ŝ	1	n	40
i.	暴	w	-F

U.S. Individual Income Tax Return

2008



Label	,		year Jan. 1-Dec. 31, 2008, or other tox year beginning	, 2008, 1	ending	.20		OMB No. 15	145-0074
(See	ì.	You	r first trame and initial	Last name				Yeur social securi	ty number
instructions	A	BA	RACK H.	OBAMA					
on page 14.)	8	ll a	oint return, spouse's first name and initial	Last name	***************************************		1	Spouse's social s	ecenty number
Use the IRS	L		CHELLE L.	OBAMA			- 1		
label.	н	Hor	ne address (number and street). If you have a P.O. hox, :	see page 14.		Apt. o	0,	You must	enter
Otherwise,	E	C/	O WINEBERG SOLHEIM ET AL	, 180 N L	ASALLE S	T. 220	0	A your SSN	s) above. 🔬
please print or type. Presidential	E		fown or post office, state, and ZIP code. If you have a foreign add $ICAGO$, $IL - 60601$	ress, peo pago 14.				Checking a box o chango your tax o	
Election Cam	pai		Check here if you, or your spouse it filing join	tly, want \$3 to go	to this fund (se	e page 14)	J	X You	X Spouse
PM (2)		1	Single		Head of ho				
Filing State	18	2	X Married filing jointly (even if only one had income)			•		pendent, enter	
Check only		3 [Married filing separately. Enter spouse's SSN abov		name here	. ▶			
one box.			and full name here. 📂					dent child (see	
Exemption	~	6a	X Yourself, if someone can claim you as a depender	it, do not check box	6a			Boxes che	oketi 2
Evembrion	3	b_[X Spouse		** *****			No. of chil	
		C	Dependents: (2) O	ependent's social	(3) Depen	dent's	ing chad	tin be who	
			i) r dat traixe cite traixe	curity number	, con		C335 124 C (552 C33):		divorce
			ALIA A OBAMA		DAUGHTER		X	or separation (see page	18)
		ī	ATASHA M OBAMA		DAUGHTER	ξ.	X	Dependen	
If more than four dependents,	ŧ	_						not entere	
see page 17.		_						Add numb	ic/5
		<u>d</u>	Total number of exemptions claimed					acovo	4
Income		7	Wages, salaries, tips, etc. Attach Form(s) W-2					20	1,913.
Attach Form(s)		8a	Taxable interest, Attach Schedule B if required	.,	l as I	2 026	8a		8,890.
W-2 here. Also		b	Tax-exempt interest. Do not include on line 8a			2,936	~~	4 ,	C E50
attach Forms W-2G and		9a	Ordinary dividentis. Attach Schedule B if required		1 1		98	4	6,558.
1099-R if tax		b	Qualified dividends (see page 21)		9B 1	STMT 3		4	7 001
was withheld.		10	Taxable refunds, credits, or offsets of state and local in				10		7,991.
		11	Alimony received	*******************	• • • • • • • • • • • • • • • • • • • •		11		9,648.
If you did not		12 13	Business income or (loss). Attach Schedule C or C-EZ Capital gain or (loss). Attach Schedule D if required. If r	والمستقم المعادلين والمستوالين			13		$\frac{9,023}{1,107}$
get a W-2, see page 21.		14	Other gains or (losses). Attach Form 4797	ioi reduneo, check i	BCC	🤛 📖			******
ace page 2 t.		15a	IRA distributions 15a		a Tavehle amount	e Se r e Caracións	156	···	
Enclose, but do		16a	Pensions and annuities 16a		b Taxable amount	************	165	·	***************************************
not attach, any		17	Rental real estate, royalties, partnerships, S corporation						·····
payment. Also, blease use		18	Farm income or (loss). Attach Schedule F	in, water of order carries			18		
Form 1040-V.		19	Unemployment compensation						
		20a	Social security benefits [20a]		b Taxable amount	(see page 26)	281		·
		21	Other income. List type and amount (see page 28)	f		, , jg /			
							21		
		22	Add the amounts in the far right column for lines 7 thro	ugh 21. This is you	r total income	· · · · · · · · · · · · · · · · · · ·	22	2,73	16,107
		23	Educator expenses (see page 28)		23				***********
Adjusted		24	Educator expenses (see page 28) Contain hosiness expenses of reservints, performing orbits, and officials, Allach Form 2106 or 2106-EZ	teo-basis government	24				
Gross		25	Health savings account deduction. Attach Form 8889		25				
Income		26			26				
		27	One-half of self-employment tax, Attach Schedule SE		27	33,205			
		28	Self-employed SEP, SIMPLE, and qualified plans		28	46,000	•		
		29	Self-employed health insurance deduction (see page 2	9)	29		_		
		30	Penalty on early withdrawal of savings		30		- :::		
		31a	Alimony paid b Recipient's SSN >		31a				
		32	IRA deduction (see page 30)		32	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	$+\!\!\!/\!\!\!/$		
		33	Student ion interest deduction (see page 33)		33	····	- ``		
		34	Tuition and lees deduction. Attach Form 8917			······	- :::		
		35	Domestic production activities deduction, Atlach Ferm					,	70 nne
610901 11-10-01		36	Add lines 23 through 31a and 32 through 35				36	2 2 2 6	79,205 56,902
1.1×30-03)		37	Subtract line 36 from line 22. This is your adjusted gro)85 thcom8		· · · · · · · · · · · · · · · · · · ·	- 37	1 4,0	10,204

Form 1040 (2008)	В	ARACK H. & MICHELLE L. OBAMA		Page 2
Tax and		Amount from line 37 (adjusted gross income)	38	2,656,902.
Credits		Check You were born before January 2, 1944, Blind. Total bexes	503	4
	350		*	
Standard			4	
Deduction for -		If your spouse hornizes on a separate return or you were a duel-status affen, see page 34 and check here > 890	2	
People who	_ c	Check if standard deduction includes real estate taxes or disaster loss (see page 34) > 39c		
checked any box on line	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	301,519.
39a, 39b, or 39c Of who	41	Subtract line 40 from line 38	41	2,355,383.
can be	42	If fine 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see page 36.	科型	4
claimed as a dependent.		Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d		9,332.
1	43	Taxable income. Subtract line 42 from line 41. If fine 42 is more than line 41, enter -0-	43	2,346,051.
	44	Tax. Check if any tax is from: a Form(s) 8814 b Form 4972	44	792,693.
All others:	1			
Single or Married filling	45	Atternative minimum tax. Attach Form 6251	45	0.
separately,	46	Add lines 44 and 45	48	792,693.
\$5,450 Married filing	47	Foreign tax credit. Attach Form 1116 if required	•	
Jointly or	48	Credit for child and dependent care expenses. Attach Form 2441 48		3
Qualifying widow(or),	49	Credit for the elderly or the disabled. Attach Schedule R	-	
\$10,900	50	Education credits. Attach Form 8863	7	
Head of	51	Retirement savings contributions credit. Attach Form 8880 51		
household, \$5,000	52	Child tax credit (see page 42). Attach Form 8901 if required 52		3
	53	Credits from Form; a 8396 b 8839 c 5695 58	-	
L				
	54			
	55	Add lines 47 through 54. These are your total credits		
	56	Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-		
Other	57	Self-employment tax. Attach Schedule SE Unreported social security and Medicare tax from Form: a 4137 b 8919	57	66,409.
Taxes	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60	Additional taxes: a AEIC payments b X Household employment taxes. Attach Schedule H	60	1,966.
	61	Add lines 56 through 60. This is your total tex	61	855,323.
Payments	s 62			
• -•		2008 estimated tax payments and amount applied from 2007 return 63 841,000		\$
If you have	1	Earned Income credit (EIC)		
a qualifying		Nontaxable combat pay election ► 64b		· ·
child, attach Schedulo EIC.			Carre .	5
	65	Excess social security and tier 1 RRTA tax withheld (see page 61)	一線	
	66	Additional child tax credit. Attach Form 8812 66	-33	
	67	Amount paid with request for extension to file (see page 61) 67		
	68	Credits from Form: a 2439 b 4136 c 8801 d 8885 68	- 響	
	69	First-time homebuyer credit. Attach Form 5405		
	70	Recovery rebate credit (see worksheet on pages 82 and 63)	W.	2 1
	71	Add lines 62 through 70. These are your total payments	71	881,337.
Refund	72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72	26,014.
Direct deposit?	73	a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here	734	
See page 63 and fill in 73b,	•	Pauding		
73c, and 73d, or Form 8888.	74	06.014		
Amount	75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page 65	75	
You Owe			372	5 7****/**** TV V
Third Par	_	Do you want to allow another person to discuss this return with the IRS (see page 66)?	follow	
Designee		Phone Phone	Pers	onal Identification
	Und	are PROFANCIA repositives of perjury, I decign that I have examined this return and accompanying schedules and statements, and to the best of my knowledge. Describes of performing of perform fother than involved in based on all information of which preserve has any knowledge.		
Sign	and	The state of the s		
Here Joint return?		Cour eteration Your occupation	١	laytime phone number
Sae page 15.		4/12/09 US PRESIDENT		
for your		Spouse's signature. If a joint return, buttinguet sign. Date Spouse's occupation	ŧ	
records.		MUMILIA CHONN 14/12/09 US FIRST LADY	嶺	
Paid		Date Chack if self-	Prep	arer's SSN or PTIN
Preparer*	's='o	amployed		. <u></u>
Use Only	Flum	's name (or WINEBERG SOLHEIM HOWELL & SHAIN, PC EIP		
810002	your	180 N LASALLE ST. STE 2200 Pho	ne no.	
810002 11-10-08		ed), address, CHICAGO, IL 60601		

Form **2210**

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

➤ See separate instructions.

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

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

OMB No. 1545-0140

Attachment Sequence No. 06

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	2010 Vou de	. not our n n	oppite (
Compare area i unought recover, is line r less than \$1,000 f		Do not lile Form	22 10. 100 00	not owe a p	enany.
Ų No					
Complete lines 8 and 9 below, is line 6 equal to or more	Yes	You do not owe	a penalty. Do	not file Form	2210 (but if box
than line 9?	``` →	E in Part II applie			•
	jį				
₩No					
You may owe a penalty. Does any box in Part II below apply?	Yes →	You must file Fo	rm 2210. Doe:	s box B, C, o	r D in Part II apply?
) No.		No	Yes ,		
No				You must f	igure your penalty.
Do not file Form 2210. You are not required to figure your	1 1	You are not each	ilead to fleures	vour populity	because the IRS will
penalty because the IRS will figure it and send you a bill for any		figure it and send	d you a bill for	any unpaid a	mount. If you want to
unpaid amount. If you want to figure it, you may use Part III or		figure it, you may	use Part III o	r Part IV as a	worksheet and enter
Part IV as a worksheet and enter your penalty amount on your tax return, but do not file Form 2210.	!	your penalty ame Form 2210.	ount on your ta	ax return, bu	file only page 1 of
	J	101111210.			
Range Required Annual Payment					
1 Enter your 2008 tax after credits from Form 1040, line 56 (see instruct					786,948.
2 Other taxes, including self-employment tax (see page 2 of the instruction					68,375.
3 Refundable credits. Enter the total of your earned income credit, additional and additional actions.					
fuels, health coverage tax credit, refundable credit for prior year minim	•	• •	•	l l	
rebate credit					055 000
4 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, you do		'i '			855,323.
5 Multiply line 4 by 90% (.90)			769,79	1.	40 225
6 Withholding taxes. Do not include estimated tax payments. (see page 2					40,337.
7 Subtract line 6 from line 4. If less than \$1,000, you do not owe a penal					814,986. 1,536,449.
8 Maximum required annual payment based on prior year's tax (see pag					769,791.
9 Required annual payment. Enter the smaller of line 5 or line 8				9	103,131.
Next; is line 9 more than line 6?	F b - 1				
No. You do not owe a penalty. Do not file Form 2210 unless box		. In David II tratamorana	U		
X Yes. You may owe a penalty, but do not file Form 2210 unless or		in Fait ii delow appi	1955.		
 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 		anuland to flavor	a aanalka ika ifi		
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				_	
Rankilla Reasons for Filing. Check applicable boxes. If no	ne apply, do no	ot file Form 2210.			
A You request a walver (see page 2 of the instructions) of your enti	re penalty. You n	nust check this box a	ind file page 1 o	f Form 2210,	
but you are not required to figure your penalty.					
B You request a walver (see page 2 of the instructions) of part of you	our penalty. You	must figure your pen	alty and waiver	amount and	
file Form 2210.					
C X Your income varied during the year and your penalty is reduced o		n figured using the a	innutiized inco	me installmen	ıt
method. You must figure the penalty using Schedule Al and file F					
D Your penalty is lower when figured by treating the federal income		-		t was actually	
withheld, instead of in equal amounts on the payment due dates.	-			# -b	
E You filed or are filing a joint return for either 2007 or 2008, but no				5 above. You	
must file page 1 of Form 2210, but you are not required to figure UHA For Panerwork Reduction Act Notice see page 6 of se			hhiiga).		
LHA For Paperwork Reduction Act Notice, see page 6 of se	parate instruc	tions.			Form 2210 (2006

01-08-09

	<u>. 1</u>	Vi Regular Method (See page 3 of the ins	ructio	ns it you are tiling For	n 1040NR or 1040NR- Payment [
Sa	c+i.	on A - Figure Your Underpayment	1	7.,	4.31		
Je	- UI	on A - rigula rour onderpayment		(a) 4/15/08	(b) 6/15/08	(c) 9/15/08	(d) 1/15/09
18	Rec	juired installments. If box C in Part II applies, enter					
-		amounts from Schedule Al, line 25. Otherwise, enter					
	259	6 (.25) of line 9, Form 2210, in each column	18	46,845.	338,050.	101,122.	283,774.
19	the	mated tax paid and tax withheld. For column (a) only, also enfor amount from line 19 on line 23. If line 19 is equal to or more than					
		16 for all payment periods, step here; you do not owe a penalty. not file Form 2210 unless you checked a box in Part II	19	90,084.	446,084.	35,084.	310,085.
	Col	nplete lines 20 through 28 of one column before ng to line 20 of the next column.					
20	Ent	er the amount, if any, from line 26 in the previous					
		ıma	20		43,239.	151,273.	85,235.
21	Ado	l lines 19 and 20	21	A A PART DE COMP	489,323.	186,357.	395,320.
		I the amounts on lines 24 and 25 in previous column	22	**************************************			
		stract line 22 from line 21. If zero or less, enter -0					
		column (a) only, enter the amount from line 19	23	90,084.	489,323.	186,357.	395,320
24		ne 23 is zero, subtract line 21 from line 22.		65 - 10 - 2 - 14 - 2 - 14 - 14 - 14 - 14 - 14 -			NOTE THE PARTY OF
		erwise, enter -0-	24		0.	0.	
25		derpayment. If line 18 is equal to or more than line					
	23,	subtract line 23 from line 18. Then go to line 20 of					
		next column. Otherwise, go to line 26	25				
26		rpayment. If line 23 is more than line 18, subtract line					
	18	from line 23. Then go to line 20 of the next column	26	43,239.		85,235.	
Se	cti	on B - Figure the Penalty (Complete lines			nn before going to the	next column.)	
		April 16, 2008 - June 30, 2008			6/15/08		
<u>_</u>	27	Number of days from the date shown above line		Days:	Days:		
횬		27 to the date the amount on line 25 was paid or					
Rate Period		6/30/08, whichever is earlier	27				
ate		Number of days					
Œ	28	Underpayment on on line 27					
		366 ▶	28	\$	\$	MINTER FIRM	
		July 1, 2008 - September 30, 2008	3	6/30/08 Days:	6/30/08	9/15/08 Days:	
9	29	Number of days from the date shown above line		- Cays	Days:	vays.	
#io		29 to the date the amount on line 25 was paid or		1			
ď		9/30/08, whichever is earlier	29			ļ	
Rate Period 2	_ ا	Number of days	1				
	20	Underpayment on x on line 29 x .05					
_	┝┈	368	30	9 00000	D 00000	08000	
60	31	October 1, 2008 - December 31, 2008 Number of days from the date shown above line	建设存在	9/30/08 Days:	9/30/08 Days:	9/30/08 Days:	
ğ	اتا	31 to the date the amount on line 25 was paid or		1			
Ē		12/31/08, whichever is earlier	31				
Rate Period 3			 ``		ļ	<u> </u>	
æ	32	Number of days Underpayment on on line 31	1	1			
		fine 25 × .06	32	s	s	s	2000
	 	January 1, 2009 - April 15, 2009	1 26	12/31/08	12/31/06	12/31/08	1/15/09
4	33	Number of days from the date shown above line	THE PERSON	Days:	Days:	Days:	Days:
8		33 to the date the amount on line 25 was paid or	ŀ	1			
절	1	4/15/09, whichever is earlier	33	}		}	
Rate Period 4		Number of days	ΙŤ	İ			
æ	34	Undernayment on on line 33		1			
		tine 25 × 365 × .05	34	ls	s	s	s
35	Pe	naity. Add all amounts on lines 28, 30, 32, and 34 in all		ns. Enter the total here an	d on Form 1040, line 76;		1
		m 1040A, line 48; Form 1040NR, line 74; Form 1040NR					
_		not file Form 2210 unless you checked a box in Part I				> 35	\$ 0
							2210

Sch	redule AI - Annualized Income Installment Met	hoc	(See instructions.)			oage ·
	es and trusts, do not use the period ending dates shown to the		(8)	(b)	(c)	(d)
	Instead, use the following: 2/29/08, 4/30/08, 7/31/08, and		1/1/08 - 3/31/08	1/1/08 - 5/31/08	1/1/08 - 8/31/08	1/1/08 - 12/31/08
11/30			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	17 1700 - 070 1700	17 1700 - 070 1700	11 1100 - 120 1100
	Annualized Income Installments	3.4.7,				
	Enter your adjusted gross income for each period (see instructions).					
(Estates and trusts, enter your taxable income without your					
ě	exemption for each period)	1	230,157.	1397896.	1512978.	2656902
2 /	Annualization amounts. (Estates and trusts, see instructions)	2	4	2.4	1.5	1
	Annualized income, Multiply line 1 by line 2	3	920,628.	3354950.	2269467.	2656902
4 I	f you itemize, enter itemized deductions for the period shown in					
	each column. All others enter -0-, and skip to line 7. Exception:					
	Estates and trusts, skip to line 9 and enter amount from line 3	4	77,819.	109,412.	189,532.	301,519
	Annualization amounts	5	4	2.4	1.5	1
6 1	Multiply line 4 by line 5 (see instructions if line 3 is more than					
	579,975)	6	311,276.	262,589.	284,298.	301,519
7	n each column, enter the full amount of your standard deduction			·		
f	from Form 1040, line 40, or Form 1040A, line 24 (Form 1040NR or					
1	1040NR-EZ filers, enter -0 Exception: Indian students and					
t	ousiness apprentices, see instructions)	7	11,900.	11,900.	11,900.	
8 E	Enter the larger of line 6 or line 7	8	311,276.	262,589.	284,298.	301,519
9 5	Subtract line 8 from line 3	9	609,352.	3092361.	1985169.	2355383
	n each column, multiply \$3,500 by the total number of exemptions					
ŧ	claimed (see instructions if line 3 is more than \$119,975).					
((Estates, trusts, and Form 1040NR or 1040NR-EZ filers, (see	Ì				
i	nstructions))	10	4,668.	4,668.	4,668.	9,332
1 5	Subtract line 10 from line 9. If zero or less, enter -0-	11	604,684.	3087693.	1980501.	2346051
2	Figure your tax on the amount on line 11 (see instructions)	12	183,214.	1052268.	664,750.	792,693
3 3	Self-employment tax from line 34					
((complete Part II below)	13	28,764.	91,681.	59,054.	66,409
4 [Enter other taxes for each payment period (see instructions)	14	1,966.	1,966.	1,966.	1,966
5	Total tax. Add lines 12, 13, and 14	15	213,944.	1145915.	725,770.	861,068
	For each period, enter the same type of credits as allowed on Form					' '
:	2210, Part I, lines 1 and 3 (see instructions)	16	5,745.	5,745.	5,745.	5,745
7 :	Subtract line 16 from line 15. If zero or less, enter -0-	17	208,199.	1140170.	720,025.	855,323
8	Applicable percentage	18	22.5%	45%	67.5%	90%
9	Multiply line 17 by line 18	19	46,845.	513,077.	486,017.	769,791
(Complete lines 20-25 of one column before going					
	to line 20 of the next column.					
20 (Enter the total of the amounts in all previous columns of line 25	20	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	46,845.	384,895.	486,017
21 :	Subtract line 20 from line 19. If zero or less, enter -0-	21	46,845.	466,232.	101,122.	283,774
22	Enter 25% (.25) of line 9 on page 1 of Form 2210 in each column	22	192,447.	192,448.	192,448.	192,448
23	Subtract line 25 of the previous column from line 24 of that					
	column	23		145,602.	0.	91,326
24	Add lines 22 and 23	24	192,447.	338,050.	192,448.	283,774
25	Enter the smaller of line 21 or line 24 here and on Form 2210,					
1	line 18	25	46,845.	338,050.	101,122.	283,774
	itili Annualized Self-Employment Tax (Form 10	40 fil				
	Net earnings from self-employment for the period (see instructions)	26	166,187.	1226398.	1284870.	2289955
	Prorated social security tax limit	27	\$25,500	\$42,500	\$68,000	\$102,000
	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	6,375.		51,000.	102,00
	Subtract line 28 from line 27. If zero or less, enter -0-	29	19,125.	21,250.	17,000.	
30	Annualization amounts	30	0.496	0.2976	0.186	0.124
	Multiply line 30 by the smaller of line 26 or line 29	31	9,486.			
	Annualization amounts	32	0.116	0.0696	0.0435	0.029
	Multiply line 26 by line 32	33	19,278. 28,764.			
	Add lines 31 and 33. Enter here and on line 13 above	34	761	91,681.		

SCHEDULES A&B (Form 1040)

Department of the Treasury Internal Revenue Service

Name(8) shown on Form 1040

(991

Schedule A - Itemized Deductions

(Schedule B is on page 2)

▶ Attach to Form 1040.

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

2008 Attachment

BARACK H. & MICHELLE L. OBAMA Caution. Do not include expenses reimbursed or paid by others. Medical -Medical and dental expenses (see page A·1) 1 and **Dental** Enter amount from Form 1040, line 38 Ť. Multiply line 2 by 7.5% (.075) 3 **Expenses** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-Taxes You State and local (check only one box): Paid a X Income taxes, or SEE STATEMENT 7 77,883 5 b General sales taxes (See page A-2.) Real estate taxes (see page A-5) 22,233 6 Personal property taxes _____ 7 Other taxes. List type and amount 8 Add lines 5 through 8 9 100,116. Interest 54.323 Home mortgage interest and points reported to you on Form 1098 10 Home mortgage interest not reported to you on Form 1098. If paid to the person You Paid from whom you bought the home, see page A-6 and show that person's name, (See identifying no., and address page A-5.) À, Note. 11 Personal Points not reported to you on Form 1098 12 interest is Qualified mortgage insurance premiums (See page A-6) 13 not deductible. Investment interest. Attach Form 4952 if required. (See page A-6.) 14 54,323. Add lines 10 through 14 15 Gifts to Gifts by cash or check SEE STATEMENT 8 172,050. 16 Charity Other than by cash or check. If any gift of \$250 or more, see page A-8. If you made a You must attach Form 8283 if over \$500 17 gift and got a benefit for it, Carryover from prior year 18 cenefit for it, see page A-7. 19 172,050. Add lines 16 through 18 Casualty and Theft Losses Casualty or theft loss(es). Attach Form 4684. (See page A-8.). 20 Job Expenses Unreimbursed employee expenses - job travel, union dues, job education, etc. and Certain Attach Form 2106 or 2106-EZ if required. (See page A-9.) Miscellaneous Deductions Tax preparation fees 22 Other expenses - investment, safe deposit box, etc. List type and amount (See page A-9.) 23 Add lines 21 through 23 24 Enter amount from Form 1040, line 38 25 Multiply line 25 by 2% (.02) 26 26 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-27 Other Other - from list on page A-10. List type and amount Miscellaneous Deductions 28 Total Is Form 1040, fine 38, over \$159,950 (over \$79,975 if married filing separately)? Itemized No. Your deduction is not limited. Add the amounts in the far right column **Deductions** for lines 4 through 28. Also, enter this amount on Form 1040, line 40. STMT 9 ▶ 301,519. 29 X Yes. Your deduction may be limited. See page A-10 for the amount to enter. 30 If you elect to itemize deductions even though they are less than your standard deduction, check here LHA 819501 11-10-08 For Paperwork Reduction Act Notice, see Form 1040 instructions. Schedule A (Form 1040) 2008

		Schedule B - Interest and Ordinary Dividends			Attach Seque	ment nco No.	80
Part I	1	List name of payer. If any interest is from a setter-financed mortgage and the buyer used the	T		Am	ount	
Interest		property as a personal residence, see page B-1 and list this interest first. Also, show that	1				
		buyer's social security number and address		 -		~ ~ ~	
		JP MORGAN	.	L			56.
		NORTHERN TRUST BANK NORTHERN TRUST SECURITIES US GOVT INTEREST	.	-	- 4 (72.
31-4- W		NORTHERN TRUST SECURITIES OF GOVT INTEREST	.]	⊢		3,35 2,93	
Note. If you received a Form		NORTHERN TRUST SECURITIES	.	<u> </u> -		4,93	<u>, o .</u>
1099-INT, Form 1099-OID.			٠	,			—
or substitute			١.	' ⊢			
statement from a brokerage firm,			·	⊢			
list the firm's			١.	H			
name as the payer and enter			١.	-			
payer and enter the total interest			١.	_ T			
shown on that form.					······································		
		SUBTOTAL FOR LINE 1			2	1,82	26.
		TAX-EXEMPT INTEREST SEE STATEMENT 10	Ĺ	Γ	-	2,9:	36.
	2	Add the amounts on line 1	: [2	1	8,89	90.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.	Г				
		Attach Form 8815	L	3			
		Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a		4	1	8,89	<u>90.</u>
	_	te. If line 4 is over \$1,500, you must complete Part III.	_	L	An	nount	
Part II	5	List name of payer	.	L			
Ordinary		NORTHERN TRUST SECURITIES	- 1	L	2	6,5	<u> 58.</u>
Dividends			-	L			
			.	<u> </u>			
			-	F			
Note: If you			-	-			
received a Form			-	-			
1099-DIV or substitute			-	⊢			
statement from			-	⊢	_		
a brokerage firm, list the firm's			-	5			
name as the			-	⊢			
payer and enter the ordinary			-	-			
dividends shown on that form.			-	_ -			
OH GRAN COINT.			-				
			-	_			
			-	<u> </u>			
			-	_			
			-	Γ			
				Γ			
			ΞL				
	6		<u> </u>	6	2	6,5	<u>58.</u>
		ete. If line 6 is over \$1,500, you must complete Part III.	_				
Part III		u must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b)	nac	a fore	ngn	Yes	No
Foreign Accounts	ac z	count; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. At any time during 2008, did you have an interest in or a signature or other authority over a financial account i	nai	oreian		P	
and	- 71	 country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions: 	and I	illing		E. Print	X
Trusts		requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country	•••••	•••••	• • • • • • • • • • • • • • • • • • • •	F13.701	
Huata	8		nja.	tnie*			
827501 11-11-08	U	If "Yes," you may have to file Form 3520. See page B-2				0004.5	X
	w	rk Reduction Act Notice, see Form 1040 instructions.			B (Form	1040	
and i di i dipoi		12			- J. W.		,

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

Attach to Form 1040, 1040NR, or 1041.

See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

Name o	of proprietor					Social sec	urity number (SSN)
BAR	АСК Н. ОВАМА						
A	Principal business or profession, includ	ing produc	t or service (see page (;-3}		B Enterced	e from pages C-9, 10, & 11
	THOR						▶ 711510
	Business name. If no separate business	name, leav	re blank.			D Employ	er ID number (EIN), if any
	CACK H. OBAMA					<u> </u>	
E	Business address (including suite or re-	om no.) 🕨	·				
F	City, town or post office, state, and ZIP Accounting method; (1) X Cas		Annual (9)	Oile	er (specify)		
6		sii (2) ection of t	his husiness during 20	Onic	o," see page C-4 for limit on losses		ملات ممالکا
H	If you started or acquired this business	during 200	nis dusiness during 20 Ø chack here	OLU II	C, see page C-4 for thrult on tosses	• • • • • • • • • • • • • • • • • • • •	
	Income	CONTRIB ECC	O, OHOOK HOTE	••••••		• • • • • • • • • • • • • • • • • • • •	·····
1	Gross receipts or sales. Caution. See pa	age C-4 and	i check the box if:		The second secon	1	
	• This income was reported to you on I on that form was checked, or			oyee" bo	`]	וו∟	
	You are a member of a qualified joint income not subject to self-employment	venture reg	orting only rental real o	estate Insses		_ -	
2						2	
3	Market and Mark Market Market						
4	***************************************						
5	Gross profit, Subtract line 4 from line 3	1				5	
6	Other income, including federal and sta-	te gasoline	or fuel tax credit or refe	and (see	page C-4) SEE STATEMENT 1:	į 6	2,603,448.
7	Gross income. Add lines 5 and 6					> 7	2,603,448.
	Expenses. Enter expens		iness use of your ho				
8	Advertising	8		18	Office expense		476.
9	Car and truck expenses			19	Pension and profit-sharing plans		
10	(see page C-5) Commissions and fees		123,324.	20	Rent or lease (see page C-6):	20a	
11	Contract labor		127,724.		Vehicles, machinery, and equipment Other business property		
''	(see page C-5)	111		21	Repairs and maintenance		
12	Depletion			22	Supplies (not included in Part III)		
13	Depreciation and section 179			23	Taxes and licenses		
	expense deduction (not included in			24	Travel, meals, and entertainment	722	
	Part III) (see page C-5)	13		a	Travel	24a	
14	Employee benefit programs (other			b	DATACAS MICE SILVE		
	than on line 19)				entertainment (see page C-7)		
15	Insurance (other than health)			25	Utilities	25	
16	Interest			26	Wages (less employment credits)	26	
	Mortgage (paid to banks, etc.)			27	Other expenses (from line 48 on	27	
17	Other Legal and professional	100		ł	page 2)	27	
1.	services	17					
28			of home. Add lines 8 t	hravah 2	7	► 28	123,800.
29	Tentative profit or (loss). Subtract line						2,479,648.
30	Expanses for business use of your hon		• ••••			-	
31	Net profit or (loss). Subtract line 30 fro		***************************************			··	
	• If a profit, enter on both Form 1040,	line 12, ar	d Schedule SE, line 2	, or on F	orm 1040NR, line 13 (if you checked the)	
	box on line 1, see page C-7). Estates ar					31	2,479,648.
	• If a loss, you must go to line 32.) 	
32	If you have a loss, check the box that d				· -	7	
	If you checked 32a, enter the loss on It as 42 (It was absolved the box on the				· · · · · · · · · · · · · · · · · · ·		All investment
	line 13 (if you checked the box on fine on Form 1041, line 3,	•			j. estates and trusts, enter	32a 32b	is at risk.
	If you checked 32b, you must attach					<u>, </u>	
LHA	For Paperwork Reduction Act Notice,	see page (3-9 of the instructions.			Sche	dule C (Form 1040) 2008

SCHEDULE D (Form 1040)

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

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.

DA DA	RACK H. & MICHELLE L. OBA 祝闻 Short-Term Capital Gains and L	MA Osses - Arra	ts Held One	Yes	er or Less			
GAI!	(8) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired	(c)Date sets		(d) Sales price	(e) Cost		(f) Gain or (loss)
	(CESTIPIC TOU SII. AT 2 CO.)	(Mo., day, yr.)	(Mo., day, yr.)			other basi	<u>'</u>	Subtract (e) from (d)
1 _1	01,000 UST BILL	12/11/08	12/19/0	8	100,946.	101,0	03.	-57.
4	9,000 UST BILL	12/11/08	12/22/0	8	48,960.	49,0	02.	-42.
_5	00,000 UST BILL	07/25/07	04/10/0	8	505,491.	500,1	49.	5,342.
				_		72.000 ASSOCI	21555537	
2	Enter your short-term totals, if any, from Schedu	ule D-1, fine 2	·····	2				
3	Total short-term sales price amounts.		ļ		CEE 207			
	Add lines 1 and 2 in column (d)		L	3	655,397.	A STATE OF THE STA		
4	Short-term gain from Form 6252 and short-term						١, ١	
5	from Forms 4684, 6781, and 8824	C			•••••••••••	••••••	\vdash	-
9		•	•				5	
6	from Schedule(s) K-1 Short-term capital loss carryover. Enter the amo	rent if any from	line 8 of your Ca	nite			-	
•	Carryover Worksheet in the instructions	• • • • • • • • • • • • • • • • • • • •	•	•			6	(4,136)
	and your remaindent and and action of	***************************************	*******************		***********************	•••••••	H	
7	Net short-term capital gain or (toss). Combin	e lines 1 through	6 in column (f)				7	1,107.
P	THE Long-Term Capital Gains and L	osses - Asse	ts Held More	e Th	an One Year			
	(2) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(C) Date sold (Mo., day, yr.)		(d) Sales price	(8) Cost other bas		(f) Gain or (loss) Subtract (e) from (d)
8								
_					-			
9	Enter your long-term totals, if any, from Schedul	e D-1, tine 9	1	8	——————————————————————————————————————			
10	Total long-term sales price amounts.			<u> </u>				
	Add lines 8 and 9 in column (d)			10				
11	Gain from Form 4797, Part I; long-term gain from	n Forms 2439 and	d 6252; and				T T	
	long-term gain or (loss) from Forms 4684, 6781,	and 8824	•••••		•		11	
12	Net long-term gain or (loss) from partnerships, S from Schedule(s) K-1			-			12	
13	Capital gain distributions						13	<u> </u>
14								
	Carryover Worksheet in the instructions		•••••		•••		14	(
15	Net long-term capital gain or (loss). Combine Part III on page 2	lines 8 through 1	4 in column (f).	Then	go to		15	
I H	For Paperwork Reduction Act Notice see F	orm 1040 or For	m 1040NR leet	THEFT	One	Sch	-) (Form 1040) 2008

Re	RUIII Summary		
16	Combine lines 7 and 15 and enter the result	16	1,107.
	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.	45. 25.	
17	Are lines 15 and 16 both gains?		
	Yes. Go to line 18.		
	No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the		
	instructions	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on		
10	page D-9 of the instructions	19	
20	Are lines 18 and 19 both zero or blank?		
	Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the		
	Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form		
	1040 (or in the Instructions for Form 1040NR). Do not complete fines 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	21 (
	• (\$3,000), or if married filing separately, (\$1,500)		1. N. W.
	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 38 of the Instructions		
	for Form 1040 (or in the instructions for Form 1040NR).		
	X No. Complete the rest of Form 1040 or Form 1040NR.		
	N. de la constant de	Schedule D (Form	1040) 2000
		emisanis e fruit	10-10/2000

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

⁴ From Sch. C , line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; an Sch. K-1 (Form 1065-B), box 9, code J2.

824502 11-11-08

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

From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.
 From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

From Sch. C , line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1055), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.
 From Sch. C , line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and

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

OMB No. 1545-0121

Identifying number as shown on page 1 of your tax return

10 X	KAKAO I BIJAUDIN 1 UNKA						
Use	ARACK H. & MICHELLE L. OBAMA a separate Form 1116 for each category of income listed below m 1116. Report all amounts in U.S. dollars except where specific	w. See Categories fied in Part II below.	of Income begin			•	box on each
a l	Passive category income c Section 901 General category income d Certain inco	()) income me re-sourced by tr	eaty	e Lump	-sum distribution	IS	
f B	esident of (name of country) > UNITED STATE	S	······································				
No	la: If you paid taxes to only one foreign country or U.S. I	oossession, use c	olumn A in Pa	rt I and line A	in Part II. If you	paid taxes to m	ore than one
	eign country or U.S. possession, use a separate column						
	Taxable Income or Loss From Sources Out						
		A	oreign Count		ssession C		Total
~	Enter the name of the foreign country or U.S.	- ^ -		В		(Add c	ols. A, B, and C.)
9		VARIOUS					
18	Gross income from sources within country shown above	Wide Sales					
	and of the type checked above:	THE RESERVE	Hall III				
		148,5	81.			18	148,581.
b	Check if line 1a is compensation for personal services as	13.4		e certific			
	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)				3. Die 1		
De	ductions and losses (Caution: See pages 13 and 14						
of t	the instructions):						
2	Expenses definitely related to the income on line 1a (attach statement)						
3	Pro rata share of other deductions not definitely related:						
æ	Certain itemized deductions or standard deduction	92,4	59.				
t							
C	***************************************	92,4		·····			
•	***************************************	148,5					
•	Gross income from all sources	2,864,1					
Ţ	Divide line 3d by line 3e	4,7					
4	Pro rata share of interest expense;				W. Carlot W. Carlot	3	
٠,							
	of the instructions)	2,6	03.				
t	* • • •						
5	Losses from foreign sources						
6	Add lines 2, 3g, 4a, 4b, and 5		99.			6	7,399.
7 178	Subtract line 6 from line 1a. Enter the result here and on line and line Foreign Taxes Paid or Accrued	14, page 2				▶ 7	141,182.
	Credit is claimed	Foreig	n taxes paid	or accrused			
- 1	for taxes		ar taxos para	01 400 500	In U.S. dolla	irs	
٨	check one)	(-10)					(a) Tatal faraina
Country	(h) X Paid Taxes withheld at source on:	(n) Other foreign	Taxes	withheld at so	irce on:	(r) Other foreign	(s) Total foreign taxes paid or
g	(I) Accrued	taxes paid or				taxes paid or	accrued (add cols.
	(j) Date paid (k) Dividends (l) Rents and (m) Interest royalises (m)	accrued	(0) Dividenda	(f) Renis and royalties	(q) Interest	accrued	(o) through (r))
AB						5,745.	5,745.
BC				ļ	<u> </u>		
_	Add lines A through C, column (s). Enter the total here and o	n fine O coco 2		<u> </u>	<u> </u>	<u> </u>	5.745.
8	And lines A through C, column (s). Enter the total nere and o	m unu s, page z		·····	<u></u>	▶ 8	3,143.

Part III Figuring the Credit				rays 2
9 Enter the amount from line 8. These are your total foreign taxes paid or accrued	1 1		i G	
for the category of income checked above Part I	9	5,745.		
	` _			
10 Carryback or carryover (attach detailed computation)	10			
	· 			!
11 Add lines 9 and 10	111	5,745.		
	· - -		11/2	
12 Reduction in foreign taxes	12		÷, 4	
	· L			
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit			13	5,745.
14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the	1 1	***************************************	家	
United States (before adjustments) for the category of income checked above Part I	14	141,182.		
	· 			
15 Adjustments to line 14	15			
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	1 1			
(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	141,182.	1	
	10	141,102.	纝	
17 Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form	1 1			
8914, line 2). If you are a nonresident alien, enter the amount from Form 1040NR,			177	
line 38 (minus any amount on Form 8914, line 2). Estates and trusts: Enter your taxable		0 255 202		
income without the deduction for your exemption				
Caution: If you figured your tax using the lower rates on qualified dividends or capital	•		l	
18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1"			18	.059940
19 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the from Form 1040NR, line 41.	amount			
Estates and trusts; Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form	990-T.			
lines 36 and 37	•		19	792,693
Caution: If you are completing line 19 for separate category a flump-sum distributions), see pg. 1	9 of the instructions.	<u> </u>	
20 Multiply line 19 by line 18 (maximum amount of credit)	,,		20	47,514
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 (through 26 a	and enter this	<u> </u>	
amount on line 27. Otherwise, complete the appropriate line in Part IV		>	21	5,745
Rant IV Summary of Credits From Separate Parts III			1	
22 Credit for taxes on passive category income	22			
23 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		搬	
28 Add lines 22 through 25	[==]		26	
27 Enter the emailer of line 10 or line 20	• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••		
27 Enter the smaller of line 19 or line 26			_	
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				E 7745
Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a			29	5,745.

1116

ALTERNATIVE MINIMUM TAX **Foreign Tax Credit**

(Individual, Estate, or Trust)

OMB No. 1545-0121

Attach to Form 1040, 1040NR, 1041, or 990-T. 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. c Section 901(j) income a Passive category income e Lump-sum distributions b X General category income Certain income re-sourced by treaty f Resident of (name of country) > UNITED 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. Rantill Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Fereign Country or U.S. Possession Add cols. A, B, and C.) Enter the name of the foreign country or U.S. **VARIOUS** Gross income from sources within country shown above and of the type checked above; 148,581. 148,581 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 13 and 14 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 148,581. d Gross foreign source income 2,856,154. Gross income from all sources .052021 Divide line 3d by line 3e g Multiply line 3c by line 3f Pro rata share of interest expense: a Home mortgage interest (use worksheet on page 14 2,826 of the instructions) b Other Interest expense 5 Losses from foreign sources 2.826. 2.826. Add lines 2, 3g, 4a, 4b, and 5 6 7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 Partill Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In U.S. dollars In foreign currency (you must check one) (r) Other (s) Total foreign (n) Other Taxes withheld at source on: Taxes withheld at source on: (h) X Pold foreign taxes paid or foreian taxes paid or accrued (add cois. (I) Accrue taxes paid or accrued (o) through (r)) (j) Date paid accrued (0) Dividends (K) Dividends (q) Interest 5,745. 5,745. A B

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 LHA For Paperwork Reduction Act Notice, see separate instructions.

5,745. Farm 1116 (2008)

c

Form 1116 (2008) BARACK H. & MICHELLE L. OBAMA

Form 1116 (2008) BARACK H. & MICHELLE L. OBAMA				Page 2
Part III Figuring the Credit				
9 Enter the amount from line 8. These are your total foreign taxes paid or accrued	i i	[
for the category of income checked above Part I	9	5,745.		
		į.		
10 Carryback or carryover (attach detailed computation)	10		40	
		[No.	
11 Add lines 9 and 10	11	5,745.	χή.	
	11	<u> </u>		
12 Reduction in foreign taxes	[12]		1	
			1	
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit \dots			13	5,745.
14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the	4 1			
United States (before adjustments) for the category of income checked above Part I	14	145,755	No.	
			440 440	
15 Adjustments to line 14	15			
18 Combine the amounte on lines 14 and 15. This is your not foreign course toyable income		<u> </u>	**	
(If the result is zero or less, you have no foreign tax credit for the category of income	11		**	
(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	145,755.		
			33	
17 Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form	1.1		. sq	
8914, line 2). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 2). Estates and trusts: Enter your taxable		1	2	
income without the deduction for your exemption		2 422 541		
			<u>اث ا</u>	
Caution: If you figured your tax using the lower rates on qualified dividends or capit				060166
18 Divide line 16 by fine 17. If fine 16 is more than line 17, enter °1°			18	.060166
19 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter from Form 1040NR, line 41.	the amount			
Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of For	•			
lines 36 and 37			19	674,811.
Caution: If you are completing line 19 for separate category e (lump-sum distributio	ns), see pg. 1	9 of the instructions.		
20 Multiply line 19 by line 18 (maximum amount of credit)			20	40,601.
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 2				
amount on line 27. Otherwise, complete the appropriate line in Part IV		>	21	5,745.
Part IV Summary of Credits From Separate Parts III				
22 Credit for taxes on passive category income	22			
23 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	5,745.
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,				······································
Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	•		20	5,745.
Total To Total and Try Total Total Controlled by line 22, or Form 500 1, 1110 402			ا ب	Form 1116 (2008)

Form 1116 (2008)

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 (99) Name of employer

➤ See separate instructions.

Social security number

		E	mployer identification number
BA	RACK H	. OBAMA	
A		ly any one household employee cash wages of \$1,600 or more in 2008? (If any household employee v 21, your parent, or anyone under age 18, see the line A instructions on page H-4 before you answer th	
	X Yes		
В	Did you wi	thhold federal income tax during 2008 for any household employee?	
	Yes	s. Skip line C and go to line 5. Go to line C.	
С		ly total cash wages of \$1,000 or more in any calendar quarter of 2007 or 2008 to all household empk ount cash wages paid in 2007 or 2008 to your spouse, your child under age 21, or your parent.)	oyees?
	No.		es in 2008
P	art I Soc	cial Security, Medicare, and Federal Income Taxes	
1	Total cash w	rages subject to social security taxes (see page H-4)	142 142
2	Social secur	ity taxes. Multiply line 1 by 12.4% (.124)	2 1,548.
3	Total cash w	rages subject to Medicare taxes (see page H-4)	
4	Medicare ta	xes. Multiply line 3 by 2.9% (.029)	4 362.
5	Federal inco	me tax withheld, if any	5
6	Total social	security, Medicare, and federal income taxes. Add lines 2, 4, and 5	6 1,910.
7	Advance ea	med income credit (EIC) payments, if any	7
8	Net taxes (subtract line 7 from line 6)	8 1,910.
9		total cash wages of \$1,000 or more in any calendar quarter of 2007 or 2008 to all household employ nt cash wages paid in 2007 or 2008 to your spouse, your child under age 21, or your parent.) Stop. Include the amount from line 8 above on Form 1040, line 60, and check box b on that line. If y	
		1040, see the line 9 instructions on page H-4. Go to line 10 on page 2.	Cohodula II II data com
ш	^ r0rrm	racy Act and Paperwork Reduction Act Notice, see page H-7 of the Instructions.	Schedule H (Form 1040) 2008

Parl	HI Fe	ederal Unemploym	ent (FUTA) T	ax									
												Yes	No
10 Di	d you pay	unemployment contrib	utions to only one	state?			• • • • • • • • • • • • • • • • • • • •				10	X	
		all state unemployment									11	X	
		ges that are taxable for					nent tax?	••••••	······	•••••	12	X	
		ecked the "Yes" box on											
	ir you ch	ecked the "No" box on a	any or the lines al	pove, skip			ste Section B.						
				4.0.41	Section		77		3.25				
13 N	ame of the	e state where you paid u ting number as shown o	inemployment co		18	777	IL 0050-7			.]			
14 31	ate repor	ung number as snown o	n state unempio)	/menitax	recum	743	7037-1						
15 Cd	ontributio	ns paid to your state un	employment fund	l Isaa nan	e H-5)	1	15	648.		1			
		wages subject to FUTA							16	1		7,0	00.
								••••••	-~	 			
17 FL	JTA tax. i	Multiply line 16 by .008.	Enter the result h	ere, skip	Section B.	and go to fir	ne 26		17				56.
	1				Section								
18 C	omplete a	ill columns below that ap	opły (if you need i	more spac	ce, see pag	je H-5):							
(a) Name		(b)	(c)		d) erience rate	(e)	(1)	(g)		(h)		(
of	ľ	late reporting number as shown on state unomployment tax	Taxable wages (as defined in state act)	pe pe	riod	State experience	Multiply col. (c) by .054	Mulliply col. (a)	c)	Subtract or from col.	(A)	Contribu	ctate
atata		roturn		From	To	rate		<u> </u>		If zero or h enter -0	 	unempto fun	d
								}			l		
								<u> </u>	_				
					•		1				ŀ		
	<u> </u>		ــــــــــــــــــــــــــــــــــــــ	<u> </u>	<u> </u>		l	<u>!</u> _	_				
											1		
		A) and 6 -48 40					•	L	19	ন -			
		ns (h) and (i) of line 19 wages subject to FUTA							21	-			
		e 21 by 6.2% (.062)							22				
		21 by 5.4% (.054)						• • • • • • • • • • • • • • • • • • • •					
24 Er	nter the s	maller of line 20 or line 2	23	•••••••	•••••••	lan			24	1			
25 FI	UTA tax.	Subtract line 24 from lin	e 22. Enter the re	sult here	and go to I	ine 26			_	_			·····
		otal Household En											
26 Er	nter the a	mount from line 8. If you	checked the "Ye	es" box or	n line C of p	oage 1, ente	r-0		26	3			10.
27 A	dd line 17	(or line 25) and line 26 ((see page H·5)						27			1,9	66.
		uired to file Form 10407											
LX		itop. Include the amoun	t from line 27 abo	ove on Fo	m 1040 , li	ne 60, and c	heck box b on 1	hat line. Do no	ot con	nplete			
		Part IV below.											
		ou may have to comple				Lad One Ab	- F	A1	115				
		d street or P.O. box if mad is no			only if requ	irea. See th	e line 26 instruc	tions on page		, room, or se	uite no.		
	•	•								• • • • • • • • • • • • • • • • • • • •			
City, lo	wn or post o	fice, state, and ZIP code							ــــــــــــــــــــــــــــــــــــــ				
		erjury, I declare that I have exam											
		state unomployment fund claim: any knowledge.	ed as a credit was, or k	to be, dedu	cted from the	paymonta to om	ployees. Declaration	of preparer (other ti	han fax	payer) is ba	sed on	all inform	ition of
L							.						
F Er	mptoyer's siç	photure			*		Date		_				
Date:		Preparer's				Date	,	Check if		Prepa	rer's	SSN or	PTIN
Paid -	_	signature						self-employed	d [ונ ונ			
	parer's	Firm's name (or								in			
Use	Only	yours if self-employed),							F	hone no	١.		
		address, and ZIP code	, /										
									Scl	hedule l	(For	m 1040) 2008

Form 1116	U.S. and Foreig	gn Source Income Summ	ary	
NAME	OBAWA			
BARACK H. & MICHELLE L.	OBAMA			FOREIGN
INCOME TYPE		TOTAL	U.S.	GENERAL
Compensation		201,913.	201,913.	
Dividends/Distributions		26,558.	26,558.	
Interest		18,890.	18,890.	
Capital Gains		5,342.	5,342.	
Business/Profession		2,603,448.	2,603,448.	
Rent/Royalty		•	•	
State/Local Refunds		7,991.	7,991.	
Partnership/S Corporation				
Trust/Estate				
Other Income			-148,581.	148,581.
Gross Income		2,864,142.	2,715,561.	148,581.
Less:				
Section 911 Exclusion				
Capital Losses		4,235.	4,235.	
Capital Gains Tax Adjustment				
Total Income - Form 1116		2,859,907.	2,711,326.	148,581.
Deductions:				
Business/Profession Expenses		123,800.	123,800.	
Rent/Royalty Expenses			·	
Partnership/S Corporation Losses				
Trust/Estate Losses				
Capital Losses				
Non-capital Losses				
Individual Retirement Account				
Moving Expenses				
Self-employment Tax Deduction		33,205.	33,205.	
Self-employment Health Insurance		-	,	
Keogh Contributions		46,000.	46,000.	
Alimony				
Farfeited Interest				
Foreign Housing Deduction				
Other Adjustments				
Capital Gains Tax Adjustment				
Total Deductions		203,005.	203,005.	
Adjusted Gross Income		2,656,902.	2,508,321.	148,581.
Less Itemized Deductions:		150 000	158,892.	
Specifically Attocated		158,892. 50,168.	47,565.	2,603
Home Mortgage Interest		30,100.	47,505.	4,003
Other Interest		92,459.	87,663.	4,796
Ratably Allocated Total Adjustments to Adjusted Gross Income		301,519.	294,120.	7,399
Taxable Income Before Exemptions		2,355,383.	2,214,201.	141,182

NAME

BARACK H. & MICHELLE L. OBAMA

	Total Iternized	Iterrized Deductions After Sec. 68				
	Deductions	Reduction	Specifically U.S. Specifically Foreign		Ratable	
Taxes	100,116.	92,459.			92,459.	
Interest - Not including investment Interest	54,323.	50,168.	47,565.	2,603.		
Contributions	172,050.	158,892.	158,892.			
Miscellaneous Deductions Subject to 2%						
Other Miscellaneous Deductions - Not Including Gambling Losses						
Foreign Adjustment						
Total Itemized Deductions Subject to Sec. 68	326,489.	301,519.			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Add Itemized Deductions Not Subject to Sec. 68;						
Medical/Dental						
Investment Interest						
Post Aug. 27 Contributions						
Casualty Losses						
Gambling Losses						
Foreign Adjustment		stavanskipa-skir skir mjeret oboseti	u ap na tamangan uningga a 2000.	Geral Adjustic Supplier		
Total Itemized Deductions	326,489.					
Total Allowed on Schedule A		301,519.	206,457.	2,603.	92,459	

NAME

BARACK H. & MICHELLE L. OBAMA

Foreign Income Category

GENERAL LIMITATION INCOME

	Foreign income detegriy		OBMBIGHT HI	MILIMITON LI	COME
Regu	lar	2005	2006	2007	2008
_	Foreign tax paid/accrued	33220 X 3,200	A 45 1849		5,745
2.	FTC carryback to 2008			THE REPORT OF THE	
	for amended returns				
3.	Reduction allocated to excluded income	भित्र सुन्दु दिस्ति	TO THE REAL PROPERTY.		
4.	Foreign tax available				5,745
5.	Maximum credit allowable	以 在其他的。	門上於了四種語	阿尔斯 斯 以一下的	47,514.
6.	Unused foreign tax (+)				
	or excess of limit (-)			-55,473.	-41,769
7.	Foreign tax carryback		Contract of the Contract of th		
8,	Foreign tax carryforward				
9.	Less treaty adjustment				
10.	Foreign tax or excess limit remaining			<u>-55,473.</u>	-41,769
	Total foreign taxes from all available years to be carried to next year			L	
		2001	2002	2003	2004
1.	Foreign tax paid/accrued	Zanci Me Xerica del	A PARAMETER		ne de la composition
2.	FTC carryback to 2008			P2477///25	添加7.25 0克
	for amended returns				
3	Reduction allocated to excluded income			THE PERSON NAMED IN COLUMN	

		2001	2002	2003	2004
1.	Foreign tax paid/accrued	Land Mr. Arts 1604			
	FTC carryback to 2008				
	for amended returns				
	Reduction allocated to excluded income				
4.	Foreign tax available		1966年		
5.	Maximum credit allowable			Garden Colons	通过的现在分 件
	Unused foreign tax (+)				
	or excess of limit (-)				
7.	Foreign tax carryback				""一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
	Foreign tax carrylorward	,		{	!
	Less treaty adjustment				
	Foreign tax or excess limit remaining				<u></u>

		2000	1999
1.	Foreign tax paid/accrued		
2.	FTC carryback to 2008	W-1447/2 1974	74 TY TO TAKE
	for amended returns	14.24	
3.	Reduction allocated to excluded income		CARLAGEACUA
4.	Foreign tax available		
5.	Maximum credit allowable	統。在公司	
6.	Unused foreign tax (+)		
	or excess of limit (-)		
7.	Foreign tax carryback		
8.	Foreign tax carryforward		
9.	Less treaty adjustment		
10.	Foreign tax or excess limit remaining		

NAME

BARACK H. & MICHELLE L. OBAMA

Foreign Income Category

GENERAL LIMITATION INCOME

Alten	ative Minimum Tax	2005	2006	2007	2008
1.	Foreign tax paid/accrued		27.		5,745.
	FTC carryback to 2008		F-52-76-7-70		
	for amended returns				
3.	Reduction allocated to excluded income		The state of	27.7	
4.	Foreign tax available			T. S. T. M. T.	5,745.
5.	Maximum credit allowable				40,601.
6.	Unused foreign tax (+)				
	or excess of limit (-)			-46,440.	-34,856.
7.	Foreign tax carryback				
₿.	Foreign tax carryforward				
9.	Less treaty adjustment		25022		
10.	Foreign tax or excess limit remaining			-46,440.	-34,856.
	Total foreign taxes from all available years to be carried to next year				

		2001	2002	2003	2004
1.	Foreign tax paid/accrued	Market Services	29.00 W 20.00		
	FTC carryback to 2008		A FAST FARE AND		
	for amended returns				
3.	Reduction allocated to excluded income		A LONG THE		324 (4.1)
		THE STATE OF THE S	66 12 W. 146	A STATE OF THE STA	W. Marin
5.	Maximum credit allowable		AND THE RESERVE		
	Unused foreign tax (+)				
	or excess of limit (-)				
7.	Foreign tax carryback		CANAL TOP		
	Foreign tax carryforward				
	Less treaty adjustment		1773 :30000000000000000000000000000000000	CONTRACTOR AND	8.000 make
	Foreign tax or excess limit remaining				

		2000	1999
1.	Foreign tax paid/accrued	Est repaired	144 单 50
		0.00	10
	for amended returns		
3.	Reduction allocated to excluded income		1075 T. C. 1075
		A MANAGEMENT	
5.	Maximum credit allowable		
	Unused foreign tax (+)		
	or excess of limit (-)		
7.	Foreign tax carryback		
	Foreign tax carryforward		
9.	Less treaty adjustment	AND AND	3-1-1E-132.
10.	Foreign tax or excess limit remaining		

SELF-EMPLOYED RETIREMENT PLAN COMPUTATION OF DEDUCTIBLE CONTRIBUTIONS FOR FEDERAL 1040

BARACK H. OBAMA

1.	DEFINED CONTRIBUTIONS		
	a. Employer contributions made to the plan(s) for the sole proprietor or partner	46,000.	
	b. Less amount allocated to insurance		
	c. Net contributions, line 1a minus line 1b	46,000.	
	d. Earned income of the sole proprietor or partner	2,446,443.	
	e. Applicable percentage of line d LIMITED TO MAXIMUM CONTRIBUTION	489,289.	
	Elective deferrals and catch-up contributions		
	g. Elective deferrals designed as Roth contributions	Section Control of the Section Control	
	h. Allowable deduction, lesser of fine 1c or line 1e plus line f minus line g		46,000.
	i. Excess contribution		
2.	DEFINED BENEFIT - Deductible contributions	••••••	
<u>3.</u>	Total deductible contributions, Add line 1h and line 2	***************************************	46,000.

BARACK H. & MICHELLE L. OBAMA

FORM 1040 STATE AND I	LOCAL INCOME TAX	REFUNDS	STATEMENT	1
	2007	2006	2005	
GROSS STATE/LOCAL INC TAX REFUNDS LESS: TAX PAID IN FOLLOWING YEAR	ILLINOIS 7,991.			
NET TAX REFUNDS ILLINOIS	7,991.			
TOTAL NET TAX REFUNDS	7,991.			

FORM 1040	PERSONAL EXEMPTION WORKSHEET STATEMENT
BELOW FOR YOUR FILING NO. STOP. MULTIPLY \$	1 1040, LINE 38, MORE THAN THE AMOUNT SHOWN ON LINE 4 3 STATUS? 3,500 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED INE 6D, AND ENTER THE RESULT ON LINE 42.
YES. CONTINUE	MI OD, MID MITAL THE RECOULT ON LINE 42.
ON FORM 1040, LINE 6D	TE TOTAL NUMBER OF EXEMPTIONS CLAIMED 14,000 FORM 1040, LINE 38 2,656,902.
4. ENTER THE AMOUNT FOR SINGLE	YOUR FILING STATUS 239,950. \$159,950
MARRIED FILING JOIN MARRIED FILING SEPA HEAD OF HOUSEHOLD	TTLY OR WIDOW(ER) \$239,950 ARATELY \$119,975 \$199,950
	LINE 3 2,416,952.
OF EXEMPTION LINE 6D. EN ON FORM 104 COMPLETE THE DIVIDE LINE IF MARRIED THE RESULT	
	R EXAMPLE, INCREASE
7. MULTIPLY LINE 6 BY 29	L)
	INE 7
10. SUBTRACT LINE 9 FROM	LINE 2. TOTAL TO FORM 1040, LINE 42.

FORM	1 1040	TAXABLE	STATE A	AND	LOCAL	INCOME	TAX	REFUNDS	STATEMENT	3
					2007			2006	2005	
	TAX REFUNDS FRO AL INCOME TAX R				7	,991.				
LESS	REFUNDS-NO BEN -SALES TAX BE									
1	NET REFUNDS FOR	RECALCU	LATION		7	,991.				
	TOTAL ITEMIZED BEFORE PHASEOU DEDUCTION NOT S	T		r	451	.,679.				
	NET REFUNDS FRO				7	,991.				
6	LINE 2 MINUS LI MULT LN 5 BY AF PRIOR YEAR AGI ITEM. DED. PHAS	PPL SEC.	68 PCT		236 4,137	3,688. 5,634. 7,965. 5,400.				
9	SUBTRACT LINE 8 (IF ZERO OR LES 10 THROUGH 15, AMOUNT FROM LIN	SS, SKIP AND ENTE	LINES R	 }	3,981	,565.		-		
10 11 12	MULT LN 9 BY AF ALLOWABLE ITEM (LINE 5 LESS TE LINE 6 OR LINE ITEM DED. NOT S	ZED DEDU IE LESSER E 10)	CTIONS OF			9,631. 1,057.				
	TOTAL ADJ. ITEM PRIOR YR. STD. PRIOR YR. ALLOW	DED. AVA	ILABLE		10	1,057. 0,700. 2,048.				
15 16	SUBTRACT THE GR 13A OR LINE 13 TAXABLE REFUNDS	BB FROM L	INE 14			7,991. 7,991.				
17 18	(LESSER OF LINE ALLOWABLE PRIOF PRIOR YEAR STD	R YR. ITE	M. DED			2,048. 0,700.				
19 20 21	SUBTRACT LINE 1 LESSER OF LINE PRIOR YEAR TAXA	16 OR LI	NE 19		,	1,348. 7,991. 1,385.				
22	AMOUNT TO INCLU * IF LINE 21 IS * IF LINE 21 IS	5 -0- OR	MORE,	USE	AMOUN	r from			7,	991.
	STATE AND LOCAL	L INCOME	TAX RE	FUN	DS PRI	OR TO 2	005			
	TOTAL TO FORM	1040, LIN	VE 10						7,	991

BARACK H. & MICHELLE L. OBAMA

FORM 1040	TAX-	EXEMPT INTE	REST		STATE	MENT	4
NAME OF PAYER					AM	OUNT	
NORTHERN TRUST SECURITIE	s					2,93	6.
TOTAL TO FORM 1040, LINE	8B					2,93	6.
T	AMOUNT	VED AND TAX FEDERAL TAX	STATE TAX	CITY SDI	- -	MEDIC?	
S EMPLOYER'S NAME	PAID	WITHHELD	WITHHELD	TAX W/H	TAX	TA)	ζ —
T UNITED STATES SENATE S UNIVERSITY OF CHICAGO	139,204.	24,660.	4,011.		6,324.	2,10)5.
HOSPITALS	62,709.	15,677.	1,881.		3,888.	90	9.

1. PLAN CONTRIBUTION RATE OR SELF-EMPLOYED PERSON'S RATE	ORM 1040 KEOGH DEDUCTION - PROFIT SHARING PLAN	STATEMENT
2. NET EARNINGS FROM SCHEDULE C, SCHEDULE F, OR SCHEDULE K-1 3. DEDUCTION FOR SELF-EMPLOYMENT TAX FROM 1040, LINE 27 4. SUBTRACT LINE 3 FROM LINE 2 5. MULTIPLY LINE 4 TIMES LINE 1 5. MULTIPLY LINE 4 TIMES LINE 1 6. MULTIPLY \$230,000 BY YOUR PLAN CONTRIBUTION RATE. ENTER THE RESULT BUT NOT MORE THAN \$46,000 7. ENTER THE SMALLER OF LINE 5 OR LINE 6 6. CONTRIBUTION DOLLAR LIMIT 7. CAUGH STATE SERVE LINES 9 THROUGH 18 AND ENTER THE SMALLER 7. CAUGH STATE SERVE LINES 9 THROUGH 18 AND ENTER THE SMALLER 7. LINE 8 ON LINE 19 7. ALLOWABLE ELECTIVE DEFERRALS 7. SUBTRACT LINE 9 FROM LINE 8 7. SUBTRACT LINE 9 FROM LINE 8 7. SUBTRACT LINE 9 FROM LINE 8 7. SUBTRACT LINE 9 FROM LINE 4 7. SUBTRACT LINE 13 FROM LINE 4 7. SUBTRACT LINE 13 FROM LINE 4 7. CATCH-UP CONTRIBUTIONS WERE MADE, GO TO LINE 16 7. CATCH-UP CONTRIBUTIONS WERE MADE, GO TO LINE 16 7. CATCH-UP CONTRIBUTION (AGE 50 OR OLDER) 7. SUBTRACT LINE 15 FROM LINE 14 7. CATCH-UP CONTRIBUTION (AGE 50 OR OLDER) 7. SUBTRACT LINE 20 FROM LINE 18 7. SUBTRACT LINE 20 FROM LINE 19 7. SUBTRACT LINE 20 7. SUBTRACT	BARACK H. OBAMA	
2. NET EARNINGS FROM SCHEDULE C, SCHEDULE F, OR SCHEDULE K-1 3. DEDUCTION FOR SELF-EMPLOYMENT TAX FROM 1040, LINE 27 4. SUBTRACT LINE 3 FROM LINE 2 5. MULTIPLY LINE 4 TIMES LINE 1 5. MULTIPLY LINE 4 TIMES LINE 1 6. MULTIPLY \$230,000 BY YOUR PLAN CONTRIBUTION RATE. ENTER THE RESULT BUT NOT MORE THAN \$46,000 7. ENTER THE SMALLER OF LINE 5 OR LINE 6 6. CONTRIBUTION DOLLAR LIMIT 7. CAUGH STATE SERVE LINES 9 THROUGH 18 AND ENTER THE SMALLER 7. CAUGH STATE SERVE LINES 9 THROUGH 18 AND ENTER THE SMALLER 7. LINE 8 ON LINE 19 7. ALLOWABLE ELECTIVE DEFERRALS 7. SUBTRACT LINE 9 FROM LINE 8 7. SUBTRACT LINE 9 FROM LINE 8 7. SUBTRACT LINE 9 FROM LINE 8 7. SUBTRACT LINE 9 FROM LINE 4 7. SUBTRACT LINE 13 FROM LINE 4 7. SUBTRACT LINE 13 FROM LINE 4 7. CATCH-UP CONTRIBUTIONS WERE MADE, GO TO LINE 16 7. CATCH-UP CONTRIBUTIONS WERE MADE, GO TO LINE 16 7. CATCH-UP CONTRIBUTION (AGE 50 OR OLDER) 7. SUBTRACT LINE 15 FROM LINE 14 7. CATCH-UP CONTRIBUTION (AGE 50 OR OLDER) 7. SUBTRACT LINE 20 FROM LINE 18 7. SUBTRACT LINE 20 FROM LINE 19 7. SUBTRACT LINE 20 7. SUBTRACT	1. PLAN CONTRIBUTION RATE OR SELE-EMPLOYED DERSON'S DAME	20000
3. DEDUCTION FOR SELF-EMPLOYMENT TAX FROM 1040, LINE 27	2. NET RARNINGS FROM SCHEDIILE C SCHEDIILE F OR SCHEDIILE K-1	2 470 649
4. SUBTRACT LINE 3 FROM LINE 2	3. DEDUCTION FOR SELF-EMPLOYMENT TAX FROM 1040. LINE 27	
5. MULTIPLY LINE 4 TIMES LINE 1	•	
6. MULTIPLY \$230,000 BY YOUR PLAN CONTRIBUTION RATE. ENTER THE RESULT BUT NOT MORE THAN \$46,000		489.289
THE RESULT BUT NOT MORE THAN \$46,000		
7. ENTER THE SMALLER OF LIME 5 OR LINE 6		. 46,000
*IF ANY ELECTIVE DEFERRALS WERE MADE, GO TO LINE 9. *OTHERWISE, SKIP LINES 9 THROUGH 18 AND ENTER THE SMALLER OF LINE 7 OR LINE 8 ON LINE 19. 9. ALLOWABLE ELECTIVE DEFERRALS		
*OTHERWISE, SKIP LINES 9 THROUGH 18 AND ENTER THE SMALLER OF LINE 7 OR LINE 8 ON LINE 19. 9. ALLOWABLE ELECTIVE DEFERRALS	8. CONTRIBUTION DOLLAR LIMIT	46,000
OF LINE 7 OR LINE 8 ON LINE 19. 9. ALLOWABLE ELECTIVE DEFERRALS 1. SUBTRACT LINE 9 FROM LINE 8 1. SUBTRACT LINE 9 FROM LINE 4 2. ENTER ONE-HALF OF LINE 11 3. ENTER THE SMALLEST OF LINES 7, 10 OR 12 4. SUBTRACT LINE 13 FROM LINE 4 5. ENTER THE SMALLER OF LINE 9 OR LINE 14 *IF CATCH-UP CONTRIBUTIONS WERE MADE, GO TO LINE 16. *OTHERWISE, SKIP LINES 16 THROUGH 18. 6. SUBTRACT LINE 15 FROM LINE 14 7. CATCH-UP CONTRIBUTION (AGE 50 OR OLDER) 8. ENTER THE SMALLER OF LINE 16 OR LINE 17 9. ADD LINES 13, 15 AND 18 10. ELECTIVE DEFERRALS DESIGNATED AS ROTH CONTRIBUTIONS 21. SUBTRACT LINE 20 FROM LINE 19. ENTER HERE AND ON LINE 28, FORM 1040 **SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT **DESCRIPTION** **DESCRIPTION** **DESCRIPTION** **DESCRIPTION** **DISTRACT LINE 20 FROM LINE 19. ENTER HERE AND ON LINE 28, FORM 1040 **SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT **DESCRIPTION** **DISTRACT LINE 20 FROM LINE 19. ENTER HERE AND ON LINE 28, FORM 1040 **SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT **DESCRIPTION** **DISTRACT LINE 20 FROM LINE 19. ENTER HERE AND ON LINE 28, FORM 1040 **SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT **DESCRIPTION** **DISTRACT LINE 20 FROM LINE 19. ENTER HERE AND ON LINE 28, FORM 1040 **SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT **DESCRIPTION** **DISTRACT LINE 20 FROM LINE 19. ENTER HERE AND ON LINE 28, FORM 1040 **OTHERWISE, 13, 15 AND 18 **AGOUNT LINE 20, 200 **CHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT **DISTRACT LINE 20, 200 **CHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT **OTHERWISE, 200 **CHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT **DISTRACT LINE 20, 200 **CHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT **OTHERWISE, 200 **CHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT **OTHERWISE, 200 **CHEDULE A STATEMENT AND LOCAL INCOME TAXES STATEMENT **OTHERWISE, 200 **OT		
9. ALLOWABLE ELECTIVE DEFERRALS 0. SUBTRACT LINE 9 FROM LINE 8 1. SUBTRACT LINE 9 FROM LINE 8 2. ENTER ONE-HALF OF LINE 11 3. ENTER THE SMALLEST OF LINES 7, 10 OR 12 4. SUBTRACT LINE 13 FROM LINE 4 5. ENTER THE SMALLER OF LINE 9 OR LINE 14 5. ENTER THE SMALLER OF LINE 9 OR LINE 14 6. SUBTRACT LINE 15 FROM LINE 4 7. CATCH-UP CONTRIBUTIONS WERE MADE, GO TO LINE 16 6. SUBTRACT LINE 15 FROM LINE 14 7. CATCH-UP CONTRIBUTION (AGE 50 OR OLDER) 8. ENTER THE SMALLER OF LINE 16 OR LINE 17 9. ADD LINES 13, 15 AND 18 10. ELECTIVE DEFERRALS DESIGNATED AS ROTH CONTRIBUTIONS 11. SUBTRACT LINE 20 FROM LINE 19. ENTER HERE AND ON LINE 28, FORM 1040 ECHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT DESCRIPTION RITTED STATES SENATE INIVERSITY OF CHICAGO HOSPITALS ILLINOIS 2ND QTR ESTIMATE PAYMENTS 12. 2,000 12. LILINOIS 2ND QTR ESTIMATE PAYMENTS 13. 2,000 12. LILINOIS 3RD QTR ESTIMATE PAYMENTS 14. 2,000 14. LILINOIS 4TH QTR ESTIMATE PAYMENTS 15. 30,000 15. LILINOIS PRIOR YEAR OVERPAYMENT APPLIED 17. 993	*OTHERWISE, SKIP LINES 9 THROUGH 18 AND ENTER THE SMALLER	
0. SUBTRACT LINE 9 FROM LINE 8 1. SUBTRACT LINE 9 FROM LINE 4 2. ENTER ONE-HALF OF LINE 11 3. ENTER THE SMALLEST OF LINES 7, 10 OR 12 4. SUBTRACT LINE 13 FROM LINE 4 5. ENTER THE SMALLER OF LINE 9 OR LINE 14 *IF CATCH-UP CONTRIBUTIONS WERE MADE, GO TO LINE 16 *OTHERWISE, SKIP LINES 16 THROUGH 18 6. SUBTRACT LINE 15 FROM LINE 14 7. CATCH-UP CONTRIBUTION (AGE 50 OR OLDER) 8. ENTER THE SMALLER OF LINE 16 OR LINE 17 9. ADD LINES 13, 15 AND 18 1. SUBTRACT LINE 20 FROM LINE 19 11. SUBTRACT LINE 20 FROM LINE 19 12. SUBTRACT LINE 20 FROM LINE 19 13. SUBTRACT LINE 20 FROM LINE 19 14. SUBTRACT LINE 20 FROM LINE 19 15. SUBTRACT LINE 20 FROM LINE 19 16. SUBTRACT LINE 20 FROM LINE 19 17. SUBTRACT LINE 20 FROM LINE 19 18. ENTER HERE AND ON LINE 28 19. FORM 1040 19. FORM 1040 19. FORM 1040 19. STATES SENATE 19. AMOUNT 19. AMOUNT 19. STATES SENATE 20. OUT		
1. SUBTRACT LINE 9 FROM LINE 4 2. ENTER ONE-HALF OF LINE 11 3. ENTER THE SMALLEST OF LINES 7, 10 OR 12 4. SUBTRACT LINE 13 FROM LINE 4 5. ENTER THE SMALLER OF LINE 9 OR LINE 14 *IF CATCH-UP CONTRIBUTIONS WERE MADE, GO TO LINE 16. *OTHERWISE, SKIP LINES 16 THROUGH 18. 6. SUBTRACT LINE 15 FROM LINE 14 7. CATCH-UP CONTRIBUTION (AGE 50 OR OLDER) 8. ENTER THE SMALLER OF LINE 16 OR LINE 17 9. ADD LINES 13, 15 AND 18		•
2. ENTER ONE-HALF OF LINE 11 3. ENTER THE SMALLEST OF LINES 7, 10 OR 12 4. SUBTRACT LINE 13 FROM LINE 4		•
3. ENTER THE SMALLEST OF LINES 7, 10 OR 12 4. SUBTRACT LINE 13 FROM LINE 4 5. ENTER THE SMALLER OF LINE 9 OR LINE 14 *IF CATCH-UP CONTRIBUTIONS WERE MADE, GO TO LINE 16 *OTHERWISE, SKIP LINES 16 THROUGH 18. 6. SUBTRACT LINE 15 FROM LINE 14 7. CATCH-UP CONTRIBUTION (AGE 50 OR OLDER) 8. ENTER THE SMALLER OF LINE 16 OR LINE 17 9. ADD LINES 13, 15 AND 18 0. ELECTIVE DEFERRALS DESIGNATED AS ROTH CONTRIBUTIONS 1. SUBTRACT LINE 20 FROM LINE 19. ENTER HERE AND ON LINE 28, FORM 1040 CHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT ESCRIPTION NITED STATES SENATE NIVERSITY OF CHICAGO HOSPITALS LLINOIS 2ND QTR ESTIMATE PAYMENTS 32,000 LLINOIS 3RD QTR ESTIMATE PAYMENTS 32,000 LLINOIS 4TH QTR ESTIMATE PAYMENTS 30,000 LLINOIS PRIOR YEAR OVERPAYMENT APPLIED 7,993		
4. SUBTRACT LINE 13 FROM LINE 4		•
5. ENTER THE SMALLER OF LINE 9 OR LINE 14		
*IF CATCH-UP CONTRIBUTIONS WERE MADE, GO TO LINE 16. *OTHERWISE, SKIP LINES 16 THROUGH 18. 6. SUBTRACT LINE 15 FROM LINE 14		
*OTHERWISE, SKIP LINES 16 THROUGH 18. 6. SUBTRACT LINE 15 FROM LINE 14		•
6. SUBTRACT LINE 15 FROM LINE 14 7. CATCH-UP CONTRIBUTION (AGE 50 OR OLDER) 8. ENTER THE SMALLER OF LINE 16 OR LINE 17 9. ADD LINES 13, 15 AND 18 0. ELECTIVE DEFERRALS DESIGNATED AS ROTH CONTRIBUTIONS 1. SUBTRACT LINE 20 FROM LINE 19. ENTER HERE AND ON LINE 28, FORM 1040 CCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT ESCRIPTION MITTED STATES SENATE INIVERSITY OF CHICAGO HOSPITALS ILLINOIS 2ND QTR ESTIMATE PAYMENTS LLINOIS 3RD QTR ESTIMATE PAYMENTS LLINOIS 3RD QTR ESTIMATE PAYMENTS LLINOIS 4TH QTR ESTIMATE PAYMENTS LLINOIS PRIOR YEAR OVERPAYMENT APPLIED 7,991		
8. ENTER THE SMALLER OF LINE 16 OR LINE 17		
8. ENTER THE SMALLER OF LINE 16 OR LINE 17		•
9. ADD LINES 13, 15 AND 18		
O. ELECTIVE DEFERRALS DESIGNATED AS ROTH CONTRIBUTIONS		
1. SUBTRACT LINE 20 PROM LINE 19. ENTER HERE AND ON LINE 28, FORM 1040		
FORM 1040		•
CHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT DESCRIPTION NITED STATES SENATE INIVERSITY OF CHICAGO HOSPITALS LLINOIS 2ND QTR ESTIMATE PAYMENTS LLINOIS 3RD QTR ESTIMATE PAYMENTS LLINOIS 3RD QTR ESTIMATE PAYMENTS LLINOIS 4TH QTR ESTIMATE PAYMENTS LLINOIS PRIOR YEAR OVERPAYMENT APPLIED 7,991	·	46 000
DESCRIPTION INITED STATES SENATE INIVERSITY OF CHICAGO HOSPITALS ILLINOIS 2ND QTR ESTIMATE PAYMENTS ILLINOIS 3RD QTR ESTIMATE PAYMENTS ILLINOIS 4TH QTR ESTIMATE PAYMENTS ILLINOIS PRIOR YEAR OVERPAYMENT APPLIED AMOUNT 4,011 1,881 2,000 32,000 7,991	FORM 1040	. 46,000
DESCRIPTION INITED STATES SENATE INIVERSITY OF CHICAGO HOSPITALS ILLINOIS 2ND QTR ESTIMATE PAYMENTS ILLINOIS 3RD QTR ESTIMATE PAYMENTS ILLINOIS 4TH QTR ESTIMATE PAYMENTS ILLINOIS PRIOR YEAR OVERPAYMENT APPLIED AMOUNT 4,011 1,881 2,000 30,000 7,991		
INITED STATES SENATE INIVERSITY OF CHICAGO HOSPITALS ILLINOIS 2ND QTR ESTIMATE PAYMENTS ILLINOIS 3RD QTR ESTIMATE PAYMENTS ILLINOIS 4TH QTR ESTIMATE PAYMENTS ILLINOIS PRIOR YEAR OVERPAYMENT APPLIED 4,011 1,881 2,000 30,000 7,991	SCHEDULE A STATE AND LOCAL INCOME TAXES	STATEMENT
INIVERSITY OF CHICAGO HOSPITALS ILLINOIS 2ND QTR ESTIMATE PAYMENTS ILLINOIS 3RD QTR ESTIMATE PAYMENTS ILLINOIS 4TH QTR ESTIMATE PAYMENTS ILLINOIS PRIOR YEAR OVERPAYMENT APPLIED 7,991	DESCRIPTION	AMOUNT
INIVERSITY OF CHICAGO HOSPITALS ILLINOIS 2ND QTR ESTIMATE PAYMENTS ILLINOIS 3RD QTR ESTIMATE PAYMENTS ILLINOIS 4TH QTR ESTIMATE PAYMENTS ILLINOIS PRIOR YEAR OVERPAYMENT APPLIED 7,991	NIMPN CMAMPC CENAMP	<i>i</i> 011
LLINOIS 2ND QTR ESTIMATE PAYMENTS LLINOIS 3RD QTR ESTIMATE PAYMENTS LLINOIS 4TH QTR ESTIMATE PAYMENTS LLINOIS PRIOR YEAR OVERPAYMENT APPLIED 32,000 30,000 7,991		
ILLINOIS 3RD QTR ESTIMATE PAYMENTS 2,000 ILLINOIS 4TH QTR ESTIMATE PAYMENTS 30,000 ILLINOIS PRIOR YEAR OVERPAYMENT APPLIED 7,991		
ILLINOIS 4TH QTR ESTIMATE PAYMENTS ILLINOIS PRIOR YEAR OVERPAYMENT APPLIED 30,000 7,991		
ILLINOIS PRIOR YEAR OVERPAYMENT APPLIED 7,991		
POTAL TO SCHEDULE A. LINE 5 77.883	INTIATO INTON IBUN AADNIUTIMIT ULENTED	.,,,,
	POTAL TO SCHEDILE A. LINE 5	77 .883

SCHEDULE A CAS	H CONTRIBUTIONS		STATEMENT	-
DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	
AIDS ALLIANCE FOR CHILDREN YOUTH				
& FAMILIES		5,000.		
AMERICAN RED CROSS		5,000.		
APOSTELIC CHURCH OF GOD		500.		
BOOK WORM ANGELS		2,500.		
BOYS AND GIRLS CLUB		5,000.		
BREAD FOR THE CITY		5,000.		
BROOKLAND BAPTIST		200.		
BROWN A.M.E. CHURCH		500.		
		25,000.		
CARE		1,000.		
CATHOLIC RELIEF SERVICES		5,000.		
CENTRAL ILLINOIS FOOD BANK		5,000.		
CHICAGO COALITION FOR THE		1,000.		
HOMELESS		1,000.		
CITIZENS UNITED FOR RESEARCH IN		5 000		
EPILEPSY		5,000.		
COLUMBIA UNIVERSITY		1,000.		
CRUSADE OF MERCY		150.		
DIRECT RELIEF INTERNATIONAL		5,000.		
FIRST LUTHERAN CHURCH		100.		
GREATER CHICAGO FOOD DEPOSITORY		1,000.		
HAITI FOUNDATION OF HOPE		2,000.		
ILLINOIS COALITION AGAINST				
SEXUAL ASSAULT		5,000.		
ILLINOIS HEAD START ASSOCIATION		5,000.		
ILLINOIS READING COUNCIL		5,000.		
JUVENILE DIABETES RESEARCH		F 000		
FOUNDATION		5,000.		
MARTIN LUTHER KING NATIONAL		F 000		
MEMORIAL PROJECT		5,000.		
MIDTOWN EDUCATIONAL FOUNDATION		5,000.		
MUJERES LATINAS EN ACCION		5,000.		
NATIONAL COALITION FOR HOMELESS		F 000		
VETERANS		5,000.		
NATIONAL CONGRESS OF BLACK WOMEN		2,000.		
NATIONAL MS SOCIETY		5,000.		
NEW ORLEANS AREA HABITAT FOR		F 000		
HUMANITY		5,000.		
OVARIAN CANCER NATIONAL ALLIANCE		5,000.		
ROCHELLE LEE / BOUNDLESS READERS		5,000.		
ST. LEO'S RESIDENCE FOR VETERANS		5,000.		
ST. LUKE'S UNITED METHODIST				
CHURCH		100.		
THE CHRISTOPHER HOUSE		5,000.		

BARACK H. & MICHELLE L. OBAMA

UNITED NEGRO COLLEGE FUND UNITED WAY OF GALVESTON	25,000. 5,000.
SUBTOTALS	172,050.
TOTAL TO SCHEDULE A, LINE 16	172,050.

SCHE	DULE A ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT	9
1.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28	326,4	89.
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. ALSO INCLUDE IN THE TOTAL ANY AMOUNT INCLUDED ON SCHEDULE A, LINE 16, THAT YOU ELECTED TO TREAT AS QUALIFIED CONTRIBUTIONS FOR RELIEF EFFORTS	550,2	
3.	IN A MIDWESTERN DISASTER AREA		0.
4. 5. 6.	IF YES, SUBTRACT LINE 2 FROM LINE 1		89.
7.	IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29.		
8.	IF YES, SUBTRACT LINE 6 FROM LINE 5 2,496,952. MULTIPLY LINE 7 BY 3% (.03)		
10.	ENTER THE SMALLER OF LINE 4 OR LINE 8	74,9	39.
12.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29	301,5	19.
SCHE	DULE B TAX-EXEMPT INTEREST	STATEMENT	10
NAME	OF PAYER	AMOUNT	
NORT	HERN TRUST SECURITIES	2,9	36.
			

BARACK H. & MICHELLE L. OBAMA

SCHEDULE C	OTHER INCOME	STATEMENT 11			
DESCRIPTION		AMOUNT			
DYSTEL & GODERICH RANDOM HOUSE		1,090,515 1,512,933			
TOTAL TO SCHEDULE C, LINE 6		2,603,448.			
SCHEDULE SE	NON-FARM INCOME	STATEMENT 12			
DESCRIPTION		AMOUNT			
AUTHOR		2,479,648.			
TOTAL TO SCHEDULE SE, LINE 2		2,479,648.			

Illinois Department of Revenue

2008 Form IL-1040 Individual Income Tax Return

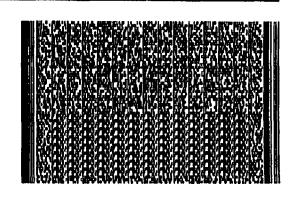
tax.illinois.gov

or for fiscal year ending ___

Do	not	WI	6	BDOWN	Dies.	

Step 1: Personal Information -

BARACK H. OBAMA MICHELLE L. OBAMA C/O WINEBERG SOLHEIM ET AL, 180 N LASALL CHICAGO, IL 60601



	C	Filing status (see instructions)	
		Single or head of household X Married filing jointly Married filing separately Widowed	
1	Step 2: Incom		
¥	1	Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or	
		U.S. 1040EZ, Line 4.	<u>2,656,902.</u>
ğ	2	Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b;	
8		or U.S. 1040EZ. 2	2,936.
Ę	3	Other additions to your income. Attach Schedule M.	
9	4	Total income. Add Lines 1 through 3.	2,659,838.
Staple W-2 and 1099 forms here	Step 3: Base	Income	
절	5	Income received from Social Security benefits and certain retirement	
20		plans if included in Line 1. Attach federal page 1.	
₹	6	Illinois Income Tax overpayment included in U.S. 1040, Line 10. 6 7,991.	
흦		Other subtractions to your income. Attach Schedule M. 7 18,352.	
Ĕ	•	Check if Line 7 includes any amount from Schedule 1299-C.	
υ,	я	Add Lines 5, 6, and 7. This is the total of your subtractions.	26,343.
\blacksquare	9	Illinois base income, Subtract Line 8 from Line 4.	2,633,495.
T	Step 4: Exem		
-	_ 10	a Number of exemptions from your federal return. 4 x \$2,000 a 8,000.	
	s∞ [10		
	instructions before	b If someone else claimed or could have claimed you	
	figuring	or your spouse as a dependent on their return, see	
	exemptions.	instructions to figure the number to write here. x \$2,000 b	
		C Check if 85 or older: You + Spouse = X \$1,000 C	
		d Check if legally bilind: You + Spouse = x \$1,000 d	
		Exemption allowance. Add Lines a through d. 10	8,000.
	Step 5: Net I		
	11	Residents Only: Net income. Subtract Line 10 from Line 9, Skip Line 12.	2,625,495.
-	12	Nonresidents and part-year residents Only:	
Ş		Check the box that applies to you during 2008 Nonresident Part-year resident, and	
듄		write the Illinois base income from Sch. NR. Attach Sch. NR. 12	
Staple your check	Step 6: Tax -		
<u>×</u>	13	Residents: Multiply Line 11 by 3% (.03). Write the result here.	
ğ		Nonresidents and part-year residents: Write the tax before recapture of investment	
g		credits from Schedule NR.	78,765.
•	14	Recapture of investment tax credits. Attach Schedule 4255.	
•	15	Total tax. Add Lines 13 and 14. This amount may not be less than zero.	78,765.
	15	Total tax. Food cities 10 and 14. This amount may not be less than 2010.	
QL-1	040 page 1 (R-12/08)	This form is authorized as outlined by the Illinois Incomo Tax Act. Disclosure of this information is REQUIRED. Failure to	
	2BX	provide information could result in a penalty. This form has been approved by the Forms Management Center. 9492-0065	
849	001 01-29-09		



BARACK	. н.	& MICHELLE L. OBAMA			
C4 7. A		Total tax amount from Page 1, Line 15		16	78,765.
Step /: N		undable Credits ————————————————————————————————————			
	17	Income tax paid to another state while an Illinois resident, Attach	_		
		Schedule CR and other states' returns.	17		
-New-	厂18	Property tax and K-12 education expense credit amount from			
Complete Schedule ICF	1	Schedule ICR. Attach Schedule ICR.	18	1,612.	
		Credit amount from Schedule 1299-C. Attach Schedule 1299-C.			
	20	Add Lines 17, 18, and 19. This is the total of your credits. This amount	nt		
		may not exceed the tax amount on Line 16.		20	1,612.
Step 8: P		Tax after nonrefundable credits. Subtract Line 20 from Line 16. nts and Refundable Credit		21	77,153.
•	22	Illinois Income Tax withheld. Attach W-2 and 1099 forms.	22	5,892.	
	23	Estimated payments from Forms IL-505-I and IL-1040-ES.	_		
		including overpayment applied from Line 31 of your 2007 return.	23	71,991.	
-New-	24	Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T.	24		
See Instruction	<u>의</u> _ 25	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	25		
Complete Schedute ICR	26	Total payments and refundable credit. Add Lines 22 through 25.		26	77,883.
Step 9: C	verpa	yment or Underpayment ————————			
		Overpayment. If Line 26 if greater than Line 21, subtract Line 21 from		. 27	730.
		Underpayment. If Line 21 is greater than Line 26, subtract Line 26 fr		_·	
Step 10:		payment of Estimated Tax Penalty and Donations			
•		Late payment penalty for underpayment of estimated tax.	29		
		a Check if at least two-thirds of your federal gross income is from fall	ming.		
		b Check if you or your spouse are 65 or older and permanently	•		
		living in a nursing home.			
		c Check if your income was not received evenly during the year and	you		
		annualized your income on Form IL-2210, otherwise we will figure	this		
		penalty for you. Attach Form IL-2210.		X	
	30	You can make voluntary charitable donations to many worthy causes	5	•	
MAKE "GIVIN	vg.	using this form. It's easy - just complete Schedule G and enter the			
EASY!		donation amount here. Attach Schedule G.	30		
	31	Total penalty and donations. Add Lines 29 and 30.	-	31	
Step 11:	Refun	d or Amount You Owe			
•	32	If you have an overpayment on Line 27 and this amount is greater that	an		
		Line 31, subtract Line 31 from Line 27. This is your remaining overpa	yment.	32	730.
	33	Amount from Line 32 you want refunded to you.	•	33	0.
Disease	34	Complete to direct deposit your refund.			
Direct Deposit		Routing number Checking	or 🔲 :	Savings	
Deposit	\longrightarrow	Account number		- 	
	3 5	Subtract Line 33 from Line 32. This amount will be applied to your 2	009 estir	nated tax. 35	730.
Sea	36	If you have an underpayment on Line 28, add Lines 28 and 31. Or			
Instructions for paymen		If you have an overpayment on Line 27 and this amount is less than	Line 31,		
options.		subtract Line 27 from Line 31. This is the amount you owe.		36	
Step 12:	Sign a	and Date ————————————————————————————————————			
	Under p	penalties of perjury, I state that I have examined this return, and, to the	best of r	ny knowledge, it is true, come	ct, and complete.
O!	Your sign	ature Date Daytime phone number	Yo	ur spouse a skirtature	Date
Sign here					- Calo
	Paid prep	urer's signature Date Properor's phone number	- Pri	parer's FEIN, SSN, or PTIN	
Γ		If no payment enclosed, mail to:	ayment e	nclosed, mail to:	
			•	PARTMENT OF REVENUE	
L			RINGFIEL) IL 62726-0001	
849002 01-29-09		BALESBURG IL 61402-1040			
ID: 2BX					
D - 1040 page 2		DR AP FV RR			



Illinois Department of Revenue **Schedule ICR**

Attach to your Form iL-1040

Illinois Credits

12 / 2008 Tax year ending IL Attachment No. 23

Head this information first •	You must co	implete IL-1040 through Lin	e 16 and Schedule CR,
Complete this schedule only if you are eligible for the	if applicable,	before completing this sch	edule.
Illinois Property Tax Credit	The total am	ount of Illinois Property Tax	Credit and K-12
K-12 Education Expense Credit	Education &	spense Credit cannot exce	ed tax. Only the
Earned Income Credit (EIC)	Earned Incor	me Credit may exceed tax.	·
Step 1: Provide the following information			,
BARACK H. & MICHELLE L. OBAMA			
Your name as shown on your Form IL-1040		Your Soc	ial Security number
Step 2: Figure your nonrefundable credit			
1 Write the amount of tax from your IL-1040, Line 16.		1	78,765.
2 Write the amount of credit for tax paid to other states from your IL-1040, Line 17.	•	2	
3 Subtract Line 2 from Line 1.		3	78,765.
Section A - Illinois Property Tax Credit			
4 a Write the total amount of Illinois Property Tax paid during the tax			
year for the real estate that includes your principal residence.	4a	22,233.	
b Write the portion of your tax bill that is deductible as a business			
expense on U.S. income tax forms or schedules, even if you			
did not take the federal deduction.	4b		
c Subtract Line 4b from Line 4a.	4c	22,233.	
d Multiply Line 4c by 5% (.05).	40 -	1,112.	
5 Compare Lines 3 and 4d, and write the lesser amount here.		5	1,112.
6 Subtract Line 5 from Line 3.	6	77,653.	
Section B - K-12 Education Expense Credit			
Note You must attach the receipt you received from your students' school			
or complete the K-12 Education Expense Credit Worksheet on page 2 of			
this schedule.			
7 a Write the total amount of K-12 education expenses from the receipt			
you received from your students' school or Line 13 of the worksheet			
on page 2 of this schedule.	7a	47,488.	
b You may not take a credit for the first \$250 paid.	7b	250,00	
c Subtract Line 7b from Line 7a. If the result is negative, enter "zero."	7c	47,238.	
d Multiply Line 7c by 25% (.25). Compare the result and \$500, and			
write the lesser amount here.	7d	500.	
8 Compare Lines 6 and 7d, and write the lesser amount here.		8	500 <u>.</u>
Section C - Total nonrefundable credit			
		\rightarrow	
9 Add Lines 5 and 8. This is your nonrefundable credit amount. Write this amount	on	_	1 610
Form IL-1040, Line 18.		9	1,612.

IL-1040 Schodula ICR (N-12/08)

849381 12-15-08 ID: 2BX



Continued on Page 2

Page 1

Schedule ICR - Page 2 Step 3: Figure your refundable credit Earned Income Credit 10 a Write the amount of federal EIC as shown on your U.S. 1040, Line 64a; U.S. 1040A, Line 40a; or U.S. 1040EZ, Line 8a. 10a Multiply the amount on Line 10a by 5% (.05). 10b Illinois residents: Write 1.0. Nonresidents and part-year residents: Write the decimal from Schedule-NR, Line 48. 10c d Multiply Line 10b by the decimal on Line 10c. 10d 11 Write the amount from Line 10d here. This is your illinois Earned Income Credit, Write this amount on Form IL-1040, Line 25. Section B Continued - K-12 Education Expense Credit Worksheet (continued from Step 2, Section B) Note | Complete only if you did not receive a receipt from your student's school. 12 Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately. If you need more space, attach a separate piece of paper following this format. Total tuition. Student's name **Social Security** Grade School name School city number (K-12 only) (IL K-12 schools only or write (IL cities only) book/lab fees "home school," if applicable) a MALIA A OBAMA UNIVERSITY OF CHIC CHICAGO 24,317. UNIVERSITY OF CHIC CHICAGO NATASHA M OBAMA C d 13 Add the amounts in Column F for Lines 12a through 12j (and the amounts from Column F of any additional pages you attached). This is the total amount of your qualified education expenses for

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REGUIRED. Fallies to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-4553

this year. Write this amount here and on Step 2, Line 7a of this schedule.

Page 2 849382 12-15-08 ID: 2BX



47,488.

Illinois Department of Revenue

2008 Schedule M

Other Additions and Subtractions for Individuals

Attach to your Form IL-1040

IL. Attachment No. 15

R	BAC	l thi	is in	format	ì	n	fi	rsi
м	o a u		9 111	1 VI II IQ	ы	~		101

Complete this schedule if you are required to add certain income on Form IL-1040, Line 3, or if you are entitled to take subtractions on Form IL-1040, Line 7.

Note If you are required to complete Schedule 1299-C, Schedule F, or Form IL-4562, you must do so before you complete this schedule.

Step 1: Provide the following information

	RACK H. & MICHELLE L. OBAMA rame as shown on Form IL-1040.	Your Social Security number
Ste	p 2: Figure your additions for Form IL-1040, Line 3	
	e the amount of	
		_
	Your child's federally tax-exempt interest and dividend income as reported on U.S. Form 8814	1
2	Distributive share of additions you received from a partnership, S corporation, trust, or estate. Attach Schedule K-1-P or Schedule K-1-T.	2
3	Withdrawals you made from your Medical Care Savings Account, and the interest earned, if not included in your adjusted gross income	3
4	Lloyds plan of operations loss, if reported on your behalf on Form IL-1023-C and included in	<u> </u>
	your adjusted gross income	4
5	Earnings distributed in 2008 from IRC Section 529 college savings and tuition programs if not included in your adjusted gross income (Do not include distributions from "Bright Start," "Bright Directions," or "College Illinois" programs or programs that meet certain disclosure requirements - see instructions.)	5
6	Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. Attach	
	Form IL-4562.	6
7	Business expense recapture (nonresidents only)	7
8	Recapture of deductions for contributions to lilinois college savings plans transferred to an out-of-state plan	8
9	Other income - Identify each item	9
10	Add Lines 1 through 9. Write the amount here and on Form IL-1040, Line 3.	10
	p 3: Figure your subtractions for Form IL-1040, Line 7	
Writ	e the amount of	
11	Contributions made in 2008 to the following college savings plans	
а	"Bright Start" College Savings Pool	11a
b	*Cotlege Illinois* Prepaid Tuition Program	11b
C	*Bright Directions* College Savings Pool	11c
12	Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Line 23 of this schedule.) Attach Schedule K·1·P or Schedule K·1·T.	
40		12
	Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341	13
-	Contributions to a job training project	14
15	•	15
16	Interest earned on investments through the Home Ownership Made Easy Program	16
17	Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. Attach Form IL-4562.	47
٠.		17 18
78	Add Lines 11a through 17 and write the amount here and on Page 2, Line 19.	10

E-1040 Schedule M page 1 (R-12/08) 849061 12-15-08 ID: 2BX



BA.	RACK H. & MICHELLE L. OBAMA		
	Step 3: Continued		
19	Write the amount from Page 1, Line 18.	19	
18/44	the following only if included in Form IL-1040, Lines 1, 2, or 3:		
20	Military pay earned. Attach military W-2.	20	
21	U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or		
	U.S. 1040A, Schedule 1 SEE STATEMENT 2	21	18,352.
22	August 1, 1969, valuation limitation amount from your Schedule F, Line 17. Attach Schedule F and	-	
	required federal forms.	22	
23	Enterprise or river edge redevelopment zone and high impact business dividend subtraction amount		
	from your Schedule 1299-C, Step 2, Line 7. Attach Schedule 1299-C.	23	
24	Recovery of items previously deducted on U.S. 1040, Schedule A (Including refunds of any state and		
	local income taxes, other than Illinois). Attach a copy of U.S. 1040, Page 1, and required federal forms.	24	
25	Ridesharing money and other benefits	25	
26	Payment of life insurance, endowment, or annuity benefits received	26	
27	Your employer's contributions made on your behalf to an account	_	
	established under the Medical Care Savings Account Act and the interest earned	27	
28	Lloyds plan of operations income if reported on your behalf on Form IL-1023-C	28	
29	Income earned by certain trust accounts established under the Illinois Pre-Need	-	
	Cemetery Sales Act	29	
30	Education loan repayments made for primary care physicians who agree to	_	
	practice in designated shortage areas under the Family Practice Residency Act	30	
31	Reparations or other amounts received as a victim of persecution by Nazi Germany	31	
32	Interest on the following tax-exempt obligations of Illinois state and local government. Do not	•	
	include interest you received indirectly through owning shares in a mutual fund.		
а	Illinois Housing Development Authority bonds and notes (except housing-related commercial		
	facilities bonds and notes)	32a	
b	Export Development Act of 1983 bonds	32b	
C	lilinois Development Finance Authority bonds, notes, and other evidence of obligation	-	
	(venture fund and infrastructure bonds only)	32c	
d	Quad Cities Regional Economic Development Authority bonds and notes (if declared to be	•	
	exempt from taxation by the Authority)	32d	
e	College Savings bonds	32e	
f	Illinois Sports Facilities Authority bonds	32f	
9	Higher Education Student Assistance Act bonds	32g	
h	Illinois Development Finance Authority bonds issued under the Illinois Development		
	Finance Authority Act, Sections 7.80 through 7.87	32h	
j	Rural Bond Bank Act bonds and notes	32i	
j	Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act	32 j	
k	Quad Cities Interstate Metropolitan Authority bonds	32k	
- 1	Southwestern Illinois Development Authority bonds	321	
m	Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and		
	825.55 or the Asbestos Abatement Finance Act	32m	
33	Interest on the following non-U.S. government bonds.		
a	Bonds issued by the government of Guam	33a	
b	Bonds issued by the government of Puerto Rico	33b	
C	Bonds issued by the government of the Virgin Islands	33c	
d	Bonds Issued by the government of American Samoa	33d	
e	Bonds Issued by the government of the Northern Mariana Islands	33e	
1	Mutual mortgage insurance fund bonds	33f	
34	Amount of your child's interest from U.S. Treasury and U.S. agency obligations or		
	from sources in Line 32 or 33 as reported on U.S. Form 8814	34	
	Railroad unemployment income	35	
36	Add Lines 19 through 35. Write the amount here and on Form IL-1040, Line 7.	36	18,352.
		Ų-1	040 Schedule M page 2 (R-12/08)

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REGUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-4425



Illinois Department of Revenue

Step 1: Provide the following information

2008 L-2210 Computation of Penalties for Individuals

Attach to your Form IL-1040

[L Attachment No. 19]

Attach to your Form IL-1040-X. Amended Individual Income Tax

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

BARACK H. & MICHELLE L. OBAMA Your name as shown on Form IL-1040. Your Social Security number, Note: If your prior year tax return was filed using a different Social Security number than the number above, write that number here. Step 2: Figure your required installments В A This year Last year 78,765. 124,539. 1 Write the amount of your total income tax from each tax return. See instructions. 1,608. 2 Write the amount of credits from each tax return. See instructions. 1,612 77.153. 122.931. Subtract Line 2 from Line 1. 3 4 Write the total amount of this year's Illinois withholding from your W-2 forms and 5,892. any pass-through entity payments made on your behalf. 71,261. 5 Subtract Line 4 from Line 3. 6 Multiply Column A, Line 3, by 90% (.9), <u>69.438.</u> 7 If Line 5 is \$500 or less, write "0," and go to Step 3. Otherwise, write the lesser 69,438. of Calumn A, Line 6, or Column B, Line 3. 8 Divide the amount written on Line 7 by four. This is the amount of each required 17,360. installment. (If you use the annualized income installment method, see instructions.) Quarter 1 Quarter 2 **Quarter 3** Quarter 4 April 15, 2008 June 16, 2008 September 15, 2008 January 15, 2009 9 Write the required installment. 5,640. 29,080. 9,513. 25,205. See instructions. 10 Write any credit carried forward from the prior year and the amount withheld. 1,473. 9,464. 1,473. See instructions. 11 Subtract Line 10 from Line 9, If the 27,607. <3,824.> 8,040. 23,732. amount is negative, use brackets. 12 If the amount on Line 13 of the previous quarter is negative, write that amount as a positive here. Skip this line for Quarter 1. 3,824. 0. 0. Otherwise, write "0." 13 Subtract Line 12 from Line 11, If the <3,824.> 23,783. 8,040. amount is negative, use bracket. Step 3: Figure your unpaid tax 77,153. 14 Write the amount from Column A, Line 3. 15 Add your credit carried forward from the prior year, your total estimated payments made this year, your withholding as shown on your W-2 forms, and the pass-through entity payments made on your behalf. Compare that total to either the amount written on Line 7, or, if you annualized, the total of Line 9 77,883. Quarters 1 though 4, and write the greater amount here. 16 Write other payments made on or before April 15, 2009. a Write the amount and the date of your Form IL-505-I. Date: b Write the amount and the date of any other payment. 16b Date: Add Lines 16a and 16b. Write the amount here. 16 17 Add Lines 15 and 16. Write the total amount here. 18 Subtract Line 17 from Line 14, if the amount is positive, write that amount here. Continue to Step 4, and write this amount in Penalty Worksheet 1, Line 20, Column C. zero or negative, write that amount here, if negative use brackets. Continue to Step 4, skip Penalty Worksheet 1, and go to Penalty Worksheet 2. You may apply this amount to any underpayment when figuring your Penalty <730.> 18 Worksheet 2. See instructions.

Step 4: Figure your late-payment penalty

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

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

Penalty Worksheet 1 - Late-payment penalty for unpaid tax

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

Penalty rates	Number of days late	Penalty rate
	1 - 30	
	31 or more	

19 Write	the amount and Amount	the date of an Date p	y payment you made o paid	n or after April 16, 2	2009. See instructi	ons.		
a b								
20 Write	the amount from	n Line 18 on th	e first line of Column C	below.				
A Period	B Due date	C Unpaid amount	D Payment appäed	E Balance due (Col. C - Col. D)	F Payment date	G Number of days late	H Penalty rate (See above)	l Penalty
Return Ap	nil 15, 2009							
Write	the total amoun	it here and on L			dame	Sign and the second	21	and C
HOLE	rou may apply	any remaining	overpayment in Colum	n E above to any un	derpayment when	riguring the	renaity Worksh	set 2.
Pena	ity Work	sheet 2 -	- Late-payment p	enalty for unde	rpayment of e	stimated	tax	
			nt from Line 13 by the p	=	•	•	te this workshee	ıt.
22 Write	the amount and	the date of ea	ch estimated income to Estima	ax payment you mad ted income Tax		S.		
	Amount		te paid	Amount	Date paid		nount	Date paid
a _ b _	32,00		27/08 c 25/08 d	30,000.	12/08/08	f		
- 23 Write			13, Quarters 1 through	1 4, on the first line o	of the appropriate of	uarters in C	olumn C below.	
A Period	B Due date	C Unpaid amount	D Payment applied	E Balance due (Col. C - Col. D)	F Payment date	G Number of days late	н	Penalty
Qtr 2 June		23,783.	32,000.		06/16/08			
	***************************************		52,000.	U, 411.	00/10/00		-	
Qtr 3 Sep	ot. 15, 2008	8,040. 8,040.	8,217.		09/15/08 09/15/08			
Qtr 4 Jan.	. 15, 2009 SI	EE STATE	MENT 3			,		
		_	This is your late-payr		derpayment of es	timated tax		0

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

Note Figure your late-filing penalty only if

- you are filing your tax return after October 15, 2009; and
- your tax was not paid by April 15, 2009.

Figure your late-filing penalty.

- 25 Write the amount from Form IL-1040, Line 16, minus any timely payments and credits.
- 26 Multiply the amount on Line 25 by 2% (.02).
- 27 Write the lesser of Line 26 or \$250. This is your late-filling penalty.

Figure the amount you owe.

- 28 Write any late-payment penalty for unpaid tax from Line 21.
- 29 Write any late-filing penalty from Line 27.
- 30 If you have an overpayment on Form IL-1040, Line 32, write that amount as a <negative number>.

 If you have an amount due on Form IL-1040, Line 36, write that amount as a positive number.
- 31 Add Lines 28 through 30.

If the result is a negative number, this is the amount you are overpaid (before any amount applied to next year's estimated tax). If the result is a positive number, this is the amount you owe. See Form IL-1040 instructions for your payment options.

Step 6: Complete the annualization worksheet for Step 2, Line 9

Complete this worksheet only if your income was not received evenly throughout the year and you choose to annualize your income. Complete Lines 32 through 48 of one column before going to the next, beginning with Column A.

25

26

			A	В	C	D
	A46.45		January 1, 2008 to March 31, 2008	January 1, 2008 to May 31, 2008	January 1, 2008 to August 31, 2008	January 1, 2008 to December 31, 2008
32	Write your Illinois base income		-	• •		•
	for each period. See instructions.	32	224,306.	1,388,143.	1,497,374.	2,633,495.
	Annualization factors.	33	4	2.4	1.5	
34	Multiply Line 32 by Line 33. This is		007 004	2 221 542	2 246 061	0 622 405
	your annualized income.	34	897,224. 8,000.	3,331,543.	2,246,061. 8,000.	2,633,495.
	Exemptions. See instructions.	35	8,000.	8,000.	8,000.	8,000.
36	Subtract Line 35 from Line 34. This is		000 004	2 202 542	2 220 061	0 605 405
	your filinois net income.	36	889,224.	3,323,543.	2,238,061.	2,625,495.
	Multiply Line 36 by 3% (.03).	37	26,677.	99,706.	67,142.	78,765.
38	For each period, write the					
	amount you wrote on		4 640	4 440	4 44 4	
	Line 2, Column A.	38	1,612.	1,612.	1,612.	1,612.
39	Subtract Line 38 from Line 37.	39	25,065.	98,094.	65,530.	77,153.
40	. Abuse to be a second	40	22.5% (.225)	45% (.450)	67.5% (.675)	90% (.900)
41	Multiply Line 39 by Line 40.					
	This is your annualized				44	
	installment.	41	5,640.	44,142.	44,233.	69,438.
42	Add the amounts on Line 48 of each of					
	the preceding columns and write the					
	total here.	42	Skip this line for Column A.	5,640.	34,720.	44,233.
43	Subtract Line 42 from Line 41. If less				2 542	05 005
	than zero, write "O."	43	5,640.	38,502.	9,513.	25,205.
44	Write the amount from		1- 0-0	4- 040	4- 44	
	Line 8 in each column.	44	17,360.	<u>17,360.</u>	<u>17,360.</u>	17,358.
45	Write the amount from Line 47 of the					
	preceding column.	45	Skip this line for Column A.	11,720.		7,847.
	Add Lines 44 and 45.	46	17,360.	29,080.	17,360.	25,205.
47	If Line 46 is greater than Line 43,					
	subtract Line 43 from Line 46.					
	Otherwise, write "0."	47	11,720.	0.	7,847.	Skip this line for Column D.
48	Write the lesser of Line 43 or Line 46					
	here and on Line 9. This is					
	your required installment.	48	5,640.	29,080.	9,513.	25,205.

IL-2210 (A-12/08)

ID: 2BX 849103 12-15-08

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

BARACK H. & MICHELLE L. OBAMA

IL-SCHEDU	LE M U.S. GOVERNMENT OBLIGATIONS STATE				ATEMENT	2	
DESCRIPTION	ON					AMOUNT	
NORTHERN '	 Trust secur	ITIES US G	OVT INTEREST	•	<u></u>	18,352	00
TOTAL TO	FORM IL-SCH	EDULE M, L	INE 21			18,352	00
IL-2210	QUA	RTER 4 UND	ERPAYMENT PE	NALTY CALCULAT	rion si	ATEMENT	3
UNPAID AMOUNT	PAYMENT APPLIED	BALANCE DUE	PAYMENT DATE	NUMBER OF DAYS LATE	PENALTY RATE	PENAL'	Ϋ́

BARACK H.	&	MICHELLE L. OBAMA				
		Schedule B - Interest and Ordinary Dividends		Attack Seque	hment ence No.	08
Part I	1	List name of payer, if any interest is from a seller-financed mortgage and the buyer used the		Am	ount	
Interest		property as a personal residence, see page B-1 and list this interest first. Also, show that				
		buyer's social security number and address				56.
		JP MORGAN NORTHERN TRUST BANK				72.
		NORTHERN TRUST SECURITIES US GOVT INTEREST		1	$\frac{2}{8,3!}$	
Note. If you		NORTHERN TRUST SECURITIES			$\frac{3,3}{2,9}$	
received a Form			ľ	<u> </u>	- /	
1099-INT, Form 1099-OID,			1			
or substitute statement from						
a brokerage firm,						
list the firm's name as the			\			
payer and enter the total interest				<u> </u>		
shown on that			1			
form.			1	ļ		
		SUBTOTAL FOR LINE 1	 	2	1,8	26.
		TAX-EXEMPT INTEREST SEE STATEMENT 4			$\frac{1}{2}, \frac{1}{9}$	
	2	Add the amounts on line 1	2		8,8	
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.				
		Attach Form 8815	3			
		Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a	4	1	8,8	90.
		te. If line 4 is over \$1,500, you must complete Part III.		An	nount	
Part II	5	List name of payer			<i>2</i> E	E 0
Ordinary Dividends		NORTHERN TRUST SECURITIES	1		6,5	<u> </u>
Dividends				<u> </u>		
			ŀ			
Note: If you			1			
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				<u></u>	······································	
on that form.						
				\vdash		
				\vdash		
			1			
				<u> </u>		
	6	Add the amounts on line 5. Enter the total here and on Form 1040, line 9a	6	1 2	6,5	<u>58.</u>
Dort III		te. If line 6 is over \$1,500, you must complete Part III.			1	
Part III Foreign		u must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) h count; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.	BO & TO	neign	Yes	No
Accounts	79	At any fine during 2008, 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 8-2 for exceptions an	a foreig	<u></u>	S. 44 C	277
and	•	country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions an requirements for Form TD F 90-22.1	d filing		DE 19	X
Trusts	ь	If "Yes," enter the name of the foreign country		*************	in.	
	8	During 2008, did you receive a distribution from, or were you the grantor of, or transferor to, a forei			24.3	PA .
827501 11-11 -0 5		If "Yes," you may have to file Form 3520. See page B-2				X

BARACK H. & MICHELLE L. OBAMA

SCHEDULE B	TAX-EXEMPT INTEREST	STATEMENT 4
NAME OF PAYER		AMOUNT
NORTHERN TRUST SECURITIE	SS.	2,936.
TOTAL TAX-EXEMPT INTERES	T TO SCHEDULE B, LINE 1	2,936.