

Label (See instructions on page 14.) Use the IRS label. Otherwise, please print or type. **Presidential Election Campaign**

For the year Jan. 1-Dec. 31, 2009, or other tax year beginning 2009, ending 20 OMB No. 1545-0074

Your first name and initial: **BARACK H.** Last name: **OBAMA** Your social security number: _____

If a joint return, spouse's first name and initial: **MICHELLE L.** Last name: **OBAMA** Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see page 14. Apt. no. You must enter your SSN(s) above. ▲

1600 PENNSYLVANIA AVENUE, NW

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. Checking a box below will not change your tax or refund.

WASHINGTON, DC 20500

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) You Spouse

Filing Status

1 Single 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

5 Qualifying widow(er) with dependent child (see page 16)

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> Qualifying child for child tax credit (see page 17) |
|----------------|-----------|----------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------|
| MALIA A | OBAMA | | DAUGHTER | <input checked="" type="checkbox"/> |
| NATASHA M | OBAMA | | DAUGHTER | <input checked="" type="checkbox"/> |

Boxes checked on 6a and 6b: **2**

No. of children on 6c who:
 lived with you
 did not live with you due to divorce or separation (see page 18): **2**

Dependents on 6c not entered above: _____

Add numbers on lines above: **4**

d Total number of exemptions claimed: **4**

Income

| | | | |
|-----|-------------------------------------------------------------------------------------------------------------|-----|-------------------|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 374,460. |
| 8a | Taxable interest. Attach Schedule B if required | 8a | 13,473. |
| b | Tax-exempt interest. Do not include on line 8a | 8b | |
| 9a | Ordinary dividends. Attach Schedule B if required | 9a | 12,018. |
| b | Qualified dividends (see page 22) | 9b | 2,251. |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes STMT 1 STMT 3 | 10 | 4,230. |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | 5,173,777. |
| 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 13 | -3,000. |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | IRA distributions | 15a | |
| b | Taxable amount | 15b | 48,732. |
| 16a | Pensions and annuities | 16a | |
| b | Taxable amount | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | 0. |
| 18 | Farm income or (loss). Attach Schedule F | 18 | |
| 19 | Unemployment compensation in excess of \$2,400 per recipient (see page 27) | 19 | |
| 20a | Social security benefits | 20a | |
| b | Taxable amount (see page 27) | 20b | |
| 21 | Other income. List type and amount (see page 29) | 21 | |
| 22 | Add the amounts in the far right column for lines 7 through 21. This is your total income | 22 | 5,623,690. |

Adjusted Gross Income

| | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------|-----|-------------------|
| 23 | Educator expenses (see page 29) | 23 | |
| 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 | |
| 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| 26 | Moving expenses. Attach Form 3903 | 26 | |
| 27 | One-half of self-employment tax. Attach Schedule SE | 27 | 69,281. |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | 49,000. |
| 29 | Self-employed health insurance deduction (see page 30) | 29 | |
| 30 | Penalty on early withdrawal of savings | 30 | |
| 31a | Alimony paid b Recipient's SSN ▶ | 31a | |
| 32 | IRA deduction (see page 31) | 32 | |
| 33 | Student loan interest deduction (see page 34) | 33 | |
| 34 | Tuition and fees deduction. Attach Form 8917 | 34 | |
| 35 | Domestic production activities deduction. Attach Form 8903 | 35 | |
| 36 | Add lines 23 through 31a and 32 through 35 | 36 | 118,281. |
| 37 | Subtract line 36 from line 22. This is your adjusted gross income | 37 | 5,505,409. |

Tax and Credits

Standard Deduction for - People who check any box on line 39a, 39b, or 40b of who can be claimed as a dependent.

All others: Single or Married filing separately, \$5,700 Married filing jointly or Qualifying widow(er), \$11,400 Head of household, \$6,350

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-60 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 61-71 for Payments.

Refund

Direct deposit? See page 73 and fill in 73b, 73c, and 73d, or Form 8888.

Table with 3 columns: Line number, Description, and Amount. Includes lines 72-76 for Refund and Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 75)? [X] Yes. Complete the following. [] No

Sign Here

Joint return? See page 16. 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 my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer's Use Only

910002 10-20-09

Preparer's signature: WINEBERG SOLHEIM HOWELL & SHAIN, PC 180 N LASALLE ST, STE 2200 CHICAGO, IL 60601

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2009
Attachment
Sequence No. 07

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

BARACK H. & MICHELLE L. OBAMA

| | | | | | |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| Medical and Dental Expenses | Caution. Do not include expenses reimbursed or paid by others. | | | | |
| | 1 | Medical and dental expenses (See page A-1.) | 1 | | |
| | 2 | Enter amount from Form 1040, line 38 | 2 | | |
| | 3 | Multiply line 2 by 7.5% (.075) | 3 | | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | | |
| Taxes You Paid (See page A-2.) | 5 State and local (check only one box): | | 5 | | |
| | a | <input checked="" type="checkbox"/> Income taxes, or | SEE STATEMENT 8 | | |
| | b | <input type="checkbox"/> General sales taxes | 6 | 164,454. | |
| | 6 | Real estate taxes (See page A-5.) | 6 | 22,456. | |
| | 7 | New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b | 7 | | |
| | 8 | Other taxes. List type and amount | 8 | | |
| | 9 | Add lines 5 through 8 | 9 | 186,910. | |
| | Interest You Paid (See page A-6.) Note. Personal interest is not deductible. | 10 | Home mortgage interest and points reported to you on Form 1098 | 10 | 52,195. |
| | | 11 | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-7 and show that person's name, identifying no., and address | 11 | |
| 12 | | Points not reported to you on Form 1098 | 12 | | |
| 13 | | Qualified mortgage insurance premiums (See page A-7.) | 13 | | |
| 14 | | Investment interest. Attach Form 4952 if required. (See page A-8.) | 14 | | |
| 15 | | Add lines 10 through 14 | 15 | 52,195. | |
| Gifts to Charity If you made a gift and got a benefit for it, see page A-8. | | 16 | Gifts by cash or check | 16 | 329,100. |
| | | 17 | Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500 | 17 | |
| | 18 | Carryover from prior year | 18 | | |
| | 19 | Add lines 16 through 18 | 19 | 329,100. | |
| Casualty and Theft Losses | 20 | Casualty or theft loss(es). Attach Form 4684. (See page A-10.) | 20 | | |
| Job Expenses and Certain Miscellaneous Deductions (See page A-10.) | 21 | Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-10.) | 21 | | |
| | 22 | Tax preparation fees | 22 | | |
| | 23 | Other expenses - investment, safe deposit box, etc. List type and amount | 23 | | |
| | 24 | Add lines 21 through 23 | 24 | | |
| | 25 | Enter amount from Form 1040, line 38 | 25 | | |
| | 26 | Multiply line 25 by 2% (.02) | 26 | | |
| | 27 | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | 27 | | |
| | 28 | Other - from list on page A-11. List type and amount | 28 | | |
| Total Itemized Deductions | 29 | Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-11 for the amount to enter. | STMT 10 ▶ 29 514,819. | | |
| | 30 | If you elect to itemize deductions even though they are less than your standard deduction, check here | ▶ <input type="checkbox"/> | | |

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ See instructions.

OMB No. 1545-0074

2009
Attachment
Sequence No. 08

Name(s) shown on return

Your social security number

BARACK H. & MICHELLE L. OBAMA

**Part I
Interest**

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

JP MORGAN

NORTHERN TRUST SECURITIES US GOVT INTEREST

NORTHERN TRUST SECURITIES US GOVT INTEREST PAID

NEW YORK LIFE ANNUITY

FROM K-1 - FREEMAN HENRY G. JR. DECD TW

Amount

317.

17,763.

-5,436.

808.

21.

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

2 Add the amounts on line 1

13,473.

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.

Attach Form 8815

4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

13,473.

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

**Part II
Ordinary
Dividends**

5 List name of payer ▶

NORTHERN TRUST SECURITIES

FROM K-1 - FREEMAN HENRY G. JR. DECD TW

Amount

39.

11,979.

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

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

12,018.

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

**Part III
Foreign
Accounts
and
Trusts**

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

7a At any time during 2009, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1

Yes No

X

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

8 During 2009, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

If "Yes," you may have to file Form 3520. See page B-2

X

927501
10-20-09

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
Attach to Form 1040, 1040NR, or 1041. See instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2009

Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

BARACK H. OBAMA

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

B Enter code from pages C-9, 10, & 11
711510

C Business name. If no separate business name, leave blank.
BARACK H. OBAMA

D Employer ID number (EIN), if any

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code

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

G Did you "materially participate" in the operation of this business during 2009? If "No," see page C-3 for limit on losses Yes No

H If you started or acquired this business during 2009, check here

Part I Income

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------|------------|
| 1 Gross receipts or sales. Caution. See page C-4 and check the box if: • This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or • You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see page C-3 for limit on losses. | <input type="checkbox"/> | 1 | |
| 2 Returns and allowances | | 2 | |
| 3 Subtract line 2 from line 1 | | 3 | |
| 4 Cost of goods sold (from line 42 on page 2) | | 4 | |
| 5 Gross profit. Subtract line 4 from line 3 | | 5 | |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4) SEE STATEMENT 11 | | 6 | 5,661,666. |
| 7 Gross income. Add lines 5 and 6 | | 7 | 5,661,666. |

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

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|------------------------------------------------------------|------------|----------------------------------------------------------|
| 8 Advertising | 8 | | 18 Office expense | 18 | 866. |
| 9 Car and truck expenses (see page C-4) | 9 | | 19 Pension and profit-sharing plans | 19 | |
| 10 Commissions and fees | 10 | 471,022. | 20 Rent or lease (see page C-6): | 20a | |
| 11 Contract labor (see page C-4) | 11 | | a Vehicles, machinery, and equipment | 20b | |
| 12 Depletion | 12 | | b Other business property | 21 | |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-5) | 13 | | 21 Repairs and maintenance | 22 | |
| 14 Employee benefit programs (other than on line 19) | 14 | | 22 Supplies (not included in Part III) | 23 | |
| 15 Insurance (other than health) | 15 | | 23 Taxes and licenses | 24 | |
| 16 Interest: | | | 24 Travel, meals, and entertainment: | 24a | |
| a Mortgage (paid to banks, etc.) | 16a | | a Travel | 24b | |
| b Other | 16b | | b Deductible meals and entertainment (see page C-6) | 25 | |
| 17 Legal and professional services | 17 | 15,722. | 25 Utilities | 26 | |
| | | | 26 Wages (less employment credits) | 27 | 279. |
| | | | 27 Other expenses (from line 48 on page 2) | | |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27 | 28 | | | 28 | 487,889. |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | 29 | | | 29 | 5,173,777. |
| 30 Expenses for business use of your home. Attach Form 8829 | 30 | | | 30 | |
| 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see page C-7). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. | 31 | | | 31 | 5,173,777. |
| 32 If you have a loss, check the box that describes your investment in this activity (see page C-7). • If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited. | | | | 32a | <input type="checkbox"/> All investment is at risk. |
| | | | | 32b | <input type="checkbox"/> Some investment is not at risk. |

LHA For Paperwork Reduction Act Notice, see page C-9 of the instructions.

Schedule C (Form 1040) 2009

Part III Cost of Goods Sold (see page C-8)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

| | | |
|-----------------------------------------------------------------------------------------------------------------------|-----------|--|
| 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | |
| 36 Purchases less cost of items withdrawn for personal use | 36 | |
| 37 Cost of labor. Do not include any amounts paid to yourself | 37 | |
| 38 Materials and supplies | 38 | |
| 39 Other costs | 39 | |
| 40 Add lines 35 through 39 | 40 | |
| 41 Inventory at end of year | 41 | |
| 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 | 42 | |

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-5 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /

44 Of the total number of miles you drove your vehicle during 2009, enter the number of miles you used your vehicle for:
a Business **b** Commuting **c** Other

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47 a Do you have evidence to support your deduction? Yes No
b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

| | |
|-------------------------------------------------------------------------|-----------------------|
| OVER PAID ROYALTY REIMBURSEMENT | 279. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 48 Total other expenses. Enter here and on page 1, line 27 | 48 279. |

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

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

OMB No. 1545-0074

2009

Attachment
Sequence No. 12

Name(s) shown on return

Your social security number

BARACK H. & MICHELLE L. OBAMA

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

| (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold (Mo., day, yr.) | (d) Sales price | (e) Cost or other basis | (f) Gain or (loss) Subtract (e) from (d) |
|-----------------------------------------------------------|--------------------------------------|----------------------------------|-----------------|-------------------------|---------------------------------------------|
| 1 50000 US TREASURY BILL | 12/11/08 | 01/20/09 | 49,947. | 49,947. | 0. |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|---|---------|--|--|--|
| 2 Enter your short-term totals, if any, from Schedule D-1, line 2 | 2 | | | | |
| 3 Total short-term sales price amounts. Add lines 1 and 2 in column (d) | 3 | 49,947. | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | 4 | | | | |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | 5 | | | | |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet in the instructions | 6 | () | | | |
| 7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) | 7 | | | | |

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

| (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold (Mo., day, yr.) | (d) Sales price | (e) Cost or other basis | (f) Gain or (loss) Subtract (e) from (d) |
|-----------------------------------------------------------|--------------------------------------|----------------------------------|-----------------|-------------------------|---------------------------------------------|
| 8 1858 SHS HAWAIIAN T-F TRUST | INHERIT | 01/05/09 | 20,348. | 19,996. | 352. |
| 9472 SHS BANK OF HAWAII | INHERIT | 01/29/09 | 355,029. | 480,908. | -125,879. |
| | | | | | |
| | | | | | |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|----|-----------|--|--|--|
| 9 Enter your long-term totals, if any, from Schedule D-1, line 9 | 9 | | | | |
| 10 Total long-term sales price amounts. Add lines 8 and 9 in column (d) | 10 | 375,377. | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | 11 | | | | |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | 12 | | | | |
| 13 Capital gain distributions | 13 | | | | |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet in the instructions | 14 | () | | | |
| 15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2 | 15 | -125,527. | | | |

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

Schedule D (Form 1040) 2009

Part III Summary

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------|
| <p>16 Combine lines 7 and 15 and enter the result</p> | <p>16</p> | <p>-125,527.</p> |
| <p>If line 16 is:</p> <ul style="list-style-type: none"> • A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • Zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. | | |
| <p>17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> | | |
| <p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the instructions</p> | <p>18</p> | |
| <p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions</p> | <p>19</p> | |
| <p>20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet on page D-10 of the Instructions. Do not complete lines 21 and 22 below.</p> | | |
| <p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) <p style="text-align: right; margin-right: 100px;">} SEE STATEMENT 12</p> | <p>21</p> | <p>(3,000.)</p> |
| <p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p> | | |
| <p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p> | | |

Name(s) shown on return. Do NOT enter name and social security number if shown on page 1.

Your social security number

BARACK H. & MICHELLE L. OBAMA

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? Yes No

Table with 5 columns: (a) Name, (b) Enter P for partnership, S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows A, B, C, D.

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Includes rows for Totals and summary lines 30-32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Row A: FREEMAN HENRY G. JR. DECD TW.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes rows for Totals and summary lines 35-37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39: Combine columns (d) and (e) only.

Part V Summary

Table with 2 columns: Description, Amount. Rows 40-43: Net farm rental income or (loss), Total income or (loss), Reconciliation of farming and fishing income, Reconciliation for real estate professionals.

Schedule E **PASSTHROUGH RECAP - BASIC INFORMATION** **2009**

BARACK H. & MICHELLE L. OBAMA

| TY | SIP | Entity No. | Act No. | Name | 1/16 | 2/27 | 3/3/8 | 5/4/1 | 6a/5a/2a | 7/6/* | 8/7/3 | 9a/8a/4a | 4/*/* | | | |
|------------------------------------------------|-----|------------|---------|-------------------------------|-----------------------------|--------------------------------|-----------------------------|---------------------------|-------------------------------|--------------------|---------------------------|--------------------|--------------------|--------------------------------|-----------------------------------|--------------------------------|
| Schedule K-1 Line Reference: (1065/11205/1041) | | | | | Ordinary Income (Loss) | Rental Real Estate Inc. (Loss) | Other Rental Income (Loss) | Passive Activity Loss C/O | AMT Passive Activity Loss C/O | Interest | US Treasury Bond Interest | Dividends | Royalties | Short-Term Capital Gain (Loss) | Net Long-Term Capital Gain (Loss) | Guaranteed Payments to Partner |
| | | 1 | 1 | FREEMAN HENRY G. JR., DECD TW | | | | | | 21. | | 11,979. | | | | |
| Totals | | | | | Schedule E, Page 2, Various | Schedule E, Page 2, Various | Schedule E, Page 2, Various | Form 8582 Line 3c | Form 8582 AMT, Line 3c | Schedule B, Line 1 | Schedule B, Line 1 | Schedule B, Line 5 | Schedule E, Line 4 | Schedule D, Line 5 | Schedule D, Line 12 | Schedule E, Page 2, Various |

Component of:

| Entity No. | Act No. | Section 1231 Gain (Loss) Line 2 | Ordinary Gain (Loss) Form 4797 Line 10 | Other Income | Charitable Contributions 50% | Section 179 Expense | Deductions Related to Portfolio Income (2%) | Other Deductions | Investment Int. Expense (Schedule A) | Investment Int. Expense (Schedule E) | SE Health Insurance Premium | Wages for More Than 2% Shareholders | Net SE Earnings | AMT Depor Adj on Post 86 Property | Minimum Tax Adjustment | Exclusion Items |
|------------------------------------------------|---------|---------------------------------|----------------------------------------|-----------------------------|------------------------------|---------------------|---------------------------------------------|-----------------------------|--------------------------------------|--------------------------------------|-----------------------------|-------------------------------------|---------------------|-----------------------------------|------------------------|-----------------|
| Schedule K-1 Line Reference: (1065/11205/1041) | | 10/9/* | * 11/10/* | 13/12/* | 12/11/* | 13/12/* | 13/12/* | 13/12/* | 13/12/* | 20/17/14 | 13/*/* | * 14/*/* | 17/15/12 | * 17/12 | * 17/12 | * 17/12 |
| | | Form 4797, Line 2 | Form 4797, Line 10 | Schedule E, Page 2, Various | Schedule A, Lines 16 & 17 | Form 4562, Line 6 | Schedule A, Line 23 | Schedule E, Page 2, Various | Schedule A, Line 14 | Schedule E, Page 2, Various | Form 1040, Line 29 | Form 1040, Line 7 | Schedule SE, Line 2 | Form 6251, Line 19 | Form 6251, Line 16 | 2009 Form 8801 |
| Totals | | Form 4797, Line 2 | Form 4797, Line 10 | Schedule E, Page 2, Various | Schedule A, Lines 16 & 17 | Form 4562, Line 6 | Schedule A, Line 23 | Schedule E, Page 2, Various | Schedule A, Line 14 | Schedule E, Page 2, Various | Form 1040, Line 29 | Form 1040, Line 7 | Schedule SE, Line 2 | Form 6251, Line 19 | Form 6251, Line 16 | 2009 Form 8801 |

Component of:

* - No specific Schedule K-1 line reference for these amounts.

Schedule E PASSTHROUGH RECAP - ADDITIONAL INFORMATION AND PRIOR YEAR BASIS CARRYOVERS 2009

BARACK H. & MICHELLE L. OBAMA

Schedule K-1

Line Reference: (1065/1120S/1041)

| Entity No. | Act. No. | 6b/5b/2b | 11/10/* | 13/*/* | 13/12/14 | 13/12/* | 15/13/* | 15/13/13 | 15/13/13 | 15/13/* | 15/13/* | 20/17/13 | */*/* |
|---------------|----------|---------------------|---------------------------------|-------------------------|----------------------------------------|----------------------|-----------------------------|------------------------|-------------------------------------------|--------------------|--------------------------------|----------------------------------------|----------------------------|
| | | Qualified Dividends | Sec. 1256 Contracts & Straddles | Dependent Care Benefits | Qualified Production Activities Income | Employer's W-2 Wages | Undistributed Capital Gains | Employment Zone Credit | Credit for Increasing Research Activities | New Markets Credit | Credit for SS & Medicare Taxes | Recapture of Low-Income Housing Credit | Royalty/Depletion Expenses |
| 1 | 1 | 2,251. | | | | | | | | | | | |
| Totals | | 2,251. | | | | | | | | | | | |
| Component of: | | Form 1040, Line 9b | Form 6781, Line 1 | Form 2441, Line 14 | Form 8903, Line 7 | Form 8903, Line 15 | Form 1040, Line 70 | Form 8844, Line 3 | Form 6765, Line 37 | Form 8874, Line 2 | Form 8846, Line 5 | Form 8611, Line 8 | Schedule E, Page 1 or 2 |

Schedule K-1

Line Reference: (1065/1120S/1041)

| Entity No. | Act. No. | Schedule E Basis Carryover | AMT Schedule E Basis Carryover | ST Basis Carryover | AMT Basis Carryover | LT Basis Carryover | AMT LT Basis Carryover | Sec. 1231 Basis Carryover | AMT Sec. 1231 Basis Carryover | 4797-Ord. Basis Carryover | AMT 4797-Ord. Basis Carryover | Other Basis Carryovers | AMT Other Basis Carryovers |
|---------------|----------|----------------------------|--------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|
| | | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet |
| | | | | | | | | | | | | | |
| Totals | | | | | | | | | | | | | |
| Component of: | | | | | | | | | | | | | |

928076 11-07-09 * - No specific Schedule K-1 line reference for these amounts.

| | |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Name of person with self-employment income (as shown on Form 1040) BARACK H. OBAMA | Social security number of person with self-employment income |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------|

Section B - Long Schedule SE

Part I Self-Employment Tax

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

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I <input type="checkbox"/> | |
| 1a Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see page SE-4) | 1a |
| b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y | 1b |
| 2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see pg SE-1 for types of income to report on this line. See pg SE-3 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-4) SEE STATEMENT 13 | 2 5,173,777. |
| 3 Combine lines 1a, 1b, and 2 | 3 5,173,777. |
| 4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 | 4a 4,777,983. |
| b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here | 4b |
| c Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue | 4c 4,777,983. |
| 5a Enter your church employee income from Form W-2. See page SE-1 for definition of church employee income | 5a |
| b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0- | 5b |
| 6 Net earnings from self-employment. Add lines 4c and 5b | 6 4,777,983. |
| 7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2009 | 7 106,800.00 |
| 8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$106,800 or more, skip lines 8b through 10, and go to line 11 | 8a 106,800. |
| b Unreported tips subject to social security tax (from Form 4137, line 10) | 8b |
| c Wages subject to social security tax (from Form 8919, line 10) | 8c |
| d Add lines 8a, 8b, and 8c | 8d |
| 9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 | 9 |
| 10 Multiply the smaller of line 6 or line 9 by 12.4% (.124) | 10 |
| 11 Multiply line 6 by 2.9% (.029) | 11 138,562. |
| 12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56 | 12 138,562. |
| 13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27 | 13 69,281. |

Part II Optional Methods To Figure Net Earnings (see page SE-4)

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Farm Optional Method. You may use this method only if (a) your gross farm income ¹ was not more than \$6,540, or (b) your net farm profits ² were less than \$4,721. | |
| 14 Maximum income for optional methods | 14 4,360.00 |
| 15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,360. Also include this amount on line 4b above | 15 |
| Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$4,721 and also less than 72.189% of your gross nonfarm income ⁴ , and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. | |
| Caution. You may use this method no more than five times. | |
| 16 Subtract line 15 from line 14 | 16 |
| 17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above | 17 |

¹ From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A - 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.

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

Foreign Tax Credit
 (Individual, Estate, or Trust)

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

2009

Attachment
 Sequence No. **19**

Name **BARACK H. & MICHELLE L. OBAMA** Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** beginning on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Passive category income
- b General category income
- c Section 901(j) income
- d Certain income re-sourced by treaty
- e Lump-sum distributions

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.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

| | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---|---|-----------------------------------|
| | A | B | C | |
| 0 Enter the name of the foreign country or U.S. possession | VARIOUS | | | |
| 1a Gross income from sources within country shown above and of the type checked above: | 1,617,268. | | | 1a 1,617,268. |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) | | | | |
| Deductions and losses (Caution: See pages 13 and 14 of the instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) SEE STATEMENT 14 | 472,168. | | | |
| 3 Pro rata share of other deductions not definitely related: | | | | |
| a Certain itemized deductions or standard deduction | 169,349. | | | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | 169,349. | | | |
| d Gross foreign source income | 1,617,268. | | | |
| e Gross income from all sources | 6,114,931. | | | |
| f Divide line 3d by line 3e | .264479 | | | |
| g Multiply line 3c by line 3f | 44,789. | | | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use worksheet on page 14 of the instructions) | 12,507. | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | 529,464. | | | 6 529,464. |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 | | | | 7 1,087,804. |

Part II Foreign Taxes Paid or Accrued

| Country | Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued | | | | | | (r) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) | |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------|-------------------------|-----------------------------------------|-----------------|---------------|-----------------------------------------|---------------------------------------------------------------------|-------------------------|
| | | In foreign currency | | | (n) Other foreign taxes paid or accrued | In U.S. dollars | | | | |
| | | (j) Date paid or accrued | (k) Dividends | (l) Rents and royalties | | (m) Interest | (o) Dividends | | | (p) Rents and royalties |
| A | | | | | | 59,236. | | 59,236. | | |
| B | | | | | | | | | | |
| C | | | | | | | | | | |
| 8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 | | | | | | | | 8 59,236. | | |

LHA For Paperwork Reduction Act Notice, see separate instructions.

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 | 59,236. | |
| 10 Carryback or carryover (attach detailed computation) | 10 | | |
| 11 Add lines 9 and 10 | 11 | 59,236. | |
| 12 Reduction in foreign taxes | 12 | | |
| 13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit | 13 | | 59,236. |
| 14 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 | 14 | 1,087,804. | |
| 15 Adjustments to line 14 | 15 | | |
| 16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.) | 16 | 1,087,804. | |
| 17 Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 6). Estates and trusts: Enter your taxable income without the deduction for your exemption SEE STATEMENT 15 | 17 | 4,989,304. | |
| <i>Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.</i> | | | |
| 18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1" | 18 | | .218027 |
| 19 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 | 19 | | 1,713,212. |
| <i>Caution: If you are completing line 19 for separate categories (lump-sum distributions), see pg. 19 of the instructions.</i> | | | |
| 20 Multiply line 19 by line 18 (maximum amount of credit) | 20 | | 373,526. |
| 21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV | 21 | | 59,236. |

Part IV Summary of Credits From Separate Parts III

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|----------------|
| 22 Credit for taxes on passive category income | 22 | 136. | |
| 23 Credit for taxes on general category income | 23 | 59,236. | |
| 24 Credit for taxes on certain income re-sourced by treaty | 24 | | |
| 25 Credit for taxes on lump-sum distributions | 25 | | |
| 26 Add lines 22 through 25 | 26 | | 59,372. |
| 27 Enter the smaller of line 19 or line 26 | 27 | | 59,372. |
| 28 Reduction of credit for international boycott operations | 28 | | |
| 29 Subtract line 28 from line 27. This is your foreign tax credit. Enter here and on Form 1040, line 47; Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a | 29 | | 59,372. |

Foreign Tax Credit
 (Individual, Estate, or Trust)

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

2009

Attachment
 Sequence No. **19**

Name **BARACK H. & MICHELLE L. OBAMA** Identifying number as shown on page 1 of your tax return

BARACK H. & MICHELLE L. OBAMA

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** beginning on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Passive category income
- b General category income
- c Section 901(j) income
- d Certain income re-sourced by treaty
- e Lump-sum distributions

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.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

| | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---|---|-----------------------------------|
| | A | B | C | |
| 1 Enter the name of the foreign country or U.S. possession ▶ VARIOUS | | | | |
| 1a Gross income from sources within country shown above and of the type checked above: | | | | 1a 2,040. |
| 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) ▶ <input type="checkbox"/> | | | | |
| Deductions and losses (Caution: See pages 13 and 14 of the instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | | | | |
| 3 Pro rata share of other deductions not definitely related: | | | | |
| a Certain itemized deductions or standard deduction | 169,349. | | | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | 169,349. | | | |
| d Gross foreign source income | 2,040. | | | |
| e Gross income from all sources | 6,114,931. | | | |
| f Divide line 3d by line 3e | .000334 | | | |
| g Multiply line 3c by line 3f | 56. | | | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use worksheet on page 14 of the instructions) | 16. | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | 72. | | | 6 72. |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 ▶ | | | | 7 1,968. |

Part II Foreign Taxes Paid or Accrued

| Country | Foreign taxes paid or accrued | | | | | | | | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------|-------------------------|--------------|-----------------------------------------|---------------|-------------------------|--------------|---------------------------------------------------------------------|
| | In foreign currency | | | | In U.S. dollars | | | | |
| | Taxes withheld at source on: | | | | Taxes withheld at source on: | | | | |
| | (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued | (k) Dividends | (l) Rents and royalties | (m) Interest | (n) Other foreign taxes paid or accrued | (o) Dividends | (p) Rents and royalties | (q) Interest | (r) Other foreign taxes paid or accrued |
| A | | | | | | 136. | | | |
| B | | | | | | | | | |
| C | | | | | | | | | |
| 8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ | | | | | | | | | 8 136. |

LHA For Paperwork Reduction Act Notice, see separate instructions.

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 | 136. | |
| 10 Carryback or carryover (attach detailed computation) | 10 | | |
| 11 Add lines 9 and 10 | 11 | 136. | |
| 12 Reduction in foreign taxes | 12 | | |
| 13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit | 13 | | 136. |
| 14 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 | 14 | 1,968. | |
| 15 Adjustments to line 14 | 15 | | |
| 16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.) | 16 | 1,968. | |
| 17 Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 6). Estates and trusts: Enter your taxable income without the deduction for your exemption | 17 | 4,989,304. | |
| <i>Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.</i> | | | |
| 18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1" | 18 | | .000394 |
| 19 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 | 19 | | 1,713,212. |
| <i>Caution: If you are completing line 19 for separate category (lump-sum distributions), see pg. 19 of the instructions.</i> | | | |
| 20 Multiply line 19 by line 18 (maximum amount of credit) | 20 | | 675. |
| 21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV | 21 | | 136. |

Part IV Summary of Credits From Separate Parts III

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|
| 22 Credit for taxes on passive category income | 22 | | |
| 23 Credit for taxes on general category income | 23 | | |
| 24 Credit for taxes on certain income re-sourced by treaty | 24 | | |
| 25 Credit for taxes on lump-sum distributions | 25 | | |
| 26 Add lines 22 through 25 | 26 | | |
| 27 Enter the smaller of line 19 or line 26 | 27 | | |
| 28 Reduction of credit for international boycott operations | 28 | | |
| 29 Subtract line 28 from line 27. This is your foreign tax credit. Enter here and on Form 1040, line 47; Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a | 29 | | |

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

Name **BARACK H. & MICHELLE L. OBAMA** Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** beginning on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Passive category income
- b General category income
- c Section 901(j) income
- d Certain income re-sourced by treaty
- e Lump-sum distributions

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.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

| | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---|---|-----------------------------------|
| | A | B | C | |
| 0 Enter the name of the foreign country or U.S. possession VARIOUS | | | | |
| 1a Gross income from sources within country shown above and of the type checked above: | 1,617,268. | | | 1a 1,617,268. |
| 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) <input type="checkbox"/> | | | | |
| Deductions and losses (Caution: See pages 13 and 14 of the instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | 472,168. | | | |
| 3 Pro rata share of other deductions not definitely related: | | | | |
| a Certain itemized deductions or standard deduction | | | | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | | | | |
| d Gross foreign source income | 1,617,268. | | | |
| e Gross income from all sources | 6,110,701. | | | |
| f Divide line 3d by line 3e | .264662 | | | |
| g Multiply line 3c by line 3f | | | | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use worksheet on page 14 of the instructions) | 13,814. | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | 485,982. | | | 6 485,982. |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 | | | | 7 1,131,286. |

Part II Foreign Taxes Paid or Accrued

| Country | Foreign taxes paid or accrued | | | | | | | | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) | |
|----------|--------------------------------------------------------------------------------------|------------------------------|-------------------------|--------------|-----------------------------------------|------------------------------|-------------------------|--------------|---------------------------------------------------------------------|-----------------------------------------|
| | In foreign currency | | | | In U.S. dollars | | | | | |
| | (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued | Taxes withheld at source on: | | | (n) Other foreign taxes paid or accrued | Taxes withheld at source on: | | | | (r) Other foreign taxes paid or accrued |
| | (j) Date paid or accrued | (k) Dividends | (l) Rents and royalties | (m) Interest | | (o) Dividends | (p) Rents and royalties | (q) Interest | | |
| A | | | | | | | 59,236. | | | |
| B | | | | | | | | | | |
| C | | | | | | | | | | |
| 8 | Add lines A through C, column (s). Enter the total here and on line 9, page 2 | | | | | | | | | 8 59,236. |

LHA For Paperwork Reduction Act Notice, see separate instructions.

ALTERNATIVE MINIMUM TAX

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 | 59,236. | |
| 10 Carryback or carryover (attach detailed computation) | 10 | | |
| 11 Add lines 9 and 10 | 11 | 59,236. | |
| 12 Reduction in foreign taxes | 12 | | |
| 13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit | 13 | | 59,236. |
| 14 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 | 14 | 1,131,286. | |
| 15 Adjustments to line 14 | 15 | | |
| 16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.) | 16 | 1,131,286. | |
| 17 Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 6). Estates and trusts: Enter your taxable income without the deduction for your exemption SEE STATEMENT 16 | 17 | 5,118,839. | |
| <i>Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.</i> | | | |
| 18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1" | 18 | | .221004 |
| 19 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 | 19 | | 1,429,775. |
| <i>Caution: If you are completing line 19 for separate category (lump-sum distributions), see pg. 19 of the instructions.</i> | | | |
| 20 Multiply line 19 by line 18 (maximum amount of credit) | 20 | | 315,986. |
| 21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV | 21 | | 59,236. |

Part IV Summary of Credits From Separate Parts III

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|---------|
| 22 Credit for taxes on passive category income | 22 | 136. | |
| 23 Credit for taxes on general category income | 23 | 59,236. | |
| 24 Credit for taxes on certain income re-sourced by treaty | 24 | | |
| 25 Credit for taxes on lump-sum distributions | 25 | | |
| 26 Add lines 22 through 25 | 26 | | 59,372. |
| 27 Enter the smaller of line 19 or line 26 | 27 | | 59,372. |
| 28 Reduction of credit for international boycott operations | 28 | | |
| 29 Subtract line 28 from line 27. This is your foreign tax credit. Enter here and on Form 1040, line 47; Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a | 29 | | 59,372. |

**ALTERNATIVE MINIMUM TAX
 Foreign Tax Credit**
 (Individual, Estate, or Trust)

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

Name **BARACK H. & MICHELLE L. OBAMA** Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of income** beginning on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- Passive category income
- General category income
- Section 901(j) Income
- Certain Income re-sourced by treaty
- Lump-sum distributions

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.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

| | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---|---|-----------------------------------|
| | A | B | C | |
| 0 Enter the name of the foreign country or U.S. possession | VARIOUS | | | |
| 1a Gross income from sources within country shown above and of the type checked above: | | | | 1a 2,040. |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) | | | | |
| Deductions and losses (Caution: See pages 13 and 14 of the instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | | | | |
| 3 Pro rata share of other deductions not definitely related: | | | | |
| a Certain itemized deductions or standard deduction | | | | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | | | | |
| d Gross foreign source income | 2,040. | | | |
| e Gross income from all sources | 6,110,701. | | | |
| f Divide line 3d by line 3e | .000334 | | | |
| g Multiply line 3c by line 3f | | | | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use worksheet on page 14 of the instructions) | 17. | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | 17. | | | 6 17. |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 | | | | 7 2,023. |

Part II Foreign Taxes Paid or Accrued

| Country | Foreign taxes paid or accrued | | | | | | (r) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) | |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------|-------------------------|------------------------------|-----------------------------------------|---------------|-----------------------------------------|---------------------------------------------------------------------|--------|
| | In foreign currency | | | In U.S. dollars | | | | | |
| | (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued | Taxes withheld at source on: | | Taxes withheld at source on: | | | | | |
| | (j) Date paid or accrued | (k) Dividends | (l) Rents and royalties | (m) Interest | (n) Other foreign taxes paid or accrued | (o) Dividends | (p) Rents and royalties | (q) Interest | |
| A | | | | | | 136. | | | 136. |
| B | | | | | | | | | |
| C | | | | | | | | | |
| 8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 | | | | | | | | | 8 136. |

LHA For Paperwork Reduction Act Notice, see separate instructions.

ALTERNATIVE MINIMUM TAX

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 | 136. | |
| 10 Carryback or carryover (attach detailed computation) | 10 | | |
| 11 Add lines 9 and 10 | 11 | 136. | |
| 12 Reduction in foreign taxes | 12 | | |
| 13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit | 13 | | 136. |
| 14 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 | 14 | 2,023. | |
| 15 Adjustments to line 14 | 15 | | |
| 16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.) | 16 | 2,023. | |
| 17 Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 6). Estates and trusts: Enter your taxable income without the deduction for your exemption | 17 | 5,118,839. | |
| <i>Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.</i> | | | |
| 18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1" | 18 | | .000395 |
| 19 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 | 19 | | 1,429,775. |
| <i>Caution: If you are completing line 19 for separate category (lump-sum distributions), see pg. 19 of the instructions.</i> | | | |
| 20 Multiply line 19 by line 18 (maximum amount of credit) | 20 | | 565. |
| 21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV | 21 | | 136. |

Part IV Summary of Credits From Separate Parts III

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|
| 22 Credit for taxes on passive category income | 22 | | |
| 23 Credit for taxes on general category income | 23 | | |
| 24 Credit for taxes on certain income re-sourced by treaty | 24 | | |
| 25 Credit for taxes on lump-sum distributions | 25 | | |
| 26 Add lines 22 through 25 | 26 | | |
| 27 Enter the smaller of line 19 or line 26 | 27 | | |
| 28 Reduction of credit for international boycott operations | 28 | | |
| 29 Subtract line 28 from line 27. This is your foreign tax credit . Enter here and on Form 1040, line 47; Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a | 29 | | |

**SCHEDULE H
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Household Employment Taxes

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

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

▶ See separate instructions.

OMB No. 1545-1971

2009

Attachment
Sequence No. 44

| | |
|------------------------------------------------|--------------------------------|
| Name of employer BARACK H. OBAMA | Social security number |
| | Employer identification number |

A Did you pay any one household employee cash wages of \$1,700 or more in 2009? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-4 before you answer this question.)

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

B Did you withhold federal income tax during 2009 for any household employee?

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

C Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2008 or 2009 to all household employees? (Do not count cash wages paid in 2008 or 2009 to your spouse, your child under age 21, or your parent.)

- No. Stop. Do not file this schedule.
 Yes. Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2009 do not have to complete this form for 2009.)

Part I Social Security, Medicare, and Federal Income Taxes

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

9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2008 or 2009 to all household employees? (Do not count cash wages paid in 2008 or 2009 to your spouse, your child under age 21, or your parent.)

- No. Stop. Include the amount from line 8 above on Form 1040, line 59, and check box b on that line. If you are not required to file Form 1040, see the line 9 instructions on page H-4.
 Yes. Go to line 10 on page 2.

Part II Federal Unemployment (FUTA) Tax

| | Yes | No |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 10 Did you pay unemployment contributions to only one state? (If you paid contributions to Michigan, check "No.") | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you pay all state unemployment contributions for 2009 by April 15, 2010? Fiscal year filers, see page H-5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

Section A

| | | |
|-------------------------------------------------------------------------------------------------|----|--------|
| 13 Name of the state where you paid unemployment contributions | IL | |
| 14 State reporting number as shown on state unemployment tax return | | |
| 15 Contributions paid to your state unemployment fund (see page H-5) | 15 | 9. |
| 16 Total cash wages subject to FUTA tax (see page H-5) | 16 | 1,440. |
| 17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26 | 17 | 12. |

Section B

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

| (a) Name of state | (b) State reporting number as shown on state unemployment tax return | (c) Taxable wages (as defined in state act) | (d) State experience rate period | | (e) State experience rate | (f) Multiply col. (c) by .064 | (g) Multiply col. (c) by col. (e) | (h) Subtract col. (g) from col. (f). If zero or less, enter -0- | (i) Contributions paid to state unemployment fund |
|----------------------|-------------------------------------------------------------------------|------------------------------------------------|-------------------------------------|----|------------------------------|----------------------------------|--------------------------------------|--------------------------------------------------------------------|------------------------------------------------------|
| | | | From | To | | | | | |
| | | | | | | | | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------|
| 19 Totals | 19 | |
| 20 Add columns (h) and (i) of line 19 | 20 | |
| 21 Total cash wages subject to FUTA tax (see the line 16 instructions on page H-5) | 21 | |
| 22 Multiply line 21 by 6.2% (.062) | 22 | |
| 23 Multiply line 21 by 5.4% (.054) | 23 | |
| 24 Enter the smaller of line 20 or line 23 (Michigan employers must use the worksheet in the separate instructions and check here) | 24 | <input type="checkbox"/> |
| 25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26 | 25 | |

Part III Total Household Employment Taxes

| | | |
|----------------------------------------------------------------------------------------------|----|-----|
| 26 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0- | 26 | 0. |
| 27 Add line 17 (or line 25) and line 26 (see page H-5) | 27 | 12. |

28 Are you required to file Form 1040?
 Yes. Stop. Include the amount from line 27 above on Form 1040, line 59, and check box b on that line. Do not complete Part IV below.
 No. You may have to complete Part IV. See page H-5 for details.

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

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

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature _____ Date _____

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

Form 1116

U.S. and Foreign Source Income Summary

NAME

BARACK H. & MICHELLE L. OBAMA

| INCOME TYPE | TOTAL | U.S. | FOREIGN | |
|--------------------------------------------|-------------------|-------------------|-------------------|---------------|
| | | | GENERAL | PASSIVE |
| Compensation | 374,460. | 374,460. | | |
| Dividends/Distributions | 12,018. | 12,018. | | |
| Interest | 13,473. | 13,473. | | |
| Capital Gains | 352. | 352. | | |
| Business/Profession | 5,661,666. | 5,661,666. | | |
| Rent/Royalty | | | | |
| State/Local Refunds | 4,230. | 4,230. | | |
| Partnership/S Corporation | | | | |
| Trust/Estate | | | | |
| Other Income | 48,732. | -1,570,576. | 1,617,268. | 2,040. |
| Gross Income | <u>6,114,931.</u> | <u>4,495,623.</u> | <u>1,617,268.</u> | <u>2,040.</u> |
| Less: | | | | |
| Section 911 Exclusion | | | | |
| Capital Losses | 3,352. | 3,352. | | |
| Capital Gains Tax Adjustment | | | | |
| Total Income - Form 1116 | <u>6,111,579.</u> | <u>4,492,271.</u> | <u>1,617,268.</u> | <u>2,040.</u> |
| Deductions: | | | | |
| Business/Profession Expenses | 487,889. | 487,889. | | |
| Rent/Royalty Expenses | | | | |
| Partnership/S Corporation Losses | | | | |
| Trust/Estate Losses | | | | |
| Capital Losses | | | | |
| Non-capital Losses | | | | |
| Individual Retirement Account | | | | |
| Moving Expenses | | | | |
| Self-employment Tax Deduction | 69,281. | 69,281. | | |
| Self-employment Health Insurance | | | | |
| Keogh Contributions | 49,000. | 49,000. | | |
| Alimony | | | | |
| Forfeited Interest | | | | |
| Foreign Housing Deduction | | | | |
| Other Adjustments | | -472,168. | 472,168. | |
| Capital Gains Tax Adjustment | | | | |
| Total Deductions | <u>606,170.</u> | <u>134,002.</u> | <u>472,168.</u> | |
| Adjusted Gross Income | <u>5,505,409.</u> | <u>4,358,269.</u> | <u>1,145,100.</u> | <u>2,040.</u> |
| Less Itemized Deductions: | | | | |
| Specifically Allocated | 298,179. | 298,179. | | |
| Home Mortgage Interest | 47,291. | 34,768. | 12,507. | 16. |
| Other Interest | | | | |
| Ratably Allocated | 169,349. | 124,504. | 44,789. | 56. |
| Total Adjustments to Adjusted Gross Income | <u>514,819.</u> | <u>457,451.</u> | <u>57,296.</u> | <u>72.</u> |
| Taxable Income Before Exemptions | <u>4,990,590.</u> | <u>3,900,818.</u> | <u>1,087,804.</u> | <u>1,968.</u> |

Form 1116

Allocation of Itemized Deductions

NAME

BARACK H. & MICHELLE L. OBAMA

| | Total Itemized Deductions | Itemized Deductions After Sec. 68 Reduction | Form 1116 | | |
|-------------------------------------------------------------------------|---------------------------------|---------------------------------------------------|-------------------|----------------------|----------|
| | | | Specifically U.S. | Specifically Foreign | Ratable |
| Taxes | 186,910. | 169,349. | | | 169,349. |
| Interest - Not Including Investment Interest | 52,195. | 47,291. | 34,768. | 12,523. | |
| Contributions | 329,100. | 298,179. | 298,179. | | |
| Miscellaneous Deductions Subject to 2% | | | | | |
| Other Miscellaneous Deductions - Not Including Gambling Losses | | | | | |
| Foreign Adjustment | | | | | |
| Total Itemized Deductions Subject to Sec. 68 | 568,205. | 514,819. | | | |
| Add Itemized Deductions Not Subject to Sec. 68: | | | | | |
| Medical/Dental | | | | | |
| Investment Interest | | | | | |
| Post Aug. 27 Contributions | | | | | |
| Casualty Losses | | | | | |
| Gambling Losses | | | | | |
| Foreign Adjustment | | | | | |
| Total Itemized Deductions | 568,205. | | | | |
| Total Allowed on Schedule A | | 514,819. | 332,947. | 12,523. | 169,349. |

NAME

BARACK H. & MICHELLE L. OBAMA

Foreign Income Category

GENERAL LIMITATION INCOME

Regular

| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 |
|-------------------------------------------------------------------------|------|------|------|------|----------|----------|
| 1. Foreign tax paid/accrued | | | | | | 59,236. |
| 2. FTC carryback to 2009 for amended returns | | | | | | |
| 3. Reduction allocated to excluded income | | | | | | |
| 4. Foreign tax available | | | | | | 59,236. |
| 5. Maximum credit allowable | | | | | | 373,526. |
| 6. Unused foreign tax (+) or excess of limit (-) | | | | | -41,769. | -314290. |
| 7. Foreign tax carryback | | | | | | |
| 8. Foreign tax carryforward | | | | | | |
| 9. Less treaty adjustment | | | | | | |
| 10. Foreign tax or excess limit remaining | | | | | -41,769. | -314290. |
| Total foreign taxes from all available years to be carried to next year | | | | | | |

1. Foreign tax paid/accrued
2. FTC carryback to 2009
for amended returns
3. Reduction allocated to
excluded income
4. Foreign tax available
5. Maximum credit allowable
6. Unused foreign tax (+)
or excess of limit (-)
7. Foreign tax carryback
8. Foreign tax carryforward
9. Less treaty adjustment
10. Foreign tax or excess
limit remaining

| | 1999 | 2000 | 2001 | 2002 | 2003 |
|-----------------------------------------------------|------|------|------|------|------|
| 1. Foreign tax paid/accrued | | | | | |
| 2. FTC carryback to 2009 for amended returns | | | | | |
| 3. Reduction allocated to excluded income | | | | | |
| 4. Foreign tax available | | | | | |
| 5. Maximum credit allowable | | | | | |
| 6. Unused foreign tax (+) or excess of limit (-) | | | | | |
| 7. Foreign tax carryback | | | | | |
| 8. Foreign tax carryforward | | | | | |
| 9. Less treaty adjustment | | | | | |
| 10. Foreign tax or excess limit remaining | | | | | |

NAME

BARACK H. & MICHELLE L. OBAMA

Foreign Income Category

GENERAL LIMITATION INCOME

| AMT | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 |
|-------------------------------------------------------------------------|------|------|------|------|----------|----------|
| 1. Foreign tax paid/accrued | | | | | | 59,236. |
| 2. FTC carryback to 2009 for amended returns | | | | | | |
| 3. Reduction allocated to excluded income | | | | | | |
| 4. Foreign tax available | | | | | | 59,236. |
| 5. Maximum credit allowable | | | | | | 315,986. |
| 6. Unused foreign tax (+) or excess of limit (-) | | | | | -34,856. | -256750. |
| 7. Foreign tax carryback | | | | | | |
| 8. Foreign tax carryforward | | | | | | |
| 9. Less treaty adjustment | | | | | | |
| 10. Foreign tax or excess limit remaining | | | | | -34,856. | -256750. |
| Total foreign taxes from all available years to be carried to next year | | | | | | |

| | 1999 | 2000 | 2001 | 2002 | 2003 |
|-----------------------------------------------------|------|------|------|------|------|
| 1. Foreign tax paid/accrued | | | | | |
| 2. FTC carryback to 2009 for amended returns | | | | | |
| 3. Reduction allocated to excluded income | | | | | |
| 4. Foreign tax available | | | | | |
| 5. Maximum credit allowable | | | | | |
| 6. Unused foreign tax (+) or excess of limit (-) | | | | | |
| 7. Foreign tax carryback | | | | | |
| 8. Foreign tax carryforward | | | | | |
| 9. Less treaty adjustment | | | | | |
| 10. Foreign tax or excess limit remaining | | | | | |

NAME

BARACK H. & MICHELLE L. OBAMA

Foreign Income Category

PASSIVE INCOME

Regular

| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 |
|-------------------------------------------------------------------------|------|------|------|------|------|-------|
| 1. Foreign tax paid/accrued | | | | | | 136. |
| 2. FTC carryback to 2009 for amended returns | | | | | | |
| 3. Reduction allocated to excluded income | | | | | | |
| 4. Foreign tax available | | | | | | 136. |
| 5. Maximum credit allowable | | | | | | 675. |
| 6. Unused foreign tax (+) or excess of limit (-) | | | | | | -539. |
| 7. Foreign tax carryback | | | | | | |
| 8. Foreign tax carryforward | | | | | | |
| 9. Less treaty adjustment | | | | | | |
| 10. Foreign tax or excess limit remaining | | | | | | -539. |
| Total foreign taxes from all available years to be carried to next year | | | | | | |

| | 1999 | 2000 | 2001 | 2002 | 2003 |
|--------------------------------------------------|------|------|------|------|------|
| 1. Foreign tax paid/accrued | | | | | |
| 2. FTC carryback to 2009 for amended returns | | | | | |
| 3. Reduction allocated to excluded income | | | | | |
| 4. Foreign tax available | | | | | |
| 5. Maximum credit allowable | | | | | |
| 6. Unused foreign tax (+) or excess of limit (-) | | | | | |
| 7. Foreign tax carryback | | | | | |
| 8. Foreign tax carryforward | | | | | |
| 9. Less treaty adjustment | | | | | |
| 10. Foreign tax or excess limit remaining | | | | | |

NAME

BARACK H. & MICHELLE L. OBAMA

Foreign Income Category

PASSIVE INCOME

AMT

| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 |
|-------------------------------------------------------------------------|------|------|------|------|------|-------|
| 1. Foreign tax paid/accrued | | | | | | 136. |
| 2. FTC carryback to 2009 for amended returns | | | | | | |
| 3. Reduction allocated to excluded income | | | | | | |
| 4. Foreign tax available | | | | | | 136. |
| 5. Maximum credit allowable | | | | | | 565. |
| 6. Unused foreign tax (+) or excess of limit (-) | | | | | | -429. |
| 7. Foreign tax carryback | | | | | | |
| 8. Foreign tax carryforward | | | | | | |
| 9. Less treaty adjustment | | | | | | |
| 10. Foreign tax or excess limit remaining | | | | | | -429. |
| Total foreign taxes from all available years to be carried to next year | | | | | | |

| | 1999 | 2000 | 2001 | 2002 | 2003 |
|------------------------------------------------------|------|------|------|------|------|
| 1. Foreign tax paid/accrued | | | | | |
| 2. FTC carryback to 2009 for amended returns | | | | | |
| 3. Reduction allocated to excluded income | | | | | |
| 4. Foreign tax available | | | | | |
| 5. Maximum credit allowable | | | | | |
| 6. Unused foreign tax (+) or excess of limit (-) | | | | | |
| 7. Foreign tax carryback | | | | | |
| 8. Foreign tax carryforward | | | | | |
| 9. Less treaty adjustment | | | | | |
| 10. Foreign tax or excess limit remaining | | | | | |

BARACK H. & MICHELLE L. OBAMA

| FORM 1040 | STATE AND LOCAL INCOME TAX REFUNDS | | STATEMENT 1 |
|-----------------------------------|------------------------------------|--------|-------------|
| | 2008 | 2007 | 2006 |
| | ILLINOIS | | |
| GROSS STATE/LOCAL INC TAX REFUNDS | 730. | | |
| LESS: TAX PAID IN FOLLOWING YEAR | | | |
| NET TAX REFUNDS ILLINOIS | 730. | | |
| | ILLINOIS | | |
| GROSS STATE/LOCAL INC TAX REFUNDS | | 3,500. | |
| LESS: TAX PAID IN FOLLOWING YEAR | | | |
| NET TAX REFUNDS ILLINOIS | | 3,500. | |
| TOTAL NET TAX REFUNDS | 730. | 3,500. | |

1. IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS?
 NO. STOP. MULTIPLY \$3,650 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42.
 YES. CONTINUE
2. MULTIPLY \$3,650 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D 14,600.
3. ENTER THE AMOUNT FROM FORM 1040, LINE 38 5,505,409.
4. ENTER THE AMOUNT FOR YOUR FILING STATUS 250,200.
 SINGLE \$166,800
 MARRIED FILING JOINTLY OR WIDOW(ER) \$250,200
 MARRIED FILING SEPARATELY \$125,100
 HEAD OF HOUSEHOLD \$208,500
5. SUBTRACT LINE 4 FROM LINE 3 5,255,209.
6. IS LINE 5 MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATELY)?
 [X] YES. MULTIPLY \$2,433 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D. ENTER THE RESULT HERE AND ON FORM 1040, LINE 42. DO NOT COMPLETE THE REST OF THIS WORKSHEET.
 [] NO. DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MARRIED FILING SEPARATELY). IF THE RESULT IS NOT A WHOLE NUMBER, INCREASE IT TO THE NEXT WHOLE NUMBER (FOR EXAMPLE, INCREASE 0.0004 TO 1) 9,732.
7. MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL
8. MULTIPLY LINE 2 BY LINE 7
9. DIVIDE LINE 8 BY 3
10. SUBTRACT LINE 9 FROM LINE 2. TOTAL TO FORM 1040, LINE 42.

BARACK H. & MICHELLE L. OBAMA

| FORM 1040 | TAXABLE STATE AND LOCAL INCOME TAX REFUNDS | | STATEMENT 3 |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------|-------------|
| | 2008 | 2007 | 2006 |
| NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT. | 730. | 3,500. | |
| LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION | | | |
| 1 NET REFUNDS FOR RECALCULATION | 730. | 3,500. | |
| 2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT | 326,489. | | |
| 3 DEDUCTION NOT SUBJ TO PHASEOUT | | | |
| 4 NET REFUNDS FROM LINE 1 | 730. | | |
| 5 LINE 2 MINUS LINES 3 AND 4 | 325,759. | | |
| 6 MULT LN 5 BY APPL SEC. 68 PCT | 86,869. | | |
| 7 PRIOR YEAR AGI | 2,656,902. | | |
| 8 ITEM. DED. PHASEOUT THRESHOLD | 159,950. | | |
| 9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16) | 2,496,952. | | |
| 10 MULT LN 9 BY APPL SEC. 68 PCT | 24,970. | | |
| 11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10) | 300,789. | | |
| 12 ITEM DED. NOT SUBJ TO PHASEOUT | | | |
| 13A TOTAL ADJ. ITEMIZED DEDUCTIONS | 300,789. | | |
| 13B PRIOR YR. STD. DED. AVAILABLE | 11,900. | | |
| 14 PRIOR YR. ALLOWABLE ITEM. DED. | 301,519. | | |
| 15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14 | 730. | | |
| 16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1) | 730. | | |
| 17 ALLOWABLE PRIOR YR. ITEM. DED. | 301,519. | | |
| 18 PRIOR YEAR STD. DED. AVAILABLE | 11,900. | | |
| 19 SUBTRACT LINE 18 FROM LINE 17 | 289,619. | | |
| 20 LESSER OF LINE 16 OR LINE 19 | 730. | | |
| 21 PRIOR YEAR TAXABLE INCOME | 2,346,051. | | |
| 22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 | | | |
| * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 | | | |
| * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21 | | | 4,230. |
| STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2006 | | | |
| TOTAL TO FORM 1040, LINE 10 | | | 4,230. |

BARACK H. & MICHELLE L. OBAMA

FORM 1040 IRA DISTRIBUTIONS STATEMENT 4

| NAME OF PAYER | GROSS DISTRIBUTION | TAXABLE AMOUNT |
|-----------------------------|--------------------|----------------|
| NEW YORK LIFE | 48,732. | 48,732. |
| TOTAL TO FORM 1040, LINE 15 | 48,732. | 48,732. |

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 5

| T S EMPLOYER'S NAME | AMOUNT PAID | FEDERAL TAX WITHHELD | STATE TAX WITHHELD | CITY SDI TAX W/H | FICA TAX | MEDICARE TAX |
|-----------------------------------|-------------|----------------------|--------------------|------------------|----------|--------------|
| T DFAS-CIVPAY DIRECTORATE | 374,054. | 99,336. | 10,982. | | 6,622. | 5,424. |
| S UNIVERSITY OF CHICAGO HOSPITALS | 406. | 102. | 12. | | 25. | 6. |
| TOTALS | 374,460. | 99,438. | 10,994. | | 6,647. | 5,430. |

FORM 1040 QUALIFIED DIVIDENDS STATEMENT 6

| NAME OF PAYER | ORDINARY DIVIDENDS | QUALIFIED DIVIDENDS |
|-----------------------------------------|--------------------|---------------------|
| FROM K-1 - FREEMAN HENRY G. JR. DECD TW | 11,979. | 2,251. |
| TOTAL INCLUDED IN FORM 1040, LINE 9B | | 2,251. |

FORM 1040 FEDERAL INCOME TAX WITHHELD STATEMENT 7

| T S DESCRIPTION | AMOUNT |
|-----------------------------------|----------|
| T DFAS-CIVPAY DIRECTORATE | 99,336. |
| S UNIVERSITY OF CHICAGO HOSPITALS | 102. |
| T NEW YORK LIFE | 4,873. |
| TOTAL TO FORM 1040, LINE 61 | 104,311. |

| SCHEDULE A | STATE AND LOCAL INCOME TAXES | STATEMENT | 8 |
|-----------------------------------------|------------------------------|---------------|---|
| <u>DESCRIPTION</u> | | <u>AMOUNT</u> | |
| DFAS-CIVPAY DIRECTORATE | | 10,982. | |
| UNIVERSITY OF CHICAGO HOSPITALS | | 12. | |
| ILLINOIS 1ST QTR ESTIMATE PAYMENTS | | 17,090. | |
| ILLINOIS 2ND QTR ESTIMATE PAYMENTS | | 17,820. | |
| ILLINOIS 3RD QTR ESTIMATE PAYMENTS | | 17,820. | |
| ILLINOIS 4TH QTR ESTIMATE PAYMENTS | | 100,000. | |
| ILLINOIS PRIOR YEAR OVERPAYMENT APPLIED | | 730. | |
| TOTAL TO SCHEDULE A, LINE 5 | | 164,454. | |

| SCHEDULE A | CASH CONTRIBUTIONS | STATEMENT | 9 |
|----------------------------------------------|-----------------------------|-----------------------------|---|
| <u>DESCRIPTION</u> | <u>AMOUNT 50% LIMIT</u> | <u>AMOUNT 30% LIMIT</u> | |
| AMERICAN RED CROSS | 10,000. | | |
| BOOK WORM ANGELS | 2,500. | | |
| BOYS AND GIRLS CLUB | 20,000. | | |
| BREAD FOR THE CITY | 5,000. | | |
| CALVARY WOMEN'S SHELTER | 5,000. | | |
| CARE | 50,000. | | |
| CENTRAL ILLINOIS FOOD BANK | 5,000. | | |
| CITIZENS UNITED FOR RESEARCH IN EPILEPSY | 5,000. | | |
| CRUSADE OF MERCY | 150. | | |
| DC BOYS AND GIRLS CLUB | 5,000. | | |
| DIRECT RELIEF INTERNATIONAL | 5,000. | | |
| GIRL SCOUTS USA | 5,000. | | |
| GREATER CHICAGO FOOD DEPOSITORY | 5,000. | | |
| GREATER NEW ORLEANS FOUNDATION | 10,000. | | |
| HABITAT FOR HUMANITY | 10,000. | | |
| HAITI FOUNDATION OF HOPE | 2,000. | | |
| ILLINOIS HEAD START ASSOCIATION | 5,000. | | |
| ILLINOIS READING COUNCIL | 5,000. | | |
| JUVENILE DIABETES RESEARCH FOUNDATION | 5,000. | | |
| LIFE PIECES TO MASTERPIECES | 10,000. | | |
| MARTIN LUTHER KING NATIONAL MEMORIAL PROJECT | 5,000. | | |
| MIDTOWN EDUCATIONAL FOUNDATION | 5,000. | | |
| MIRIAM'S KITCHEN | 10,000. | | |
| MOAIC YOUTH THEATRE OF DETROIT | 10,000. | | |
| MUJERES LATINAS EN ACCION | 5,000. | | |
| NATIONAL AIDS FUND | 5,000. | | |
| NATIONAL COALITION FOR HOMELESS VETERANS | 10,000. | | |

BARACK H. & MICHELLE L. OBAMA

| | | |
|----------------------------------|-----------------|-----------------|
| NATIONAL CONGRESS OF BLACK WOMEN | 2,000. | |
| NATIONAL MS SOCIETY | 15,000. | |
| 19TH STREET BAPTIST CHURCH | 200. | |
| OVARIAN CANCER NATIONAL ALLIANCE | 15,000. | |
| ROCHELLE LEE / BOUNDLESS READERS | 5,000. | |
| SIDWELL FRIENDS SCHOOL | 5,000. | |
| ST. JOHN'S CHURCH | 250. | |
| ST. LEO'S RESIDENCE FOR VETERANS | 5,000. | |
| THE CHRISTOPHER HOUSE | 5,000. | |
| THE HARMONY PROJECT | 5,000. | |
| UNITED NEGRO COLLEGE FUND | 50,000. | |
| WASHINGTON HUMANE SOCIETY | 1,500. | |
| AVON WALK FOR BREAST CANCER | 500. | |
| | | |
| SUBTOTALS | <u>329,100.</u> | |
| | | |
| TOTAL TO SCHEDULE A, LINE 16 | | <u>329,100.</u> |

| SCHEDULE A | ITEMIZED DEDUCTIONS WORKSHEET | STATEMENT 10 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------|
| 1. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28 | | 568,205. |
| 2. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28. | | 0. |
| 3. IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 2 FROM LINE 1 | | 568,205. |
| 4. MULTIPLY LINE 3 BY 80% (.80). | 454,564. | |
| 5. ENTER THE AMOUNT FROM FORM 1040, LINE 38. | 5,505,409. | |
| 6. ENTER: \$166,800 (\$83,400 IF MARRIED FILING SEPARATELY) | 166,800. | |
| 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 | 5,338,609. | |
| 8. MULTIPLY LINE 7 BY 3% (.03) | 160,158. | |
| 9. ENTER THE SMALLER OF LINE 4 OR LINE 8 | | 160,158. |
| 10. DIVIDE LINE 9 BY 1.5 | | 106,772. |
| 11. SUBTRACT LINE 10 FROM LINE 9 | | 53,386. |
| 12. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29 | | 514,819. |

| SCHEDULE C | OTHER INCOME | STATEMENT 11 |
|-----------------------------|--------------|--------------|
| DESCRIPTION | AMOUNT | |
| DYSTELE & GODERICH | | 3,304,881. |
| RANDOM HOUSE | | 2,356,785. |
| TOTAL TO SCHEDULE C, LINE 6 | | 5,661,666. |

| SCHEDULE D | CAPITAL LOSS CARRYOVER | STATEMENT 12 |
|-----------------------------------------------------------------------------------------------------------------|------------------------|--------------|
| 1. ENTER THE AMOUNT FROM FORM 1040, LINE 41 | | 4,990,590. |
| 2. DID YOU FILE FORM 8914? X NO. ENTER -0- YES. ENTER THE AMOUNT FROM YOUR FORM 8914, LINE 6 | | |
| 3. SUBTRACT LINE 2 FROM LINE 1 | | 4,990,590. |
| 4. ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT. | | 3,000. |
| 5. COMBINE LINES 3 AND 4. IF ZERO OR LESS, ENTER -0- | | 4,993,590. |
| 6. ENTER THE SMALLER OF LINE 4 OR LINE 5 | | 3,000. |
| 7. ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT . | | |
| 8. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15 | | |
| 9. ADD LINES 6 AND 8 | | |
| 10. SHORT-TERM CAPITAL LOSS CARRYOVER TO 2010. SUBTRACT LINE 9 FROM LINE 7. IF ZERO OR LESS, ENTER -0- . . . | | |
| 11. ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT. | | 125,527. |
| 12. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7 | | |
| 13. SUBTRACT LINE 7 FROM LINE 6. IF ZERO OR LESS, ENTER -0- | 3,000. | |
| 14. ADD LINES 12 AND 13 | | 3,000. |
| 15. LONG-TERM CAPITAL LOSS CARRYOVER TO 2010. SUBTRACT LINE 14 FROM LINE 11. IF ZERO OR LESS, ENTER -0- . . | | 122,527. |

| SCHEDULE SE | NON-FARM INCOME | STATEMENT 13 |
|------------------------------|-----------------|--------------|
| DESCRIPTION | | AMOUNT |
| AUTHOR | | 5,173,777. |
| TOTAL TO SCHEDULE SE, LINE 2 | | 5,173,777. |

| FORM 1116 | EXPENSES DIRECTLY ALLOCABLE TO FOREIGN INCOME | STATEMENT 14 |
|------------------------------------|-----------------------------------------------|--------------|
| DESCRIPTION | COUNTRY | AMOUNT |
| OTHER EXPENSES DIRECTLY ALLOCATED | VARIOUS | 472,168. |
| TOTAL TO FORM 1116, PART I, LINE 2 | | 472,168. |

| | | |
|----|----------------------------------------------------------------------------------------------------------------------------|------------|
| 1 | ENTER THE AMOUNT FROM FORM 1040, LINE 41. IF YOU ARE A NONRESIDENT ALIEN, ENTER THE AMOUNT FROM FORM 1040NR, LINE 38 | 4,990,590. |
| 2 | ENTER WORLDWIDE 28% GAINS | |
| 3 | MULTIPLY LINE 2 BY 0.2000 | |
| 4 | ENTER WORLDWIDE 25% GAINS | |
| 5 | MULTIPLY LINE 4 BY 0.2857 | |
| 6 | ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS | 2,251. |
| 7 | MULTIPLY LINE 6 BY 0.5714 | 1,286. |
| 8 | ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS | |
| 9 | ADD LINES 3, 5, 7, AND 8 | 1,286. |
| 10 | SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116, LINE 17 | 4,989,304. |

BARACK H. & MICHELLE L. OBAMA

FORM 1116 ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT STATEMENT 16
 WORLDWIDE CAPITAL GAINS
 WORKSHEET FOR LINE 17

| | | | |
|---|-------------------------------------------------------------------------------------|--------|-------------------|
| 1 | ENTER THE AMOUNT FROM FORM 6251, LINE 29 | | 5,119,884. |
| 2 | ENTER WORLDWIDE 25% GAINS | | |
| 3 | MULTIPLY LINE 2 BY 0.1071 | | |
| 4 | ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS | 2,251. | |
| 5 | MULTIPLY LINE 4 BY 0.4643 | 1,045. | |
| 6 | ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS | | |
| 7 | ADD LINES 3, 5, AND 6 | | 1,045. |
| 8 | SUBTRACT LINE 7 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116 AMT, LINE 17 | | <u>5,118,839.</u> |

THE WHITE HOUSE
WASHINGTON

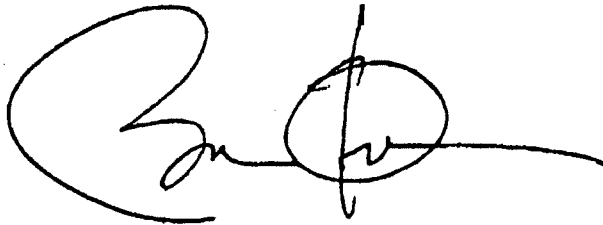
March 10, 2010

The Norwegian Nobel Committee
Henrik Ibsens Gate 51
NO-0255 Oslo
Norway

Dear Members of the Norwegian Nobel Committee:

I was honored and deeply humbled to receive the 2009 Nobel Peace Prize. For over a century, the Norwegian Nobel Committee has worked to highlight the cause of peace, and has given a voice to the voiceless and oppressed around the world. This prize is an affirmation of American leadership, as we call upon our fellow nations to join us in confronting our common challenges and investing in our common humanity.

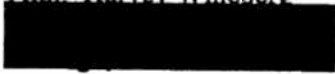
I will donate the proceeds of this award to charity pursuant to section 74(b)(3) of the Internal Revenue Code of the United States and would like to ask the Nobel Committee to directly transfer the award to ten charitable organizations. Please find attached to this letter the names and relevant information for these charities.

A handwritten signature in black ink, appearing to be Barack Obama's signature, written in a cursive style.

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Taxpayer Information

President Barack Obama
Attn: Harvey Wineberg



Tax Payer ID #:

Information on Designated Charities

| Contact Information | Routing Information |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fisher House Foundation, Inc. 111 Rockville Pike, Suite 420 Rockville, MD 20850 Contact: | Recipient: Fisher House Foundation Amount to transfer: \$250,000 (Note that donation should go to program expenses.) Citibank Routing Number: Account Number: |
| Clinton-Bush Haiti Fund of the Clinton Foundation William J. Clinton Foundation 610 President Clinton Avenue Little Rock, AR 72201 Contact: | Recipient: Clinton-Bush Haiti Fund of the Clinton Foundation Amount to transfer: \$200,000 + any remaining funds. (Note that donation should go to program expenses for Clinton-Bush Haiti Fund.) Bank of America 200 W. Capitol Avenue Little Rock, AR 72201 Accounting Number: Routing Number: Swift Code: Please email with the contributor names and contact information after sending the funds. |
| American Indian College Fund 8333 Greenwood Blvd. Denver, CO 80221 Contact: | Recipient: American Indian College Fund Amount to transfer: \$125,000 (Note that donation should go to scholarships.) UMB Bank NA 1010 Grand Kansas City, MO 64141 Routing Number: Account Number: |
| Appalachian Leadership and Education Foundation P.O. Box 1638 Williamson, WV 25661 Contact: | Recipient: Appalachian Leadership and Education Foundation Amount to transfer: \$125,000 (Note that donation should go to program expenses.) Wells Fargo Routing Number: Account Number: |
| College Summit 1763 Columbia Road, NW Washington, DC 20009 Contact: | Recipient: College Summit Amount to transfer: \$125,000 (Note that donation should go to program expenses.) Citibank Routing Number: Account Number: |

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| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The Posse Foundation 14 Wall Street, Suite 8A New York, NY 10005</p> <p>Contact: [REDACTED]</p> | <p>Recipient: The Posse Foundation Amount to transfer: \$125,000 (Note that donation should go to program expenses.) Citibank, NA 120 Broadway New York, NY 10271 Routing Number: [REDACTED] Account Number: [REDACTED] Bank Contact: [REDACTED]</p> |
| <p>Hispanic Scholarship Fund 55 Second Street, Suite 1500 San Francisco, CA 94105</p> <p>Contact: [REDACTED]</p> | <p>Recipient: Hispanic Scholarship Fund Amount to transfer: \$125,000 (Note that donation should go to scholarships.) Citibank Routing Number: [REDACTED] Account Number: [REDACTED]</p> |
| <p>United Negro College Fund 8260 Willow Oaks Corporate Drive Fairfax, VA 22031-8044</p> <p>[REDACTED]</p> | <p>Recipient: United Negro College Fund Amount to transfer: \$125,000 (Note that donation should go to scholarships.) Bank of America Routing Number: [REDACTED] Bank contact: [REDACTED]</p> |
| <p>Africare 440 R Street, N.W. Washington, D.C. 20001</p> <p>Contact: [REDACTED]</p> | <p>Recipient: Africare Amount to transfer: \$100,000 (Note that donation should go to program expenses.) PNC Bank Dupont Circle Branch 1913 Massachusetts Avenue, NW Washington, DC 20036 Beneficiary account number: [REDACTED] Bank SWIFT number: [REDACTED] (for transfers from overseas banks) Bank ABA number for wires [REDACTED] Bank ABA number for ACH transfers - [REDACTED]</p> |
| <p>Central Asia Institute Amount to transfer: \$100,000 1050 East Main Street, Suite 2 Bozeman, MT 59715</p> <p>Contact: [REDACTED]</p> | <p>Recipient: Central Asia Institute Amount to transfer: \$100,000 (Note that donation should go to program expenses.) They do not take direct transfers; must send check.</p> |



NOBELPRISET

The Nobel Prize

To whom it may concern

Stockholm April 12, 2010

CONFIRMATION

Please be informed that on March 18, 2010 The Nobel Foundation transferred the entire proceeds of President Obama's Nobel Peace Prize Award directly to the following charities, as designated in his letter dated March 10, 2010 to the Norwegian Nobel Committee.

Electronic transfers have been sent to:

Fisher House Foundation Inc
Clinton-Bush Haiti Fund of the Clinton Foundation
American Indian College Fund
Appalachian Leadership and Education Foundation
College Summit
The Posse Foundation
Hispanic Scholarship Fund
United Negro College Fund
Africare

Check has been sent to:

Central Asia Institute

Stockholm April 12, 2010

On behalf of The Nobel Foundation

Marcus Storch
Chairman

Barbro Jonsson
Accountant

NOBELSTIFTELSEN
The Nobel Foundation

P.O. Box 5232, SE-102 45 Stockholm, Sweden
Visiting address: Sturegatan 14
Telephone: +46 8 663 09 20 Fax: +46 8 660 38 47
nobelprize.org

Department of the Treasury
Internal Revenue Service

(For gifts made during calendar year 2009)

2009

▶ See separate instructions.

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|----------------------------------------------------------|--|
| 1 Donor's first name and middle initial BARACK H. | | 2 Donor's last name OBAMA | | 3 Donor's social security number | |
| 4 Address (number, street, and apartment number) 1600 PENNSYLVANIA AVENUE, NW | | | | 5 Legal residence (domicile) ILLINOIS | |
| 6 City, state, and ZIP code WASHINGTON, DC 20500 | | | | 7 Citizenship (see instructions) UNITED STATES | |
| 8 If the donor died during the year, check here <input type="checkbox"/> and enter date of death _____, _____, _____ | | | | | |
| 9 If you extended the time to file this Form 709, check here <input type="checkbox"/> | | | | | |
| 10 Enter the total number of donees listed on Schedule A. Count each person only once. 2 | | | | | |
| 11a Have you (the donor) previously filed a Form 709 (or 709-A) for any other year? If "No," skip line 11b <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 11b If the answer to line 11a is "Yes," has your address changed since you last filed Form 709 (or 709-A)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| 12 Gifts by husband or wife to third parties. Do you consent to have the gifts (including generation-skipping transfers) made by you and by your spouse to third parties during the calendar year considered as made one-half by each of you? (See instructions.) (If the answer is "Yes," the following information must be furnished and your spouse must sign the consent shown below. If the answer is "No," skip lines 13-18 and go to Schedule A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 13 Name of consenting spouse MICHELLE L. OBAMA | | | | 14 SSN | |
| 15 Were you married to one another during the entire calendar year? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 16 If 15 is "No," check whether <input type="checkbox"/> married <input type="checkbox"/> divorced or <input type="checkbox"/> widowed/deceased, and give date ▶ | | | | | |
| 17 Will a gift tax return for this year be filed by your spouse? (If "Yes," mail both returns in the same envelope.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 18 Consent of Spouse. I consent to have the gifts (and generation-skipping transfers) made by me and by my spouse to third parties during the calendar year considered as made one-half by each of us. We are both aware of the joint and several liability for tax created by the execution of this consent. | | | | | |
| Consenting spouse's signature ▶ <i>Michelle Obama</i> Date ▶ 4-7-10 | | | | | |

| | | | | |
|--------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| Part 2 - Tax Computation | 1 | Enter the amount from Schedule A, Part 4, line 11 | 1 | 0. |
| | 2 | Enter the amount from Schedule B, line 3 | 2 | 0. |
| | 3 | Total taxable gifts. Add lines 1 and 2 | 3 | 0. |
| | 4 | Tax computed on amount on line 3 (see Table for Computing Gift Tax in separate instructions) | 4 | 0. |
| | 5 | Tax computed on amount on line 2 (see Table for Computing Gift Tax in separate instructions) | 5 | 0. |
| | 6 | Balance. Subtract line 5 from line 4 | 6 | 0. |
| | 7 | Maximum unified credit (nonresident aliens, see instructions) | 7 | 345,800. |
| | 8 | Enter the unified credit against tax allowable for all prior periods (from Sch. B, line 1, col. C) | 8 | |
| | 9 | Balance. Subtract line 8 from line 7 | 9 | 345,800. |
| | 10 | Enter 20% (.20) of the amount allowed as a specific exemption for gifts made after September 8, 1976, and before January 1, 1977 (see instructions) | 10 | |
| | 11 | Balance. Subtract line 10 from line 9 | 11 | 345,800. |
| | 12 | Unified credit. Enter the smaller of line 6 or line 11 | 12 | 0. |
| | 13 | Credit for foreign gift taxes (see instructions) | 13 | |
| | 14 | Total credits. Add lines 12 and 13 | 14 | |
| | 15 | Balance. Subtract line 14 from line 6. Do not enter less than zero | 15 | 0. |
| | 16 | Generation-skipping transfer taxes (from Schedule C, Part 3, col. H, Total) | 16 | |
| | 17 | Total tax. Add lines 15 and 16 | 17 | 0. |
| | 18 | Gift and generation-skipping transfer taxes prepaid with extension of time to file | 18 | |
| | 19 | If line 18 is less than line 17, enter balance due (see instructions) | 19 | 0. |
| | 20 | If line 18 is greater than line 17, enter amount to be refunded | 20 | |

| | | | | |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Attach check order here. | Sign Here Under penalties of perjury, I declare that I have examined this return, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than donor) is based on all information of which preparer has any knowledge. | | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Signature of donor <i>[Signature]</i> | | Date 4/7/10 | |
| Paid Preparer's Use Only | Preparer's signature <i>[Signature]</i> | Date 3/30/10 | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN |
| | Firm's name (or yours if self-employed), address, and ZIP code WINEBERG SOLHEIM HOWELL & SHAIN, PC 180 N LASALLE ST, STE 2200 CHICAGO, IL 60601 | | EIN | Phone no. |

SCHEDULE A **Computation of Taxable Gifts** (Including transfers in trust) (see instructions)

A Does the value of any item listed on Schedule A reflect any valuation discount? If "Yes," attach explanation Yes No **X**

B ◀ Check here if you elect under section 529(c)(2)(B) to treat any transfers made this year to a qualified tuition program as made ratably over a 5-year period beginning this year. See instructions. Attach explanation.

Part 1 - Gifts Subject Only to Gift Tax. Gifts less political organization, medical, and educational exclusions. (see instructions)

| A Item number | B Donee's name and address Relationship to donor (if any) Description of gift If the gift was of securities, give CUSIP no. If closely held entity, give EIN | C | D Donor's adjusted basis of gift | E Date of gift | F Value at date of gift | G For split gifts, enter 1/2 of column F | H Net transfer (subtract col. G from col. F) |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------------------------------------|----------------------|-------------------------------|---------------------------------------------------|-------------------------------------------------------|
| | SEE STATEMENT 1 | | | | | | |

Gifts made by spouse - complete only if you are splitting gifts with your spouse and he/she also made gifts.

| | | | | | | | |
|--|-----------------|--|--|--|--|--|--|
| | SEE STATEMENT 2 | | | | | | |
|--|-----------------|--|--|--|--|--|--|

Total of Part 1. Add amounts from Part 1, column H **24,000.**

Part 2 - Direct Skips. Gifts that are direct skips and are subject to both gift tax and generation-skipping transfer tax. You must list the gifts in chronological order.

| A Item number | B Donee's name and address Relationship to donor (if any) Description of gift If the gift was of securities, give CUSIP no. If closely held entity, give EIN | C 2632(b) election out | D Donor's adjusted basis of gift | E Date of gift | F Value at date of gift | G For split gifts, enter 1/2 of column F | H Net transfer (subtract col. G from col. F) |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|----------------------|-------------------------------|---------------------------------------------------|-------------------------------------------------------|
| | | | | | | | |

Gifts made by spouse - complete only if you are splitting gifts with your spouse and he/she also made gifts.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Total of Part 2. Add amounts from Part 2, column H

Part 3 - Indirect Skips. Gifts to trusts that are currently subject to gift tax and may later be subject to generation-skipping transfer tax. You must list these gifts in chronological order.

| A Item number | B Donee's name and address Relationship to donor (if any) Description of gift If the gift was of securities, give CUSIP no. If closely held entity, give EIN | C 2632(c) election | D Donor's adjusted basis of gift | E Date of gift | F Value at date of gift | G For split gifts, enter 1/2 of column F | H Net transfer (subtract col. G from col. F) |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------|----------------------|-------------------------------|---------------------------------------------------|-------------------------------------------------------|
| | | | | | | | |

Gifts made by spouse - complete only if you are splitting gifts with your spouse and he/she also made gifts.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Total of Part 3. Add amounts from Part 3, column H

(If more space is needed, attach additional sheets of same size.)

Part 4 - Taxable Gift Reconciliation

| | | |
|-------------------------------------------------------------------------------------------------------------------------|----|---------|
| 1 Total value of gifts of donor. Add totals from column H of Parts 1, 2, and 3 | 1 | 24,000. |
| 2 Total annual exclusions for gifts listed on line 1 (see instructions) | 2 | 24,000. |
| 3 Total included amount of gifts. Subtract line 2 from line 1 | 3 | 0. |
| Deductions (see instructions) | | |
| 4 Gifts of interests to spouse for which a marital deduction will be claimed, based on item numbers _____ of Schedule A | 4 | |
| 5 Exclusions attributable to gifts on line 4 | 5 | |
| 6 Marital deduction. Subtract line 5 from line 4 | 6 | |
| 7 Charitable deduction, based on item nos. _____ less exclusions | 7 | |
| 8 Total deductions. Add lines 6 and 7 | 8 | |
| 9 Subtract line 8 from line 3 | 9 | 0. |
| 10 Generation-skipping transfer taxes payable with this Form 709 (from Schedule C, Part 3, col. H, Total) | 10 | |
| 11 Taxable gifts. Add lines 9 and 10. Enter here and on page 1, Part 2 - Tax Computation, line 1 | 11 | 0. |

Terminable Interest (QTIP) Marital Deduction. (See instructions for Schedule A, Part 4, line 4.)

If a trust (or other property) meets the requirements of qualified terminable interest property under section 2523(f), and:

- a. The trust (or other property) is listed on Schedule A, and
- b. The value of the trust (or other property) is entered in whole or in part as a deduction on Schedule A, Part 4, line 4, then the donor shall be deemed to have made an election to have such trust (or other property) treated as qualified terminable interest property under section 2523(f).

If less than the entire value of the trust (or other property) that the donor has included in Parts 1 and 3 of Schedule A is entered as a deduction on line 4, the donor shall be considered to have made an election only as to a fraction of the trust (or other property). The numerator of this fraction is equal to the amount of the trust (or other property) deducted on Schedule A, Part 4, line 6. The denominator is equal to the total value of the trust (or other property) listed in Parts 1 and 3 of Schedule A.

If you make the QTIP election, the terminable interest property involved will be included in your spouse's gross estate upon his or her death (section 2044). See instructions for line 4 of Schedule A. If your spouse disposes (by gift or otherwise) of all or part of the qualifying life income interest, he or she will be considered to have made a transfer of the entire property that is subject to the gift tax. See *Transfer of Certain Life Estates Received From Spouse* on page 4 of the instructions.

12 Election Out of QTIP Treatment of Annuities

◀ Check here if you elect under section 2523(f)(6) **not** to treat as qualified terminable interest property any joint and survivor annuities that are reported on Schedule A and would otherwise be treated as qualified terminable interest property under section 2523(f). See instructions. Enter the item numbers from Schedule A for the annuities for which you are making this election ▶

SCHEDULE B Gifts From Prior Periods

If you answered "Yes" on line 11a of page 1, Part 1, see the instructions for completing Schedule B. If you answered "No," skip to the Tax Computation on page 1 (or Schedule C, if applicable).

| A Calendar year or calendar quarter (see instructions) | B Internal Revenue office where prior return was filed | C Amount of unified credit against gift tax for periods after December 31, 1976 | D Amount of specific exemption for prior periods ending before January 1, 1977 | E Amount of taxable gifts |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------|
| 2007 | CINCINNATI, OH 45999 | | | 0. |
| 2008 | CINCINNATI, OH 45999 | | | 0. |
| 1 Totals for prior periods | | | | 0. |
| 2 Amount, if any, by which total specific exemption, line 1, column D, is more than \$30,000 | | | | 2 |
| 3 Total amount of taxable gifts for prior periods. Add amount on line 1, column E and amount, if any, on line 2. Enter here and on page 1, Part 2 - Tax Computation, line 2 | | | | 0. |

(If more space is needed, attach additional sheets of same size.)

SCHEDULE C | **Computation of Generation-Skipping Transfer Tax**

Note. Inter vivos direct skips that are completely excluded by the GST exemption must still be fully reported (including value and exemptions claimed) on Schedule C.

Part 1 - Generation-Skipping Transfers

| A Item No. (from Schedule A, Part 2, col. A) | B Value (from Schedule A, Part 2, col. H) | C Nontaxable portion of transfer | D Net Transfer (subtract col. C from col. B) |
|--------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|
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Part 2 - GST Exemption Reconciliation (Section 2631) and Section 2652(a)(3) Election

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------|
| Check here <input type="checkbox"/> if you are making a section 2652(a)(3) (special QTIP) election (see instructions) | | | |
| Enter the item numbers from Schedule A of the gifts for which you are making this election <input type="checkbox"/> _____ | | | |
| 1 | Maximum allowable exemption (see instructions) | 1 | 3,500,000. |
| 2 | Total exemption used for periods before filing this return | 2 | |
| 3 | Exemption available for this return. Subtract line 2 from line 1 | 3 | 3,500,000. |
| 4 | Exemption claimed on this return from Part 3, column C total, below | 4 | |
| 5 | Automatic allocation of exemption to transfers reported on Schedule A, Part 3 (see instructions) | 5 | |
| 6 | Exemption allocated to transfers not shown on line 4 or 5, above. You must attach a "Notice of Allocation." (see instructions) ... | 6 | |
| 7 | Add lines 4, 5, and 6 | 7 | |
| 8 | Exemption available for future transfers. Subtract line 7 from line 3 | 8 | 3,500,000. |

Part 3 - Tax Computation

| A Item No. (from Schedule C, Part 1) | B Net transfer (from Schedule C, Part 1, col. D) | C GST Exemption Allocated | D Divide col. C by col. B | E Inclusion Ratio (subtract col. D from 1.000) | F Maximum Estate Tax Rate | G Applicable Rate (multiply col. E by col. F) | H Generation-Skipping Transfer Tax (multiply col. B by col. G) |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------|
| | | | | | 45% (.45) | | |
| | | | | | 45% (.45) | | |
| | | | | | 45% (.45) | | |
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| | | | | | 45% (.45) | | |
| | | | | | 45% (.45) | | |
| Total exemption claimed. Enter here and on Part 2, line 4, above. May not exceed Part 2, line 3, above | | | Total generation-skipping transfer tax. Enter here; on page 3, Schedule A, Part 4, line 10; and on page 1, Part 2 - Tax Computation, line 16 | | | | |

(If more space is needed, attach additional sheets of same size.)
905531
12-15-09

| ITEM NO | DESCRIPTION | ADJUSTED BASIS | DATE | VALUE | SPLIT 1/2 | NET TRANSFER |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|---------|-----------|----------------|
| 1 | MALIA A. OBAMA DAUGHTER DONOR ELECTED UNDER SECTION 529(C)(2)(B) OF THE CODE TO TREAT A 2007 GIFT AS HAVING BEEN MADE RATABLY OVER A 5-YEAR PERIOD BEGINNING IN 2007. SEE ELECTION MADE WITH TAXPAYER'S 2007 GIFT TAX RETURN. | 12,000. | 01/01/09 | 12,000. | 6,000. | 6,000. |
| 2 | NATASHA M. OBAMA DAUGHTER DONOR ELECTED UNDER SECTION 529(C)(2)(B) OF THE CODE TO TREAT A 2007 GIFT AS HAVING BEEN MADE RATABLY OVER A 5-YEAR PERIOD BEGINNING IN 2007. SEE ELECTION MADE WITH TAXPAYER'S 2007 GIFT TAX RETURN. | 12,000. | 01/01/09 | 12,000. | 6,000. | 6,000. |
| TOTAL | | | | | | <u>12,000.</u> |

| ITEM NO | DESCRIPTION | ADJUSTED BASIS | DATE | VALUE | SPLIT 1/2 | NET TRANSFER |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|---------|-----------|--------------|
| 1 | MALIA A. OBAMA DAUGHTER DONOR ELECTED UNDER SECTION 529(C)(2)(B) OF THE CODE TO TREAT A 2007 GIFT AS HAVING BEEN MADE RATABLY OVER A 5-YEAR PERIOD BEGINNING IN 2007. SEE ELECTION MADE WITH TAXPAYER'S 2007 GIFT TAX RETURN. | 12,000. | 01/01/09 | 12,000. | 6,000. | 6,000. |
| 2 | NATASHA M. OBAMA DAUGHTER DONOR ELECTED UNDER SECTION 529(C)(2)(B) OF THE CODE TO TREAT A 2007 GIFT AS HAVING BEEN MADE RATABLY OVER A 5-YEAR PERIOD BEGINNING IN 2007. SEE ELECTION MADE WITH TAXPAYER'S 2007 GIFT TAX RETURN. | 12,000. | 01/01/09 | 12,000. | 6,000. | 6,000. |
| TOTAL SCHEDULE A, PART 1, GIFTS MADE BY SPOUSE | | | | | | 12,000. |

Department of the Treasury
Internal Revenue Service

(For gifts made during calendar year 2009)

2009

▶ See separate instructions.

Part 1 - General Information

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------|
| 1 Donor's first name and middle initial MICHELLE L. | 2 Donor's last name OBAMA | 3 Donor's social security number |
| 4 Address (number, street, and apartment number) 1600 PENNSYLVANIA AVENUE, NW | | 5 Legal residence (domicile) ILLINOIS |
| 6 City, state, and ZIP code WASHINGTON, DC 20500 | | 7 Citizenship (see instructions) UNITED STATES |
| 8 If the donor died during the year, check here <input type="checkbox"/> and enter date of death _____ | | |
| 9 If you extended the time to file this Form 709, check here <input type="checkbox"/> | | |
| 10 Enter the total number of donees listed on Schedule A. Count each person only once. ▶ 2 | | |
| 11a Have you (the donor) previously filed a Form 709 (or 709-A) for any other year? If "No," skip line 11b | | |
| b If the answer to line 11a is "Yes," has your address changed since you last filed Form 709 (or 709-A)? | | |
| 12 Gifts by husband or wife to third parties. Do you consent to have the gifts (including generation-skipping transfers) made by you and by your spouse to third parties during the calendar year considered as made one-half by each of you? (See instructions.) (If the answer is "Yes," the following information must be furnished and your spouse must sign the consent shown below. If the answer is "No," skip lines 13-18 and go to Schedule A.) | | |
| 13 Name of consenting spouse BARACK H. OBAMA | | 14 SSN |
| 15 Were you married to one another during the entire calendar year? (see instructions) | | |
| 16 If 15 is "No," check whether <input type="checkbox"/> married <input type="checkbox"/> divorced or <input type="checkbox"/> widowed/deceased, and give date ▶ | | |
| 17 Will a gift tax return for this year be filed by your spouse? (If "Yes," mail both returns in the same envelope.) | | |
| 18 Consent of Spouse. I consent to have the gifts (and generation-skipping transfers) made by me and by my spouse to third parties during the calendar year considered as made one-half by each of us. We are both aware of the joint and several liability for tax created by the execution of this consent. | | |

| | Yes | No |
|-----|-----|----|
| 11a | | |
| 11b | X | |
| 12 | | X |
| 13 | X | |
| 15 | X | |
| 17 | X | |

Consenting spouse's signature ▶

Date ▶ **4/7/10**

Part 2 - Tax Computation

| | | Date ▶ 4/7/10 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------|
| 1 Enter the amount from Schedule A, Part 4, line 11 | 1 | 0. |
| 2 Enter the amount from Schedule B, line 3 | 2 | 0. |
| 3 Total taxable gifts. Add lines 1 and 2 | 3 | 0. |
| 4 Tax computed on amount on line 3 (see Table for Computing Gift Tax in separate instructions) | 4 | 0. |
| 5 Tax computed on amount on line 2 (see Table for Computing Gift Tax in separate instructions) | 5 | 0. |
| 6 Balance. Subtract line 5 from line 4 | 6 | 0. |
| 7 Maximum unified credit (nonresident aliens, see instructions) | 7 | 345,800. |
| 8 Enter the unified credit against tax allowable for all prior periods (from Sch. B, line 1, col. C) | 8 | |
| 9 Balance. Subtract line 8 from line 7 | 9 | 345,800. |
| 10 Enter 20% (.20) of the amount allowed as a specific exemption for gifts made after September 8, 1976, and before January 1, 1977 (see instructions) | 10 | |
| 11 Balance. Subtract line 10 from line 9 | 11 | 345,800. |
| 12 Unified credit. Enter the smaller of line 6 or line 11 | 12 | 0. |
| 13 Credit for foreign gift taxes (see instructions) | 13 | |
| 14 Total credits. Add lines 12 and 13 | 14 | |
| 15 Balance. Subtract line 14 from line 6. Do not enter less than zero | 15 | 0. |
| 16 Generation-skipping transfer taxes (from Schedule C, Part 3, col. H, Total) | 16 | |
| 17 Total tax. Add lines 15 and 16 | 17 | 0. |
| 18 Gift and generation-skipping transfer taxes prepaid with extension of time to file | 18 | |
| 19 If line 18 is less than line 17, enter balance due (see instructions) | 19 | 0. |
| 20 If line 18 is greater than line 17, enter amount to be refunded | 20 | |

Attach check or money order here.

Sign Here

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

▶ **Michelle Obama** 4/7/10

Signature of donor Date

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only

Preparer's signature ▶

Date **3/30/10**

Check if self-employed

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code ▶ **WINEBERG SOLHEIM HOWELL & SHAIN, PC**

180 N LASALLE ST, STE 2200

CHICAGO, IL 60601

EIN

Phone no.

SCHEDULE A Computation of Taxable Gifts (Including transfers in trust) (see instructions)

A Does the value of any item listed on Schedule A reflect any valuation discount? If "Yes," attach explanation Yes No **X**

B Check here if you elect under section 529(c)(2)(B) to treat any transfers made this year to a qualified tuition program as made ratably over a 5-year period beginning this year. See instructions. Attach explanation.

Part 1 - Gifts Subject Only to Gift Tax. Gifts less political organization, medical, and educational exclusions. (see instructions)

| A Item number | B Donee's name and address Relationship to donor (if any) Description of gift If the gift was of securities, give CUSIP no. If closely held entity, give EIN | C | D Donor's adjusted basis of gift | E Date of gift | F Value at date of gift | G For split gifts, enter 1/2 of column F | H Net transfer (subtract col. G from col. F) |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------------------------------------|----------------------|-------------------------------|---------------------------------------------------|-------------------------------------------------------|
| | SEE STATEMENT 3 | | | | | | |

Gifts made by spouse - complete only if you are splitting gifts with your spouse and he/she also made gifts.

| | | | | | | | |
|--|-----------------|--|--|--|--|--|--|
| | SEE STATEMENT 4 | | | | | | |
|--|-----------------|--|--|--|--|--|--|

Total of Part 1. Add amounts from Part 1, column H **24,000.**

Part 2 - Direct Skips. Gifts that are direct skips and are subject to both gift tax and generation-skipping transfer tax. You must list the gifts in chronological order.

| A Item number | B Donee's name and address Relationship to donor (if any) Description of gift If the gift was of securities, give CUSIP no. If closely held entity, give EIN | C 2632(b) election out | D Donor's adjusted basis of gift | E Date of gift | F Value at date of gift | G For split gifts, enter 1/2 of column F | H Net transfer (subtract col. G from col. F) |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|----------------------|-------------------------------|---------------------------------------------------|-------------------------------------------------------|
| | | | | | | | |

Gifts made by spouse - complete only if you are splitting gifts with your spouse and he/she also made gifts.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Total of Part 2. Add amounts from Part 2, column H

Part 3 - Indirect Skips. Gifts to trusts that are currently subject to gift tax and may later be subject to generation-skipping transfer tax. You must list these gifts in chronological order.

| A Item number | B Donee's name and address Relationship to donor (if any) Description of gift If the gift was of securities, give CUSIP no. If closely held entity, give EIN | C 2632(c) election | D Donor's adjusted basis of gift | E Date of gift | F Value at date of gift | G For split gifts, enter 1/2 of column F | H Net transfer (subtract col. G from col. F) |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------|----------------------|-------------------------------|---------------------------------------------------|-------------------------------------------------------|
| | | | | | | | |

Gifts made by spouse - complete only if you are splitting gifts with your spouse and he/she also made gifts.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Total of Part 3. Add amounts from Part 3, column H

(If more space is needed, attach additional sheets of same size.)

Part 4 - Taxable Gift Reconciliation

| | | | |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----|---------|
| 1 | Total value of gifts of donor. Add totals from column H of Parts 1, 2, and 3 | 1 | 24,000. |
| 2 | Total annual exclusions for gifts listed on line 1 (see instructions) | 2 | 24,000. |
| 3 | Total included amount of gifts. Subtract line 2 from line 1 | 3 | 0. |
| Deductions (see instructions) | | | |
| 4 | Gifts of interests to spouse for which a marital deduction will be claimed, based on item numbers _____ of Schedule A | 4 | |
| 5 | Exclusions attributable to gifts on line 4 | 5 | |
| 6 | Marital deduction. Subtract line 5 from line 4 | 6 | |
| 7 | Charitable deduction, based on item nos. _____ less exclusions | 7 | |
| 8 | Total deductions. Add lines 6 and 7 | 8 | |
| 9 | Subtract line 8 from line 3 | 9 | 0. |
| 10 | Generation-skipping transfer taxes payable with this Form 709 (from Schedule C, Part 3, col. H, Total) | 10 | |
| 11 | Taxable gifts. Add lines 9 and 10. Enter here and on page 1, Part 2 - Tax Computation, line 1 | 11 | 0. |

Terminable Interest (QTIP) Marital Deduction. (See instructions for Schedule A, Part 4, line 4.)

If a trust (or other property) meets the requirements of qualified terminable interest property under section 2523(f), and:

- a. The trust (or other property) is listed on Schedule A, and
- b. The value of the trust (or other property) is entered in whole or in part as a deduction on Schedule A, Part 4, line 4, then the donor shall be deemed to have made an election to have such trust (or other property) treated as qualified terminable interest property under section 2523(f).

If less than the entire value of the trust (or other property) that the donor has included in Parts 1 and 3 of Schedule A is entered as a deduction on line 4, the donor shall be considered to have made an election only as to a fraction of the trust (or other property). The numerator of this fraction is equal to the amount of the trust (or other property) deducted on Schedule A, Part 4, line 6. The denominator is equal to the total value of the trust (or other property) listed in Parts 1 and 3 of Schedule A.

If you make the QTIP election, the terminable interest property involved will be included in your spouse's gross estate upon his or her death (section 2044). See instructions for line 4 of Schedule A. If your spouse disposes (by gift or otherwise) of all or part of the qualifying life income interest, he or she will be considered to have made a transfer of the entire property that is subject to the gift tax. See *Transfer of Certain Life Estates Received From Spouse* on page 4 of the instructions.

12 Election Out of QTIP Treatment of Annuities

◀ Check here if you elect under section 2523(f)(6) **not** to treat as qualified terminable interest property any joint and survivor annuities that are reported on Schedule A and would otherwise be treated as qualified terminable interest property under section 2523(f). See instructions. Enter the item numbers from Schedule A for the annuities for which you are making this election ▶

SCHEDULE B Gifts From Prior Periods

If you answered "Yes" on line 11a of page 1, Part 1, see the instructions for completing Schedule B. If you answered "No," skip to the Tax Computation on page 1 (or Schedule C, if applicable).

| A Calendar year or calendar quarter (see instructions) | B Internal Revenue office where prior return was filed | C Amount of unified credit against gift tax for periods after December 31, 1976 | D Amount of specific exemption for prior periods ending before January 1, 1977 | E Amount of taxable gifts |
|-----------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------|
| 2007 | CINCINNATI, OH 45999 | | | 0. |
| 2008 | CINCINNATI, OH 45999 | | | 0. |

| | | | |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|
| 1 | Totals for prior periods | 1 | 0. |
| 2 | Amount, if any, by which total specific exemption, line 1, column D, is more than \$30,000 | 2 | |
| 3 | Total amount of taxable gifts for prior periods. Add amount on line 1, column E and amount, if any, on line 2. Enter here and on page 1, Part 2 - Tax Computation, line 2 | 3 | 0. |

(If more space is needed, attach additional sheets of same size.)

SCHEDULE C Computation of Generation-Skipping Transfer Tax

Note. Inter vivos direct skips that are completely excluded by the GST exemption must still be fully reported (including value and exemptions claimed) on Schedule C.

Part 1 - Generation-Skipping Transfers

Table with 4 columns: A Item No. (from Schedule A, Part 2, col. A), B Value (from Schedule A, Part 2, col. H), C Nontaxable portion of transfer, D Net Transfer (subtract col. C from col. B). Includes a section for 'Gifts made by spouse (for gift splitting only)'.

Part 2 - GST Exemption Reconciliation (Section 2631) and Section 2652(a)(3) Election

Check here [] if you are making a section 2652(a)(3) (special QTIP) election (see instructions)
Enter the item numbers from Schedule A of the gifts for which you are making this election []
1 Maximum allowable exemption (see instructions) 1 3,500,000.
2 Total exemption used for periods before filing this return 2
3 Exemption available for this return. Subtract line 2 from line 1 3 3,500,000.
4 Exemption claimed on this return from Part 3, column C total, below 4
5 Automatic allocation of exemption to transfers reported on Schedule A, Part 3 (see instructions) 5
6 Exemption allocated to transfers not shown on line 4 or 5, above. You must attach a "Notice of Allocation." (see instructions) ... 6
7 Add lines 4, 5, and 6 7
8 Exemption available for future transfers. Subtract line 7 from line 3 8 3,500,000.

Part 3 - Tax Computation

Table with 8 columns: A Item No. (from Schedule C, Part 1), B Net transfer (from Schedule C, Part 1, col. D), C GST Exemption Allocated, D Divide col. C by col. B, E Inclusion Ratio (subtract col. D from 1.000), F Maximum Estate Tax Rate, G Applicable Rate (multiply col. E by col. F), H Generation-Skipping Transfer Tax (multiply col. B by col. G). Includes a section for 'Gifts made by spouse (for gift splitting only)'.

Total exemption claimed. Enter here and on Part 2, line 4, above. May not exceed Part 2, line 3, above
Total generation-skipping transfer tax. Enter here; on page 3, Schedule A, Part 4, line 10; and on page 1, Part 2 - Tax Computation, line 16

| ITEM NO | DESCRIPTION | ADJUSTED BASIS | DATE | VALUE | SPLIT 1/2 | NET TRANSFER |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|---------|-----------|----------------|
| 1 | MALIA A. OBAMA DAUGHTER DONOR ELECTED UNDER SECTION 529(C)(2)(B) OF THE CODE TO TREAT A 2007 GIFT AS HAVING BEEN MADE RATABLY OVER A 5-YEAR PERIOD BEGINNING IN 2007. SEE ELECTION MADE WITH TAXPAYER'S 2007 GIFT TAX RETURN. | 12,000. | 01/01/09 | 12,000. | 6,000. | 6,000. |
| 2 | NATASHA M. OBAMA DAUGHTER DONOR ELECTED UNDER SECTION 529(C)(2)(B) OF THE CODE TO TREAT A 2007 GIFT AS HAVING BEEN MADE RATABLY OVER A 5-YEAR PERIOD BEGINNING IN 2007. SEE ELECTION MADE WITH TAXPAYER'S 2007 GIFT TAX RETURN. | 12,000. | 01/01/09 | 12,000. | 6,000. | 6,000. |
| TOTAL | | | | | | <u>12,000.</u> |

| ITEM NO | DESCRIPTION | ADJUSTED BASIS | DATE | VALUE | SPLIT 1/2 | NET TRANSFER |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|---------|-----------|----------------|
| 1 | MALIA A. OBAMA DAUGHTER DONOR ELECTED UNDER SECTION 529(C)(2)(B) OF THE CODE TO TREAT A 2007 GIFT AS HAVING BEEN MADE RATABLY OVER A 5-YEAR PERIOD BEGINNING IN 2007. SEE ELECTION MADE WITH TAXPAYER'S 2007 GIFT TAX RETURN. | 12,000. | 01/01/09 | 12,000. | 6,000. | 6,000. |
| 2 | NATASHA M. OBAMA DAUGHTER DONOR ELECTED UNDER SECTION 529(C)(2)(B) OF THE CODE TO TREAT A 2007 GIFT AS HAVING BEEN MADE RATABLY OVER A 5-YEAR PERIOD BEGINNING IN 2007. SEE ELECTION MADE WITH TAXPAYER'S 2007 GIFT TAX RETURN. | 12,000. | 01/01/09 | 12,000. | 6,000. | 6,000. |
| TOTAL SCHEDULE A, PART 1, GIFTS MADE BY SPOUSE | | | | | | <u>12,000.</u> |

Illinois Department of Revenue
2009 Form IL-1040

tax.illinois.gov Individual Income Tax Return or for fiscal year ending _____

Do not write above this line.

Step 1: Personal Information

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 separately Widowed

Staple W-2 and 1099 forms here

Step 2: Income

| | | |
|----------|----------------------------------------------------------------------------------------------------------|-------------------------------|
| | | (Whole dollars only) |
| 1 | Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4. | 1 <u>5,505,409 .00</u> |
| 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 to your income. Attach Schedule M. | 3 _____ .00 |
| 4 | Total income. Add Lines 1 through 3. | 4 <u>5,505,409 .00</u> |

Step 3: Base Income

| | | |
|----------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 5 | Income received from Social Security benefits and certain retirement plans if included in Line 1. Attach federal Page 1. | 5 _____ .00 |
| 6 | Illinois Income Tax overpayment included in U.S. 1040, Line 10. | 6 <u>4,230 .00</u> |
| 7 | Other subtractions to your income. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/> | 7 <u>12,327 .00</u> |
| 8 | Add Lines 5, 6, and 7. This is the total of your subtractions. | 8 <u>16,557 .00</u> |
| 9 | Illinois base income. Subtract Line 8 from Line 4. | 9 <u>5,488,852 .00</u> |

Step 4: Exemptions

| | | |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 10 a | Number of exemptions from your federal return. <u>4</u> x \$2,000 | a <u>8,000 .00</u> |
| b | If someone else claimed or could have claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here. _____ x \$2,000 | b _____ .00 |
| c | Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$1,000 | c _____ .00 |
| d | Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$1,000 | d _____ .00 |
| | Exemption allowance. Add Lines a through d. | 10 <u>8,000 .00</u> |

Step 5: Net Income

| | | |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 11 | Residents Only: Net income. Subtract Line 10 from Line 9. Skip Line 12. | 11 <u>5,480,852 .00</u> |
| 12 | Nonresidents and part-year residents Only: Check the box that applies to you during 2009 <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and write the Illinois base income from Sch. NR. Attach Sch. NR. | 12 _____ .00 |

Step 6: Tax

| | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 13 | Residents: Multiply Line 11 by 3% (.03). Write the result here. Nonresidents and part-year residents: Write the tax before recapture of investment credits from Schedule NR. | 13 <u>164,426 .00</u> |
| 14 | Recapture of investment tax credits. Attach Schedule 4255. | 14 _____ .00 |
| 15 | Total tax. Add Lines 13 and 14. This amount may not be less than zero. | 15 <u>164,426 .00</u> |

Staple your check

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0065

16 Total tax amount from Page 1, Line 15 16 164,426.00

Step 7: Nonrefundable Credits

17 Income tax paid to another state while an Illinois resident. 17 .00
 Attach Schedule CR.

Complete Schedule ICR
 18 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. 18 1,123.00

19 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 19 .00

20 Add Lines 17, 18, and 19. This is the total of your credits. This amount may not exceed the tax amount on Line 16. 20 1,123.00

21 Tax after nonrefundable credits. Subtract Line 20 from Line 16. 21 163,303.00

Step 8: Payments and Refundable Credit

22 Illinois Income Tax withheld. Attach W-2 and 1099 forms. 22 10,994.00

23 Estimated payments from Forms IL-505-I and IL-1040-ES, including overpayment applied from 2008 return. 23 153,460.00

See Instructions
 24 Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T. 24 .00

25 Earned Income Credit from Schedule ICR. Attach Schedule ICR. 25 .00

Complete Schedule ICR
 26 Total payments and refundable credit. Add Lines 22 through 25. 26 164,454.00

Step 9: Overpayment or Underpayment

27 Overpayment. If Line 26 is greater than Line 21, subtract Line 21 from Line 26. 27 1,151.00

28 Underpayment. If Line 21 is greater than Line 26, subtract Line 26 from Line 21. 28 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

29 Late payment penalty for underpayment of estimated tax. 29 .00

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

b Check if you or your spouse are 65 or older and permanently living in a nursing home.

c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210, otherwise we will figure this penalty for you. Attach Form IL-2210.

MAKE "GIVING" EASY!

30 You can make voluntary charitable donations to many worthy causes using this form. It's easy - just complete Schedule G and enter the donation amount here. Attach Schedule G. 30 .00

31 Total penalty and donations. Add Lines 29 and 30. 31 .00

Step 11: Refund or Amount You Owe

32 If you have an overpayment on Line 27 and this amount is greater than Line 31, subtract Line 31 from Line 27. This is your remaining overpayment. 32 1,151.00

33 Amount from Line 32 you want refunded to you. 33 0.00

Direct Deposit

34 Complete to direct deposit your refund.
 Routing number _____ Checking or Savings
 Account number _____

35 Subtract Line 33 from Line 32. This amount will be applied to your 2010 estimated tax. 35 1,151.00

See instructions for payment options.

36 If you have an underpayment on Line 28, add Lines 28 and 31. Or if you have an overpayment on Line 27 and this amount is less than Line 31, subtract Line 27 from Line 31. This is the amount you owe. 36 .00

Step 12: Sign and Date

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

Sign here

Your signature [Signature] Date 4/9/10

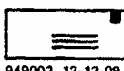
Daytime phone number _____

Your spouse's signature [Signature] Date 4-7-10

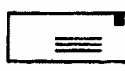
Paid preparer's signature [Signature] Date 3/30/10

Preparer's phone number _____

Preparer's FEIN, SSN, or PTIN _____



If no payment enclosed, mail to:
 ILLINOIS DEPARTMENT OF REVENUE
 PO BOX 1040
 GALESBURG IL 61402-1040



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

ID: 2BX

Read this information first

Complete this schedule only if you are eligible for the

- Illinois Property Tax Credit
- K-12 Education Expense Credit
- Earned Income Credit (EIC)

- You must complete IL-1040 through Line 16 and Schedule CR, if applicable, before completing this schedule.
- The total amount of Illinois Property Tax Credit and K-12 Education Expense Credit cannot exceed tax. Only the Earned Income Credit may exceed tax.

Step 1: Provide the following information

BARACK H. & MICHELLE L. OBAMA

Your name as shown on your Form IL-1040

Your Social Security number

Step 2: Figure your nonrefundable credit

| | | |
|---------------------------------------------------------------------------------------|---|-------------|
| 1 Write the amount of tax from your IL-1040, Line 16. | 1 | 164,426 .00 |
| 2 Write the amount of credit for tax paid to other states from your IL-1040, Line 17. | 2 | .00 |
| 3 Subtract Line 2 from Line 1. | 3 | 164,426 .00 |

Section A - Illinois Property Tax Credit (See instructions for directions on how to obtain your PIN)

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------|
| 4 a Write the total amount of Illinois Property Tax paid during the tax year for the real estate that includes your principal residence. | 4a | 22,456 .00 |
| b Write the Property Index Number (PIN) for the property listed above. | 4b | [REDACTED] |
| c Write the PIN for an adjoining lot, if included in Line 4a. | 4c | |
| d Write the PIN for any other adjoining lot, if included in Line 4a. | 4d | |
| e Write the portion of your tax bill that is deductible as a business expense on U.S. income tax forms or schedules, even if you did not take the federal deduction. | 4e | .00 |
| f Subtract Line 4e from Line 4a. | 4f | 22,456 .00 |
| g Multiply Line 4f by 5% (.05). | 4g | 1,123 .00 |
| 5 Compare Lines 3 and 4g, and write the lesser amount here. | 5 | 1,123 .00 |
| 6 Subtract Line 5 from Line 3. | 6 | 163,303 .00 |

Section B - K-12 Education Expense Credit

Note You must attach the receipt you received from your students' school or complete the **K-12 Education Expense Credit Worksheet** on page 2 of this schedule.

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 7 a Write the total amount of K-12 education expenses from the receipt you received from your students' school or Line 13 of the worksheet on page 2 of this schedule. | 7a | .00 |
| b You may not take a credit for the first \$250 paid. | 7b | 250.00 |
| c Subtract Line 7b from Line 7a. If the result is negative, enter "zero." | 7c | .00 |
| d Multiply Line 7c by 25% (.25). Compare the result and \$500, and write the lesser amount here. | 7d | .00 |
| 8 Compare Lines 6 and 7d, and write the lesser amount here. | 8 | 0 .00 |

Section C - Total Nonrefundable Credit

| | | |
|------------------------------------------------------------------------------------------------------------|---|-----------|
| 9 Add Lines 5 and 8. This is your nonrefundable credit amount. Write this amount on Form IL-1040, Line 18. | 9 | 1,123 .00 |
|------------------------------------------------------------------------------------------------------------|---|-----------|

Schedule ICR - Page 2

Step 3: Figure your refundable credit

Earned Income Credit

- 10 a Write the amount of federal EIC as shown on your U.S. 1040, Line 64a; U.S. 1040A, Line 41a; or U.S. 1040EZ, Line 9a. 10a _____ .00
- b Multiply the amount on Line 10a by 5% (.05). 10b _____ .00
- c **Illinois residents:** Write 1.0.
Nonresidents and part-year residents: Write the decimal from Schedule-NR, Line 48. 10c _____
- d Multiply Line 10b by the decimal on Line 10c. 10d _____ .00
- 11 Write the amount from Line 10d here. This is your Illinois Earned Income Credit. Write this amount on Form IL-1040, Line 25. → 11 _____ .00

Section B Continued - K-12 Education Expense Credit Worksheet (continued from Step 2, Section B)

Note Complete only if you did not receive a receipt from your student's school.

12 Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately. If you need more space, attach a separate piece of paper following this format.

| | A Student's name | B Social Security number | C Grade (K-12 only) | D School name (IL K-12 schools only or write "home school," if applicable) | E School city (IL cities only) | F Total tuition, book/lab fees |
|---|---------------------|-----------------------------|------------------------|-------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|
| a | _____ | _____ | _____ | _____ | _____ | _____ |
| b | _____ | _____ | _____ | _____ | _____ | _____ |
| c | _____ | _____ | _____ | _____ | _____ | _____ |
| d | _____ | _____ | _____ | _____ | _____ | _____ |
| e | _____ | _____ | _____ | _____ | _____ | _____ |
| f | _____ | _____ | _____ | _____ | _____ | _____ |
| g | _____ | _____ | _____ | _____ | _____ | _____ |
| h | _____ | _____ | _____ | _____ | _____ | _____ |
| i | _____ | _____ | _____ | _____ | _____ | _____ |
| j | _____ | _____ | _____ | _____ | _____ | _____ |

- 13 Add the amounts in Column F for Lines 12a through 12j (and the amounts from Column F of any additional pages you attached). This is the total amount of your qualified education expenses for this year. Write this amount here and on Step 2, Line 7a of this schedule. → 13 _____ .00

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 H. & MICHELLE L. OBAMA

Your name as shown on Form IL-1040.

Your Social Security number.

Step 2: Figure your additions for Form IL-1040, Line 3

(Whole dollars only)

Write the amount of

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|-----|
| 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 Schedule K-1-P or Schedule K-1-T. | 2 | _____ | .00 |
| 3 Withdrawals you made from your Medical Care Savings Account, and the interest earned, if not included in your adjusted gross income | 3 | _____ | .00 |
| 4 Lloyds plan of operations loss, if reported on your behalf on Form IL-1023-C and included in your adjusted gross income | 4 | _____ | .00 |
| 5 Earnings distributed in 2009 from IRC Section 529 college savings and tuition programs if not included in your adjusted gross income (Do not include distributions from "Bright Start," "Bright Directions," or "College Illinois" programs or programs that meet certain disclosure requirements - see instructions.) | 5 | _____ | .00 |
| 6 Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. Attach Form IL-4562. | 6 | _____ | .00 |
| 7 Business expense recapture (nonresidents only) | 7 | _____ | .00 |
| 8 Recapture of deductions for contributions to Illinois college savings plans transferred to an out-of-state plan | 8 | _____ | .00 |
| 9 Credit taken on Schedule 1299-C for student-assistance contributions you made as an employer | 9 | _____ | .00 |
| 10 Recapture of deductions for contributions to college savings plans withdrawn for nonqualified expenses or refunded | 10 | _____ | .00 |
| 11 Other income - Identify each item _____ | 11 | _____ | .00 |
| 12 Add Lines 1 through 11. Write the amount here and on Form IL-1040, Line 3. | 12 | _____ | .00 |

Step 3: Figure your subtractions for Form IL-1040, Line 7

Write the amount of

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|-----|
| 13 Contributions made in 2009 to the following college savings plans: | | | |
| a "Bright Start" College Savings Pool | 13a | _____ | .00 |
| b "College Illinois" Prepaid Tuition Program | 13b | _____ | .00 |
| c "Bright Directions" College Savings Pool | 13c | _____ | .00 |
| 14 Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Line 25 of this schedule.) Attach Schedule K-1-P or Schedule K-1-T. | 14 | _____ | .00 |
| 15 Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341 | 15 | _____ | .00 |
| 16 Contributions to a job training project | 16 | _____ | .00 |
| 17 Expenses related to federal credits or federally tax-exempt income | 17 | _____ | .00 |
| 18 Interest earned on investments through the Home Ownership Made Easy Program | 18 | _____ | .00 |
| 19 Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. Attach Form IL-4562. | 19 | _____ | .00 |
| 20 Add Lines 13a through 19 and write the amount here and on Page 2, Line 21. | 20 | _____ | .00 |

Step 3: Continued

| | | | | |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|------------|
| 21 | Write the amount from Page 1, Line 20. | 21 | _____ | .00 |
| Write the following only if included in Form IL-1040, Lines 1, 2, or 3: | | | | |
| 22 | Military pay earned. Attach military W-2. | 22 | _____ | .00 |
| 23 | U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040A or 1040, Schedule B. Attach a copy of U.S. 1040A or 1040, Schedule B. SEE STATEMENT 2 | 23 | _____ | 12,327 .00 |
| 24 | August 1, 1969, valuation limitation amount from your Schedule F, Line 17. Attach Schedule F and required federal forms. | 24 | _____ | .00 |
| 25 | Enterprise or river edge redevelopment zone and high impact business dividend subtraction amount from your Schedule 1299-C, Step 2, Line 7. Attach Schedule 1299-C. | 25 | _____ | .00 |
| 26 | 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. | 26 | _____ | .00 |
| 27 | Ridesharing money and other benefits | 27 | _____ | .00 |
| 28 | Payment of life insurance, endowment, or annuity benefits received | 28 | _____ | .00 |
| 29 | Your employer's contributions made on your behalf to an account established under the Medical Care Savings Account Act and the interest earned | 29 | _____ | .00 |
| 30 | Lloyds plan of operations income if reported on your behalf on Form IL-1023-C | 30 | _____ | .00 |
| 31 | Income earned by certain trust accounts established under the Illinois Pre-Need Cemetery Sales Act | 31 | _____ | .00 |
| 32 | Education loan repayments made for primary care physicians who agree to practice in designated shortage areas under the Family Practice Residency Act | 32 | _____ | .00 |
| 33 | Reparations or other amounts received as a victim of persecution by Nazi Germany | 33 | _____ | .00 |
| 34 | Interest on the following tax-exempt obligations of Illinois state and local government. Do not include interest you received indirectly through owning shares in a mutual fund. | | | |
| a | Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes) | 34a | _____ | .00 |
| b | Export Development Act of 1983 bonds | 34b | _____ | .00 |
| c | Illinois Development Finance Authority bonds, notes, and other evidence of obligation (venture fund and infrastructure bonds only) | 34c | _____ | .00 |
| d | Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority) | 34d | _____ | .00 |
| e | College Savings bonds | 34e | _____ | .00 |
| f | Illinois Sports Facilities Authority bonds | 34f | _____ | .00 |
| g | Higher Education Student Assistance Act bonds | 34g | _____ | .00 |
| h | Illinois Development Finance Authority bonds issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87 | 34h | _____ | .00 |
| i | Rural Bond Bank Act bonds and notes | 34i | _____ | .00 |
| j | Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act | 34j | _____ | .00 |
| k | Quad Cities Interstate Metropolitan Authority bonds | 34k | _____ | .00 |
| l | Southwestern Illinois Development Authority bonds | 34l | _____ | .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 | 34m | _____ | .00 |
| 35 | Interest on the following non-U.S. government bonds. | | | |
| a | Bonds issued by the government of Guam | 35a | _____ | .00 |
| b | Bonds issued by the government of Puerto Rico | 35b | _____ | .00 |
| c | Bonds issued by the government of the Virgin Islands | 35c | _____ | .00 |
| d | Bonds issued by the government of American Samoa | 35d | _____ | .00 |
| e | Bonds issued by the government of the Northern Mariana Islands | 35e | _____ | .00 |
| f | Mutual mortgage insurance fund bonds | 35f | _____ | .00 |
| 36 | Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 34 or 35 as reported on U.S. Form 8814 | 36 | _____ | .00 |
| 37 | Railroad unemployment income | 37 | _____ | .00 |
| 38 | Add Lines 21 through 37. Write the amount here and on Form IL-1040, Line 7. | 38 | _____ | 12,327 .00 |

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

2009 IL-2210 Computation of Penalties for Individuals

Attach to your Form IL-1040

IL Attachment No. 19

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

Step 1: Provide the following information

BARACK H. & MICHELLE L. OBAMA

Your name as shown on Form IL-1040

Your Social Security number

Note: If your prior year tax return was filed using a different Social Security number than the number above, write that number here.

Step 2: Figure your required installments

| | A This year | | B Last year | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|-------------------------------|--------------------|
| 1 Write the amount of your total income tax from each tax return. See instructions. | 1 | <u>164,426.</u> | | <u>78,765.</u> |
| 2 Write the amount of credits from each tax return. See instructions. | 2 | <u>1,123.</u> | | <u>1,612.</u> |
| 3 Subtract Line 2 from Line 1. | 3 | <u>163,303.</u> | | <u>77,153.</u> |
| 4 Write the total amount of this year's Illinois withholding from your W-2 forms and any pass-through entity payments made on your behalf. | 4 | <u>10,994.</u> | | |
| 5 Subtract Line 4 from Line 3. | 5 | <u>152,309.</u> | | |
| 6 Multiply Column A, Line 3, by 90% (.9). | 6 | <u>146,973.</u> | | |
| 7 If Line 5 is \$500 or less or if you are exempt from estimated tax, write "0," and go to Step 3. Otherwise, write the lesser of Column A, Line 6, or Column B, Line 3. | 7 | <u>77,153.</u> | | |
| 8 Divide the amount written on Line 7 by four. This is the amount of each required installment. (If you use the annualized income installment method, see instructions.) | 8 | <u>19,288.</u> | | |
| | | | Quarter 1 | Quarter 2 |
| | | | April 15, 2009 | June 15, 2009 |
| 9 Write the required installment. See instructions. | | | <u>19,288.</u> | <u>19,288.</u> |
| 10 Write any credit carried forward from the prior year and the amount withheld. See instructions. | | | <u>3,479.</u> | <u>2,749.</u> |
| 11 Subtract Line 10 from Line 9. If the amount is negative, use brackets. | | | <u>15,809.</u> | <u>16,539.</u> |
| 12 If the amount on Line 13 of the previous quarter is negative, write that amount as a positive here. Otherwise, write "0." | | | Skip this line for Quarter 1. | <u>0.</u> |
| 13 Subtract Line 12 from Line 11. If the amount is negative, use brackets. | | | <u>15,809.</u> | <u>16,539.</u> |
| | | | | Quarter 3 |
| | | | | September 15, 2009 |
| | | | | Quarter 4 |
| | | | | January 15, 2010 |
| | | | | <u>19,289.</u> |
| | | | | <u>2,747.</u> |
| | | | | <u>16,542.</u> |
| | | | | <u>0.</u> |
| | | | | <u>16,542.</u> |

Step 3: Figure your unpaid tax

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------|
| 14 Write the amount from Column A, Line 3. | 14 | <u>163,303.</u> |
| 15 Add your credit carried forward from the prior year, your total estimated payments made this year, your withholding as shown on your W-2 forms, and the pass-through entity payments made on your behalf. Compare that total to either the amount written on Line 7, or, if you annualized, the total of Line 9 Quarters 1 through 4, and write the greater amount here. | 15 | <u>164,454.</u> |
| 16 Write other payments made on or before April 15, 2010. a Write the amount and the date of your Form IL-505-I. 16a _____ Date: _____ b Write the amount and the date of any other payment. 16b _____ Date: _____ Add Lines 16a and 16b. Write the amount here. | 16 | |
| 17 Add Lines 15 and 16. Write the total amount here. | 17 | <u>164,454.</u> |
| 18 Subtract Line 17 from Line 14. If the amount is • positive, write that amount here. Continue to Step 4, and write this amount in Penalty Worksheet 1, Line 20, Column C. • zero or negative, write that amount here, if negative use brackets. Continue to Step 4, skip Penalty Worksheet 1, and go to Penalty Worksheet 2. You may apply this amount to any underpayment when figuring your Penalty Worksheet 2. See instructions. | 18 | <u><1,151.></u> |

Step 4: Figure your late-payment penalty

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

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

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

Penalty rates

| Number of days late | Penalty rate |
|---------------------|--------------|
| 1 - 30 | .02 |
| 31 or more | .10 |

Penalty Worksheet 1 - Late-payment penalty for unpaid tax

19 Write the amount and the date of any payment you made on or after April 16, 2010. See instructions.

Amount Date paid

a _____
b _____

20 Write the amount from Line 18 on the first line of Column C below.

| A | B | C | D | E | F | G | H | I |
|-----------------------|----------|---------------|-----------------|-------------------------------|--------------|---------------------|--------------------------|---------|
| Period | Due date | Unpaid amount | Payment applied | Balance due (Col. C - Col. D) | Payment date | Number of days late | Penalty rate (See above) | Penalty |
| Return April 15, 2010 | | | | | | | | |
| | | | | | | | | |

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

Write the total amount here and on Line 28.

21 _____

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

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

Note If you paid the required amount from Line 13 by the payment due date for each quarter, do not complete this worksheet.

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

| Estimated Income Tax Payments | | | | | |
|-------------------------------|-----------|------------|-----------|---------|-----------|
| Amount | Date paid | Amount | Date paid | Amount | Date paid |
| a 17,090. | 04/15/09 | c 17,820. | 09/15/09 | e _____ | _____ |
| b 17,820. | 06/15/09 | d 100,000. | 12/28/09 | f _____ | _____ |

23 Write the unpaid amounts from Line 13, Quarters 1 through 4, on the first line of the appropriate quarters in Column C below.

| A | B | C | D | E | F | G | H | I |
|----------------------|----------|---------------|-----------------|-------------------------------|--------------|---------------------|--------------------------|---------|
| Period | Due date | Unpaid amount | Payment applied | Balance due (Col. C - Col. D) | Payment date | Number of days late | Penalty rate (See above) | Penalty |
| Qtr 1 April 15, 2009 | | 15,809. | | 15,809. | 04/15/09 | | | |
| | | 15,809. | 17,090. | -1,281. | 04/15/09 | | | |
| Qtr 2 June 15, 2009 | | 16,539. | | 16,539. | 06/15/09 | | | |
| | | 16,539. | 1,281. | 15,258. | 06/15/09 | | | |
| | | 15,258. | 17,820. | -2,562. | 06/15/09 | | | |
| Qtr 3 Sept. 15, 2009 | | 16,539. | | 16,539. | 09/15/09 | | | |
| | | 16,539. | 2,562. | 13,977. | 09/15/09 | | | |
| | | 13,977. | 17,820. | -3,843. | 09/15/09 | | | |
| Qtr 4 Jan. 15, 2010 | | 16,542. | | 16,542. | 01/15/10 | | | |
| | | 16,542. | 3,843. | 12,699. | 01/15/10 | | | |
| | | 12,699. | 100000. | -87301. | 01/15/10 | | | |

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

Write the total amount here and on your Form IL-1040, Line 29 (round to whole dollars).

24 _____ 0

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

Note Figure your late-filing penalty only if

- you are filing your tax return after October 15, 2010; and
- your tax was not paid by April 15, 2010.

Figure your late-filing penalty.

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

Figure the amount you owe.

- 28 Write any late-payment penalty for unpaid tax from Line 21. 28 _____
- 29 Write any late-filing penalty from Line 27. 29 _____
- 30 If you have an overpayment on Form IL-1040, Line 32, write that amount as a <negative number>. If you have an amount due on Form IL-1040, Line 36, write that amount as a positive number. 30 _____
- 31 Add Lines 28 through 30. 31 _____
 If the result is a negative number, this is the amount you are overpaid (before any amount applied to next year's estimated tax).
 If the result is a positive number, this is the amount you owe. See Form IL-1040 instructions for your payment options.

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

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

| | A January 1, 2009 to March 31, 2009 | B January 1, 2009 to May 31, 2009 | C January 1, 2009 to August 31, 2009 | D January 1, 2009 to December 31, 2009 |
|--------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|--------------------------------------------|----------------------------------------------|
| 32 Write your Illinois base income for each period. See instructions. | 32 _____ | _____ | _____ | _____ |
| 33 Annualization factors. | 33 <u>4</u> | <u>2.4</u> | <u>1.5</u> | <u>1</u> |
| 34 Multiply Line 32 by Line 33. This is your annualized income. | 34 _____ | _____ | _____ | _____ |
| 35 Exemptions. See instructions. | 35 _____ | _____ | _____ | _____ |
| 36 Subtract Line 35 from Line 34. This is your Illinois net income. | 36 _____ | _____ | _____ | _____ |
| 37 Multiply Line 36 by 3% (.03). | 37 _____ | _____ | _____ | _____ |
| 38 For each period, write the amount you wrote on Line 2, Column A. | 38 _____ | _____ | _____ | _____ |
| 39 Subtract Line 38 from Line 37. | 39 _____ | _____ | _____ | _____ |
| 40 Applicable percentage. | 40 <u>22.5% (.225)</u> | <u>45% (.450)</u> | <u>67.5% (.675)</u> | <u>90% (.900)</u> |
| 41 Multiply Line 39 by Line 40. This is your annualized installment. | 41 _____ | _____ | _____ | _____ |
| 42 Add the amounts on Line 48 of each of the preceding columns and write the total here. | 42 <u>Skip this line for Column A.</u> | _____ | _____ | _____ |
| 43 Subtract Line 42 from Line 41. If less than zero, write "0." | 43 _____ | _____ | _____ | _____ |
| 44 Write the amount from Line 8 in each column. | 44 _____ | _____ | _____ | _____ |
| 45 Write the amount from Line 47 of the preceding column. | 45 <u>Skip this line for Column A.</u> | _____ | _____ | _____ |
| 46 Add Lines 44 and 45. | 46 _____ | _____ | _____ | _____ |
| 47 If Line 46 is greater than Line 43, subtract Line 43 from Line 46. Otherwise, write "0." | 47 _____ | _____ | _____ | <u>Skip this line for Column D.</u> |
| 48 Write the lesser of Line 43 or Line 46 here and on Line 9. This is your required installment. | 48 _____ | _____ | _____ | _____ |

BARACK H. & MICHELLE L. OBAMA

| IL-SCHEDULE M | U.S. GOVERNMENT OBLIGATIONS | STATEMENT | 2 |
|-------------------------------------------------|-----------------------------|-----------|---|
| DESCRIPTION | | AMOUNT | |
| NORTHERN TRUST SECURITIES US GOVT INTEREST | | 17,763.00 | |
| NORTHERN TRUST SECURITIES US GOVT INTEREST PAID | | -5,436.00 | |
| TOTAL TO FORM IL-SCHEDULE M, LINE 23 | | 12,327.00 | |

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ See instructions.

OMB No. 1545-0074

2009

Attachment
Sequence No. **08**

BARACK H. & MICHELLE L. OBAMA

Your social security number

**Part I
Interest**

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

JP MORGAN

NORTHERN TRUST SECURITIES US GOVT INTEREST

NORTHERN TRUST SECURITIES US GOVT INTEREST PAID

NEW YORK LIFE ANNUITY

FROM K-1 - FREEMAN HENRY G. JR. DECD TW

Amount

317.

17,763.

-5,436.

808.

21.

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

2 Add the amounts on line 1

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

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

13,473.

13,473.

Amount

**Part II
Ordinary
Dividends**

5 List name of payer ▶

NORTHERN TRUST SECURITIES

FROM K-1 - FREEMAN HENRY G. JR. DECD TW

39.

11,979.

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

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

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

12,018.

**Part III
Foreign
Accounts
and
Trusts**

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

7a At any time during 2009, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1

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

8 During 2009, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

If "Yes," you may have to file Form 3520. See page B-2

Yes No

X

X

X

927501
10-20-09