Internal Revenue Service

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

See-separate instructions.

2007 Attachment Sequence No. 06

OMB No.1545-0140

Name(s) shown on tax return

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

Attachment Sequence No. 96

Identifying number

BARACK H. & MICHELLE L. OBAMA

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 7 less than \$1,000?	Yes	Do not file Form 2210. You do no	ot owe a	penalty.
No V				
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You do not owe a penalty. Do no E below applies, you must file page		
No				
You may owe a penalty. Does any box in Part II below apply?	7 Yes	You must file Form 2210. Does b	W.P. C	as D annis O
Tournay owe a penalty. Does any box in Part ii below apply?		Tou mast me Form 2210. Does by	JX Б, С,	or D apply?
No		No Yes Y	ou must	figure your penalty.
Do not file Form 2210. You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but do not file Form 2210.		You are not required to figure you figure it and send you a bill for an figure it, you may use Part III or Payour penalty amount on your tax r Form 2210.	unpaid art IV as	amount. If you want to a worksheet and enter
Part I Required Annual Payment		The state of the s		
1 Enter your 2007 tax after credits from Form 1040, line 57 (or compara	able line of you	ur return)	1	1,288,407.
2 Other taxes, including self-employment tax (see page 2 of the instructi	ions)		2	108,365.
3 Refundable credits. Enter the total of your earned income credit, additi-	ional child tax	credit, credit for federal tax paid	1.26	
on fuels, health coverage tax credit, and refundable credit for prior yea			3 (
4 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, you do			4	1,396,772.
5 Multiply line 4 by 90% (.90)		5 1,257,095.		
6 Withholding taxes. Do not include estimated tax payments. (see page 2	2 of the instru	ctions)	6	59,090.
7 Subtract line 6 from line 4. If less than \$1,000, you do not owe a penal	lty; do not file	Form 2210	7	1,337,682.
8 Maximum required annual payment based on prior year's tax (see pag	e 2 of the inst	tructions)	8	305,174.
9 Required annual payment. Enter the smaller of line 5 or line 8			9	305,174.
Next: Is line 9 more than line 6?				
No. You do not owe a penalty. Do not file Form 2210 unless box X Yes. You may owe a penalty, but do not file Form 2210 unless on	, ,			
		xes in Part II below applies.		
 If box B, C, or D applies, you must figure your penalty and file I 				
 If only box A or E (or both) applies, file only page 1 of Form 22: will figure it and send you a bill for any unpaid amount. If you wan worksheet and enter your penalty on your tax return, but file only 	nt to figure you	ur penalty, you may use Part III or IV as a		
Part II Reasons for Filing. Check applicable boxes. If nor	ne apply, do	not file Form 2210.		
A You request a waiver (see page 1 of the instructions) of your entir	re penalty. Yo	u must check this box and file page 1 of For	m 2210,	
but you are not required to figure your penalty.				
B You request a waiver (see page 1 of the instructions) of part of yo file Form 2210.				
C X Your income varied during the year and your penalty is reduced or method. You must figure the penalty using Schedule Al and file Fo		then figured using the annualized incom e in	ıstalimer	t
D Your penalty is lower when figured by treating the federal income	tax withheld f	rom your income as paid on the dates it was	actually	
withheld, instead of in equal amounts on the payment due dates. Y	You must figu	re your penalty and file Form 2210.		
EYou filed or are filing a joint return for either 2006 or 2007, but not must file page 1 of Form 2210, but you are not required to figure y			ove. You	C : 122
HA For Paperwork Reduction Act Notice, see page 6 of sepa	rate instruc	ctions.		Form 2210 (2007)
12501 2-14-07				

Part IV Regular Method (See page 2 of the instructions if you are filing Form 1040NR or 1040NR-EZ.)

- 0	The state of the s					Payment	Due	Dates		2 10 2 1 1 10 10
- 30	ection A - Figure Your Underpayment			(a) 4/15/07		(b) 6/15/07		(c) 9/15/07		(d) 1/15/08
18	Required installments. If box C in Part II applies, enter						y - man	er recent of		· · · · · · · · · · · · · · · · · · ·
	the amounts from Schedule Al, line 25. Otherwise, enter									
	25% (.25) of line 9, Form 2210, in each column	18		4,923		2,732		138,839		158,68
19	Estimated tax paid and tax withheld. For column (a) only,			Land Admires and						
	also enter the amount from line 19 on line 23. If line									
	19 is equal to or more than line 18 for all payment	1								
	periods, stop here; you do not owe a penalty. Do not	- 10.	i reil		i na					
	file Form 2210 unless you checked a box in Part II	19		75,629		90,773		90,773	14.14	79,77
	Complete lines 20 through 26 of one column before going to line 20 of the next column.								i i	
20	Enter the amount, if any, from line 26 in the previous									
	column	20				70,706		158,747		110,68
21	Add lines 19 and 20	21				161,479		249,520		190,45
	Add the amounts on lines 24 and 25 in previous column	22						227,320.		100,20
23	Subtract line 22 from line 21. If zero or less, enter -0-,						+		-	
	For column (a) only, enter the amount from line 19	23	1	75,629.		161,479		249,520.		190,45
24	If line 23 is zero, subtract line 21 from line 22.					202/2/5	-	245,5200		170,43
	Otherwise, enter -0-	24				0.		0.		
25	Underpayment. If line 18 is equal to or more than line							0.		
	23, subtract line 23 from line 18. Then go to line 20 of	Plant.		- mentioner in Communication	e de l'année			Armil - Fill Cal		
	the next column. Otherwise, go to line 26	25				Arthur Ind. Terranage		T. WILLIAM TO LONG TO THE		
26	Overpayment. If line 23 is more than line 18, subtract line				-		-		Part - Chris	
	18 from line 23. Then go to line 20 of the next column	26		70,706.		158,747.		110,681.		
Se	ection B - Figure the Penalty (Complete lines		hrough (30 of one colur	nn be	fore going to the	next c	olumn.)		
	April 16, 2007 - December 31, 2007	1934	1	4/15/07		6/15/07	T	9/15/07		
Ξ	27 Number of days from the date shown above line		Days:		Days:		Days:	0/10/01		
.0	27 to the date the amount on line 25 was paid or								. 100,000,000	
Pel	12/31/07, whichever is earlier	27								
Rate Period	Number of days									
8	28 Underpayment on on line 27									
	line 25 × 365 × .08	28	\$		\$		\$			
	January 1, 2008 - April 15, 2008			12/31/07	-	12/31/07	14	12/31/07		1/15/08
2	29 Number of days from the date shown above line		Days:		Days:		Days:	12/01/01	Days:	1/ 13/00
90	29 to the date the amount on line 25 was paid or									
Pe	4/15/08, whichever is earlier	29								
Rate Period 2	Number of days				_					
ä	30 Underpayment on on line 29									
	line 25 X 366 X .07	30	\$		\$		\$		\$	
31	Penalty. Add all amounts on lines 28 and 30 in all columns.		the total	here and on For	m 1040) line 77:	Ψ		Ψ	
	Form 1040A, line 47; Form 1040NR, line 75; Form 1040NR-	F7. lin	e 26: or F	form 1041 line !	26. ph	do not				
	file Form 2210 unless you checked a box in Part II	, 1111	5 LO, OI I	5 10+1, III6 2	, but	uo ilut			\$	A.

	chedule AI - Annualized Income Installment Me states and trusts, do not use the period ending dates shown to the		(a)	(b)	(c)	7.41
	ght. Instead, use the following: 2/28/07, 4/30/07, 7/31/07, and		1/1/07 - 3/31/07	(U) 1/1/07 = 5/31/07	(c) 1/1 / 07 - 8/31/07	(d)
	1/30/07.		1/1/07 - 3/31/07		1/1/07 - 6/3 1/07	1/1/07 - 12/31/07
	Part I Annualized Income Installments					
-	Enter your adjusted gross income for each period (see instructions).					
	(Estates and trusts, enter your taxable income without your					
	exemption for each period.)	1	103,655.	143,920.	697,528.	4139965
	Annualization amounts. (Estates and trusts, see instructions.)	2	4	2.4	1.5	4133303
	Annualized income. Multiply line 1 by line 2	3	414,620.	345,408.	1046292.	4139965
	Enter your itemized deductions for the period shown in each		111,020.	343,400.	1040292.	4139905
	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.)					
	amount from line 3 on line 9.)	4	112,129.	187,458.	290,588.	27/ 000
		5	4	2.4	1.5	374,008
	Multiply line 4 by line 5 (see instructions if line 3 is more than	1		2.4	1.0	1 1
	\$78,200)	6	448,516.	449,899.	435,882.	274 000
- 7	In each column, enter the full amount of your standard deduction	-	440,JIO.	449,099.	433,002.	374,008
-	from Form 1040, line 40, or Form 1040A, line 24 (Form 1040NR or	, m.				
	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	10 700	10 700	10 700	10 500
,	Enter the larger of line 6 or line 7	8	10,700.	10,700.	10,700.	10,700
	Subtract line 9 from line 9	9			435,882.	374,008
	Subtract line 8 from line 3 In each column, multiply \$3,400 by the total number of exemptions	9	-33,896.	-104,491.	610,410.	3765957
- 10						
	claimed (see instructions if line 3 is more than \$117,300).					The second secon
-	(Estates and trusts and Form 1040NR or 1040NR-EZ filers, enter		4-5-00	The Control of the Co		
	the exemption amount shown on your tax return.)	10	4,532.	5,440.	4,532.	4,532
	Subtract line 10 from line 9	11	0.	0.	605,878.	3761425
	Figure your tax on the amount on line 11 (see instructions)	12	0.	0.	184,263.	1288705.
13	Self-employment tax from line 34 below					
	(complete Part II)	13	20,212.	15,343.	31,097.	109,771.
14	Enter other taxes for each payment period (see instructions)	14	1,966.	1,966.	1,966.	1,966.
	Total tax. Add lines 12,13, and 14	15	22,178.	17,309.	217,326.	1400442.
16	For each period, enter the same type of credits as allowed on Form					
	2210, lines 1 and 3 (see instructions)	16	298.	298.	298.	298.
	Subtract line 16 from line 15. If zero or less, enter -0-	17	21,880.	17,011.	217,028.	1400144.
	Applicable percentage	18	22.5%	45%	67.5%	90%
19	Multiply line 17 by line 18	19	4,923.	7,655.	146,494.	1260130.
	Complete lines 20-25 of one column before going					
	to line 20 of the next column.					
	Enter the total of the amounts in all previous columns of line 25	20		4,923.	7,655.	146,494.
	Subtract line 20 from line 19. If zero or less, enter -0-	21	4,923.	2,732.	138,839.	1113636.
	Enter 25% (.25) of line 9 on page 1 of Form 2210 in each column	22	76,293.	76,293.	76,294.	76,294.
23	Subtract line 25 of the previous column from line 24 of that					
	column	23		71,370.	144,931.	82,386.
24	Add lines 22 and 23	24	76,293.	147,663.	221,225.	158,680.
25	Enter the smaller of line 21 or line 24 here and on Form 2210,					
_	line 18	25	4,923.	2,732.	138,839.	158,680.
	art II Annualized Self-Employment Tax (Form 104					
	Net earnings from self-employment for the period (see instructions)	26	60,211.	73,821.	549,716.	3641710.
27	Prorated social security tax limit	27	\$24,375	\$40,625	\$65,000	\$97,500
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	6,094.	20,313.	48,750.	97,500.
	Subtract line 28 from line 27. If zero or less, enter -0-	29	18,281.	20,312.	16,250.	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	9,067.	6,045.	3,023.	0.
	Annualization amounts	32	0.116	0.0696	0.0435	0.029
33	Multiply line 26 by line 32	33	6,984.	5,138.	23,913.	105,610.
	Add lines 31 and 33. Enter here and on line 13 above	34	16,051.	11,183.	26,936.	105,610.

		chedule AI - Annualized Income Installment Me	11100				
		ates and trusts, do not use the period ending dates shown to the		(a)	(b)	(c)	(d)
	-	nt. Instead; use the following: 2/28/07, 4/30/07, 7/31/07, and		1/1/07 - 3/31/07	1/1/07 - 5/31/07	1/1/07 - 8/31/07	1/1/07 - 12/31/07
		30/07.		The second second		the court of the same	
	_	art I Annualized Income Installments	- 1		andra ay jama a ag	Mangager Managage	ere, er fan i gest ik
	_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.	1.1				
		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.)					
	-	A	4				
	5	Annualization amounts	5	4	2.4	1.5	rescription.
	6	Multiply line 4 by line 5 (see instructions if line 3 is more than		sa salamini di di di di	1000		AU DE NEW YORK
		\$78,200)	6				
		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				
		In each column, multiply \$3,400 by the total number of exemptions				el manufacturary mentioned a	- American Contract of the Con
	4 11	claimed (see instructions if line 3 is more than \$117,300).			and the same will be a second		
	-	(Estates and trusts and Form 1040NR or 1040NR-EZ filers, enter		of the state of the same of th		ASSESSMENT TRANSPORT AND THE	
	-	the exemption amount shown on your tax return.)	10		re out of the older dank		
	11	Subtract line 10 from line 9	11				
	12	Figure your tax on the amount on line 11 (see instructions)	12				
		Self-employment tax from line 34 below	13				9 0
	1 4	(complete-Part II) Enter other taxes for each payment period (see instructions)	14				
			15				
		Total tax. Add lines 12,13, and 14	10				
	10	For each period, enter the same type of credits as allowed on Form	16		2 4 1	, ,	
	17	2210, lines 1 and 3 (see instructions) Subtract line 16 from line 15. If zero or less, enter -0-	17				
		· · · · · ·					
		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.					
1	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				
2	22	Enter 25% (.25) of line 9 on page 1 of Form 2210 in each column	22				
2	23	Subtract line 25 of the previous column from line 24 of that					
		column	23				
2		Add lines 22 and 23	24				
2	25	Enter the smaller of line 21 or line 24 here and on Form 2210.					
		line 18	25	-	1	1	
	Pa	rt II Annualized Self-Employment Tax (Form 104	10 filer	s only)			
_		Net earnings from self-employment for the period (see instructions)	26	6,798.1	11,329.	18,127.	27,191.
		Description of the Control of the Physics	27	\$24,375	\$40,625	\$65,000	
		Enter actual wages for the period subject to social security tax		ΨΕ 1,070	ψτο,υΣυ	φυσ,υυυ	\$97,500
_		or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax	28	0.	0.	0	^
2		Subtract line 28 from line 27. If zero or less, enter -0-	29	24,375.	40,625.	0.	0.7 500
						65,000.	97,500.
_9	1 1	Annualization amounts Multiply line 30 by-the-smaller of line 26 or line 29	30	0.496	0.2976	0.186	0.124
			31	3,372.	3,372.	3,372.	3,372.
		Annualization amounts Multiply line 26 by line 32	32	0.116	-0.0696	0.0435	0.029
		VILLULUS LINE ZD DV IIDP 32	33	789.	788.	789.	789.
3		Add lines 31 and 33. Enter here and on-line 13 above	34	4,161.	4,160.	4,161.	4,161.

SCHEDULES A&B (Form 1040) Department of the Treasury Internal Revenue-Service-Name(s) shown on Form 1040

Schedule A - Itemized Deductions

(Schedule B is on page 2)

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

Medical		Caution. Do not include expenses reimbursed or paid by others.	. 2.2		10.00	•
and	1	Medical and dental expenses (see page A-1)	1			
Dental	2	Enter amount from Form 1040, line 38 2	-			
Expenses	3	Multiply line 2 by 7 5% (075)	3			
Lybelises	4	Multiply line 2 by 7.5% (.075) Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	3		14	
Taxes You	5	State and local (check only one box):	TT		14	
Paid	ŭ	a X Income taxes, or \ SEE STATEMENT 7		122 2	00	
		b General sales taxes	5	133,3	09.	
(See page A-2.)	6			00 1	-	
sago / (Z.)	7	Real estate taxes (see page A-5)	6	22,1	62.	
		Personal property taxes	7		y, + 44-	
	8	Other taxes. List type and amount				
	7		7		4.11	
			8			
	9	Add lines 5 through 8			9	155,471
Interest	10 11	Home mortgage interest and points reported to you on Form 1098	10	57,8	38.	
You Paid		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,				
(See bage A-5.)		identifying no., and address				
and the second second						
Note.			11			
Personal nterest is	12	Points not reported to you on Form 1098.	12			
not	13	Qualified mortgage insurance premiums (See page A-7)	13		- 1,555	ego. · varenský
deductible.	14	Investment interest. Attach Form 4952 if required. (See page A-7.)	14			
	15	Add lines 10 through 14			15	57,838
Gifts to	16	Gifts by cash or check. SEE STATEMENT 8	16	240,3		37,030
Charity	17	Other than by cash or check. If any gift of \$250 or more, see page A-8.	-	220/0	, , ,	
f you made a		You must attach Form 8283 if over \$500	17			
gift and got a penefit for it,	18	Carryover from prior year				
see page A-8.	19	Add lines 16 through 18			140	240 270
Casualty and		raa moo to anoagit to			19	240,370
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See page A-9.).				
ob Expenses	21	Unreimbursed employee expenses - job travel, union dues, job education, etc.	T T		20	
nd Certain		Attach Form 2106 or 2106-EZ if required. (See page A-9.)			- 1	
liscellaneous/		Attach Form 2 100 of 2 100-EZ if required. (See page A-9.)				
Deductions	,				- 1	
	-		21			
	22	Tax preparation fees	22			
	23	Other expenses - investment, safe deposit box, etc. List type and amount				
See oage A-9.)	B					
age A-J.)						
			23			
	24	Add lines 21 through 23	24			
	25	Enter amount from Form 1040, line 38		8 4		
	2 6	Multiply line 25 by 2% (.02)	26			
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	
Other	28	Other - from list on page A-10. List type and amount				
liscellaneous eductions						
eddelions						
					28	
otal	29	Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?				
emized		No. Your deduction is not limited. Add the amounts in the far right column)			
eductions		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	ST	MT 9 ▶	29	374,008
		X Yes. Your deduction may be limited. See page A-10 for the amount to enter.	5.1	***	29	3/4,000
	30	If you elect to itemize deductions even though they are less than your standard deduction, check	,			

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

BARACK H	. 8	MICHELLE L. OBAMA	TRAINT			
		Schedule B - Interest and Ordinary Dividends		At Se	tachment quence N	o. 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 ▶			mount	
		JP MORGAN CHASE	- 11	-		356
		NORTHERN TRUST BANK	-			.92
		US TREASURY				21
Note. If you		NORTHERN TRUST SECURITIES			12,5	
received a Form		NORTHERN TRUST SECURITIES ACCRUED INT PAID	•		$\frac{12,1}{12,1}$	
1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's		ILLINOIS DEPT OF REVENUE	1		12,1	28
name as the payer and enter the total interest shown on that form.						
			3 -25			5,000
	_2	Add the amounts on line 1	2		1,4	42.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.	-			
evity to the state of the state of the section of the		Attach Form 8815	3	Harris Service (Service)	. John American	J. Samborg
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a	4		1,4	42.
Part II	-	te. If line 4 is over \$1,500, you must complete Part III. List name of payer			Amount	t
Dividends						
Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the			5			
payer and enter the ordinary dividends shown on that form.						
			1			
			7	-		
	6	Add the amounts on line E. Enter the total here and an Earm 1040, line 0e	-			_
		Add the amounts on line 5. Enter the total here and on Form 1040, line 9a	6			
Dort III	Decision in con-				_	
Part III		umust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) if	ad a f	oreign	Yes	No
Foreign Accounts and	7a	ount; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. At any time during 2007, did you have an interest in or a signature or other authority over a financial account in country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions ar requirements for Form TD F-90-22-1	a foreig id filing	jn		X
Trusts	b	If "Yes," enter the name of the foreign country	-y-5-442	10 E E E E E E E E E E E E E E E E E E E	7,27,17	27.7.21
		During 2007, did you receive a distribution from, or were you the grantor of, or transferor to, a fore	gn tru	st?		100
727501 11-08-07		If "Yes," you may have to file Form 3520. See page B-2				х

SCHEDULE C (Form 1040)

Name of proprietor

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).

Social security number (SSN

Department of the Treasury

BARACK H. OBAMA A Principal business or profession, including product or service (see page C-2) R Enter code from pages C-8, 9, & 10 ▶ 711510 Business name. If no senarate business name, leave blank D Employer ID number (EIN), if any BARACK H. OBAMA Business address (including suite or room no.) City, town or post office, state, and ZIP code (3) Other (specify) F Accounting method: (1) X Cash (2) Accrual Did you "materially participate" in the operation of this business during 2007? If "No," see page C-3 for limit on losses X Yes If you started or acquired this business during 2007, check here Part I Income Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here 2 Returns and allowances 2 Subtract line 2 from line 1 3 Cost of goods sold (from line 42 on page 2) Δ Gross profit. Subtract line 4 from line 3 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-3) SEE STATEMENT 6 4,094,690. 6 4,094,690. Gross income. Add lines 5 and 6 7 Part II | Expenses. Enter expenses for business use of your home only on line 30. 432. Office expense 8 Advertising 8 18 Pension and profit-sharing plans Car and truck expenses 19 (see page C-4) 9 Rent or lease (see page C-5): Commissions and fees 139,792. a Vehicles, machinery, and equipment 10 20a 10 Contract labor Other business property 11 20h Repairs and maintenance (see page C-4) 11 21 12 Depletion 12 Supplies (not included in Part III) Taxes and licenses Depreciation and section 179 expense deduction (not included in Travel, meals, and entertainment: Part III) (see page C-4) 13 a Travel 242 Employee benefit programs (other b Deductible meals and 14 entertainment (see page C-6) than on line 19) 14 94h Insurance (other than health) Utilities 15 15 25 Wages (less employment credits) 16 26 Mortgage (paid to banks, etc.) 16a Other expenses (from line 48 on 16b 27 Other page 2)

29	Tentative profit (loss). Subtract line 28 from line 7	29	3,943,378
30	Expenses for business use of your home. Attach Form 8829	30	
31	Net profit or (loss). Subtract line 30 from line 29.		
	● 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-7). Estates and trusts, enter on Form 1041, line 3.	31	3,943,378
	• 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-7).		
	● If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR,		

11,088.

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

17

line 13 (statutory employees, see page C-7). Estates and trusts, enter on Form 1041, line 3.

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

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

Schedule C (Form 1040) 2007

32b-

17

Legal and professional

All investment

Some investment is not at risk.

151,312.

SCHEDULE C-EZ (Form 1040)

Net Profit From Business

(Sole Proprietorship)

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

Attach to Form 1040, 1040NR, or 1041. See instructions.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

MICHELLE I	OD 3 M3			Social security numbe	(3314)
MICHELLE L. Part I General	I Information				-
You May Use Schedule C-EZ Instead of Schedule C Only If You:	 Had business expenses of \$5,000 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 either a sole proprietor or statutory employee. 	And You:	Are not required business. See Schedule C, lifted out if you Do not deduce business use Do not have p	oyees during the year. red to file Form 4562, and Amortization, for this e the instructions for ine 13, on page C-4 to u must file. st expenses for of your home. brior year unallowed ty losses from this	
A Principal business or DIRECTOR	profession, including product or service			B Enter code from pages 0 ▶ 541600	-8, 9, & 10
C Business name. If no	separate business name, leave blank.			D Employer ID number (El	N), if any
E Business address (in	cluding suite or room no.). Address not required if s	same as on page 1 of your	tax return.	And the last reaching the factor of	11.00
Part II Figure Y	our Net Profit				
1 Gross receipts. Caut box on that form was page C-3 and check h	ion. If this income was reported to you on Form W-checked, see Statutory Employees in the instruction	ons for Schedule C, line 1, on SEE STATEM	on MENT 11 ►		
1 Gross receipts. Caut box on that form was page C-3 and check h 2 Total expenses (see i 3 Net profit. Subtract lii Schedule SE, line 2,	ion. If this income was reported to you on Form W-checked, see Statutory Employees in the instructionere. instructions). If more than \$5,000, you must use Scheel from line 1. If less than zero, you must use Schor on Form 1040NR, line 13. (Statutory employees	ons for Schedule C, line 1, one SEE STATEN chedule C nedule C. Enter on both Foliation of the country of the	on MENT 11 rm 1040, line 12, and it on Schedule SF.	2	0
1 Gross receipts. Caut box on that form was page C-3 and check h 2 Total expenses (see i 3 Net profit. Subtract lin Schedule SE, line 2, line 2. Estates and tru	ion. If this income was reported to you on Form W-checked, see Statutory Employees in the instructionere	ons for Schedule C, line 1, on SEE STATEN chedule C nedule C. Enter on both Foles do not report this amount	on MENT 11 rm 1040, line 12, and t on Schedule SE,	3 2	0
1 Gross receipts. Caut box on that form was page C-3 and check h 2 Total expenses (see i 3 Net profit. Subtract lin Schedule SE, line 2, line 2. Estates and tru Part III Informat	ion. If this income was reported to you on Form W-checked, see Statutory Employees in the instructionere. Instructions). If more than \$5,000, you must use Schor on Form 1040NR, line 13. (Statutory employees sts, enter on Form 1041, line 3.)	ons for Schedule C, line 1, one SEE STATEN chedule C nedule C. Enter on both Form s do not report this amount only if you are claiming of	on MENT 11 rm 1040, line 12, and t on Schedule SE,	3 2	0
1 Gross receipts. Caut box on that form was page C-3 and check h 2 Total expenses (see i 3 Net profit. Subtract lin Schedule SE, line 2, line 2. Estates and tru Part III Informat 4 When did you place you	ion. If this income was reported to you on Form W-checked, see Statutory Employees in the instructionere instructions). If more than \$5,000, you must use Schor on Form 1040NR, line 13. (Statutory employees sts, enter on Form 1041, line 3.) ction on Your Vehicle. Complete this part of our vehicle in service for business purposes? (month of miles you drove your vehicle during 2007, enter the	ons for Schedule C, line 1, one SEE STATEN chedule C nedule C. Enter on both Form s do not report this amount only if you are claiming of th, day, year)	on MENT 11 rm 1040, line 12, and it on Schedule SE, car or truck expenses of the control of t	3 2	0
1 Gross receipts. Caut box on that form was page C-3 and check h 2 Total expenses (see i 3 Net profit. Subtract lin Schedule SE, line 2, line 2. Estates and tru Part III Informat When did you place you of the total number of a Business	ion. If this income was reported to you on Form W-checked, see Statutory Employees in the instructionere. instructions). If more than \$5,000, you must use Schone 2 from line 1. If less than zero, you must use Schone or on Form 1040NR, line 13. (Statutory employees sts, enter on Form 1041, line 3.) cition on Your Vehicle. Complete this part of our vehicle in service for business purposes? (month miles you drove your vehicle during 2007, enter the	ons for Schedule C, line 1, c SEE STATEN chedule C nedule C. Enter on both For s do not report this amount only if you are claiming c th, day, year) e number of miles you use	on MENT 11 rm 1040, line 12, and it on Schedule SE, car or truck expenses of the desired control of the desired	2	0
1 Gross receipts. Caut box on that form was page C-3 and check h 2 Total expenses (see i 3 Net profit. Subtract lin Schedule SE, line 2, line 2. Estates and tru Part III Informat 4 When did you place you 5 Of the total number of a Business Do you (or your spous	ion. If this income was reported to you on Form W-checked, see Statutory Employees in the instruction lere	ons for Schedule C, line 1, c SEE STATEN chedule C nedule C. Enter on both For s do not report this amount only if you are claiming c th, day, year) e number of miles you use c Other	on MENT 11 rm 1040, line 12, and it on Schedule SE, car or truck expenses of	2 3 2 2 on line 2.	0
1 Gross receipts. Caut box on that form was page C-3 and check in 2 Total expenses (see in Schedule SE, line 2, line 2. Estates and true Part III Informat When did you place you of the total number of a Business Do you (or your spous your vehicle avail	ion. If this income was reported to you on Form W-checked, see Statutory Employees in the instruction lere	ons for Schedule C, line 1, c SEE STATEN chedule C nedule C. Enter on both For sign of the sign of th	on MENT 11 rm 1040, line 12, and it on Schedule SE, car or truck expenses of the desired control of the desired	2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	9,443 0 9,443
1 Gross receipts. Caut box on that form was page C-3 and check in 2 Total expenses (see in Schedule SE, line 2, line 2. Estates and true Part III Informat When did you place you of the total number of a Business Do you (or your spous was your vehicle avail a Do you have evidence	ion. If this income was reported to you on Form W-checked, see Statutory Employees in the instruction lere	ons for Schedule C, line 1, c SEE STATEN chedule C nedule C. Enter on both For sign of the sign of th	on MENT 11 rm 1040, line 12, and it on Schedule SE, car or truck expenses of the desired for:	2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0 9,443
1 Gross receipts. Caut box on that form was page C-3 and check h 2 Total expenses (see i Schedule SE, line 2, line 2. Estates and tru Part III Informat 4 When did you place you of the total number of a Business 5 Do you (or your spous Was your vehicle avail a Do you have evidence b If "Yes," is the evidence	ion. If this income was reported to you on Form W-checked, see Statutory Employees in the instruction lere	ons for Schedule C, line 1, c SEE STATEN chedule C nedule C. Enter on both For sign of the sign of th	on MENT 11 rm 1040, line 12, and it on Schedule SE, car or truck expenses of the desired for:	2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0 9,443 No No No

SCHEDULE D (Form 1040)

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR.
► See Instructions for Schedule D (Form 1040).
► Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2007

Attachment
Sequence No. 12

Department of the Treasury Internal Revenue Service (99 Name(s) shown on return

our social security number

	(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 other basi		(f) Gain or (loss) Subtract (e) from (d)
1		(Wo., day, yr.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Subtract (e) from (d)
_		3 35.0				_	15 15 15
					a September 1995 of		
-							
2	Enter your short-term totals, if any, from Sche	dule D-1, line 2	2				
3	Total short-term sales price amounts.		1 1				
	Add lines 1 and 2 in column (d)		3				
4	Short-term gain from Form 6252 and short-ter						
	from Forms 4684, 6781, and 8824					4	- 1 11111
5	Net short-term gain or (loss) from partnerships	s, S corporations, e	estates, and trusts			. dan a	
	from Schedule(s) K-1					5	
6	Short-term capital loss carryover. Enter the an	nount, if any, from	line 10 of your Capi	tal Loss	production (complete production)		The second of the second
	Carryover Worksheet in the instructions					6	7,136
7 D-	Net short-term capital gain or (loss), Combi			an One Veer		7	-7,136
7 Pa	rt II Long-Term Capital Gains and I (a) Description of property	osses - Asset	ts Held More Th		(e) Cost o		T
	rt II Long-Term Capital Gains and I	_osses - Asse	ts Held More Th	an One Year (d) Sales price	(e) Cost o other basi	r	-7,136 (f) Gain or (loss) Subtract (e) from (d)
	rt II Long-Term Capital Gains and I (a) Description of property	(b) Date	ts Held More Th			r	(f) Gain or (loss)
	rt II Long-Term Capital Gains and I (a) Description of property	(b) Date	ts Held More Th			r	(f) Gain or (loss)
	rt II Long-Term Capital Gains and I (a) Description of property	(b) Date	ts Held More Th			r	(f) Gain or (loss)
Pa Pa	rt II Long-Term Capital Gains and I (a) Description of property	(b) Date	ts Held More Th			r	(f) Gain or (loss)
	rt II Long-Term Capital Gains and I (a) Description of property	(b) Date	ts Held More Th			r	(f) Gain or (loss)
9	rt II Long-Term Capital Gains and I (a) Description of property	LOSSES - ASSET (b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)			r	(f) Gain or (loss)
9	rt II Long-Term Capital Gains and I (a) Description of property (Example: 100 sh. XYZ Co.) Enter your long-term totals, if any, from Schedu. Total long-term sales price amounts.	Losses - Asset (b) Date acquired (Mo., day, yr.)	ts Held More The (c) Date sold (Mo., day, yr.)			r	(f) Gain or (loss)
9	rt II Long-Term Capital Gains and I (a) Description of property (Example: 100 sh. XYZ Co.)	Losses - Asset (b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)			r	(f) Gain or (loss)
9	rt II Long-Term Capital Gains and I (a) Description of property (Example: 100 sh. XYZ Co.) Enter your long-term totals, if any, from Schedu. Total long-term sales price amounts. Add lines 8 and 9 in column (d)	Losses - Asset (b) Date acquired (Mo., day, yr.) le D-1, line 9	(c) Date sold (Mo., day, yr.)	(d) Sales price	other basii	5	(f) Gain or (loss)
9 10	Enter your long-term totals, if any, from Schedu. Total long-term sales price amounts. Add lines 8 and 9 in column (d)	Losses - Asset (b) Date acquired (Mo day, yr.) le D-1, line 9 m Forms 2439 and and 8824 G corporations, est	(c) Date sold (Mo., day, yr.) 9 10 6252; and	(d) Sales price	other basis	11	(f) Gain or (loss)
9 10 11 12	Enter your long-term totals, if any, from Schedu. Total long-term sales price amounts. Add lines 8 and 9 in column (d)	(b) Date acquired (Mo day, yr.)	(c) Date sold (Mo., day, yr.) 9 10 6252; and	(d) Sales price	other basis	11 12	(f) Gain or (loss)
9 10 11 12 13	Enter your long-term totals, if any, from Schedu. Total long-term sales price amounts. Add lines 8 and 9 in column (d)	Losses - Asset (b) Date acquired (Mo day, yr.) le D-1, line 9 m Forms 2439 and and 8824 6 corporations, est	(c) Date sold (Mo., day, yr.) 9 10 6252; and ates, and trusts	(d) Sales price	other basis	11	(f) Gain or (loss)
9 10 11 12 13	Enter your long-term totals, if any, from Schedu. (a) Description of property (Example: 100 sh. XYZ Co.) Enter your long-term totals, if any, from Schedu. Total long-term sales price amounts. Add lines 8 and 9 in column (d)	le D-1, line 9 n Forms 2439 and and 8824 G corporations, est	(c) Date sold (Mo., day, yr.) 9 10 6252; and ates, and trusts	(d) Sales price	other basis	11 12 13	(f) Gain or (loss)
9 10 11 12	Enter your long-term totals, if any, from Schedu. (a) Description of property (Example: 100 sh. XYZ Co.) Enter your long-term totals, if any, from Schedu. Total long-term sales price amounts. Add lines 8 and 9 in column (d)	le D-1, line 9 m Forms 2439 and and 8824 S corporations, est	(c) Date sold (Mo., day, yr.) 9 10 6252; and ates, and trusts	(d) Sales price	other basis	11 12	(f) Gain or (loss)

	are in Cummary		
16	Combine lines 7 and 15 and enter the result.	16	-7,136.
	If line 16 is:		
	 A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. 		
	• A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.		
	 Zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains?		
	Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.		
40			
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 35 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:		
	 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, or Form 1040NR, line 10b? 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 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).		
	X No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule SE (Form 1040) 2007 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 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. 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 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 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, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-4) SEE STATEMENT 2 3,943,378. 3,943,378. 3 4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 3,641,710. 4a b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here 4b 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 3,641,710. 4c 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-0-5h Net earnings from self-employment. Add lines 4c and 5b 3,641,710. 6 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 2007 97,500.00 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 \$97,500 or more, skip lines 8b through 10, and go to line 11 97,500. 82 Unreported tips subject to social security tax (from Form 4137, line 10) 8b Wages subject to social security tax (from Form 8919, line 10) d Add lines 8a, 8b, and 8c 9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 9 Multiply the smaller of line 6 or line 9 by 12.4% (.124) 10 10 Multiply line 6 by 2.9% (.029) 105,610. 11 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 58 105,610 12 12 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 27 52,805 Part II Optional Methods To Figure Net Earnings (see page SE-4) Farm Optional Method. You may use this method only if (a) your gross farm income 1 was not more than \$2,400, or (b) your net farm profits 2 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 profits 3 were less than \$1,733 and also less than 72.189% of your gross nonfarm income, 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. Subtract line 15 from line 14 16

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.

line 16. Also include this amount on line 4b above

Enter the smaller of: two-thirds (2/3) of gross nonfarm income 4 (not less than zero) or the amount on

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, code J1.
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-code J2.

724502 / 11-05-07

Schedule SE (Form 1040) 2007

Sche	dule SE (Form 1040) 2007		Attachment Sequence I	No. 17	Page 2
Nam	ne of person with self-employment income (as shown on Form 1040)		ocial security number of		
		F	erson with self-employm	ent	
MI	CHELLE L. OBAMA	i)	ncome		
Sec	tion B - Long Schedule SE				
Pa	rt I Self-Employment Tax				
Note	If your only income subject to self-employment tax is church employee inco	mo ekin	lines 1 through 4h Enter	O on li	and and an to
line	5a. Income from services you performed as a minister or a member of a religious	order is	not church employee ind	come. S	ee page SE-1.
Α	If you are a minister, member of a religious order, or Christian Science practition more of other net earnings from self-employment, check here and continue with the continue	oner and ith Part I	you filed Form 4361, but	you had	i \$400 or
1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schebox 14, code A. Note . Skip this line if you use the farm optional method (see page 14).			1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule I				
	(other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Minister				
	orders, see page SE-1 for amounts to report on this line. See page SE-3 for other	ner incom	e to report.		
	Note. Skip this line if you use the nonfarm optional method (see page SE-4)			2	29,443
3	Combine lines 1 and 2			3	29,443
4a	the second secon			4a	27,191
	If you elect one or both of the optional methods, enter the total of lines 15 and			4b	
С	Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employed				
	If less than \$400 and you had church employee income , enter -0- and contin	ue	>	4c	27,191
5 a	Enter your church employee income from Form W-2. See page SE-1				
	for definition of church employee income	5a	The state of the s		
6	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-			5b	27 101
7	Net earnings from self-employment. Add lines 4c and 5b Maximum amount of combined wages and self-employment earnings subject to			6	27,191.
	the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2007			7	97,500,0
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s)				31,300.0
	W-2) and railroad retirement (tier 1) compensation. If \$97,500 or more, skip	1 1			
	lines 8b through 10, and go to line 11	8a	97,500.		
b	Unreported tips subject to social security tax (from Form 4137, line 10)				
С	Wages subject to social security tax (from Form 8919, line 10)	8c			
d	Add lines 8a, 8b, and 8c			8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go	to line 1	1	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	789.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, lines	e 5 8		12	789.
13	Deduction for one-half of self-employment tax. Multiply line 12 by	1 1			
	50% (.5). Enter the result here and on Form 1040, line 27	13	395.		
Pa	Optional Methods To Figure Net Earnings (see page SE-4)				
Farm	Optional Method. You may use this method only if (a) your gross farm income	¹ was no	ot more than \$2,400, or		
(b) yo	our net farm profits ² 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 \$1,60	00. Also include		
	this amount on line 4b above			15	
	arm Optional Method. You may use this method only if (a) your net nonfarm p		CONTRACTOR		
	ess than 72.189% of your gross nonfarm income, and (b) you had net earnings	from sel	f-employment of at		
least	\$400 in 2 of the prior 3 years.			1100	

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.

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

Subtract line 15 from line 14

line 16. Also include this amount on line 4b above

Enter the smaller of: two-thirds (2/3) of gross nonfarm income 4 (not less than zero) or the amount on

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, code J1.

⁴ From Sch. C., line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and C. | March 1065 | Nov. 0 code | Nov. 0

Sch. K-1 (Form 1065-B), box 9, code J2.

724502 / 11=05=07

16

17

Schedule SE (Form 1040) 2007

16

Foreign Tax Credit
(Individual, Estate, or Trust)
Attach to Form-1040, 1040NR, 1041, or 990-T-

Ivan					identifying num	Der as sno	wn on pag	ge 1 of your tax return
	RACK H. & MICHELLE L. OBAMZ a separate Form 1116 for each category of income listed belo		s of Income hea	inning on page	3 of the instructi	ons Cher	k only o	ne hoy on each
Forn	n 1116. Report all amounts in U.S. dollars except where spec	ified in Part II belo	IW.	mmig on page	or the medical	0110. 01100	at only of	no box on cach
a	Passive category income c Section 90	1(j) income		e Lum	p-sum distributi	ons		
b	X General category income d Certain inco	me re-sourced by	treaty					
f B	esident of (name of country) > UNITED STATE	25	o I j. Vjetov t			A 14 1		
	e: If you paid taxes to only one foreign country or U.S.		column A in P	lart Land line /	in Part II If we	u poid t	oven to	more than one
fore	rign country or U.S. possession, use a separate column	n and line for ea	ch country or p	ossession.	tiii Faitii. Ii ye	ou paiu t	axes to	more man one
Pa	art I Taxable Income or Loss From Sources Out	side the United	States (for C	ategory Chec	ked Above)	-		
-	. Najvaranja kao politika i sava pri kita na politika i sava		Foreign Cour	itry or U.S. Po	ssession			Total
		Α		В	C		(Add	cols. A, B, and C.)
g	Enter the name of the foreign country or U.S.							
	possession	VARIOUS						
1a	Gross income from sources within country shown above							
	and of the type checked above:							
		150.5	106					
		169,7	706.				1a	169,706.
b	Check if line 1a is compensation for personal services as		THE PERSON NAMED IN COLUMN				in the second	
-4	an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to							
	determine its source (see instructions)							
Dec	luctions and losses (Caution: See pages 14 and 15							
of th	ne instructions):							
2	Expenses definitely related to the income on line 1a (attach statement)	, = *						
3	Pro rata share of other deductions not definitely related:		Minte Haller					
а	Certain itemized deductions or standard deduction	128,1	169.					
b	Other deductions (attach statement)							
С	Add lines 3a and 3b	128,1	69.					
d	Gross foreign source income	169,7						
е	Gross income from all sources	4,392,4						
·f	Divide line 3d by line 3e	.038						
g	Multiply line 3c by line 3f	4,9	52.					
4	Pro rata share of interest expense:							
а	Home mortgage interest (use worksheet on page 14	1 , ,						
	of the instructions)	1,8	342.					
5	Other interest expense							
6	Losses from foreign sources Add lines 2, 3g, 4a, 4b, and 5	6.7	94.				6	6 794
7	Subtract line 6 from line 1a. Enter the result here and on line		2 = 0			>	7	6,794.
	rt II Foreign Taxes Paid or Accrued	, page						102,512.
Cr	edit is claimed	Foreig	gn taxes paid	or accrued				
	for taxes (you must In foreign currency				In U.S. dolla	ars		·····
7	check one)	(n) Other				(r) (Other	(s) Total foreign
0 .	Taxes withheld at source on:	foreign	Taxes	withheld at sou	rce on:	fore	eign	taxes paid or
	Accrued	taxes paid or accrued		(2) 5		taxes	oaid or rued	accrued (add cols. (o) through (r))
$\overline{}$	Date paid (k) Dividends (I) Rents and royalties (m) Interest	acciucu	(0) Dividends	(p) Rents and royalties	(q) Interest			
A B		,					298.	298.
C B								
	Add-lines A through C, column (s). Enter the total here and or	line 0 mage 2					N .	200
	For Paperwork Reduction Act Notice, see separa						8	298.
	por work floated on Act House, see Separa	mou denoils						Form 1116 (2007)

F	Part III Figuring the Credit				
. 9	Enter the amount from line 8. These are your total foreign taxes paid or accrued		1 3 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The second control of the second control of
	for the category of income checked above Part 1	9	298		All the second second second second second
10	Carryback or carryover (attach detailed computation)	10			
11	Add lines 9 and 10	11	298.	1	
12	Reduction in foreign taxes	12			
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit			13	298.
	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the	ΙÏ		1	
	United States (before adjustments) for the category of income checked above Part I	14	162,912.		
45	Adjustments to line 14	15			
	Adjustments to line 14 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	162,912.	-	
17	Individuals: Enter the amount from Form 1040, line 41. If you are a nonresident alien, enter the amount from Form 1040NR, line 33. Estates and trusts: Enter your taxable income without the deduction for your exemption	17	3,765,957.		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital ga				3
	Divide line 16 by line 17. If line 16 is more than line 17, enter "1"			18	.043259
19	Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the ar Form 1040NR, line 41.	nount	from	- 8.	
	Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 99 lines 36 and 37			19	1,288,705.
	Caution: If you are completing line 19 for separate category e (lump-sum distributions), s	see pg	g. 20 of the instructions.		
	Multiply line 19 by line 18 (maximum amount of credit)			20	55,748.
21	Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 threamount on line 27. Otherwise, complete the appropriate line in Part IV	ough 2	26 and enter this	21	298.
P	art IV Summary of Credits From Separate Parts III				
	Credit for taxes on passive category income	22			
23		23			
24	Credit for taxes on certain income re-sourced by treaty	24			
25	Credit for taxes on lump-sum distributions	25			
26	Add lines 22 through 25			26	
27	Enter the smaller of line 19 or line 26			27	298.
2 8	Reduction of credit for international boycott operations			28	
29	Subtract line 28 from line 27. This is your foreign tax credit. Enter here and on Form 1040, line 51	;		П	
	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a			29	298.

Form 1116 (2007)

Form 1116

ALTERNATIVE MINIMUM TAX Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T.

2007 Attachment

Identifying number as shown on page 1 of your tax return BARACK H. & MICHELLE L. OBAMA Use a separate Form 1116 for each category of income listed below. See Categories of Income beginning on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. Section 901(i) income Passive category income c e Lump-sum distributions General category income Certain income re-sourced by treaty ď f Resident of (name of country) VINITED STATES Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total · A C (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. possession VARIOUS Gross income from sources within country shown above and of the type checked above; 169.706 169,706. 1a b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See pages 14 and 15 of the instructions): Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction b Other deductions (attach statement) c Add lines 3a and 3b d Gross foreign source income 169,706. 4,387,685. e Gross income from all sources Divide line 3d by line 3e .038678 g Multiply line 3c by line 3f Pro rata share of interest expense: a Home mortgage interest (use worksheet on page 14 of the instructions) 2,237 b Other interest expense 5 Losses from foreign sources Add lines 2, 3g, 4a, 4b, and 5 2,237. 2,237. Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 167,469. Part II Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes (you must In foreign currency In U.S. dollars check one) (n) Other (r) Other (s) Total foreign Taxes withheld at source on: (h) X Paid Taxes withheld at source on: foreign foreign taxes paid or Accrue taxes paid or taxes paid or (i) accrued (add cols. (j) Date paid or accrued accrued (k) Dividends (m) Interest accrued (o) through (r)) (0) Dividends (q) Interest 298 298. B 8 Add lines A through C, column (s). Enter the total here and on line 9 nage-2 298. LHA For Paperwork Reduction Act Notice, see separate instructions. Form 1116 (2007)

Form 1116 (2007) BARACK H. & MICHELLE L. OBAMA

P	art III Figuring the Credit				
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued		and the second s		and the second s
Lawrence .	for the category of income checked above Part I	9	298		
-		224			
10	Carryback or carryover (attach detailed computation)	10			
11	Add lines 9 and 10	11	298		
			e south at a se		
12	Reduction in foreign taxes	12			
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit			13	298.
14	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the	T	and the first state of	- 12.3	
	United States (before adjustments) for the category of income checked above Part I	14	167,469		
	Adjustments to line 14	15		450	
16	Combine the amounts on lines 14 and 15. This is your net foreign source tayable income				
	(If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than				
	one Form 1116, you must complete line 19.)	16	167,469	1 75 Ham 1	
17	Individuals: Enter the amount from Form 1040, line 41. If you are a nonresident alien.	-			
	enter the amount from Form 1040NR, line 38. Estates and trusts; Enter your taxable				
	income without the deduction for your exemption	17	3,836,965		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital ga	ains, se	e instructions.		
18	Divide line 16 by line 17. If line 16 is more than line 17, enter "1"			18	.043646
19	Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the a	mount f	rom		
	Form 1040NR, line 41.				
	Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 9	90-T,	many feet or good or not again to a processing		an negative and a second and a second
	lines 36 and 37			19	1,070,850.
	Caution: If you are completing line 19 for separate category e (lump-sum distributions),	see pg.	20 of the instructions.	П	
20	Multiply line 19 by line 18 (maximum amount of credit)			20	46,738.
21	Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 th	ouah 26	and enter this	П	
	amount on line 27. Otherwise, complete the appropriate line in Part IV		>	21	298.
	art IV Summary of Credits From Separate Parts III				
22	Credit for taxes on passive category income	22			
	Credit for taxes on general category income	23			
24	Credit for taxes on certain income re-sourced by treaty	24			
25	Credit for taxes on lump-sum distributions	25			
26	Add lines 22 through 25			26	
27	Enter the smaller of line 19 or line 26			27	298.
28	Reduction of credit for international boycott operations			28	
29	Subtract line 28 from line 27. This is your foreign tax credit. Enter here and on Form 1040, line 5	1;			
	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a		>	29	298.
					Form 1116 (2007)

SCHEDULE H (Form 1040)

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

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

OMB No. 1545-1971

Department of the Treasury Internal Revenue Service Name of employer

➤ See separate instructions.

Name of employer	Social secu	urity number
BARACK H. OBAMA	Employer i	dentification number
A Did you pay any one household employee cash wages of \$1,500 or more in 2007? (If any household employed under age 21, your parent, or anyone under age 18, see the line A instructions on page H-3 before you ans		
X Yes. Skip lines B and C and go to line 1. No. Go to line B.		
B Did you withhold federal income tax during 2007 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 2006 or 2007 to all household (Do not count cash wages paid in 2006 or 2007 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 em do not have to complete this form for 2007.)	ployees in 2007	
Part I Social Security, Medicare, and Income Taxes	and the second second	a reference to the state of the
1 Total cash wages subject to social security taxes (see page H-4) 12,4	80.	
2 Social security taxes. Multiply line 1 by 12.4% (.124)	2	1,548.
3 Total cash wages subject to Medicare taxes (see page H-4)	во.	
4 Medicare taxes. Multiply line 3 by 2.9% (.029)	4	362.
5 Federal income tax withheld, if any	5	
6 Total social security, Medicare, and income taxes. Add lines 2, 4, and 5	6	1,910.
7 Advance earned income credit (EIC) payments, if any	7	
Net taxes (subtract line 7 from line 6)	8	1,910.
Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2006 or 2007 to all household em (Do not count cash wages paid in 2006 or 2007 to your spouse, your child under age 21, or your parent.)	ployees?	
No. Stop. Enter the amount from line 8 above on Form 1040, line 62. If you are not required to file For the line 9 instructions on page H-4.	orm 1040, see	
X Yes. Go to line 10 on page 2.		
HA For Privacy Act and Paperwork Reduction Act Notice, see page H-7 of the instructions.	Schedule	H (Form 1040) 2007

Diu yo	U navi unamplavmentt-l	Levit land to the land						Africania.		Ye	_
11 Did vo	u pay unemployment contri	butions to only one	e state?		10000 F			- CHESCHE OF STREET	10	_	_
12 Were	u pay all state unemployme all wages that are taxable fo	r ELITA tox clas to	r 2007 by F	April 15, 2	:008? FISCAI	year filers, see p	age H-4		11	_	
Next: If yo	u checked the "Yes" box o	n all the lines above	re complet	e Section	s unemployr	nent tax?			12	X	
If yo	u checked the "No" box on	any of the lines at	ove, skip S	Section A	and comple	ete Section B.					
			WHITE CARROLL CO.	Section	TAIL TO SELECT THE PARTY OF THE				-		
13 Name	of the state where you paid	unemployment co	ntributions	and an own that		TL:	ing the same trape copy,	10.0			-
14 State r	reporting number as shown	on state unemploy	ment tax re	eturn	423	9859		1000			
15 Contrib	outions paid to your state u	nemployment fund	(see page	H-5)		15	621.				
6 Total c	ash wages subject to FUTA	tax (see page H-5)					16		7,	000
				201				-			
7 FUIA	tax. Multiply line 16 by .008	. Enter the result h				ne 26		17	1 4 3 5 5 5		56
18 Compl	ete all columns below that a	apply (if you need r		Section						-	
(a)	(b)	(c)	(d)		(e)	(f)	(g)		(h)	- 1	/i\
Name of	State reporting number as shown on state	Taxable wages (as	State experie	ence rate	State	Multiply col. (c)	Multiply col. (c)	Subtract col. (a)	Contr	(i) butions
state	unemployment tax return	defined in state act)	From	То	experience rate	by .054	by col. (e)		from col. (f). If zero or less,	unemo	o state
_								-	enter -0	TI.	ınd
		· ·		-							
					part .						
da te											
-	The second of th										
9 Totals			A free parties of the	distribution.	Carry of the	San Anniel geschen Straft und	****	19			
O Add co	lumns (h) and (i) of line 19					20					
1 Total ca	ash wages subject to FUTA	tax (see the line 1	6 instructio	ns on pao	ge H-5)			21			
2 Multiply	y line 21 by 6.2% (.062)							22			
						1					
Multiply	/ line 21 by 5.4% (.054)				<u>L</u>	23		3500	É		
4 Enterti	ne smaller of line 20 or line	23						24			
			ult bara an	d aa ta lix	00				į		
5 FIITA+	av Subtract line 24 from lin	a 22 Enterthe res		a go to iir	ne 26						
5 FUTA t	ax. Subtract line 24 from lin	e 22. Enter the res	YAS					25			
5 FUTA t	ax. Subtract line 24 from lin Total Household En	ne 22. Enter the res	xes					25			
Part III	Total Household En	nployment Ta	xes	ne C of na						1 (210
Part III	ax. Subtract line 24 from lin Total Household En	nployment Ta	xes	ne C of pa				25		1,	910
Part III	Total Household En	nployment Tax	xes s" box on lir		age 1, enter	-0-		26			
Part III 6 Enter the	Total Household En	u checked the "Yes (see page H-5)	xes s" box on lir		age 1, enter	-0-					
Part III 6 Enter the 7 Add line 8 Are you	Total Household En	u checked the "Yes (see page H-5)	xes s" box on lir		age 1, enter	-0-		26			
Part III 6 Enter the First F	Total Household En	u checked the "Yes (see page H-5)	xes s" box on lir		age 1, enter	-0-		26			
Part III 6 Enter th 7 Add line 8 Are you X Yes	Total Household En ne amount from line 8. If you e 17 (or line 25) and line 26 required to file Form 10407 s. Stop. Enter the amount f You may have to comple	nployment Tax u checked the "Yes (see page H-5) ? rrom line 27 above tte Part IV. See page	xes s" box on lir on Form 10	040, line 6 letails.	age 1, enter	-0- omplete Part IV	pelow.	26 27			
Part III 6 Enter tr 7 Add line 8 Are you X Yes No. Part IV	ne amount from line 8. If you a 17 (or line 25) and line 26 required to file Form 1040? Stop. Enter the amount for you may have to comple Address and Signat	u checked the "Yes (see page H-5)? From line 27 above tte Part IV. See pag ture - Complete ti	s" box on lir on Form 10 ge H-5 for d his part onl	040, line 6 letails.	age 1, enter	-0- omplete Part IV	pelow.	26 27			
Part III 6 Enter tr 7 Add line 8 Are you X Yes No. Part IV	Total Household En ne amount from line 8. If you e 17 (or line 25) and line 26 required to file Form 10407 s. Stop. Enter the amount f You may have to comple	u checked the "Yes (see page H-5)? From line 27 above tte Part IV. See pag ture - Complete ti	s" box on lir on Form 10 ge H-5 for d his part onl	040, line 6 letails.	age 1, enter	-0- omplete Part IV	pelow.	26 27	room, or suite nc.		
Part III 6 Enter the Are you X Yes No. Part IV	ne amount from line 8. If you are 17 (or line 25) and line 26 arequired to file Form 10407 a. Stop. Enter the amount for you may have to comple Address and Signater and street) or P.O. box if mail is not a street or p.O. box if mail is not a street or p.O. box if mail is not provided in the street of the street or p.O. box if mail is not provided in the street or p.O. box if mail is not p.O. box if mail is not provided in the street or p.O. box if mail is not provided in the street or p.O. box if mail is not provided in the street or p.O. box if mail is not provided in the street or p.O. box if mail is not provided in the street or p.O. box if mail is not provided in the street or p.O. box if mail is not provided in the street or p.O. box if mail is not p.O. box if mail is	u checked the "Yes (see page H-5)? From line 27 above tte Part IV. See pag ture - Complete ti	s" box on lir on Form 10 ge H-5 for d his part onl	040, line 6 letails.	age 1, enter	-0- omplete Part IV	pelow.	26 27	oom, or suite nc.		
Part III 6 Enter the Are you X Yes No. Part IV	ne amount from line 8. If you a 17 (or line 25) and line 26 required to file Form 1040? Stop. Enter the amount for you may have to comple Address and Signat	u checked the "Yes (see page H-5)? From line 27 above tte Part IV. See pag ture - Complete ti	s" box on lir on Form 10 ge H-5 for d his part onl	040, line 6 letails.	age 1, enter	-0- omplete Part IV	pelow.	26 27	oom, or suite no.		
Part III 26 Enter the control of t	Total Household En ne amount from line 8. If you e 17 (or line 25) and line 26 required to file Form 1040? s. Stop. Enter the amount f You may have to comple Address and Signat er and street) or P.O. box if mail is no est office, state, and ZIP code	u checked the "Yes u checked the "Yes (see page H-5)? Trom line 27 above the Part IV. See pag ure - Complete to to delivered to street addi	xes box on lir on Form 10 ge H-5 for d his part onl	040, line 6 letails. ly if requir	age 1, enter	omplete Part IV l	pelow.	26 27 H-5. Apt., r		1,!	966
Part III 26 Enter the content of t	ne amount from line 8. If you are 17 (or line 25) and line 26 arequired to file Form 10407 a. Stop. Enter the amount for you may have to comple Address and Signater and street) or P.O. box if mail is not a street or p.O. box if mail is not a street or p.O. box if mail is not provided in the street of the street or p.O. box if mail is not provided in the street or p.O. box if mail is not p.O. box if mail is not provided in the street or p.O. box if mail is not provided in the street or p.O. box if mail is not provided in the street or p.O. box if mail is not provided in the street or p.O. box if mail is not provided in the street or p.O. box if mail is not provided in the street or p.O. box if mail is not provided in the street or p.O. box if mail is not p.O. box if mail is	u checked the "Yes u checked the "Yes (see page H-5)? Trom line 27 above the Part IV. See page of the Part IV. See page of the Part IV. See page of the IV. See	on Form 10 ge H-5 for d his part onl	040, line 6 letails. ly if requir	age 1, enter	omplete Part IV I	pelow.	26 27 H-5. Apt., r		1,!	966
Part III 6 Enter th 7 Add line 8 Are you X Yes No. Part IV ddress (number)	Total Household En ne amount from line 8. If you e 17 (or line 25) and line 26 required to file Form 10407 s. Stop. Enter the amount f You may have to comple Address and Signat er and street; or P.O. box if mail is no bost office, state, and ZIP code	u checked the "Yes u checked the "Yes (see page H-5)? Trom line 27 above the Part IV. See page of the Part IV. See page of the Part IV. See page of the IV. See	on Form 10 ge H-5 for d his part onl	040, line 6 letails. ly if requir	age 1, enter	omplete Part IV I	pelow.	26 27 H-5. Apt., r		1,!	966
Part III 6 Enter th 7 Add line 8 Are you X Yes No. Part IV Iddress (number)	Total Household En ne amount from line 8. If you e 17 (or line 25) and line 26 required to file Form 10407 s. Stop. Enter the amount f You may have to comple Address and Signat er and street; or P.O. box if mail is no bost office, state, and ZIP code	u checked the "Yes u checked the "Yes (see page H-5)? Trom line 27 above the Part IV. See page of the Part IV. See page of the Part IV. See page of the IV. See	on Form 10 ge H-5 for d his part onl	040, line 6 letails. ly if requir	age 1, enter	omplete Part IV I	pelow.	26 27 H-5. Apt., r		1,!	966
Part III 6 Enter the following fol	Total Household En ne amount from line 8. If you e 17 (or line 25) and line 26 required to file Form 10407 s. Stop. Enter the amount f You may have to comple Address and Signat er and street; or P.O. box if mail is no bost office, state, and ZIP code	u checked the "Yes u checked the "Yes (see page H-5)? from line 27 above the Part IV. See pag ure - Complete to ot delivered to street addi-	on Form 10 ge H-5 for d his part onl	O40, line 6 letails. Iy if require In the particular of the part	age 1, enter	omplete Part IV I	ons on page I	26 27 H-5. Apt., r		1,!	966
Part III 6 Enter th 7 Add line 8 Are you X Yes No. Part IV Iddress (number)	Total Household En ne amount from line 8. If you e 17 (or line 25) and line 26 required to file Form 10407 s. Stop. Enter the amount f You may have to comple Address and Signat er and street; or P.O. box if mail is no ost office, state, and ZIP code of perjury. I declare that I have exam to a state unemployment fund claims	u checked the "Yes u checked the "Yes (see page H-5)? from line 27 above the Part IV. See pag ure - Complete to ot delivered to street addi-	on Form 10 ge H-5 for d his part onl ress	O40, line 6 letails. Iy if require In the particular of the part	age 1, enter	omplete Part IV I	pelow.	26 27 H-5. Apt., r		1,!	910 966

Form	11	16	
PUILLE	8 8	10	

U.S. and Foreign Source Income Summary

	N	Ā	N	٩	E
--	---	---	---	---	---

INCOME TYPE	TOTAL	11.6	FOREIGN GENERAL
Compensation	260,735.	U.S. 260,735.	GENERAL
Dividends/Distributions	200,733.	200,733.	
Interest	1,442.	1,442.	
Capital Gains	1, 442.	1,442.	
Business/Profession	4,124,133.	4,124,133.	
Rent/Royalty	1/121/1331	1,121,133.	
State/Local Refunds	6,167.	6,167.	
Partnership/S Corporation		-,	
Trust/Estate			
Other Income		-169,706.	169,706
Gross Income	4,392,477.	4,222,771.	169,706
Less:			
Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			
Total Income - Form 1116	4,392,477.	4,222,771.	169,706
Deductions:		min and a second common to common and a second common and a second	be the second second of the se
Business/Profession Expenses	151,312.	151,312.	
Rent/Royalty Expenses			
Partnership/S Corporation Losses			
Trust/Estate Losses			
Capital Losses	3,000.	3,000.	
Non-capital Losses			
Individual Retirement Account			
Moving Expenses	F3 200	E2 000	
Self-employment Tax Deduction	53,200.	53,200.	
Self-employment Health Insurance	45,000.	45 000	
Keogh Contributions	45,000.	45,000.	
Alimony Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments			
Capital Gains Tax Adjustment			
Fotal Deductions	252,512.	252,512.	
our poductions	232,312.	232,312.	
Adjusted Gross Income	4,139,965.	3,970,259.	169,706
ess Itemized Deductions:			
Specifically Allocated	198,158.	198,158.	
Home Mortgage Interest	47,681.	45,839.	1,842
Other Interest	47,001.	±5,055.	1,044
Ratably Allocated	128,169.	123,217.	4,952
otal Adjustments to Adjusted Gross Income	374,008.	367,214.	6,794
and to regional around informs	3/=,000:	JU1, ZI4.	0,/94
axable Income Before Exemptions	3,765,957.	3,603,045.	162,912

MAME

BARACK H. & MICHELLE L. OBAMA

	Total Itemized	Itemized Deductions After Sec. 68		Form 1116		
	Deductions	Reduction	Specifically U.S.	Specifically Foreign	Ratable	
Taxes	155,471.	128,169.			128,169	
Interest - Not Including Investment Interest	57,838.	47,681.	45,839.	1,842.		
Contributions	240,370.	198,158.	198,158.			
Miscellaneous Deductions Subject to 2%						
Other Miscellaneous Deductions - Not Including Gambling Losses						
Foreign Adjustment						
Total Itemized Deductions						
Subject to Sec. 68	453,679.	374,008.		** ***********************************		
Add Itemized Deductions Not Subject to Sec. 68:						
Medical/Dental						
Investment Interest						
Post Aug. 27 Contributions						
Casualty Losses	,					
Gambling Losses					-	
Foreign Adjustment						
Total Itemized Deductions	453,679.					
Total Allowed on Schedule A		374,008.	243,997.	1,842.	128,169	

NAME

BARACK H. & MICHELLE L. OBAMA

Foreign Income Category

GENERAL LIMITATION INCOME

<u> </u>	<u>ular</u>	2004	2005	2006	2007
1.	Foreign tax paid/accrued				298
2.	FTC carryback to 2007				
	for amended returns				
	Reduction allocated to excluded income		47 - 1 - 1 - 1 A		La Agrae d'ar
4.	Foreign tax available				298
5.	Maximum credit allowable				55,748
6.	Unused foreign tax (+)				
	or excess of limit (-)				-55,450
7.	Foreign tax carryback				
	Foreign tax carryforward			STORFELLY ASS	
9.	Less treaty adjustment				
	Foreign tax or excess limit remaining				-55,450
	Total foreign taxes from all available years to be carried to next	year			
		2000	2001	2002	0000
4	Foreign toy paid/approad		2001	2002	2003
	Foreign tax paid/accrued			Posts X 1	
۷.	FTC carryback to 2007				
•	for amended returns				
	Reduction allocated to excluded income				
	Foreign tax available				
	Maximum credit allowable				
6.	Unused foreign tax (+)			10.	
	or excess of limit (-)				
	Foreign tax carryback				
	Foreign tax carryforward				
	Less treaty adjustment				
0.	Foreign tax or excess limit remaining				
		1999			
1.	Foreign tax paid/accrued				
	FTC carryback to 2007				
	for amended returns				
3	Reduction allocated to excluded income				
	Foreign tax available				
5.					
	Unused foreign tax (+)				
	or excess of limit (-)	,			
7	Foreign tax carryback				
	Foreign tay carryforward	Process Constitution			
٠.	Foreign tax carryforward				
1.	Less treaty adjustment				
	Foreign tax or excess limit remaining				

NIABAE

BARACK H. & MICHELLE L. OBAMA

Foreign Income Category

GENERAL LIMITATION INCOME

er	rnative Minimum Tax	2004	2005	2006	2007
1.	Foreign tax paid/accrued				298
2.	FTC carryback to 2007				ar e di sebija se
	for amended returns				
3.	Reduction allocated to excluded income				
4.	Foreign tax available				298
5.	Maximum credit allowable				46,738
6.	Unused foreign tax (+)				
	or excess of limit (-)				-46,440
7.	Foreign tax carryback				
8.	Foreign tax carryforward				
9.	Less treaty adjustment				
0.	Foreign tax or excess limit remaining				-46,440
	Total foreign taxes from all available years to be carried to next y				
	Foundation to a said/command	2000	2001	2002	2003
١.	Foreign tax paid/accrued				
2.	FTC carryback to 2007				
	for amended returns				
	Reduction allocated to excluded income				
4.	Foreign tax available				
	Maximum credit allowable				
ь.	Unused foreign tax (+)				
_	or excess of limit (-)				
7.	Foreign tax carryback				
8.	Foreign tax carryforward				
	Less treaty adjustment				
0.	Foreign tax or excess limit remaining				
		1999			
1.	Foreign tax paid/accrued				
	FTC carryback to 2007				
	for amended returns				
3.		\$25 P. S. A. (1), 12 P. S.			
4.					
5.	Maximum credit allowable				
-	Unused foreign tax (+)				
	or excess of limit (-)				
7.	Foreign tax carryback				
	Foreign tax carryforward				
	Less treaty adjustment				
	mood stoney majdoutions				

SELF-EMPLOYED RETIREMENT PLAN COMPUTATION OF DEDUCTIBLE CONTRIBUTIONS FOR

FEDERAL 1040

BARACK H. OBAMA

1. DEFINED CONTRIB	BUTIONS		
a. Employer con	tributions made to the plan(s) for the sole proprietor or partner	45,000.	
b. Less amount a	allocated to insurance		ing the state of t
c. Net contribution	ons, line 1a minus line 1b	45,000.	
d. Earned income	e of the sole proprietor or partner	3,890,573.	
e. Applicable per	centage of line d LIMITED TO MAXIMUM CONTRIBUTION	778,115.	
f. Elective deferr	als and catch-up contributions		
g. Elective deferr	als designed as Roth contributions		
h. Allowable ded	uction, lesser of line 1c or line 1e plus line f minus line g		45,000.
i. Excess contrib	oution		
2. DEFINED BENEFIT	- Deductible contributions		,
3. Total deductible co	ntributions. Add line 1h and line 2		45,000.

BARACK H. & MICHELLE L. OBAMA

FORM 1040 STATE AND 1	LOCAL INCOME TAX	K REFUNDS	STATEMENT 1
	2006	2005	2004
GROSS STATE/LOCAL INC TAX REFUNDS LESS: TAX PAID IN FOLLOWING YEAR	ILLINOIS 6,167.		
NET TAX REFUNDS ILLINOIS	6,167.		
TOTAL NET TAX REFUNDS	6,167.		

FORM 1040	PERSONAL EXEMPTION WORKSHEET	STATEMENT 2
BELOW FOR YOU	ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHER FILING STATUS?	
NO. STOP. MUI	LTIPLY \$3,400 BY THE TOTAL NUMBER OF EXEMPTIONS	CLAIMED
ON FORM	1040, LINE 6D, AND ENTER THE RESULT ON LINE 42.	
YES. CONTINUE 2. MULTIPLY \$3.40		
ON FORM 1040	00 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED	
3. ENTER THE AMOI	LINE 6D	13,600.
4. ENTER THE AMOU	UNT FOR YOUR FILING STATUS 234,600.	
SINGLE	\$156,400	
MARRIED FIL:	ING JOINTLY OR WIDOW(ER) \$234,600	
MARRIED FIL:	ING SEPARATELY \$117,300 SEHOLD \$195,500 4 FROM LINE 3 3,905,365.	
HEAD OF HOUS	SEHOLD \$195,500	
5. SUBTRACT LINE	4 FROM LINE 3 3,905,365.	
	E THAN \$122,500 (\$61,250 IF	
	G SEPARATELY)? TIPLY \$1,133 BY THE TOTAL NUMBER	
[Y] TES. MODI	EXEMPTIONS CLAIMED ON FORM 1040,	
LINE	E 6D. ENTER THE RESULT HERE AND	
ON E	FORM 1040, LINE 42. DO NOT	
COME	PLETE THE REST OF THIS WORKSHEET.	
[] NO. DIV	IDE LINE 5 BY \$2,500 (\$1,250	
IF N	MARRIED FILING SEPARATELY). IF	
THE	RESULT IS NOT A WHOLE NUMBER,	
INCF	REASE IT TO THE NEXT WHOLE	
NOME	BER (FOR EXAMPLE, INCREASE	
7. MULTIPLY LINE	004 TO 1) 4,532. 6 BY 2% (.02) AND ENTER THE RESULT	
AS A DECIMAL.	· · · · · · · · · · · · · · · · · · ·	
8. MULTIPLY LINE	2 BY LINE 7	
9. DIVIDE LINE 8	BY 1.5	
10. SUBTRACT LINE	9 FROM LINE 2. TOTAL TO FORM 1040, LINE 42.	

FOR	M 1040 TAXABLE STATE AN	ID LOCAL INCOME	TAX REFUNDS	STATEMENT	
		2006	2005	2004	
	TAX REFUNDS FROM STATE AND CAL INCOME TAX REFUNDS STMT.	6,167.			
ES	S:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION				
	NET REFUNDS FOR RECALCULATION	6,167.			
	TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT DEDUCTION NOT SUBJ TO PHASEOUT	158,024.			
1	NET REFUNDS FROM LINE 1	6,167.			
5 7 8	LINE 2 MINUS LINES 3 AND 4 MULTIPLY LINE 5 BY 80% (.80) PRIOR YEAR AGI ITEM. DED. PHASEOUT THRESHOLD	151,857. 121,486. 983,826. 150,500.		3 -	
	SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER	833,326.			
.0	AMOUNT FROM LINE 1 ON LINE 16) MULTIPLY LINE 9 BY 3% (.03) ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10) ITEM DED. NOT SUBJ TO PHASEOUT	25,000. 126,857.			
	TOTAL ADJ. ITEMIZED DEDUCTIONS PRIOR YR. STD. DED. AVAILABLE PRIOR YR. ALLOWABLE ITEM. DED.	10,300.			
5 6	SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	14,500. 6,167.			
7 8	ALLOWABLE PRIOR YR. ITEM. DED. PRIOR YEAR STD. DED. AVAILABLE	141,357. 10,300.			
9 0 1	SUBTRACT LINE 18 FROM LINE 17 LESSER OF LINE 16 OR LINE 19 PRIOR YEAR TAXABLE INCOME	6,167.		,	
2	AMOUNT TO INCLUDE ON FORM 1040, * IF LINE 21 IS -0- OR MORE, US: * IF LINE 21 IS A NEGATIVE AMOU	E AMOUNT FROM		6,16	57
	STATE AND LOCAL INCOME TAX REFU	NDS PRIOR TO 2	004		
	TOTAL TO FORM 1040, LINE 10			6,16	 5 7

FORM 1040	TAX-	EXEMPT INTI	EREST		STATEM	ENT 4
NAME OF PAYER					AMC	UNT
NORTHERN TRUST SECURITIE	ES					45,851.
TOTAL TO FORM 1040, LINE	E 8B					45,851.
FORM 1040 W	VAGES RECEI	VED AND TAX	KES WITHHE	תיו	STATEM	ENT 5
			THE MITTINE	עם	DIELLIE	T 11111
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H		EDICARE TAX
S EMPLOYER'S NAME T UNITED STATES SENATE - WASHINGTON, D.C.		FEDERAL TAX	STATE TAX	CITY SDI	FICA M	EDICARE
T UNITED STATES SENATE - WASHINGTON, D.C.	PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI	FICA M	EDICARE TAX

FORM 1040	KEOGH DEDUCTION	- PROFIT SHARING PLAN	STATEMENT
			A CONTRACTOR OF THE CONTRACTOR
BARACK H. OBAMA			
1. PLAN CONTRIBUTION	ON RATE OR SELF-EMPI	LOYED PERSON'S RATE	20000
2. NET EARNINGS FRO	OM SCHEDULE C, SCHEI	DULE F, OR SCHEDULE K-1	. 3,943,378
3. DEDUCTION FOR SI	ELF-EMPLOYMENT TAX 1	FROM 1040, LINE 27	. 52,805
4. SUBTRACT LINE 3	FROM LINE 2		3,890,573
5. MULTIPLY LINE 4	TIMES LINE 1		. 778,115
6. MULTIPLY \$225,00	00 BY YOUR PLAN CON	TRIBUTION RATE. ENTER	
THE RESULT BUT I	NOT MORE THAN \$45,00	00	45,000
7. ENTER THE SMALLI	ER OF LINE 5 OR LINE	E 6	45,000
	DEFERRALS WERE MAI	DE CO MO I INTE O	. 45,000
		B AND ENTER THE SMALLER	
9. ALLOWABLE ELECT	IVE DEFERRALS		
.0. SUBTRACT LINE 9	FROM LINE 8		•
1. SUBTRACT LINE 9	FROM LINE 4		
.2. ENTER ONE-HALF (OF LINE 11		•
3. ENTER THE SMALLI	EST OF LINES 7, 10 (DR 12	
4. SUBTRACT LINE 1:	B FROM LINE 4		
L5. ENTER THE SMALLI	ER OF LINE 9 OR LINE	3 14	
		DE, GO TO LINE 16.	and the second flat and the second
	P LINES 16 THROUGH 15 FROM LINE 14		
		LDER)	•
		IE 17	
		ND 1.	
		OTH CONTRIBUTIONS	
		TER HERE AND ON LINE 28,	
SCHEDULE A	STATE AND LOCA	AL INCOME TAXES	STATEMENT
NIGGD TOWN			
DESCRIPTION			AMOUNT
	E - WASHINGTON, D.C.		4,533
NIVERSITY OF CHICAG			3,109
LLINOIS 1ST QTR EST			3,500
LLINOIS 2ND QTR EST			8,000
LLINOIS 3RD QTR EST	The state of the s		8,000
LLINOIS 4TH QTR EST	'IMATE PAYMENTS OVERPAYMENT APPLIEI		102,000
THINOIS PRIOR IEAR	OVERPAIMENT APPLIEL	,	4,167
OTAL TO SCHEDULE A	LINE 5		133,309

SCHEDULE A	CASH CONTRIBUTIONS		STATEMENT 8
		AMOUNT	AMOUNT
DESCRIPTION		50% LIMIT	30% LIMIT
AIDS ALLIANCE FOR CHIL	- DREN YOUTH & FAMILIES	5,000.	
BOYS AND GIRLS CLUB		5,000.	
BREAD FOR THE CITY		5 000	
BROOKLAND BAPTIST		200. 500.	
BROWN AME CHURCH		500.	
CARE		35,000.	
CENTRAL ILLINOIS FOOD	BANK	5 000	
CITIZENS UNITED FOR RE	SEARCH IN EPILEPSY	5,000.	
COLUMBIA COLLEGE		1,000.	
CRUSADE OF MERCY		150.	
DIRECT RELIEF INTERNAT	IONAL	5,000.	
FIRST BAPTIST CHURCH		250.	
HABITAT FOR HUMANITY		5 000	
ILLINOIS COALITION AGA	INST SEXUAL ASSUALT	5,000.	
ILLINOIS HEAD START AS	INST SEXUAL ASSUALT SOCIATION IL	5,000.	
ILLINOIS READING COUNC	IL	5,000.	
JUVENILE DIABETES RESE	ARCH FOUNDATION	5,000. 5,000.	
MIDTOWN EDUCATIONAL FO		5 000	
MUJERES LATINAS EN ACC	ION	5,000.	
MUNTU DANCE THEATRE OF NATIONAL COALITION FOR	CHICAGO	5,000.	
NATIONAL COALITION FOR	HOMELESS VETERANS	5,000.	
NATIONAL CONGRESS OF B	LACK WOMEN	5,000.	
NATIONAL MEMORIAL PROJ	ECT FOUNDATION	5,000.	
NATIONAL MS SOCIETY		5,000.	
OVARIAN CANCER NATIONAL		5,000.	
ST. LEO'S RESIDENCE FOR	R VETERANS	5,000.	
THE CHRISTOPHER HOUSE		5,000.	
THE ROCHELLE LEE FUND		10,000.	
TRINITY UNITED CHURCH (26,270.	
UNITED NEGRO COLLEGE FU		50,000.	
	ATER NEW ORLEANS AREA	5,000.	
UNIVERSITY OF CHICAGO		4,500.	
UNIVERSITY OF CHICAGO	MEDICAL CENTER	2,500.	
SUBTOTALS		240,370.	
TOTAL TO SCHEDULE A, L	INE 16		240,370.
		=	

2. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28	SCHE	DULE A ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 9
9, 15, 19, 20, 27, AND 28			
2. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28	1.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4,	
14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28	2.	FINTER THE TOTAL OF THE AMOUNTS FROM SCURDILE A LINES A	453,679.
LOSSES INCLUDED ON LINE 28		14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT	
IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 2 FROM LINE 1	10 000	LOSSES INCLUDED ON LINE 28	0.
FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 2 FROM LINE 1	3.	IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1?	
## A MULTIPLY LINE 3 B0% (80)		FROM LINE 1 ABOVE ON SCHEDILE A LINE 29	
1. Subtract line 1 by 3 % (.80)		IF YES, SUBTRACT LINE 2 FROM LINE 1	453,679.
6. ENTER: \$156,400 (\$78,200 IF MARRIED FILING SEPARATELY)		MULTIPLY LINE 3 BY 80% (.80)	
SEPARATELY)	-	ENTER THE AMOUNT FROM FORM 1040, LINE 38 4,139,965.	
ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5	٠.	SEPARATELY)	
IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5 3,983,565. 8. MULTIPLY LINE 7 BY 3% (.03)	7.	IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT	
THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5			
LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5		THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A	
8. MULTIPLY LINE 7 BY 3% (.03)		LINE 29.	
9. ENTER THE SMALLER OF LINE 4 OR LINE 8		IF YES, SUBTRACT LINE 6 FROM LINE 5 3,983,565.	
10. DIVIDE LINE 9 BY 3	9.	MULTIPLY LINE / BY 3% (.U3)	110 507
12. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29	10.	DIVIDE LINE 9 BY 3	39,836.
ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29	11.	SUBTRACT LINE 10 FROM LINE 9	79,671.
ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29	12.	TOTAL TYEMIZED DEDUCTIONS. SUBTRACT LINE 11 FROM LINE 1	
SCHEDULE C OTHER INCOME STATEMENT 1 DESCRIPTION AMOUNT DYSTEL & GODERICH 815,971 RANDOM HOUSE 3,278,719		ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29	374,008.
DESCRIPTION DYSTEL & GODERICH RANDOM HOUSE AMOUNT 815,971 3,278,719			
DESCRIPTION DYSTEL & GODERICH RANDOM HOUSE AMOUNT 815,971 3,278,719			
DYSTEL & GODERICH 815,971 RANDOM HOUSE 3,278,719	SCHE	DULE C OTHER INCOME	STATEMENT 10
DYSTEL & GODERICH 815,971 RANDOM HOUSE 3,278,719			
RANDOM HOUSE 3,278,719	DESC	RIPTION	AMOUNT
RANDOM HOUSE 3,278,719	DYST	EL & GODERICH	815,971.
TOTAL TO SCHEDILE C LINE 6	RANDO	DM HOUSE	3,278,719.
4,094,690	TOTA	TO SCHEDULE C, LINE 6	4,094,690.

SCHEDULE C-EZ	GROSS RECEIPTS	STATEMENT 11
DESCRIPTION		AMOUNT
TREEHOUSE FOODS		29,443.
TOTAL TO SCHEDULE C-EZ, LINE	1	29,443.

SCHEDULE D	CAPITAL LOSS CARRYOVER	STATEMENT 1
1. ENTER THE AMOUNT FROM FOR 2. ENTER THE LOSS FROM SCHEI 3. COMBINE LINES 1 AND 2. IF 4. ENTER THE SMALLER OF LINE 5. ENTER THE LOSS FROM SCHEI 6. ENTER THE GAIN, IF ANY, IN LINE 15	RM 1040, LINE 41	3,765,957 AMOUNT. 3,000 3,768,957 3,000 AMOUNT. 7,136 3,000 4,136 AMOUNT.
SCHEDULE SE	NON-FARM INCOME	STATEMENT 13
DESCRIPTION		AMOUNT
AUTHOR		3,943,378.
TOTAL TO SCHEDULE SE, LINE 2		3,943,378.
SCHEDULE SE	NON-FARM INCOME	STATEMENT 14
DESCRIPTION		AMOUNT
DIRECTOR		29,443.
FOTAL TO SCHEDULE SE, LINE 2	* * * * * * * * * * * * * * * * * * * *	29,443.