E 1040	U.S	S. Individual Incom	e Tax Return	" ZU 13	OMB No. 1545-0074	IRS Use Only - Do n	ot write or stap	le in this space.
		13, or other tax year beginning			, 2013, ending	, 20	See	separate instructions.
our first name and			Last name				Your	social security number
BARACK H.		, , , , , , , , , , , , , , , , , , , ,	OBAMA					
		irst name and initial	Last name				Spou	se's social security number
ICHELLE			OBAMA			1 0-1-		
•		nd street). If you have a P.O.		-		Apt. r	1 A "	lake sure the SSN(s) above nd on line 6c are correct.
		VANIA AVENUE				<u> </u>		dential Election Campaign
**		and ZIP code. If you have a foreign	gn address, also complet	e spaces below.			Chec	k here if you, or your spous g jointly, want \$3 to go to
ASHINGTO		DC 20500	Transian nu	a vin a a latata la a vent v		L Corolan nontal	this f	g jointly, want 43 to go to und. Checking a box below ot change your tax or refund
oreign country nar	ne		Foreign pr	ovince/state/county		Foreign postal		You X Spouse
iling Status	1	Single	4					erson). If the qualifying
		X Married filing jointly (e			•	here. >	your aepena	ent, enter this child's
neck only	3	Married filing separate		on above		iying widow(er) with	donandant	ahild
e box.	60	and full name here. X Yourself. If someone	- Commence of the commence of	nendent de netche	-1-1			Boxes checked 2
xemptions		X Spouse	-					on 6a and 6b No. of children
		Dependents:	T	(2) Dependent's soc	(S) lei	Dependent's	(4)√ if child	on 6c who:
		(1) First name	Last name	(2) Dependent's soc security number		ationship to you	under age 17 qualifying for chil	
	_	MALIA A OBAMA			DAUGH'		tax credit	you due to divorce or separation
more than four	-	NATASHA M OBA			DAUGH'		X	(see instructions)
pendents, see	-		+					Dependents on 6c not entered above
structions and neck here 🏲	7 -						-	Add numbers
COK HOLC	d	Total number of exemption	s claimed					on lines above 4
	7	Wages, salaries, tips, etc. A						394,796
come	8a	Taxable interest. Attach So	, ,				- 8a	6,575
	b	Tax-exempt interest. Do n	ot include on line 8a		8b		- Constitution of	
tach Form(s)	9a	Ordinary dividends. Attach	Schedule B if require	ed			9a	3.
-2 here. Also tach Forms	b	Qualified dividends						
-2G and	10	Taxable refunds, credits, o				STMT 3	10	0
199-R if tax as withheld.	11	Alimony received					11	
as withinera.	12	Business income or (loss).						104,809
	13	Capital gain or (loss). Attac	ch Schedule D if requi	ired. If not required,	check here		13	-3,000
you did not et a W-2,	14	Other gains or (losses). At					14	
e instructions.	15a	IRA distributions				ount		
	16a	Pensions and annuities				ount		
	17	Rental real estate, royalties		porations, trusts, etc	. Attach Schedule E		. 17	
	18	Farm income or (loss). Att						
	19	Unemployment compensa		•			19	
	20a	Social security benefits	20a		b Taxable am	ount	20b	
	21	Other income. List type an			-		21	
	22	Combine the amounts in th	ne far right column for	r lines 7 through 21.	This is your total in	ncome	> 22	503,183
	23	Educator expenses			23			
djusted	24	Certain business expenses of r officials. Attach Form 2106 or 2						
ross	25	Health savings account de	duction. Attach Form	8889	25			
come	26	Moving expenses. Attach F						
	27	Deductible part of self-emp				1,404	0998899499	
	28	Self-employed SEP, SIMPI				20,681	·•	
	29	Self-employed health insur						
	30	Penalty on early withdrawa	ll of savings		30			
	31a	Alimony paid b Recipier	nt's SSN ►	<u>ii</u>	31a			
	32	IRA deduction			32			
-	33	Student loan interest dedu						
	34	Tuition and fees. Attach Fo						
	35	Domestic production activ	ities deduction. Attacl	h Form 8903	35			
	36	Add lines 23 through 35					36	22,085
10001	37	Subtract line 36 from line				b	▶ 37	481 098

Form 1040 (2013)	BARACK H. & MICHELLE L. OBAMA	Page 2
Tax and	38 Amount from line 37 (adjusted gross income)	38 481,098.
Credits	39a Check You were born before January 2, 1949, Blind. Total boxes	
Standard	if: Spouse was born before January 2, 1949, ☐ Blind. Shouse was born before January 2, 1949, ☐ Blind.	
Deduction for -	b If your spouse itemizes on a separate return or you were a dual-status alien, check here	
People who check any box		
on line 39a or 39b 01 who can	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	222 220
be claimed as a dependent, see	41 Subtract line 40 from line 38	
instructions.	42 Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see inst.	42 0.
	43 Taxable Income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43 333,329.
1 1	44 Tax, Check if any from: a Form(s) 8814 b Form 4972 c	44 86,312.
	45 Alternative minimum tax. Attach Form 6251	0 543
All others:	46 Add lines 44 and 45	46 95,825.
Single or	2 772	
Married filing separately,		
\$6,100	To Cloud for office and depositions agree of positions and an arrangement of the position of t	
Married filing jointly or	49 Education credits from Form 8863, line 19 49	
Qualifying	50 Retirement savings contributions credit. Attach Form 8880 50	
widow(er), \$12,200	51 Child tax credit. Attach Schedule 8812, if required 51	
Head of	52 Residential energy credits. Attach Form 5695 52	
household, \$8,950	53 Other credits from Form: a 3800 b 8801 c 53	
40,000	54 Add lines 47 through 53. These are your total credits	54 2,773.
O45 = -		2 007
Other	56 Self-employment tax. Attach Schedule SE	
Taxes	57 Unreported social security and Medicare tax from Form: a 4137 b 8919	
	58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	
	59a Household employment taxes from Schedule H	59a
	b First-time homebuyer credit repayment. Attach Form 5405 if required	59b
	60 Taxes from: a X Form 8959 b X Form 8960 c Inst.; enter code(s)	60 2,310.
	61 Add lines 55 through 60. This is your total tax	61 98,169.
Payments	1 1 500 400	
rayments		
If you have		•
a qualifying	64a Earned income credit (EIC)	
child, attach	b Nontaxable combat pay election 64b	
Schedule EIC.	65 Additional child tax credit. Attach Schedule 8812 65	
	66 American opportunity credit from Form 8863, line 8 66	
	67 Reserved	
	68 Amount paid with request for extension to file	
	69 Excess social security and tier 1 RRTA tax withheld 69	
	70 Credit for federal tax on fuels. Attach Form 4136	
	- 1	
	12301100	117,277.
	72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments	
Refund	73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	
	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a
Direct deposit? See	► b Routing	
instructions.	75 Amount of line 73 you want applied to your 2014 estimated tax > 75 19,108	•
Amount	76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76
You Owe	77 Estimated tax penalty (see instructions) 77	
Third Par		pelow. No
Designee		
Designee	DESIGNACE S MITCHARI. C COLHRIM PROBE	Personal identification
Ciam	Designee's MICHAEL S SOLHEIM Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of	number (PIN)
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	number (PIN) my knowledge and belief, they are true,
Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your eignature Date Your occupation	number (PIN)
Here Joint return? See instructions.	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation Your DESIDENT	number (PIN) ny knowledge and belief, they are true, Daytime phone number
Here Joint return? See instructions. Keep a copy	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your occupation Your occupation Spouse's excupation Spouse's occupation	number (PIN) my knowledge and belief, they are true, Daytime phone number If the IRS sent you an Identity
Here Joint return? See instructions.	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation Your DESIDENT	number (PIN) ny knowledge and belief, they are true, Daytime phone number
Here Joint return? See instructions. Keep a copy for your	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your occupation Your occupation Spouse's excupation Spouse's occupation	number (PIN) my knowledge and belief, they are true, Daytime phone number If the IRS sent you an Identity Protection PIN,
Here Joint return? See instructions. Keep a copy for your	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your esignature Date Your occupation PRESIDENT Spouse's signature. If a joint feture, both must sign. He of the best of correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your occupation US PRESIDENT Spouse's signature. If a joint feture, both must sign. US FIRST LADY	number (PIN) my knowledge and belief, they are true, Daytime phone number If the IRS sent you an Identity Protection PIN, enter it here
Here Joint return? See instructions. Keep a copy for your records.	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation Your occupation Your occupation PRESIDENT Spouse's signature. If a joint return, both must sign. Which is a possible of the best of correct and complete. Declaration of preparer has any knowledge. Your occupation Your occupation US PRESIDENT Spouse's occupation US FIRST LADY Print Type preparer's name Preparer's signature Date Check self-employed	number (PIN) my knowledge and belief, they are true, Daytime phone number If the IRS sent you an Identity Protection PIN, enter it here
Here Joint retum? See instructions. Keep a copy for your records. Paid Preparer	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your eignature Date Proparer's signature. If a joint return, both must sign. Date Proparer's signature Preparer's signature Date Check self-employed MICHAEL S SOLHEIM Was Soll-	number (PIN) my knowledge and belief, they are true, Daytime phone number If the IRS sent you an Identity Protection PIN, enter it here If PTIN
Here Joint return? See instructions. Keep a copy for your records.	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your esignature Date Your occupation PRESIDENT Spouse's signature. If a joint feture, both must sign. Proparer's signature Preparer's signature Date Check self-employed MICHAEL S SOLHEIM WINEBERG SOLHEIM HOWELL & SHAIN, PC Firm's name WINEBERG SOLHEIM HOWELL & SHAIN, PC Firm's name	number (PIN) my knowledge and belief, they are true, Daytime phone number If the IRS sent you an Identity Protection PIN, enter it here If PTIN
Here Joint return? See instructions. Keep a copy for your records. Paid Preparer Use Only	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your eignature Date Your occupation PRESIDENT Spouse's signature. If a joint return, both must sign. Preparer's signature Preparer's signature Date Check self-employed MICHAEL S SOLHEIM WINEBERG SOLHEIM HOWELL & SHAIN, PC Firm's name WINEBERG SOLHEIM HOWELL & SHAIN, PC Firm's EIN 180 N LASALLE ST, STE 2200 Phone nc.	number (PIN) my knowledge and belief, they are true, Daytime phone number If the IRS sent you an Identity Protection PIN, enter it here If PTIN
Here Joint retum? See instructions. Keep a copy for your records. Paid Preparer	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your esignature Date Your occupation PRESIDENT Spouse's signature. If a joint feture, both must sign. Proparer's signature Preparer's signature Date Check self-employed MICHAEL S SOLHEIM WINEBERG SOLHEIM HOWELL & SHAIN, PC Firm's name WINEBERG SOLHEIM HOWELL & SHAIN, PC Firm's name	number (PIN) my knowledge and belief, they are true, Daytime phone number If the IRS sent you an Identity Protection PIN, enter it here If PTIN

2210

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

▶ Information about Form 2210 and its separate instructions is at www.irs.gov/form2210 •

OMB No.1545-0140

Department of the Treasury Internal Revenue Service

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

Form **2210** (2013)

Name(s) shown on tax return

Identifying number

BARACK H. & MICHELLE L. OBAMA

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 7	less than \$1,000?	Yes	Do not file Form	2210. You do not d	owe a penalty.
No			Leave-transcension and an extension of the second second		
No					
Complete lines 8 and 9 below. Is line 6 equ	ual to or more than	Yes	You do not owe	a penalty. Do not fil	e Form 2210
line 9?				art II applies, you mu	ust file page 1 of
No	U.A.		Form 2210).		
₩ 140					
You may owe a penalty. Does any box in F	Part II below apply?	Yes	You must file Fo	rm 2210. Does box I	B, C, or D in Part II apply?
No			No	Yes	
INO			\downarrow	You	must figure your penalty.
Do not file Form 2210. You are not require	d to figure your		Value and and	ined to Serve very	
Do not file Form 2210. You are not require penalty because the IRS will figure it and s					enalty because the IRS will npaid amount. If you want to
unpaid amount. If you want to figure it, you					IV as a worksheet and enter
Part IV as a worksheet and enter your pena	alty amount on your tax			ount on your tax retu	ım, but file only page 1 of
return, but do not file Form 2210.			Form 2210.		
Part Required Annual Payme	nt				
1 Enter your 2013 tax after credits from Form	1040, line 55 (see instruction	ons if not filing	Form 1040)		1 93,052.
2 Other taxes, including self-employment tax	and, if applicable, Additional	l Medicare Tax	and/or Net Investmen	t	
Income Tax (see instructions)					2 5,117.
3 Refundable credits (see instructions)					3 (
4 Current year tax. Combine lines 1, 2, and 3.	If less than \$1,000, stop; yo	ои do not owe :	a penalty. Do not file F	orm 2210	4 98,169.
5 Multiply line 4 by 90% (.90)			. 5	88,352.	
6 Withholding taxes. Do not include estimate	d tax payments (see instruct	tions)			6 100,462. 7 0.
7 Subtract line 6 from line 4. If less than \$1,0					7 0.
8 Maximum required annual payment based					8
9 Required annual payment. Enter the small	ler of line 5 or line 8		***************************************		9
Next: Is line 9 more than line 6?					
No. You do not owe a penalty. Do not					
Yes. You may owe a penalty, but do n			in Part II below appli	es.	
• If box B, C, or D applies, you must t					
 If box A or E applies (but not B, C, of a bill for any unpaid amount. If you wa 					
only page 1 of Form 2210.	nicio ngure your penaity, you	u may use ran	iii oi iv as a worksiie	et and enter your penar	ty on your tax return, but me
Part II Reasons for Filing. Check	applicable boxes. If non-	e apply do n	nt file Form 2210		
A You request a waiver (see instructions				of Form 2210, but you	are not required
to figure your penalty.	, o. jour on an o pointing.				aro not roquirou
B You request a waiver (see instructions) of part of your penalty. Yo	u must figure y	our penalty and waive	er amount and file Form	2210.
C Your income varied during the year an					•
figure the penalty using Schedule Al ar	nd file Form 2210.				
D Your penalty is lower when figured by		ax withheld fro	n your income as pai	d on the dates it was ac	ctually withheld, instead of in
equal amounts on the payment due da					- -
E You filed or are filing a joint return for	either 2012 or 2013, but not	for both years,	and line 8 above is si	maller than line 5 above	e. You must file page 1 of
Form 2210, but you are not required to					· -

LHA For Paperwork Reduction Act Notice, see separate instructions.

SCHEDULE A (Form 1040)

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

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea

► Attach to Form 1040.

OMB No. 1545-0074

2013

Attachment
Seguence No. 07

BARACK H. & MICHELLE L. OBAMA Medical Caution. Do not include expenses reimbursed or paid by others. 1 Medical and dental expenses (see instructions) and 1 Dental 2 Enter amount from Form 1040, line 38 ______2 **Expenses** 3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead 3 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 22,392. a X Income taxes, or 5 General sales taxes Real estate taxes (see instructions) 29,176 6 Personal property taxes 7 Other taxes. List type and amount 8 51,568. Add lines 5 through 8 Interest 42,383 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 instructions and show that person's name, identifying no., and address Note. 11 Your mortgage Points not reported to you on Form 1098. See instructions for special rules 12 interest Mortgage insurance premiums (see instructions) deduction may 13 be limited (see Investment interest. Attach Form 4952 if required. (See instructions.) instructions). 42,383. Add lines 10 through 14 15 Gifts to Gifts by cash or check. If you made any gift of \$250 or more, see instructions 59,251. STMT 8 16 Charity Other than by cash or check. If any gift of \$250 or more, see instructions. If you made a You must attach Form 8283 if over \$500 17 gift and got a Carryover from prior year 18 benefit for it, see instructions. 19 59,251. Add lines 16 through 18 19 Casualty and Theft Losses Casualty or theft loss(es). Attach Form 4684. (See instructions.) Unreimbursed employee expenses - job travel, union dues, job education, etc. Job Expenses and Certain Attach Form 2106 or 2106-EZ if required, (See instructions.) Miscellaneous Deductions 21 Tax preparation fees Other expenses - investment, safe deposit box, etc. List type and amount 23 Add lines 21 through 23 24 Enter amount from Form 1040, line 38 ________25 Multiply line 25 by 2% (.02) Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-Other Other - from list in instructions. List type and amount Miscellaneous Deductions 28 Is Form 1040, line 38, over \$150,000? No. Your deduction is not limited. Add the amounts in the far right column. **Total** STMT 9 147,769. for lines 4 through 28. Also, enter this amount on Form 1040, line 40. 29 Itemized Yes. Your deduction may be limited. See the Itemized Deductions **Deductions** Worksheet in the instructions to figure the amount to enter. If you elect to itemize deductions even though they are less than your standard deduction,

SCHEDULE B

(Form 1040A or 1040)
Department of the Treasury (99)
Internal Revenue Service (99)
Name(s) shown on return

Interest and Ordinary Dividends

► Attach to Form 1040A or 1040.

Information about Schedule B (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleh

2013
Attachment

ur social security number

BARACK H.	8	MICHELLE L. OBAMA				
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 instructions and list this interest first. Also, show that				
		buyer's social security number and address ▶				
		BOND PREMIUM AMORTIZATION		-	2,4	
		JP MORGAN				33.
*		NORTHERN TRUST SECURITIES US GOVT INTEREST			5,2	
		NORTHERN TRUST SECURITIES US GOVT INTEREST PAID			6,6	16.
			1	~~~~		
Note. If you						
received a Form						
1099-INT, Form 1099-OID,						
or substitute						
statement from a brokerage firm,						
list the firm's						
name as the payer and enter		·				
the total interest shown on that	_	ALLU		Martin T., and the later of the	6 E	75.
form.		Add the amounts on line 1	2		0,5	75.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.				
	. ,	Attach Form 8815 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	3	**************************************	6,5	75
	No	te. If line 4 is over \$1,500, you must complete Part III.	4			75.
Part II	Contract Contract	List name of payer		Ап	nount	
Ordinary	5	NORTHERN TRUST SECURITIES				3.
Dividends		TOTTIME ITODI DISSILITIES				
Note Hyou			5		************	
Note. If you received a Form						
1099-DIV or substitute						
statement from		<u> </u>				
a brokerage firm, list the firm's						
name as the						
payer and enter the ordinary						
dividends shown		,				
on that form.						
	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	6			3.
	No	te. If line 6 is over \$1,500, you must complete Part III.				
	You	umust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a	a foreiç	in	Yes	No
Part III	acc	count; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			165	140
Foreign	7a	At any time during 2013, did you have a financial interest in or signature authority over a financial ac	count	(such		
Accounts		as a bank account, securities account, or brokerage account) located in a foreign country? See inst			Garage A	X
and .		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (•			
Trusts		formerly TD F 90-22.1 to report that financial interest or signature authority? See FinCEN Form 114	and its			
		instructions for filing requirements and exceptions to those requirements			ununia	UNIONIA
	b	If you are required to file FinCen Form 114, enter the name of the foreign country where the financia	ıl acco	unt		
		is located				
327501	8	During 2013, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign	n trust	?		Participation of the Control of the
327501 09-30-13		If "Yes," you may have to file Form 3520. See instructions				X

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)
For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name	of proprietor	•		s	ocial securi	y number (SSN)
BAI	RACK H. OBAMA					
A	Principal business or profession, includi	ing product or service (see instru	uctions)	E	Enter code	from instructions
AU.	THOR					▶ 711510
C	Business name. If no separate business	name, leave blank.		1) Employer I	D number (EIN), (see instr.
BAI	RACK H. OBAMA					
E	Business address (including suite or roc	om no.) 🖊				
	City, town or post office, state, and ZIP of					
F	Accounting method: (1) X Cas		Other (specify)			
G			013? If "No," see instructions for limit on losses			
Н						
ı			(s) 1099? (see instructions)			Yes X No
J		Forms 1099?				Yes No
Pa	rt I Income					
1	•		his income was reported to you on Form W-2			
					1	
2					2	
3					3	
4					4	
5	Gross profit. Subtract line 4 from line 3		Lada in the Company of the Company o	n 1 0	5	116 100
6			fund (see instructions) SEE STATEMEN		THE REAL PROPERTY AND PERSONS ASSESSED.	116,180. 116,180.
7			a for huginage upo of your harms o		7	
-	nt II Expenses		s for business use of your home o		18	470.
8 9	Advertising Car and truck expenses	0	19 Pension and profit-sharing plans		19	470.
9	•	9	20 Rent or lease (see instructions):		13	
10	(see instructions) Commissions and fees				20a	
11	Contract labor (see instructions)		b Other business property		20a	
12	Depletion	12	21 Repairs and maintenance		21	
13	Depreciation and section 179	12	22 Supplies (not included in Part III)		22	
	expense deduction (not included in		23 Taxes and licenses		23	,
	Part III) (see instructions)	13	24 Travel, meals, and entertainment		20	
14	Employee benefit programs (other		a Travel		24a	
	than on line 19)	14	b Deductible meals and			
15	Insurance (other than health)		entertainment (see instructions)		24b	
16	Interest		25 Utilities		25	
а	Mortgage (paid to banks, etc.)	.16a	26 Wages (less employment credits)		26	
b	Other		27 a Other expenses (from line 48)		27a	
17	Legal and professional services		b Reserved for future use		27b	
28	Total expenses before expenses for bus	siness use of home. Add lines 8	through 27a	>	28	11,371
29	Tentative profit or (loss). Subtract line 2	28 from line 7			29	104,809.
30	Expenses for business use of your home	e. Do not report these expenses	elsewhere. Attach Form 8829			
	unless using the simplified method (see	instructions).			1 1	
	Simplified method filers only: enter the		r home:			
	and (b) the part of your home used for b			•		
	Use the Simplified Method Worksheet in	·	mount to enter on line 30		30	
31	Net profit or (loss). Subtract line 30 from		40) and an Onbadala OF Paris	`		
	• If a profit, enter on both Form 1040, I	•	•			104 000
	(If you checked the box on line 1, see in	istructions). Estates and trusts, e	enter on Form 104 1, line 3.	r	31	104,809.
00	• If a loss, you must go to line 32.	and the angle in the second	and the construction)		
32	If you have a loss, check the box that de	•	,		nn - F	All investment
			orm 1040NR, line 13) and on Schedule SE, line 2.	\	32a L	is at risk. Some investment is not at risk.
	(If you checked the box on line 1, see th	· · · · · · · · · · · · · · · · · · ·			32b L	is not at risk.
	If you checked 32b, you must attach	ruini o 190. Your loss may be lif	micu.	ノ		

SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

► Information about Schedule D and its separate instructions is at www.irs.gov/scheduled • Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2013

Attachment
Seguence No. 12

Name(s) shown on return

Your social security number

BARACK H. & MICHELLE L. OBAMA

Par	Part 1 Short-Term Capital Gains and Losses - Assets Held One Year or Less							
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. (d) Proceeds Proceeds (sales price) (sales price) (g) Adjustments to gain or loss fro form(s) 8949, Par line 2, column (g					rom art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank.							
1b	and go to line 1b Totals for all transactions reported on Form(s) 8949 with Box A checked							
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	295,000.	295,000.			0.		
3	Totals for all transactions reported on Form(s) 8949 with Box C checked							
4	Short-term gain from Form 6252 and short-term				4			
5	Net short-term gain or (loss) from partnerships, S from Schedule(s) K-1	•			5			
6	Short-term capital loss carryover. Enter the amou							
	Carryover Worksheet in the instructions				6	()		
7	Net short-term capital gain or (loss). Combine							
	capital gains or losses, go to Part II below. Other				7			
Pai	TIII Long-Term Capital Gains and Lo	sses - Assets Held	More Than One \	/ear				
enter	nstructions for how to figure the amounts to on the lines below. form may be easier to complete if you round off	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss f Form(s) 8949, Pa	rom art II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result		
cents	s to whole dollars.			line 2, column	(g)	with column (g)		
8a ,	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b							
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked							
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	1,205,000.	1,205,000.	٠,		0.		
10	Totals for all transactions reported on Form(s) 8949 with Box F checked							
11	Gain from Form 4797, Part I; long-term gain from	Forms 2439 and 6252;	and long-term gain or (lo	oss)				
	from Forms 4684, 6781, and 8824		11					
12	Net long-term gain or (loss) from partnerships, S	e(s) K-1	12					
13	Capital gain distributions				13			
14	Long-term capital loss carryover. Enter the amou	ınt, if any, from line 13 of	f your Capital Loss Car	ryover		110 516		
	Worksheet in the instructions				14	(112,516.)		
15	Net long-term capital gain or (loss). Combine l	=			15	<112,516.>		
	Part III on page 2	1 10	1 122/32007					

	Combine lines 7 and 15 and enter the result	16	<112,516.>
	● 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.		
	• If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form		
	1040NR, line 14. Then go to line 22.		
17	Are lines 15 and 16 both gains?		
	Yes. Go to line 18.		
	No. Skip lines 18 through 21, and go to line 22.		
40	Entantha amount if any from line 7 of the 200/ Date Cain Workshoot in the instructions	18	
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	10	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in		
	the instructions	19	
20	Are lines 18 and 19 both zero or blank?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines		
	21 and 22 below.		
	No. Complete the Schedule D Tax Worksheet in 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:		
۱ ـ	THE TO IS a 1053, EITHER HERE AND OFFI OFFI TOTO, MILE TO, OFF OFFI TOTOWIT, MILE TY, THE STRAIGHT OF		
	• The loss on line 16 or SEE STATEMENT 11	21 (3,000.
	• (\$3,000), or if married filing separately, (\$1,500)		
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
22	Do you have qualified dividends of Form 1040, line 95, of Form 1040km, line 105:	AND THE PROPERTY OF THE PROPER	
22	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
22			
22	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2013

Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service ▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification no.

BARACK H. & MICHEL							
Most brokers issue their own substitute statem. Before you check Box A, B, or C below, determi IRS for most stock you bought in 2011 or later.	ent instead of using Fo ine whether you receive	orm 1099-B. They also ed any statement(s) ar	may provide basis infor nd, if so, the transactions	mation (usually your cos s for which basis was rep	t) to you on the s ported to the IRS	statement even if it is 6. Brokers are required	not reported to the IRS. to report basis to the
Part Short-Term. Transac Note. You may aggregate a codes are required. Enter th	Il short-term transad	ctions reported on	Form(s) 1099-B show	ving basis was report	ed to the IRS	and for which no a	adjustments or
You must check Box A, B, or C below. If you have more short-term transactions than w (A) Short-term transactions re (B) Short-term transactions re	Check only one by ill fit on this page for corported on Form(sported on Form(s	ox. If more than one bone or more of the box s) 1099-B showin	oox applies for your shores, complete as many for g basis was repo	t-term transactions, comorms with the same box orted to the IRS (see	plete a separate checked as you e Note abov	Form 8949, page 1, f	
(C) Short-term transactions no	ot reported to yo	u on Form 1099-	В				_
Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. If you column (f).		
		(WO., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
US TREASURY NOTE							
REDEMPTION	04/04/12	01/31/13	295,000.	295,000.			0.
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	1						
	+						
		 					
					 		
							
	 	 					
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	<u> </u>	<u> </u>			 		
	<u> </u>	<u> </u>		<u> </u>		***************************************	<u> </u>
				_			
State Control of the							
					<u> </u>		<u> </u>
							-
2 Totals. Add the amounts in col	lumns (d), (e), (g)	and (h) (subtract					
negative amounts). Enter each							
Schedule D, line 1b (if Box A a		•					
above is checked), or line 3 (if			295,000.	295,000.			0.

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. (Name and SSN or taxpayer identification no. not required if shown on other side.)

Social security number or taxpayer identification no.

BARACK H. & MICHELLE L. OBAMA

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Partil Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1. Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price)	cds cost or other basis. See the Note below and		nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and
			(WO., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
_	IS TREASURY NOTE							
	REDEMPTION	12/15/11	10/15/13	300,000.	300,000.			0.
	IS TREASURY NOTE							
	REDEMPTION	04/04/12	10/15/13	400,000.	400,000.			0.
	IS TREASURY NOTE							
F	REDEMPTION	01/27/11	01/31/13	505,000.	505,000.			0.
		,						
				:				
		†			1			
		1			1			
		<u> </u>				<u> </u>		
		1				†		
		 	 		†			
		1.						
-								
			1					
								<u> </u>
		+			<u> </u>	 		
	Totals Add the amounts is sel	1 (c) (c)	and (b) (subtract			akkatukulukutan suuta suutatti kutata suuta suutatti kutata suuta	99	
2	Totals. Add the amounts in col negative amounts). Enter each							
	Schedule D, line 8b (if Box D a		· •					1
	above is checked) or line 10 (if		•	1 205 000.	1 205 000.			0.

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

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

at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times.

Subtract line 15 from line 14

Enter the smaller of: two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) or the amount on

From Sch. F, line 34, 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.

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

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

Foreign Tax Credit (Individual, Estate, or Trust)

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

OMB No. 1545-0121

Name

▶ Information about Form 1116 and its separate instructions is at www.irs gov/form1116 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 belo amounts in U.S. dollars except where specified in Part II below. a Passive category income c Section 901 b X General category income d Certain inco	w. See Categories			heck only one box		m 11	16. Report all
u (22) delicial category income u (1) del tam inco	to obtained by ti	~~.,					
f Resident of (name of country) VINITED STATE	S						
Note: If you paid taxes to only one foreign country or U.S.	oossession, use c	olumn A in Pai	t I and line A	in Part II. If you	paid taxes	to _{ma}	ore than one
foreign country or U.S. possession, use a separate column							
Part 1 Taxable Income or Loss From Sources Out							
		oreign Count					Total
	A		В	С	(A	Add c	ols. A, B, and C.)
g Enter the name of the foreign country or U.S.	OTHER	_					
possession	COUNTRIE	5	and the second second second second	ndanddagaddagadaga			
1a Gross income from sources within country shown above							
and of the type checked above:							
			220222				26 622
	. 26,6	33.		200000000000000000000000000000000000000	1a		26,633.
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 instructions):							
2 Expenses definitely related to the income on line 1a (attach statement) SEE STATEMENT 13	5,5	24.					
3 Pro rata share of other deductions not definitely related:							
a Certain itemized deductions or standard deduction	49,7	39.			derfection derfection manufacture description		
b Other deductions (attach statement)							
c Add lines 3a and 3b	49,7	39.			College Colleg		
d Gross foreign source income	26,6	33.					
e Gross income from all sources	517,5	54.					
f Divide line 3d by line 3e	.051	459					
g Multiply line 3c by line 3f	2,5	60.					
4 Pro rata share of interest expense:							
a Home mortgage interest (use the Worksheet for				epundekistekiskos 2000 2000 2001 2000	ALL SALES CONTROL OF THE SALES		
Home Mortgage Interest in the instructions)	2,1	04.			- Architecture Constitution Constitution Constitution		
b Other interest expense							
5 Losses from foreign sources							
6 Add lines 2, 3g, 4a, 4b, and 5	101	88.			6		10,188.
7 Subtract line 6 from line 1a. Enter the result here and on line					> 7		16,445.
Part II Foreign Taxes Paid or Accrued							
Credit is claimed	Foreig	n taxes paid	or accrued				
for taxes In foreign currency				In U.S. dolla	rs		
check one) (h) X Paid (i) Accrued Taxes withheld at source on:	(n) Other foreign	Taxes	withheld at so	urce on:	(r) Othe		(s) Total foreign taxes paid or
	taxes paid or accrued		(D) Donto and	<u> </u>	taxes paid accrued		accrued (add cols. (o) through (r))
(j) Date paid or accrued (K) Dividends (I) Rents and royalties (m) Interest	acciucu	(0) Dividends	(p) Rents and royalties	(q) interest			., .,
A			2,773.				2,773.
A B C							
С							
8 Add lines A through C, column (s). Enter the total here an	d on line 9, page 2				>	8	2,773.

Enter the amount from line 8. These are your total foreign taxes paid or accrued	ТТ		253	
for the category of income checked above Part I	9	2,773.		
to the category of income checked above Farti	9	2,7756		
Carryback or carryover (attach detailed computation)	10		AL PROCESSOR CALCULATED CALCULATED CALCULATED CALCULATED CALCULATED	
Carryback of Carrybyce (attach detailed computation)	10			•
Add lines 0 and 10	11	2,773.		
Add lines 9 and 10	+	2,,,,,		
Reduction in foreign taxes	12			
neduction in foreign taxes	12			
Taxes reclassified under high tax kickout	13			
Taxes reciassified affect flight aix kickeds	1.01		Bereen.	
Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	2,773.
Enter the amount from line 7. This is your taxable income or (loss) from sources outside the				
United States (before adjustments) for the category of income checked above Part I	15	16,445.		
United States (Delote adjustments) for the eategory of moonie encoured above that t	13			
Adjustments to line 15	16			
Combine the amounts on lines 15 and 16. This is your net foreign source taxable income.			-	
(If the result is zero or less, you have no foreign tax credit for the category of income				
you checked above Part I. Skip lines 18 through 22. However, if you are filling more than				
one Form 1116, you must complete line 20.)	17	16,445.		
	17	10,443	1	
Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39.				
Estates and trusts: Enter your taxable income without the deduction for your		333,329.		
exemption				
Caution: If you figured your tax using the lower rates on qualified dividends or capital g				.049336
Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	.047330
Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the				
line 42. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total c				96 313
lines 36 and 37			20	86,312.
Caution: If you are completing line 20 for separate category e (lump-sum distributions,				4,258.
Multiply line 20 by line 19 (maximum amount of credit)		:	21	4,400.
Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 the	nrougn 27 a	na enter this		2 772
amount on line 28. Otherwise, complete the appropriate line in Part IV		>	22	2,773.
Summary of Credits From Separate Parts III	T _{oo} T		2223	
Credit for taxes on passive category income			-	
Credit for taxes on general category income			4 1	
Credit for taxes on certain income re-sourced by treaty			431	
Credit for taxes on lump-sum distributions				
Add lines 23 through 26			27	0 555
Enter the smaller of line 20 or line 27			28	2,773.
Reduction of credit for international boycott operations			29	
Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line	-			
Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a			30	2,773.

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

2013
Attachment

Form 6251 (2013)

Department of the Treasury Internal Revenue Service (9 ► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR

For Paperwork Reduction Act Notice, see your tax return instructions.

Your social security number

В	ARACK H. & MICHELLE L. OBAMA		
	art I Alternative Minimum Taxable Income		
25.45	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the	П	
•	amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	333,329.
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4,		
2	or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
_		3	51,568.
	Taxes from Schedule A (Form 1040), line 9 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
		5	
	Miscellaneous deductions from Schedule A (Form 1040), line 27	6	-5,433.
	If Form 1040, line 38, is \$150,000 or less, enter -0 Otherwise, see instructions Tax refund from Form 1040, line 10 or line 21	7	
	A A A A A A A A A A A A A A A A A A A	8	
8		9	
9		10	
	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount		
	Alternative tax net operating loss deduction	11	
	Interest from specified private activity bonds exempt from the regular tax	12	
	Qualified small business stock (7% of gain excluded under section 1202)	13	
	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17		17	
	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	5 Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is		
	more than \$238,550, see instructions.)	28	379,464.
1	Part II Alternative Minimum Tax (AMT)		
29	Exemption. (If you were under age 24 at the end of 2013, see instructions.)		
	IF your filing status is AND line 28 is not over THEN enter on line 29		
	Single or head of household \$115,400 \$51,900		
	Married filing jointly or qualifying widow(er) 153,900 80,800		
	Married filing separately 76,950 40,400 STMT 14	29	24,409.
	If line 28 is over the amount shown above for your filing status, see instructions.		
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	355,055.
3	■ If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.		
	If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends		
	on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured		
	for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 60 here.	31	95,825.
	• All others: If line 30 is \$179,500 or less (\$89,750 or less if married filing separately), multiply line 30 by		
	26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,590 (\$1,795 if married filing		
	separately) from the result.		
.3	2 Alternative minimum tax foreign tax credit (see instructions)	32	2,773.
	3 Tentative minimum tax. Subtract line 32 from line 31	33	93,052.
	4 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47).		
	If you used Sch J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Sch J	34	83,539.
.3	5 AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45	35	9,513.
2			

Pa	Tax Computation Using Maximum Capital Gains Rates Complete Part III only if you are required to do so by line 31 or by the Fo		arned Income Tax Wo	rksheet in t	he instructions	
36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ,			1	no motradanti.	-
,,,	line 3 of the worksheet in the instructions for line 31			36		
7	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax					-
31						
	Worksheet in the instructions for Form 1040, line 44, or the amount from					
	line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D					
	(Form 1040), whichever applies (as refigured for the AMT, if necessary) (see					
	instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the	07				
_	amount to enter	37				
8	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the					
	AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ,	00				
	see instructions for the amount to enter	38				
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the					
	AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter	-				
	the smaller of that result or the amount from line 10 of the Schedule DTax					
	Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555					
	or 2555-EZ, see instructions for the amount to enter				•	
40	Enter the smaller of line 36 or line 39			40		_
	Subtract line 40 from line 36			41		_
2	If line 41 is $$179,500$ or less $($89,750$ or less if married filing separately), multiply	line 41 l	oy 26% (.26).			
	Otherwise, multiply line 41 by 28% (.28) and subtract \$3,590 (\$1,795 if married file	ling sep	arately) from			
	the result			▶ 42		_
13	Enter:					
	• \$72,500 if married filing jointly or qualifying widow(er),					
	• \$36,250 if single or married filing separately, or	43				
	• \$48,600 if head of household.	İ				
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain					
	Tax Worksheet in the instructions for Form 1040, line 44, or the amount from	l				
	line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D					
	(Form 1040), whichever applies (as figured for the regular tax). If you did not					
	complete either worksheet for the regular tax, enter the amount from Form					
	1040, line 43; but do not enter less than -0-	44				
45	Subtract line 44 from line 43. If zero or less, enter-0-					
16	Enter the smaller of line 36 or line 37	46				
	Enter the smaller of line 45 or line 46. This amount is taxed at 0%					
	Subtract line 47 from line 46	40				
49	Enter the amount from the Line 49 Worksheet in the instructions					
	Enter the smaller of line 48 or line 49					
	Multiply line 50 by 15% (.15)		L	▶ 51		
			 	31		
32	Add lines 47 and 50		ao to lino 53			
	, ,	1	e, go to line 55.		•	
-	Subtract line 52 from line 46	L		D E A		
54	Multiply line 53 by 20% (.20)			▶ 54		-
	If line 38 is zero or blank, skip lines 55 through 57 and go to line 58. Otherwis	1	o line 55. ·			
	Add lines 41, 52, and 53					
	Subtract line 55 from line 36	56		966606603		
	Multiply line 56 by 25% (.25)			57	NET TO THE PARTY OF THE PARTY O	_
	Add lines 42, 51, 54, and 57			58		_
59	If line 36 is $$179,500$ or less ($$89,750$ or less if married filing separately), multiply	line 36	by 26% (.26).			
	Otherwise, multiply line 36 by 28% (.28) and subtract $\$3,590$ ($\$1,795$ if married fi	ling sep	arately) from			
	the result			59		_
60	Enter the smaller of line 58 or line 59 here and on line 31. If you are filing Form 29	555 or 2	2555-EZ, do not enter			
	The state of the s	e- ·	t 04			

ALTERNATIVE MINIMUM TAX

Foreign Tax Credit

(Individual, Estate, or Trust)

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

OMB No. 1545-0121

Information about Form 1116 and its separate instructions is at www.irs.gov/form1116

Name 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 in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. Lump-sum distributions Passive category income Section 901(j) income 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. Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total В С (Add cols. A, B, and C.) OTHER Enter the name of the foreign country or U.S. COUNTRIES possession 1a Gross income from sources within country shown above and of the type checked above: 26,633. 26,633. 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 instructions): Expenses definitely related to the income on line 1a 5,524 (attach statement) Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction Other deductions (attach statement) Add lines 3a and 3b 26,633. Gross foreign source income 517,554. Gross income from all sources .051459 Divide line 3d by line 3e Multiply line 3c by line 3f Pro rata share of interest expense: a Home mortgage interest (use the Worksheet for 2,181 Home Mortgage Interest in the instructions) **b** Other interest expense 5 Losses from foreign sources 7.705. 7.705 Add lines 2, 3g, 4a, 4b, and 5 6 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 Part II Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In foreign currency In U.S. dollars (you must check one) (r) Other (s) Total foreign (n) Other (h) X Paid Taxes withheld at source on: Taxes withheld at source on: foreign taxes paid or foreign accrued (add cols. taxes paid or Accrue taxes paid or accrued accrued (o) through (r)) (j) Date paid or accrued (k) Dividends (p) Rents and royalties (m) Interest (q) Interest 2,773. 2,773. В C

LHA For Paperwork Reduction Act Notice, see instructions.

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2

2,773.

Form 1116 (2013) BARACK H. & MICHELLE L. OBAMA

Part III Figuring the Credit				
9 Enter the amount from line 8. These are your total foreign taxes paid or accrued				
for the category of income checked above Part I	9	2,773.		
10 Carryback or carryover (attach detailed computation)	10			
11 Add lines 9 and 10	11	2,773.		
12 Reduction in foreign taxes	12			
-				
13 Taxes reclassified under high tax kickout	13			
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	2,773.
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the	-	in the second se		
United States (before adjustments) for the category of income checked above Part I	15	18,928.		
·				
16 Adjustments to line 15	16			
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income.				
(If the result is zero or less, you have no foreign tax credit for the category of income				
you checked above Part I. Skip lines 18 through 22. However, if you are filing more than				
one Form 1116, you must complete line 20.)	17	18,928.		
18 Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39.				
Estates and trusts: Enter your taxable income without the deduction for your				
exemption	18	379,464.		
Caution: If you figured your tax using the lower rates on qualified dividends or capital	al gains, see i	nstructions.		
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	.049881
20 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter t			1	
line 42. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total	al of Form 990-	-Т,		
lines 36 and 37			20	95,825.
Caution: If you are completing line 20 for separate category e (lump-sum distributio	ns), see instri	uctions.	İ	
21 Multiply line 20 by line 19 (maximum amount of credit)			21	4,780.
22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filling, skip lines 2			ł	
amount on line 28. Otherwise, complete the appropriate line in Part IV			22	2,773.
Part IV Summary of Credits From Separate Parts III			casad	
23 Credit for taxes on passive category income				
24 Credit for taxes on general category income		`		
25 Credit for taxes on certain income re-sourced by treaty				
26 Credit for taxes on lump-sum distributions				
27 Add lines 23 through 26			27	
28 Enter the smaller of line 20 or line 27			28	2,773.
29 Reduction of credit for international boycott operations			29	
30 Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, li				
Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a		>	30	2,773.

form 1116 U.S. and Fore	ign Source Income Summar	у	
ARACK H. & MICHELLE L. OBAMA			
ARACK H. & MICHELLE L. ODAMA			FOREIGN
NCOME TYPE	TOTAL	U.S.	GENERAL
ompensation	394,796.	394,796.	
ividends/Distributions	3.	3.	
nterest	6,575.	6,575.	
apital Gains			
usiness/Profession	116,180.	116,180.	
ent/Royalty		•	
tate/Local Refunds			
artnership/S Corporation			
rust/Estate		06 622	26 622
ther Income	E10 554	-26,633.	26,633
iross Income	517,554.	490,921.	26,633
ess:			
Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			
otal Income - Form 1116	517,554.	490,921.	26,633
eductions:	44 054	44 254	·
Business/Profession Expenses	11,371.	11,371.	
Rent/Royalty Expenses		•	
Partnership/S Corporation Losses			
Trust/Estate Losses	2 000	2 000	
Capital Losses	3,000.	3,000.	
Non-capital Losses			
Individual Retirement Account			
Moving Expenses	1,404.	1,404.	
Self-employment Tax Deduction	1,404.	1,404.	
Self-employment Health Insurance	20,681.	20,681.	
Keogh Contributions	20,001.	20,001.	
Alimony Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments		-5,524.	5,524
Capital Gains Tax Adjustment		,	
Total Deductions	36,456.	30,932.	5,524
Adjusted Gross Income	481,098.	459,989.	21,109
ess Itemized Deductions:	ER 150	F7 1F0	
Specifically Allocated	57,150.	57,150.	0 10
Home Mortgage Interest	40,880.	38,776.	2,104
Other Interest	40 720	A7 170	2 560
Ratably Allocated	49,739. 147,769.	47,179.	2,560 4,664
Total Adjustments to Adjusted Gross Income	14/,/03.	143,103.	4,00
	333,329.	316,884.	16,44

Allocation of Itemized Deductions

NAME

BARACK H. & MICHELLE L. OBAMA

	Total Itemized	Itemized Deductions After Sec. 68		Form 1116	
	Deductions	Reduction	Specifically U.S.	Specifically Foreign	Ratable
Taxes .:	51,568.	49,739.			49,739.
Interest - Not Including Investment Interest	42,383.	40,880.	38,776.	2,104.	
Contributions Miscellaneous Deductions Subject to 2%	59,251.	57,150.	57,150.		
Other Miscellaneous Deductions - Not Including Gambling Losses					
Foreign Adjustment					
Total Itemized Deductions Subject to Sec. 68	153,202.	147,769.			
Add Itemized Deductions Not Subject to Sec. 68:					
Medical/Dental					
Investment Interest					
Casualty Losses					
Gambling Losses					4
Foreign Adjustment					
Total Itemized Deductions	153,202.				
Total Allowed on Schedule A		147,769.	95,926.	2,104.	49,739

Foreign Tax Credit Carryover Statement (Page 1 of 2)

NAME

BARACK H. & MICHELLE L. OBAMA

Foreign Income Category

GENERAL LIMITATION INCOME

Regu	lar	2008	2009	2010	2011	2012	2013
1.	Foreign tax paid/accrued						2,773.
2.	FTC carryback to 2013						
	for amended returns				ાવેલ્લાના વાર્યક્ષિત વેતર પ્રત્યા વાર્યકાર ભાગવાના વાલાના સામાના છે.	Color Color	
3.	Reduction in foreign						
•	taxes						<u> </u>
4.	Foreign tax available						2,773.
5.	Maximum credit allowable						4,258.
6.	Unused foreign tax (+)			'			
	or excess of limit (-)					-3,048.	-1,485.
7.	Foreign tax carryback						
8.	Foreign tax carryforward	,					
9.	Foreign tax or excess						
	limit remaining					-3,048.	-1,485.
	Total foreign taxes from all	available years to be ca	arried to next year				

		r				
		2003	2004	2005	2006	2007
1.	Foreign tax paid/accrued					
2.	FTC carryback to 2013					
	for amended returns					
3.	Reduction in foreign					
	taxes		and the second second second second			
4.	Foreign tax available					
5.	Maximum credit allowable		Additional and the second and the se			
6.	Unused foreign tax (+)					
	or excess of limit (-)					
7.	Foreign tax carryback					
8.	Foreign tax carryforward					
9.	Foreign tax or excess					
	limit remaining					

Foreign Tax Credit Carryover Statement (Page 2 of 2)

NAME

BARACK H. & MICHELLE L. OBAMA

Foreign Income Category

GENERAL LIMITATION INCOME

AMT		2008	2009	2010	2011	2012	2013
1.	Foreign tax paid/accrued						2,773.
2.	FTC carryback to 2013			contents of sense of the sense of the sense			
	for amended returns						
3.	Reduction in foreign						-
	taxes						
4.	Foreign tax available						2,773.
5.	Maximum credit allowable						4,780.
6.	Unused foreign tax (+)						
	or excess of limit (-)					-4,360.	-2,007.
7.	Foreign tax carryback						
8.	Foreign tax carryforward						
9.	Foreign tax or excess						
	limit remaining					-4,360.	-2,007.
	Total foreign taxes from all	available years to be ca	rried to next year				

		0000	0004	0005	0000	0007
		2003	2004	2005	2006	2007
1.	Foreign tax paid/accrued					
2.	FTC carryback to 2013					
	for amended returns					
3.	Reduction in foreign		000000000000000000000000000000000000000			400000000000000000000000000000000000000
	taxes					
4.					attatatation in control to the control of the contr	
5.	Maximum credit allowable					
6.	Unused foreign tax (+)					
	or excess of limit (-)					
7.	Foreign tax carryback					
8.	Foreign tax carryforward					
9.	Foreign tax or excess					
	limit remaining					

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.
▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

Information about Form 8959 and its instructions is at www.irs.gov/form8959

OMB No. 1545-0074

2013

Attachment Sequence No. 7

Form 8959 (2013)

Your social security number

BARACK H. & MICHELLE L. OBAMA Part Additional Medicare Tax on Medicare Wages 1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts 394,796. from box 5 2 2 Unreported tips from Form 4137, line 6 3 3 Wages from Form 8919, line 6 394,796. 4 Add lines 1 through 3 5 Enter the following amount for your filing status: \$250,000 Married filing jointly Married filing separately \$125,000 250,000. 5 Single, Head of household, or Qualifying widow(er) \$200,000 144,796. 6 Subtract line 5 from line 4. If the result is zero or less, enter -0-1,303. Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go to Part II ... Part II Additional Medicare Tax on Self-Employment Income 8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter 96,791. 8 -0- (Form 1040-PR and Form 1040-SS filers, see instructions.) 9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 250,000. Single, Head of household, or Qualifying widow(er) \$200,000 9 394,796. 10 10 Enter the amount from line 4 0. 11 Subtract line 10 from line 9. If zero or less, enter -0-96,791. 12 Subtract line 11 from line 8. If the result is zero or less, enter -0-13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter 871. here and go to Part III Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 15 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 15 16 Subtract line 15 from line 14. If zero or less, enter -0-17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 17 0.9% (.009). Enter here and go to Part IV. Part IV Total Additional Medicare Tax 18 Add lines 7, 13, and 17. Also include this amount on Form 1040, line 60, (Form 1040NR, 2,174. 1040-PR, and 1040-SS filers, see instructions) and go to Part V. Part V Withholding Reconciliation 19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts 7,478 19 from box 6 394,796. 20 20 Enter the amount from line 1 21 Multiply line 20 by 1.45% (.0145). This is your regular 5,725. Medicare tax withholding on Medicare wages 1,753. 22 Subtract line 21 from line 19. This is your Additional Medicare Tax withholding on Medicare wages 23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 62 (Form 1040NR, 1040-PR, 1,753. and 1040-SS filers, see instructions)

12-31-13 LHA For Paperwork Reduction Act Notice, see instructions.

Net Investment Income Tax -Individuals, Estates, and Trusts

▶ Attach to Form 1040 or Form 1041.

Attachment Sequence No. 72

Department of the Treasury Internal Revenue Service (99) ▶ Information about Form 8960 and its separate instructions is at www.irs.gov/form8960 Name(s) shown on Form 1040 or Form 1041

Your social security number or EIN

BAR	ACK H. & MICHELLE L. OBAMA				
Part	Investment Income Section 6013(g) election (see instructions	s)			
en consideration	Regulations section 1.1411-10(g) election	n (see instru	ictions)		
1	Taxable interest (Form 1040, line 8a; or Form 1041, line 1)			1	6,575.
2	Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a)			2	3.
3	Annuities from nonqualified plans (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts,				
	etc. (Form 1040, line 17; or Form 1041, line 5)	4a			
ь	Adjustment for net income or loss derived in the ordinary course of				
	a non-section 1411 trade or business (see instructions)	. 4b			
С	Combine lines 4a and 4b			4c	
5a	Net gain or loss from disposition of property from Form 1040,			11111	
	combine lines 13 and 14; or from Form 1041, combine lines 4 and 7	5a	-3,000.		
b	Net gain or loss from disposition of property that is not subject to				
	net investment income tax (see instructions)	5b			
С	Adjustment from disposition of partnership interest or S corporation				
	stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	-3,000.
6	Changes to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	3,578.
20-20-00-015	III Investment Expenses Allocable to Investment Income a	nd Modif	ications		
9a	Investment interest expenses (see instructions)	1 _ 1			
b	State income tax (see instructions)				
c	Miscellaneous investment expenses (see instructions)				
d	Add lines 9a, 9b, and 9c			9d	
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	
	III Tax Computation				
12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals co	mplete lines	s 13-		
	17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-			12	3,578.
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	481,098.		*
14	Threshold based on filing status (see instructions)		250,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	1 1	231,098.		
16	Enter the smaller of line 12 or line 15			16	3,578.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter				
	Form 1040, line 60			17	136.
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and				
	deductions under section 642(c) (see instructions)	18b			
С	Undistributed net investment income. Subtract line 18b from 18a (see			and the same of th	
-	instructions)	18c			
19a	Adjusted gross income (see instructions)	1			
b	Highest tax bracket for estates and trusts for the year (see				
	instructions)	19b			
С	Subtract line 19b from line 19a. If zero or less, enter -0-				
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038				And the second s
1	on Form 1041, Schedule G, line 4			21	
LHA	For Paperwork Reduction Act Notice, see your tax return instructions.				Form 8960 (2013)

BARACK H. & MICHELLE L. OBAMA

FORM 1040 STATE AND I	LOCAL INCOME TAX	REFUNDS	STATEMENT	1
	2012	2011	2010	
GROSS STATE/LOCAL INC TAX REFUNDS LESS: TAX PAID IN FOLLOWING YEAR	ILLINOIS 492.			
NET TAX REFUNDS ILLINOIS	492.	- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12		
TOTAL NET TAX REFUNDS	492.			

FORM	1040	PERSONAL EXEMPTIC	N WORKSHEET	S	TATEMENT	2
	IS THE AMOUNT ON FORM		RE THAN THE	AMOUNT SHOW	N ON LINE	4
	NO. STOP. MULTIPLY \$	3,900 BY THE TOTAL			LAIMED	
		NE 6D, AND ENTER I	HE RESULT OF	N LINE 42.		
	YES. CONTINUE					
2.	MULTIPLY \$3,900 BY TH		EXEMPTIONS (CLAIMED		
_	ON FORM 1040, LINE 61				15,60	00.
	ENTER THE AMOUNT FROM					
4.	ENTER THE AMOUNT FOR			300,000.		
	SINGLE		\$250,000			
	MARRIED FILING JOIN MARRIED FILING SEPA		3150,000			
	HEAD OF HOUSEHOLD		275,000			
5.	SUBTRACT LINE 4 FROM		•		,	
٠,	MORE THAN \$122,500 (\$					
	SEPARATELY), STOP. EN			181,098.		
6.	DIVIDE LINE 5 BY \$2,5			202,0300		
•	FILING SEPARATELY).				•	
	WHOLE NUMBER, INCREAS					
	WHOLE NUMBER (FOR EXA					
	TO 1)		• • •			
7.	MULTIPLY LINE 6 BY 28	(.02) AND ENTER T	THE RESULT			
	AS A DECIMAL			• • • •		
8.	MULTIPLY LINE 2 BY L1	NE 7		• • • •	•	
9.	SUBTRACT LINE 8 FROM	ו. דאור 2. יייחיים, ייח ו	?ORM 1040 T.	TNE 42	A PER STANDARD PARAMETERS AND AND AND AND AND AND AND AND AND AND	

ORM	1 1040	TAXABLE	STATE A	ND LOCAL	INCOME	TAX	REFUNDS	STATEMENT	3
			_	2012			2011	2010	
	TAX REFUNDS				492.				
ESS	S:REFUNDS-NO -SALES TAX	BENEFIT DUE BENEFIT RE			492.				
	NET REFUNDS	FOR RECALCU	JLATION						
	TOTAL ITEMIA BEFORE PHAS DEDUCTION NO	SEOUT OT SUBJ TO F	HASEOUT		3,385.				
	NET REFUNDS LINE 2 MINUS MULT LN 5 BY PRIOR YEAR A ITEM. DED. H	S LINES 3 AN APPL SEC. AGI	TD 4 68 PCT	258	3,385.			_	
)	SUBTRACT LIN (IF ZERO OR 10 THROUGH 1 AMOUNT FROM MULT LN 9 BY	NE 8 FROM LI LESS, SKIP L5, AND ENTE LINE 1 ON I APPL SEC. PEMIZED DEDU THE LESSEF LINE 10)	INE 7 LINES ER LINE 16) 68 PCT JCTIONS R OF						
	TOTAL ADJ. I	rd. DED. AVA	AILABLE	1:	3,385. L,900. B,385.				
.5 .6 .7	TAXABLE REFU (LESSER OF LALLOWABLE PI	E 13B FROM I UNDS LINE 15 OR I RIOR YR. ITI	LINE 14 LINE 1) EM. DED.			·			
L9 20 21	SUBTRACT LII LESSER OF L PRIOR YEAR	INE 16 OR L	INE 19		5,485.				
22	AMOUNT TO II * IF LINE 2: * IF LINE 2:	1 IS -0- OR	MORE, U	SE AMOUN	r from				0
	STATE AND L	OCAL INCOME	TAX REF	UNDS PRI	OR TO 2	2010			
	TOTAL TO FO	RM 1040, LII	NE 10						0

FORM 1040	S	SEP DEDUCTIO	N 		STATE	MENT	4
BARACK H. OBAMA							
1. PLAN CONTRIBUTION					•	.2000	
2. NET EARNINGS FROM						104,80	
3. DEDUCTION FOR SEL		TAX FROM 10	40, LINE 2	27		1,40	
4. SUBTRACT LINE 3 F						103,40	
5. MULTIPLY LINE 4 T					•	20,68	31.
6. MULTIPLY \$255,000				ENTER		-4 04	
THE RESULT BUT NO					•	51,00	
7. ENTER THE SMALLER					• "	20,68	
8. CONTRIBUTION DOLL					•	51,00) () .
*IF ANY ELECTIVE							
*OTHERWISE, SKIP			MIER THE S	MALLEK			
OF LINE 7 OR LIN 9. ALLOWABLE ELECTIV		19.					
					•		
LO. SUBTRACT LINE 9 F L1. SUBTRACT LINE 9 F				• • • •	•		
12. ENTER ONE-HALF OF				• • • •	•		
13. ENTER THE SMALLES				• • • •	•		
14. SUBTRACT LINE 13					•		
15. ENTER THE SMALLER					•		
		(), NP. 4 .					
			TO LINE 16	- · · · · ·	•		
*IF CATCH-UP CONT	RIBUTIONS WEF	RE MADE, GO	TO LINE 1	· · · · ·	•		
*IF CATCH-UP CONT *OTHERWISE, SKIP	RIBUTIONS WEF LINES 16 THRO	RE MADE, GO	TO LINE 16		•		
*IF CATCH-UP CONT *OTHERWISE, SKIP L6. SUBTRACT LINE 15	RIBUTIONS WEF LINES 16 THRO FROM LINE 14	RE MADE, GO DUGH 18.	TO LINE 16		•		
*IF CATCH-UP CONT *OTHERWISE, SKIP 16. SUBTRACT LINE 15 17. CATCH-UP CONTRIBU	RIBUTIONS WEF LINES 16 THRO FROM LINE 14 TION (AGE 50	RE MADE, GO DUGH 18. OR OLDER)			•		
*IF CATCH-UP CONT *OTHERWISE, SKIP 16. SUBTRACT LINE 15 17. CATCH-UP CONTRIBUTED 18. ENTER THE SMALLER	RIBUTIONS WEF LINES 16 THRO FROM LINE 14 TION (AGE 50 OF LINE 16 0	RE MADE, GO DUGH 18. OR OLDER)	• • • • • • • •		•		
*IF CATCH-UP CONT *OTHERWISE, SKIP 16. SUBTRACT LINE 15 17. CATCH-UP CONTRIBUTED 18. ENTER THE SMALLER	RIBUTIONS WEF LINES 16 THRO FROM LINE 14 TION (AGE 50 OF LINE 16 0	RE MADE, GO DUGH 18. 	• • • • • • • •		•	20,68	31.
*IF CATCH-UP CONT *OTHERWISE, SKIP 16. SUBTRACT LINE 15 17. CATCH-UP CONTRIBUTES 18. ENTER THE SMALLER 19. ADD LINES 13, 15	RIBUTIONS WEF LINES 16 THRO FROM LINE 14 TION (AGE 50 OF LINE 16 0	RE MADE, GO DUGH 18. 	• • • • • • • •		•	20,68	31
*IF CATCH-UP CONT *OTHERWISE, SKIP 16. SUBTRACT LINE 15 17. CATCH-UP CONTRIBUTES 18. ENTER THE SMALLER 19. ADD LINES 13, 15	RIBUTIONS WEF LINES 16 THRO FROM LINE 14 TION (AGE 50 OF LINE 16 0	RE MADE, GO DUGH 18. 	• • • • • • • •		•	20,68	31
*IF CATCH-UP CONT *OTHERWISE, SKIP 16. SUBTRACT LINE 15 17. CATCH-UP CONTRIBUTE 18. ENTER THE SMALLER 19. ADD LINES 13, 15 FORM 1040	RIBUTIONS WEF LINES 16 THRO FROM LINE 14 TION (AGE 50 OF LINE 16 C AND 18. ENTE	RE MADE, GO DUGH 18. OR OLDER) OR LINE 17 ER HERE AND	ON LINE 28	3,	• • •		
*IF CATCH-UP CONT *OTHERWISE, SKIP 16. SUBTRACT LINE 15 17. CATCH-UP CONTRIBUTES 18. ENTER THE SMALLER 19. ADD LINES 13, 15	RIBUTIONS WEF LINES 16 THRO FROM LINE 14 TION (AGE 50 OF LINE 16 C AND 18. ENTE	RE MADE, GO DUGH 18. 	ON LINE 28	3,	STATE		81.
*IF CATCH-UP CONT *OTHERWISE, SKIP 16. SUBTRACT LINE 15 17. CATCH-UP CONTRIBUTE 18. ENTER THE SMALLER 19. ADD LINES 13, 15 FORM 1040	RIBUTIONS WEF LINES 16 THRO FROM LINE 14 TION (AGE 50 OF LINE 16 C AND 18. ENTE	RE MADE, GO DUGH 18. OR OLDER) OR LINE 17 ER HERE AND	ON LINE 28		STATE		
*IF CATCH-UP CONT *OTHERWISE, SKIP 16. SUBTRACT LINE 15 17. CATCH-UP CONTRIBUTES. ENTER THE SMALLER 19. ADD LINES 13, 15 FORM 1040	RIBUTIONS WEF LINES 16 THROFF FROM LINE 14 TION (AGE 50 OF LINE 16 CAND 18. ENTE	RE MADE, GO DUGH 18. OR OLDER) OR LINE 17 ER HERE AND IVED AND TAX	ON LINE 28	LD CITY		MENT	
*IF CATCH-UP CONT *OTHERWISE, SKIP 16. SUBTRACT LINE 15 17. CATCH-UP CONTRIBUTES. ENTER THE SMALLER 19. ADD LINES 13, 15 FORM 1040	RIBUTIONS WEF LINES 16 THRO FROM LINE 14 TION (AGE 50 OF LINE 16 C AND 18. ENTE	RE MADE, GO DUGH 18. OR OLDER) OR LINE 17 ER HERE AND IVED AND TAX FEDERAL TAX	ON LINE 28 CES WITHHELE STATE TAX	CITY	FICA	MEDICA	AR:
*IF CATCH-UP CONT *OTHERWISE, SKIP 16. SUBTRACT LINE 15 17. CATCH-UP CONTRIBUTES. ENTER THE SMALLER 19. ADD LINES 13, 15 FORM 1040	RIBUTIONS WEF LINES 16 THROFF FROM LINE 14 TION (AGE 50 OF LINE 16 CAND 18. ENTE	RE MADE, GO DUGH 18. OR OLDER) OR LINE 17 ER HERE AND IVED AND TAX	ON LINE 28	CITY		MENT	AR:
*IF CATCH-UP CONT *OTHERWISE, SKIP 16. SUBTRACT LINE 15 17. CATCH-UP CONTRIBUTES. ENTER THE SMALLER 19. ADD LINES 13, 15 FORM 1040 FORM 1040	RIBUTIONS WEF LINES 16 THRO FROM LINE 14 TION (AGE 50 OF LINE 16 C AND 18. ENTE	RE MADE, GO DUGH 18. OR OLDER) OR LINE 17 ER HERE AND IVED AND TAX FEDERAL TAX	ON LINE 28 CES WITHHELE STATE TAX	CITY	FICA	MEDICA	AR.
*IF CATCH-UP CONT *OTHERWISE, SKIP 16. SUBTRACT LINE 15 17. CATCH-UP CONTRIBUTES. ENTER THE SMALLER 19. ADD LINES 13, 15 FORM 1040 FORM 1040 I S EMPLOYER'S NAME -	RIBUTIONS WEF LINES 16 THRO FROM LINE 14 TION (AGE 50 OF LINE 16 C AND 18. ENTE WAGES RECEI AMOUNT PAID	RE MADE, GO DUGH 18. OR OLDER) OR LINE 17 ER HERE AND OF THE TAX WITHHELD	STATE TAX WITHHELD	CITY	FICA TAX	MEDICATAL	ARI
*IF CATCH-UP CONT *OTHERWISE, SKIP 16. SUBTRACT LINE 15 17. CATCH-UP CONTRIBUTES. ENTER THE SMALLER 19. ADD LINES 13, 15 FORM 1040	RIBUTIONS WEF LINES 16 THRO FROM LINE 14 TION (AGE 50 OF LINE 16 C AND 18. ENTE	RE MADE, GO DUGH 18. OR OLDER) OR LINE 17 ER HERE AND IVED AND TAX FEDERAL TAX	ON LINE 28 CES WITHHELE STATE TAX	CITY	FICA	MEDICATAL	ARI X
*IF CATCH-UP CONT *OTHERWISE, SKIP 16. SUBTRACT LINE 15 17. CATCH-UP CONTRIBUTES. ENTER THE SMALLER 19. ADD LINES 13, 15 FORM 1040 FORM 1040 FORM 1040 TOTAL TO	RIBUTIONS WEF LINES 16 THRO FROM LINE 14 TION (AGE 50 OF LINE 16 C AND 18. ENTE WAGES RECEI AMOUNT PAID	RE MADE, GO DUGH 18. OR OLDER) OR LINE 17 ER HERE AND IVED AND TAX FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY	FICA TAX	MEDICATAL	AR1 X

FORM 1040 FEDERAL INCOME TAX	WITHHELD	STATEMENT	6
T S DESCRIPTION		AMOUNT	
T DFAS-CIVPAY DIRECTORATE FORM 8959, LINE 24		98,70 1,75	
TOTAL TO FORM 1040, LINE 62		100,46	52.
SCHEDULE A STATE AND LOCAL INCOM	E TAXES	STATEMENT	7
DESCRIPTION		AMOUNT	
DFAS-CIVPAY DIRECTORATE ILLINOIS 4TH QTR ESTIMATE PAYMENTS ILLINOIS PRIOR YEAR OVERPAYMENT APPLIED		18,90 3,00 49	
TOTAL TO SCHEDULE A, LINE 5		22,39	92.
SCHEDULE A CASH CONTRIBUTIO	NS	STATEMENT	8
DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	
AMERICAN RED CROSS BOYS & GIRLS CLUB CALVARY WOMEN'S SHELTER CARE CENTRAL ILLINOIS FOOD BANK CITIZENS UNITED FOR RESEARCH IN EPILEPSY FISHER HOUSE FOUNDATION HABITAT FOR HUMANITY ILLINOIS HEAD START ASSOCIATION ILLINOIS READING COUNCIL JUVENILE DIABETES RESEARCH FOUNDATION LEUKEMIA & LYMPHOMA SOCIETY LIFE PIECES TO MASTERPIECES MIDTOWN EDUCATIONAL FOUNDATION MIRIAM'S KITCHEN MOSAIC YOUTH THEATRE OF DETROIT MUJERES LATINAS EN ACCION	4,000. 1,000. 1,500. 2,000. 1,500. 1,500. 1,500. 1,500. 1,500. 1,500. 1,000. 1,000. 1,000. 1,000.		

BARACK H. & MICHELLE L. OBAMA

NATIONAL COALITION FOR HOMELESS VETERANS	1,500.	
NATIONAL CONGRESS OF BLACK WOMEN	1,500.	
NATIONAL MS SOCIETY	1,500.	
NATIONAL OVARIAN CANCER COALITION	1,500.	•
ONE FUND BOSTON	2,000.	
ROCHELLE LEE FUND / BOUNDLESS READERS	1,500.	
SIDWELL FRIENDS SCHOOL	5,000.	
ST. JOHN'S CHURCH	1,500.	
ST. LEO'S RESIDENCE FOR VETERANS	1,500.	
THE CHRISTOPHER HOUSE	1,500.	
THE HARMONY PROJECT	1,500.	
UNITED NEGRO COLLEGE FUND	1,500.	
UNIVERSITY OF HAWAII FOUNDATION	1,500.	
WASHINGTON HUMANE SOCIETY	1,500.	
•		
SUBTOTALS	59,251.	
TOTAL TO SCHEDULE A, LINE 16		59,251.

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	. 153,202.
2.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT	0
3.	LOSSES INCLUDED ON LINE 28	
4. 5.	IF YES, SUBTRACT LINE 2 FROM LINE 1	2.
6.	ENTER \$300,000 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$275,000 IF HEAD OF HOUSEHOLD; \$250,000 IF SINGLE; OR \$150,000 IF MARRIED FILING SEPARATELY	
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. IF YES, SUBTRACT LINE 6 FROM LINE 5	
8. 9.	MULTIPLY LINE 7 BY 3% (.03)	3.
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29	147,769.
SCHE	DULE C OTHER INCOME	STATEMENT 10
DESC	RIPTION	AMOUNT
	EL & GODERICH OM HOUSE	85,041. 31,139.
TOTA	L TO SCHEDULE C, LINE 6	116,180.

SCHEDULE D CAPITAL	LOSS CARRYOVER	STATEMENT 11
1. ENTER THE AMOUNT FROM FORM 1040, 12. ENTER THE LOSS FROM SCHEDULE D, L. 3. COMBINE LINES 1 AND 2. IF ZERO OR 4. ENTER THE SMALLER OF LINE 2 OR LINE	INE 21, AS A POSITIVE AMO LESS, ENTER -0	
5. ENTER THE LOSS FROM SCHEDULE D, L. 6. ENTER THE GAIN, IF ANY, FROM SCHEDULE 15	DULE D,	INT .
9. ENTER THE LOSS FROM SCHEDULE D, L 10. ENTER THE GAIN, IF ANY, FROM SCHE LINE 7	DULE D, ZERO OR LESS,	000.
12. ADD LINES 10 AND 11		3,000.
		3,000.
13. LONG-TERM CAPITAL LOSS CARRYOVER SUBTRACT LINE 12 FROM LINE 9. IF		109,516.
13. LONG-TERM CAPITAL LOSS CARRYOVER SUBTRACT LINE 12 FROM LINE 9. IF	ZERO OR LESS, ENTER -0	109,516.
13. LONG-TERM CAPITAL LOSS CARRYOVER SUBTRACT LINE 12 FROM LINE 9. IF SCHEDULE SE NON-F. DESCRIPTION	ZERO OR LESS, ENTER -0	109,516.
	ZERO OR LESS, ENTER -0	STATEMENT 12
13. LONG-TERM CAPITAL LOSS CARRYOVER SUBTRACT LINE 12 FROM LINE 9. IF SCHEDULE SE NON-F. DESCRIPTION AUTHOR TOTAL TO SCHEDULE SE, LINE 2	ZERO OR LESS, ENTER -0	AMOUNT 104,809
13. LONG-TERM CAPITAL LOSS CARRYOVER SUBTRACT LINE 12 FROM LINE 9. IF SCHEDULE SE NON-F. DESCRIPTION AUTHOR FOTAL TO SCHEDULE SE, LINE 2 FORM 1116 EXPENSES DIRECTLY ALL	ZERO OR LESS, ENTER -0-	AMOUNT 104,809
13. LONG-TERM CAPITAL LOSS CARRYOVER SUBTRACT LINE 12 FROM LINE 9. IF SCHEDULE SE NON-F. DESCRIPTION AUTHOR TOTAL TO SCHEDULE SE, LINE 2	ZERO OR LESS, ENTER -0 CARM INCOME	109,516. STATEMENT 12 AMOUNT 104,809. 104,809.

FOR	M 6251 EXEMPTION WORKSHEET		STATEMENT 14
1	ENTER: \$51,900 IF SINGLE OR HEAD OF HOUSEHOLD; \$80 MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER);	0,800 IF \$40,400	
2	IF MARRIED FILING SEPARATELY		80,800.
3	ENTER: \$115,400 IF SINGLE OR HEAD OF HOUSEHOLD; \$153,900 IF MARRIED FILING JOINTLY OR	373,101	
4	QUALIFYING WIDOW(ER); \$76,950 IF MARRIED FILING SEPARATELY	153,900.	
-	ENTER -0	225,564.	
	MULTIPLY LINE 4 BY 25% (.25)	ER -0 IF REN UNDER 0.	56,391
	OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FOLINE 29, AND GO TO FORM 6251, LINE 30	ORM 0251,	24,409
8	MINIMUM EXEMPTION AMOUNT FOR CERTAIN CHILDREN UNDIENTER YOUR EARNED INCOME, IF ANY		
10	ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON LINE 29, AND GO TO FORM 6251, LINE 30		

Illinois Department of Revenue

2013 Form IL-1040 Individual Income Tax Return or for fiscal year ending ____

Over 80% of taxpa yers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

Do not write above this line.

BARACK H. OBAMA MICHELLE L. OBAMA 1600 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20500

		C	Filing status (see instructions)		
			Single or head of household Married filing jointly Married filing s	separately	Widowed
		D	Check if you are in a civil union (see instructions).		
	Step 2:	1	Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or		(Whole dollars only)
	Income		U.S. 1040EZ, Line 4.	1	481,098 .00
		2	Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b;		
			or U.S. 1040EZ.	2	.00.
		3	Other additions. Attach Schedule M.	3	.00.
		4	Total income. Add Lines 1 through 3.	4	481,098 .00
1000	Step 3:	5	Social Security benefits and certain retirement plan income		
\downarrow	Base		received if included in Line 1. Attach Page 1 of federal return. 5	.00	
	Income	6	Illinois Income Tax overpayment included in U.S. 1040, Line 10.	.00	
ere		7		142 .00	
S.			Check if Line 7 includes any amount from Schedule 1299-C.		
Ē		8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	6,142.00
9 6		9	Illinois base income. Subtract Line 8 from Line 4.	9	474,956.00
Staple W-2 and 1099 forms here					
Ď	Step 4:	10	a Number of exemptions from your federal return. 4 x \$2,100 a 8,	400.00	
2 ai	Exemptions	;	b If someone can claim you as a dependent, see instructions. X \$2,100 b	.00	
₹	•		C Check if 65 or older. You + Spouse = X \$1,000 C	.00	
<u>e</u>			d Check if legally blind: You + Spouse = X \$1,000 d	.00	
stap			Exemption allowance. Add Lines a through d.	10	8,400.00
0,			———		
A	Step 5:	11	Residents: Net income. Subtract Line 10 from Line 9. Skip Line 12.	11	466,556 .00
	Net	12	Nonresidents and part-year residents:		
	Income		Check the box that applies to you during 2013 Nonresident Part-year resider	nt, and	
			write the Illinois base income from Sch. NR. Attach Sch. NR. 12	.00	

	Step 6:	13	Residents: Multiply Line 11 by 5% (.05). Cannot be less than zero.		
?	Tax		Nonresidents and part-year residents: Write the tax from Schedule NR.	13	23,328.00
8		14	Recapture of investment tax credits. Attach Schedule 4255.	14	.00.
-1	4	15	Income tax. Add Lines 13 and 14. Cannot be less than zero.	15	23,328.00
check and IL-1040-V	Step 7:	16	Income tax paid to another state while an Illinois resident.		
交	Tax After		Attach Schedule CR.	.00	
che	Non-	17	Property tax and K-12 education expense credit amount from		
Ĭ		•	Schedule ICR. Attach Schedule ICR.	.00	
Staple your	Credits	18	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 18	.00	
aple			Add Lines 16, 17, and 18. This is the total of your credits.		
Sţ			Cannot exceed the tax amount on Line 15.	19	.00
		20	Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20	23,328.00
	1040 page 1 (R-12)			 Berry 11118 11118 11111 18181	
	349001 349001 2BX 01-02-14	10)	This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.		

	21	Tax after nonrefundable credits from Page 1, Line 20.	21_	23,328.00		
Step 8:	22	Household employment tax. See instructions.	22 _	.00.		
Other	23	Use tax on internet, mail order, or other out-of-state purchases from	00	000		
Taxes		UT Worksheet or UT Table in the instructions. Do not leave blank.	23 _	24	23,328.00	
	24	Total Tax: Add Lines 21, 22, and 23.			4.5,520,00	
			OF.	18,900.00		
Step 9:	25		25 _	00, 000,01		
Payments	26	Estimated payments from Forms IL-1040-ES and IL-505-I,	00	3,492.00		
and		including overpayment applied from 2012 return.	26_			
Refundabl			27_	00.		
Credit	28	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	28 _	.00 29	22,392.00	
	29	Total payments and refundable credit. Add Lines 25 through 28.		. 25	22,352.00	
Ot 40-				e 29. 30	.00	
Step 10:					936 .00	
Result	31	Underpayment. If Line 24 is greater than Line 29, subtract Line 29 to	rom ப	Tie 24.		
01 44			32	.00		
Step 11:			_			
Underpay		a Check if at least two-thirds of your federal gross income is from fa	arming	, —		
of Estimat		b Check if you or your spouse are 65 or older and permanently				
Tax Penal	•	living in a nursing home.	مرجد الم			
and Dona	itions	c Check if your income was not received evenly during the year an	a you	X		
		annualized your income on Form IL-2210. Attach Form IL-2210.	-	بها		
		d Check if you were not required to file an Illinois Individual Income	lax	\Box		
		return in the previous tax year.	33			
		Voluntary charitable donations. Attach Schedule G.	33 _	.00 34	00	
	34	Total penalty and donations. Add Lines 32 and 33.			.00	
0. 40						
Step 12		If you have an overpayment on Line 30 and this amount is greater the		nt. 35	.00	
Refund or		Line 34, subtract Line 34 from Line 30. This is your remaining overp	aymer		.00.	
Amount Y		Amount from Line 35 you want refunded to you. Check one box on	⊔ne 3		.00	
Owe	37	I choose to receive my refund by	L:- L			
		direct deposit - Complete the information below if you check t	nis box necking			
			necking	g or Savings	•	
		Account number				
		Illinois Individual Income Tax refund debit card			•	
		5				
	20	paper check Subtract Line 36 from Line 35. This amount will be applied to your	2014 6	estimated tax. 38	.00	
			20 14 6	Suniated tax.	.00	
•	39	If you have an underpayment on Line 31, add Lines 31 and 34. Of	Line			
		If you have an overpayment on Line 30 and this amount is less than	I LINE C		936 .00	
		subtract Line 30 from Line 34. This is the amount you owe.				
Step 13	: Unde	penalties of perfury, I state that I have examined this return, and, to	the be	st of my knowledge, it is true, o	correct, and complete.	1
Sign and	-	(Sol w) 4/8/14		* Muchelle	Mrana 418	7/4
Date	Yours	ignature Date Daytime phone number		Your spouse's signature	Date	, ,
	. 11.1	4/5/14				
	Paid p	reparer's signature Date Preparer's phone number		Preparer's FEIN, SSN, or PTIN		
Third Par	ty 🖂	Check, and complete below, to allow another person to discuss th	is retu	m with the Illinois Department	of Revenue.	
Designee	}	MICHAEL S SOLHEIM	101010			
		Designee's name (please print)		Designee's phone num	ber	
Form 109	99-G	We no longer automatically mail 1099-G forms. Instead, we ask that	at vòu d	get this information from our we	ebsite.	
Informati	ion	Check the box to receive a paper Form 1099-G next year, if you me	eet the	criteria requiring us to issue a	Form 1099-G.	

	Г	If no payment enclosed, mail to:		nent enclosed, mail to:		
		ILLINOIS DEPARTMENT OF REVENUE PO BOX 1040		IS DEPARTMENT OF REVENUE GFIELD IL 62726-0001		
349002 01-02-14		GALESBURG IL 61402-1040	J. 11110		•	
U 1=UZ= 14		•				
ID: 2BX				D 1881 20 AT 118 B LITT BOOK OF BEILD BOOK OF BOOK OF BOOK OF BOOK OF BOOK OF BOOK OF BOOK OF BOOK OF BOOK OF BOOK OF BOOK OF BOOK OF BOOK OF BOOK OF BOOK O	HTT 117 M 240 M 101 M 101 M 101 M	
	. O ID 40/40	DR AP RR DC	IR			
IL-1040 page	o 2 (m- 12/13)			t tomat stilbatet still bott be		

Illinois Department of Revenue

2013 Schedule M

Other Additions and Subtractions for Individuals

Attach to your Form IL-1040

IL Attachment No. 15

Read this information first

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

BARACK	Η.	∞	MICHELLE	L.	OBAMA
Vour name a	c cho	wn o	p Form II -1040		

	r name as shown on Form IL-1040.	Your Soc	cial Security number.
Ste	p 2: Figure your additions for Form IL-1040, Line 3		
Writ	e the amount of		(Whole dollars only)
1	Your child's federally tax-exempt interest and dividend income as reported on U.S. Form 8814	1	.00.
2	Distributive share of additions you received from a partnership, S corporation, trust, or estate. Attach Illinois Schedule K-1-P or Schedule K-1-T.	2	.00.
3	Lloyds plan of operations loss, if reported on your behalf on Form IL-1023-C and included in your adjusted gross income	3	.00.
4	Earnings distributed 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.)	4	.00
5	Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. Attach Form IL-4562.	5	.00
6	Business expense recapture (nonresidents only)	6	.00.
7	Recapture of deductions for contributions to Illinois college savings plans transferred to an out-of-state plan	7 —	.00.
8	Credit taken on Schedule 1299-C for student-assistance contributions you made as an employer	8 —	.00.
9	Recapture of deductions for contributions to college savings plans withdrawn for nonqualified expenses		.00
	or refunded	9	.00
10	Other income - Identify each item	10	.00.
	Total Additions. Add Lines 1 through 10. Write the amount here and on Form IL-1040, Line 3.	11	.00.
	e the amount of Contributions made to the following college savings plans:		
		12a	.00.
b	"Bright Start" College Savings Pool "College Illinois" Prepaid Tuition Program	12a 12b	
	"Bright Start" College Savings Pool	12b	
С	"Bright Start" College Savings Pool "College Illinois" Prepaid Tuition Program	12b	.00.
С	"Bright Start" College Savings Pool "College Illinois" Prepaid Tuition Program "Bright Directions" College Savings Pool Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Lines 20 or 22 of this schedule.) Attach Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your	12b 12c	.00
13	"Bright Start" College Savings Pool "College Illinois" Prepaid Tuition Program "Bright Directions" College Savings Pool Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Lines 20 or 22 of this schedule.) Attach Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number.	12b 12c 13	.00
13 14	"Bright Start" College Savings Pool "College Illinois" Prepaid Tuition Program "Bright Directions" College Savings Pool Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Lines 20 or 22 of this schedule.) Attach Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number.	12b 12c 13 14	.00
13 14 15	"Bright Start" College Savings Pool "College Illinois" Prepaid Tuition Program "Bright Directions" College Savings Pool Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Lines 20 or 22 of this schedule.) Attach Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341 Contributions to a job training project	12b 12c 13 14 15	.00 .00 .00
13 14 15 16	"Bright Start" College Savings Pool "College Illinois" Prepaid Tuition Program "Bright Directions" College Savings Pool Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Lines 20 or 22 of this schedule.) Attach Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341 Contributions to a job training project Expenses related to federal credits or federally tax-exempt income	12b 12c 13 14 15 16	.00 .00 .00 .00 .00
13 14 15 16 17	"Bright Start" College Savings Pool "College Illinois" Prepaid Tuition Program "Bright Directions" College Savings Pool Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Lines 20 or 22 of this schedule.) Attach Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341 Contributions to a job training project Expenses related to federal credits or federally tax-exempt income Interest earned on investments through the Home Ownership Made Easy Program	12b 12c 13 14 15	.00 .00 .00
13 14 15 16	"Bright Start" College Savings Pool "College Illinois" Prepaid Tuition Program "Bright Directions" College Savings Pool Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Lines 20 or 22 of this schedule.) Attach Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341 Contributions to a job training project Expenses related to federal credits or federally tax-exempt income	12b 12c 13 14 15 16 17	.00 .00 .00 .00 .00
13 14 15 16 17 18	"Bright Start" College Savings Pool "College Illinois" Prepaid Tuition Program "Bright Directions" College Savings Pool Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Lines 20 or 22 of this schedule.) Attach Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341 Contributions to a job training project Expenses related to federal credits or federally tax-exempt income Interest earned on investments through the Home Ownership Made Easy Program Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10.	12b 12c 13 14 15 16 17	.00 .00 .00 .00 .00
13 14 15 16 17 18	"Bright Start" College Savings Pool "College Illinois" Prepaid Tuition Program "Bright Directions" College Savings Pool Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Lines 20 or 22 of this schedule.) Attach Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341 Contributions to a job training project Expenses related to federal credits or federally tax-exempt income Interest earned on investments through the Home Ownership Made Easy Program Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. Attach Form IL-4562. The the following only if included in Form IL-1040, Lines 1, 2, or 3:	12b 12c 13 14 15 16 17	.00 .00 .00 .00 .00
13 14 15 16 17 18 Wri	"Bright Start" College Savings Pool "College Illinois" Prepaid Tuition Program "Bright Directions" College Savings Pool Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Lines 20 or 22 of this schedule.) Attach Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341 Contributions to a job training project Expenses related to federal credits or federally tax-exempt income Interest earned on investments through the Home Ownership Made Easy Program Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. Attach Form IL-4562. The following only if included in Form IL-1040, Lines 1, 2, or 3: Military pay earned. Attach military W-2. U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040A or 1040.	12b 12c 13 14 15 16 17 18	.00 .00 .00 .00 .00
14 15 16 17 18 Writ 19 20	"Bright Start" College Savings Pool "College Illinois" Prepaid Tuition Program "Bright Directions" College Savings Pool Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Lines 20 or 22 of this schedule.) Attach Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341 Contributions to a job training project Expenses related to federal credits or federally tax-exempt income Interest earned on investments through the Home Ownership Made Easy Program Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. Attach Form IL-4562. The the following only if included in Form IL-1040, Lines 1, 2, or 3: Military pay earned. Attach military W-2. U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040A or 1040. Attach a copy of U.S. 1040A or 1040, Schedule B, if required federally. SEE STATEMENT 3	12b 12c 13 14 15 16 17 18	.00 .00 .00 .00 .00
14 15 16 17 18 Writ 19 20	"Bright Start" College Savings Pool "College Illinois" Prepaid Tuition Program "Bright Directions" College Savings Pool Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Lines 20 or 22 of this schedule.) Attach Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341 Contributions to a job training project Expenses related to federal credits or federally tax-exempt income Interest earned on investments through the Home Ownership Made Easy Program Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. Attach Form IL-4562. The the following only if included in Form IL-1040, Lines 1, 2, or 3: Military pay earned. Attach military W-2. U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040A or 1040. Attach a copy of U.S. 1040A or 1040, Schedule B, if required federally. SEE STATEMENT 3 August 1, 1969, valuation limitation amount from your Schedule F, Line 17. Attach Schedule F and	12b 12c 13 14 15 16 17 18	.00 .00 .00 .00 .00
14 15 16 17 18 Wri 19 20	"Bright Start" College Savings Pool "College Illinois" Prepaid Tuition Program "Bright Directions" College Savings Pool Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Lines 20 or 22 of this schedule.) Attach Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341 Contributions to a job training project Expenses related to federal credits or federally tax-exempt income Interest earned on investments through the Home Ownership Made Easy Program Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. Attach Form IL-4562. Be the following only if included in Form IL-1040, Lines 1, 2, or 3: Military pay earned. Attach military W-2. U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040A or 1040. Attach a copy of U.S. 1040A or 1040, Schedule B, if required federally. SEE STATEMENT 3 August 1, 1969, valuation limitation amount from your Schedule F, Line 17. Attach Schedule F and required federal forms.	12b 12c 13 14 15 16 17 18 20	.00 .00 .00 .00 .00 .00
14 15 16 17 18 Wri 19 20	"Bright Start" College Savings Pool "College Illinois" Prepaid Tuition Program "Bright Directions" College Savings Pool Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Lines 20 or 22 of this schedule.) Attach Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341 Contributions to a job training project Expenses related to federal credits or federally tax-exempt income Interest earned on investments through the Home Ownership Made Easy Program Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. Attach Form IL-4562. The the following only if included in Form IL-1040, Lines 1, 2, or 3: Military pay earned. Attach military W-2. U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040A or 1040. Attach a copy of U.S. 1040A or 1040, Schedule B, if required federally. SEE STATEMENT 3 August 1, 1969, valuation limitation amount from your Schedule F, Line 17. Attach Schedule F and	12b 12c 13 14 15 16 17 18 20	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
13 14 15 16 17 18 Writ 19 20 21	"Bright Start" College Savings Pool "College Illinois" Prepaid Tuition Program "Bright Directions" College Savings Pool Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Lines 20 or 22 of this schedule.) Attach Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341 Contributions to a job training project Expenses related to federal credits or federally tax-exempt income Interest earned on investments through the Home Ownership Made Easy Program Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. Attach Form IL-4562. The the following only if included in Form IL-1040, Lines 1, 2, or 3: Military pay earned. Attach military W-2. U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040A or 1040. Attach a copy of U.S. 1040A or 1040, Schedule B, if required federally. SEE STATEMENT 3 August 1, 1969, valuation limitation amount from your Schedule F, Line 17. Attach Schedule F and required federal forms. River edge redevelopment zone and high impact business dividend subtraction amount	12b	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

Ste	o 3: Continued		
24	Write the amount from Page 1, Line 23.	24	6,142.00
	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.	25	.00
26	Ridesharing money and other benefits	26	.00
27	Payment of life insurance, endowment, or annuity benefits received	27	.00
	Lloyds plan of operations income if reported on your behalf on Form IL-1023-C	28	.00.
	Income earned by certain trust accounts established under the Illinois Pre-Need Cemetery Sales Act	29	.00
	Education loan repayments made for primary care physicians who agree to		
	practice in designated shortage areas under the Family Practice Residency Act	30	.00
31	Reparations or other amounts received as a victim of persecution by Nazi Germany	31	.00
	Interest on the following tax-exempt obligations of Illinois state and local government. Do not		1
	include interest you received indirectly through owning shares in a mutual fund.		
	Illinois Housing Development Authority bonds and notes (except housing-related commercial		
	facilities bonds and notes)	32a	.00
	Export Development Act of 1983 bonds	32b	.00.
	Illinois Development Finance Authority bonds, notes, and other obligations (venture fund and		
C		32c	.00
_	infrastructure bonds only) Quad Cities Regional Economic Development Authority bonds and notes (if declared to be		.00
a		32d	.00.
	exempt from taxation by the Authority)	32e	
_	College Savings bonds	32f	.00.
f	Illinois Sports Facilities Authority bonds		.00.
g	Higher Education Student Assistance Act bonds	32g	.00.
h	Illinois Development Finance Authority bonds issued under the Illinois Development Finance	001-	
	Authority Act, Sections 7.80 through 7.87	32h	.00.
i	Rural Bond Bank Act bonds and notes	32i	.00.
j	Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act	32j	.00
k	Quad Cities Interstate Metropolitan Authority bonds	32k	.00.
I	Southwestern Illinois Development Authority bonds	32	.00.
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	.00.
n	Illinois Power Agency bonds issued by the Illinois Finance Authority	32n	.00
0	Central Illinois Economic Development Authority bonds	320	.00.
р	Eastern Illinois Economic Development Authority bonds	32p	.00.
q	Southeastern Illinois Economic Development Authority bonds	32q	.00.
r	Southern Illinois Economic Development Authority bonds	32r	.00
s	Illinois Urban Development Authority bonds	32s	.00.
t	Downstate Illinois Sports Facilities Authority bonds	32t	.00.
	Western Illinois Economic Development Authority bonds	32u	.00.
	Upper Illinois River Valley Development Authority Act bonds	32v	.00.
	Will-Kankakee Regional Development Authority bonds	32w	.00
33	Interest on the following non-U.S. government bonds.		
а	Bonds issued by the government of Guam	33a	.00.
b	Bonds issued by the government of Puerto Rico	33b	.00.
C	Bonds issued by the government of the Virgin Islands	33c	.00.
_		33d	.00.
d	Bonds issued by the government of American Samoa Bonds issued by the government of the Northern Mariana Islands	33e	00.
		33f	.00.
₹ SA	Mutual mortgage insurance fund bonds		.00
34	Amount of your child's interest from U.S. Treasury and U.S. agency obligations or	34	00
0.5	from sources in Line 20, 32 or 33 as reported on U.S. Form 8814		.00.
35	Railroad sick pay and unemployment income. Attach Form 1099-G or W-2 and a copy of your federal return		00.
36	Unjust imprisonment compensation awarded by Illinois Court of Claims	36	.00.
37	Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included	07	
	in Line 1 because you claimed a federal American Opportunity or Lifetime Learning Credit	37	.00
38	Total Subtractions. Add Lines 24 through 37. Write the amount here and on Form IL-1040, Line 7.	38	6,142.00

IL-1040 Schedule M page 2 (R-12/13)



2013 IL-2210 Computation of Penalties for Individuals

IL Attachment No. 19

Read this information first- We encourage you to let us figure your penalties and send you a bill instead of completing this form yourself. We will waive the late payment penalty for underpayment of estimated tax if you timely paid the lesser of 100 percent of the prior year's tax liability. If you elect to complete Form IL-2210, this form reflects that waiver.

The late-payment penalty for underpayment of estimated tax is based on the tax shown due on your original return. Do not use the tax shown on an amended return filed after the extended due date of the return to compute your required installments in Step 2.

Step 1: Provide the following information 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.

Ste	p 2: Figure your require	ed installments			A This year	B Last year
					-	
	Write the amount of your total income tax f		istructions.	1_	23,328.	29,450.
	Write the amount of credits from each tax	retum. See instructions.		2_	23,328.	29,450.
	Subtract Line 2 from Line 1.			3_	18,900.	29,430.
4a	Write the total amount of this year's Illinois				10,900.	
4b	Write the total amount of any pass-through			_	18,900.	
	Add Lines 4a and 4b and write the result h	ere.	40	_	4,428.	
5	Subtract Line 4c from Line 3.			5_	20,995.	
6	Multiply Column A, Line 3, by 90% (.9).			6 _	20,993.	
7	If Line 5 is \$500 or less or if you are not re-					
	write "0," and go to Step 3. Otherwise, write	te the lesser of Column A, I	Line 6,	7	20,995.	
_	or Column B, Line 3.			′ -	20,333.	
8	Divide the amount written on Line 7 by fou			8	5,249.	
	installment. (If you use the annualized inco	ome installment method, se	e instructions.)	° –	3,243.	
		Quarter 1	Quarter 2		Quarter 3	Quarter 4
			15th day of 6th		15th day of 9th	15th day of 1st mo.
0-		15th day of 4th	month of tax year		month of tax year	after end of tax year
9a	Write the installment due date for each	month of tax year	month of tax year		monun or tax year	01/15/14
OI-	quarter. See instructions.			-	· · · · · · · · · · · · · · · · · · ·	
90	Write the required installment.	4,245.	4,198.		6,066.	6,486.
40-	See instructions.	4,243.	<u> </u>	-		
iva	Write any credit carried forward from	492.	Skip this line for Quarter 2.		Skip this line for Quarter 3.	Skip this line for Quarter 4.
40L	the prior year. Write the amount of tax withheld.	4,725.	4,725.	_	4,725.	4,725.
10b 10c	Write the amount of tax withheld. Write the amount of pass-through payments.	4,725	1,725	-	1,,100	27,200
10d	Add Lines 10a through 10c in each column.	5,217.	4,725.	-	4,725.	4,725.
11	<u> </u>			-		
1 1	Subtract Line 10d from Line 9b. If the	<972.>	<527.>	> .	1,341.	1,761.
40	amount is negative, use brackets. If the amount on Line 13 of the			_		
14	previous quarter is negative, write					
	, ,		•			
	that amount as a positive here. Otherwise, write "0."	Skip this line for Quarter 1.	972.		1,499.	158.
12	Subtract Line 12 from Line 11. If the	OKIP IIIIS IIIIE IOI QUALEE I.		-		
13	amount is negative, use brackets.	<972.>	<1,499.>	>	<158.>	1,603.
	amount is negative, use brackets.			_		

Continue with Step 3 on Page 2



This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

Step 3	: Figure yo	our unpaid	tax					
15 Write to	he amount from Co he amount of house he amount of use to	ehold employment ta ax from IL-1040, Line	23.	∋ 22.		1,921 381 38141 1891	14 15 16 17	23,328.
18 Write t carried pass-th that to	I forward from the n	all payments made or rior year, your total e ents made on your b ne 9b, Quarters 1 thr	on or before the orig estimated payments behalf, and your with rough 4, and write the	s made this year, Fo sholding as shown	ur tax return. Include orm IL-505-I payment on your W-2 forms. C here.	s. the	18	23,328.
•	sitive, write that amou o or negative, write		•		n C and continue to Ste	ep 4.	19	0.
Use Penalty Use Penalty Note You	: Figure you y Worksheet 1 to fig y Worksheet 2 to fig y must follow the ins	ure your late-payme ure your late-payme structions in order to	nt penalty for under nt penalty for unpai o properly complete	payment of estimated tax. the penalty worksh				
20 Write	Amount and the 3,000.	Date paid	Amo		e paid i		ount	Date paid
			f g		j			
d			h	Penalty rate				
Pena	alty rates	1	l - 30 or more	02				
Penalt	ty Workshe	et 1 - Late-p	ayment penalt	for underpay	ment of estimat	ted tax		
		cs from Line 13, Qua C Unpaid amount	rters 1 through 4, or D Payment applied	n the first line of the E Balance due (Col. C - Col. D)	date of (rs in Column G umber Pen days late (Se	C below. H alty rate e above)	l Penalty
	- -							
Qtr 2	-		·					
Qtr 3								
Otr 4	01/15/14	1,603.	3,000.	1,603.	01/15/14 01/15/14			
Write	e the total amount h	ere and on your For	m IL-1040, Line 32 (round to whole dol	•		22	0
Note Y	ou may apply any re	emaining overpayme	ent from Quarter 4, 0	Column E above to	any underpayment v lue date of the returr	vhen figuring		

01-02-14 Page 2 of 4 **ID: 2BX**

Penalt	y Worksh	neet 2 - Late-p	payment penal	Ity for unpaid tax						
		ount from Line 19 on t								
A Return	B Due date	C Unpaid amount	Payment applied	E Balance due (Col. C - Col. D)	F Payment date	G Number of days late	H Penalty rate (See above)	l Penalty		
		your late-payment pet t here and on Line 33.		tax.			24			
Sten 5	· Figure	vour late-fil	ing penalt	y and the an	nount vo	ou owe				
-					y ·					
		ing penalty only if								
	,	your tax return after y								
	•	not paid on or before	your original due d	ate.						
	our late-filing						0.5			
		Form IL-1040, Line 15					25 26			
		usehold employment t		040, Line 22.			26 27			
		tax from Form IL-104					21 <u></u>			
		7. Write the total amo		ara valur original dura d	ato		20 <u> </u>			
29 Write the total amount of credits and payments made on or before your original due date.					30 —					
30 Subtract Line 29 from Line 28. 31 Multiply the amount on Line 30 by 2% (.02).					31					
		31 or \$250. This is yo	ur late-filing pena	Ity.			32			
_	ne amount yo						33			
		t penalty for unpaid	ax from Line 24.				33 <u> </u>			
		nalty from Line 32.	05				· · · · · · · · · · · · · · · · · · ·			
				t amount as a <negative< td=""><td></td><td></td><td>35</td><td></td></negative<>			35			
				amount as a positive r		oro any ama				
				s is the amount you are umber, this is the amo						
	-	stimated tax). If the re r your payment option		umber, uns is une amor	un you owe.	Jee I OIIII IL-1	36			
Line 35	, пописного то	your paymont option	.							

Continue to Step 6 on Page 4, if annualizing your income. =



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

Complete this worksheet only if your income was not received evenly throughout the year and you choose to annualize your income. Complete Lines 37 through 53 of one column before going to the next, beginning with Column A.

			A First 3 months	B First 5 months	C First 8 months	D All 12 months
37	Write your Illinois base income		First 3 months	Filst 5 months	First o months	All 12 monuis
	for each period. See instructions.	37	96,428.	159,860.	292,196.	474,956.
38	Annualization factors.	38	4	2.4	1.5	1
	Multiply Line 37 by Line 38. This is					
	your annualized income.	39	385,712.	383,664.	438,294.	474,956.
40	Exemptions. See instructions.	40	8,400.	8,400.	8,400.	8,400.
	Subtract Line 40 from Line 39. This	-				
	is your Illinois net income.	41	377,312.	375,264.	429,894.	466,556.
42	Multiply Line 41 by 5% (.05).	42	18,866.	18,763.	21,495.	23,328.
43	For each period, write the	-				
	amount you wrote on					
	Step 2, Line 2, Column A.	43				
44	Subtract Line 43 from Line 42.	44	18,866.	18,763.	21,495.	23,328.
45	Applicable percentage.	45	22.5% (.225)	45% (.450)	67.5% (.675)	90% (.900)
46	Multiply Line 44 by Line 45.					
	This is your annualized					
	installment.	46	4,245.	8,443.	14,509.	20,995.
47	Add the amounts on Line 53 of each					
	of the preceding columns and write					
	the total here.	47	Skip this line for Column A.	4,245.	8,443.	14,509.
48	Subtract Line 47 from Line 46. If less		4 0 4 5	4 400	0.000	C 40C
	than zero, write "0."	48	4,245.	4,198.	6,066.	6,486.
49	Write the amount you would have					
	entered in Step 2, Line 9b, if you were		E 040	F 040	. г. одо	F 040
	not annualizing.	49	5,249.	5,249.	5,249.	5,248.
50	Write the amount from Line 52 of the			1 004	2 055	1 220
	preceding column.	-	Skip this line for Column A.	1,004.	2,055.	1,238. 6,486.
	Add Lines 49 and 50.	51 .	5,249.	6,253.	7,304.	0,480.
52	If Line 51 is greater than Line 48,					
	subtract Line 48 from Line 51.		1 004	2 055	1 220	Object See Con Only on B
	Otherwise, write "0."	52	1,004.	2,055.	1,238.	Skip this line for Column D.
53	Write the lesser of Line 48 or Line 51					
	here and on Step 2, Line 9b. This is		4,245.	4,198.	6,066.	6,486.
	your required installment.	53	4,440.	4,170。	0,000.	0,400.

BARACK H. & MICHELLE L. OBAMA

IL-SCHEDULE M U.S. GOVERNMENT OBLIG	ATIONS STATEMENT 3
DESCRIPTION	AMOUNT
BOND PREMIUM AMORTIZATION NORTHERN TRUST SECURITIES US GOVT INTEREST NORTHERN TRUST SECURITIES US GOVT INTEREST PAI	-2,465.00 15,223.00 -6,616.00
TOTAL TO FORM IL-SCHEDULE M, LINE 20	6,142.00

SCHEDULE B

(Form 1040A or 1040) Department of the Treasury Internal Revenue Service (99) Name(s) shown on return **Interest and Ordinary Dividends**

Attach to Form 1040A or 1040.

Information about Schedule B (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleh

Part I	MICHELLE L. OBAMA 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the		Amount
Interest	property as a personal residence, see instructions and list this interest first. Also, show that		
	buyer's social security number and address		
	BOND PREMIUM AMORTIZATION		-2,465.
And the state of t	JP MORGAN		433.
	NORTHERN TRUST SECURITIES US GOVT INTEREST		15,223.
	NORTHERN TRUST SECURITIES US GOVT INTEREST PAID		-6,616.
	NORTHERN TROST SECORTITED OF GOVE INTEREST THE	l	0,010
		1	
		'	
		-	
Note. If you			
received a Form			
1099-INT, Form 1099-OID,			
or substitute			
statement from a brokerage firm,			
list the firm's		-	
name as the payer and enter		·	
the total interest			C 575
shown on that	2 Add the amounts on line 1	2	6,575
form.	3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.		
	Attach Form 8815	3	
	4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	4	6,575
	Note. If line 4 is over \$1,500, you must complete Part III.		Amount
Part II	5 List name of payer		
Ordinary	NORTHERN TRUST SECURITIES		3
Dividends			
		5	
Note. If you received a Form			
1099-DIV or			
substitute			
statement from a brokerage firm,			
list the firm's		1 -	
name as the payer and enter		-	
the ordinary			
dividends shown on that form.			
on that form.			3
	6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	6	
<u></u>	Note. If line 6 is over \$1,500, you must complete Part III.	, .	
	You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had	a foreign	Yes No
Part III	account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		100000000000000000000000000000000000000
Foreign	7a At any time during 2013, did you have a financial interest in or signature authority over a financial		
Accounts	as a bank account, securities account, or brokerage account) located in a foreign country? See in		X
and	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts	(FBAR),	
		and its	
Trusts	formerly TD F 90-22.1 to report that financial interest or signature authority? See FinCEN Form 114		
Trusts	formerly TD F 90-22.1 to report that financial interest or signature authority? See FinCEN Form 114 instructions for filing requirements and exceptions to those requirements		
Trusts	instructions for filing requirements and exceptions to those requirements		
Trusts	instructions for filing requirements and exceptions to those requirements b If you are required to file FinCen Form 114, enter the name of the foreign country where the finance		
Trusts	instructions for filing requirements and exceptions to those requirements	ial account	