1040	U.S	S. Individual Incom	ne Tax Return	³⁰ 2015	OMB No. 1545-0074	IRS Use Only - Do n	ot write (or staple	e in this space.	
For the year Jan, 1-Dec	. 31, 20	15, or other tax year beginning			, 2015, ending	.20		See	separate instruc	tions.
Your first name and	initial		Last name					Your so	ocial security numb	er
BARACK H.			OBAMA							
If a joint return, spor	use's fi	rst name and initial	Last name					Spouse	e's social security r	number
MICHELLE	L.		OBAMA							
		d street). If you have a P.O.	box, see instructions	S.		Apt.	10.	1.45	ake sure the SSN(s	above
THE PERSONS HAVE VALUE OF THE PERSONS IN		VANIA AVENUE						A an	d on line 6c are cor	rect.
		and ZIP code. If you have a fore		ete spaces below.	· ·			Presid	ential Election Carr	palgn
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Check only	3	Married filing separat		SN above		e here. 🕨	e Seminorita	Contract Contract	1.004	
one box.		and full name here.				fying widow(er) with	n deper	ident c	hild Boxes checked	0
Exemptions	A COLUMN	X Yourself. If someone	can claim you as a d	lependent, do notch	eck box 6a	**********			on 6a and 6b	_2_
	b	X Spouse					1 100/1	abild	No. of children on 6c who:	
	C	Dependents:		(2) Dependent's so	Uidi to	Dependent's lationship to	(4) √ II under a	gë 17		_2_
	-	(1) First name	Last name	security number		you	under a qualitying tax cri	edit		a
	I	MALIA A OBAM	A		DAUGH	TER			or separation (see instructions)	-
If more than four	Ī	NATASHA M OB	AMA		DAUGH	TER	X			
dependents, see instructions and	1								Dependents on 60 not entered above	
check here									Add numbers	
AMAZINO OCI. VIII SALISI POLI SALISI	d	Total number of exemptio	ns claimed					(111)	on lines above	4
Incomo	7	Wages, salaries, tips, etc.					7		394,4	54.
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	b	Tax-exempt interest. Do	AND THE RESIDENCE OF THE PARTY		I I					
Attach Form(s)	9a	Ordinary dividends. Attac			21 () () () ()		9	a		9.
W-2 here. Also attach Forms	b	O DO L P. L. L.			1 0- 1		-	-		
W-2G and	10	Taxable refunds, credits,	or offeate of etata and		Contractive Contra	STMT 3	1	0		0.
1099-R If tax	000000	30000 American Americ				******************				0 0
was withheld.	11		V Atlant Cabadula C				1		56 (069.
	12	Business income or (loss						3		000.
If you did not	13	Capital gain or (loss). Atta					-	-	-3,1	100.
get a W-2,	14	Other gains or (losses). A	2 272-0			WE THEN THE PARTY TO		4		
see instructions.	15a		15a			mount	-	5b		
	16a	Pensions and annuities				mount		3b		
	17	Rental real estate, royaltie		orporations, trusts, et	c. Attach Schedule	E ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7		
	18	Farm income or (loss). A						8		
	19	Unemployment compens					. 1	9		
	20a	Social security benefits			b Taxable a	mount		Ob		
	21	Other income. List type a				1		11	7.0	0.0.0
	22	Combine the amounts in				income	2	2	447,	880.
	23	Educator expenses		and that were	23					
Adjusted	24	Educator expenses Certain business expenses of officials. Attach Form 2106 or	2106-EZ	rusis, and ree-basis gov	ernment 24					
Gross	25	Health savings account d	eduction. Attach For	m 8889	25					
Income	26	Moving expenses. Attach			The state of the s					
	27	Deductible part of self-en				75:				
	28	Self-employed SEP, SIMI	PLE, and qualified pla	ans	28	11,06	4.			
	29	Self-employed health ins								
	30	Penalty on early withdray	val of savings		30					
	31a	Alimony paid b Recipie	ent's SSN 🕨		31a					
	32	IRA deduction								
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	34	Tuition and fees. Attach F	CATALOGRAPHICA PROPERTY OF THE PARTY OF THE		The state of the s					
	35	Domestic production act								
	36	Add lines 23 through 35						36	11	815.
510001 12-30-15	37	Subtract line 36 from line						37	436,	
15-20-15	01	Subtract time 30 HOM HIII	LE THIS IS YOU AU	neren Aines illenille		ALBERT STREET		e f	2001	~~~

Second S		10.	ARACK H. & MICHELLE L. OBAMA		Page 2
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Secretary	Credits		Check You were born before January 2, 1951. Blind. Total boxes		i
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43	dependent, see				
4 Tax. Check Harry Front	instructions.			-	
A Alternative minimum tax. Match Form 6251 46 7,743.			Taxable income. Subtract line 42 from line 4.1. If line 42 is more than line 41, enter -0-	0.00	
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Sample S		52	Child tax credit. Attach Schedule 8812, if required 52		
54 Other credits from From: a 3800 b 8801 c 54		53			
55 Add lines 48 through 54. These are your total credits 56 979.		54	Other credits from Form: a 3800 b 8801 c 54		
58 Subtract line 55 from line 47, liftine 55 is more than line 47, enter -0.		55		55	979.
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b First-time homebuyer credit repayment. Altach Form 405 if required 61 Health care; individual responsibility (see instructions) 62 Taxes from: a [X] Form 3959 b Form 3950 c Inst.; enter code(s) 63 Add lines 56 through 62. This is your total tax 64 Federal income tax withheld from Forms W-2 and 1099 65 2016 settinated tax payments and amount applied from 2014 return 65 5 5,000 c 66 a Earned income tax withheld from Forms W-2 and 1099 66 a Earned income tax withheld from Forms W-2 and 1099 67 Additional field tax credit. Attach Schedule 8812 68 Earned income credit (EIC) 68 American opportunity credit from Form 8863, line 8 69 Net premium tax credit. Attach Form 4989 69 Net premium tax credit. Attach Form 4989 70 Amount paid with request for extension to file 71 Excess social security and tier 1 RRTA tax withheld 71 Excess social security and tier 1 RRTA tax withheld 72 Credit for federal tax on fuels. Attach Form 4980 73 Credits from Form 126 74 Add fines 64, 65, 66a, and 67 through 73. These are your total payments 75 If line 74 is more than line 63, subtract line 55 from fine 74. This is the amount you overpaid 76 Amount of line 75 you want applied to your 2016 estimated tax 77 76 Amount of line 75 you want applied to your 2016 estimated tax 77 77 Amount of line 75 you want applied to your 2016 estimated tax 79 78 Amount of line 75 you want applied to your 2016 estimated tax 79 78 Amount of line 75 you want applied to your 2016 estimated tax 79 78 Amount of line 75 you want applied to your 2016 estimated tax 79 78 Amount of line 75 you want applied to your 2016 estimated tax 79 78 Amount of line 75 you want applied to your 2016 estimated tax 79 78 Amount of line 75 you want applied to your 2016 estimated tax 79 79 Designee 81	i axoo				
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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. Pour occupation Date Your occupation US PRESIDENT Sponse's signature, if a joint return both must sign for your records. Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Date Check If PTIN self-employed 3/3://6 Firm's name ■ WINEBERG SOLHEIM HOWELL & SHAIN, PC Firm's name ■ WINEBERG SOLHEIM HOWELL & SHAIN, PC 180 N LASALLE ST, STE 2200 Phone no.	Refund Direct deposit? See instructions. Amount You Owe	66 67 68 69 70 71 72 73 74 75 76 77	A Earned income credit (EIC) Nontaxable combat pay election Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b Reserved c 8885 d 73 Add lines 64, 65, 66a, and 67 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here Bounds and Amount of line 75 you want refunded to you. If Form 8888 is attached, check here Amount you over. Subtract line 74 from line 63. For details on how to pay, see instructions Estimated tax penalty (see instructions) To you want to allow another person to discuss this return with the IRS (see instructions)? X Yes, Complete by	74 75 76a	22,859. 22,859.
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See instructions. Keep a copy for your records. Print/Type preparer's name Preparer MICHAEL S SOLHEIM Use Only Firm's name WINEBERG SOLHEIM HOWELL & SHAIN, PC 180 N LASALLE ST, STE 2200 Phone no.	Refund Direct deposit? See instructions. Amount You Owe Third Par Designee	66 67 68 69 70 71 72 73 74 75 76 77 78 79	A Earned income credit (EIC) Nontaxable combat pay election Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b Reserved 8885 d 73 Add lines 64, 65, 66a, and 67 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid and Amount of line 75 you want refunded to you. If Form 8888 is attached, check here Resuling Savings of Account Amount of line 75 you want applied to your 2016 estimated tax Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions Estimated tax penalty (see instructions) To you want to allow another person to discuss this return with the IRS (see instructions)? We complete be estigned as a statement, and to the best of meaning schedules and statements, and to the best of meaning schedules and statements, and to the best of meaning schedules and statements, and to the best of meaning schedules and statements, and to the best of meaning schedules and statements, and to the best of meaning schedules and statements, and to the best of meaning schedules and statements, and to the best of meaning schedules and statements, and to the best of meaning schedules and statements, and to the best of meaning schedules and statements, and to the best of meaning schedules and statements, and to the best of meaning schedules and statements, and to the best of meaning schedules and statements, and to the best of meaning schedules and statements, and to the best of meaning schedules and statements, and to the best of meaning schedules and statements.	74 75 76a 78	22,859. 22,859.
Sponse's signature, it applied return both must sign Date Spouse's occupation Firm's name Preparer's signature Taylor Prim's name Prim's nam	Refund Direct deposit? See instructions. Amount You Owe Third Pai Designee Sign	66 67 68 69 70 71 72 73 74 75 76 77 78 79	A Earned income credit (EIC) Nontaxable combat pay election Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b Reserved 8885 d 73 Add lines 64, 65, 66a, and 67 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid and Amount of line 75 you want refunded to you. If Form 8888 is attached, check here Amount of line 75 you want applied to your 2016 estimated tax Amount of line 75 you want applied to your 2016 estimated tax Estimated tax penalty (see instructions) Do you want to allow another person to discuss this return with the IRS (see instructions)? We call you want to allow another person to discuss this return and accompanying schedules and statements, and to the best of me correct, and Copyplete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	74 75 76a 78 elow. Perso numb	22,859. 22,859. No nal identification er (PIN) edge and belief, they are true,
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Print/Type preparer's name Preparer's signature Date 3/3://6 Print/Type preparer's name Preparer's signature 3/3://6 Print/Type preparer's name Preparer's signature 3/3://6 Self-employed Self-employed Self-employed Firm's name NINEBERG SOLHEIM HOWELL & SHAIN, PC 180 N LASALLE ST, STE 2200 Phone no.	Refund Direct deposit? See instructions. Amount You Owe Third Par Designee Sign Here Joint return? See instructions	68 67 68 69 70 71 72 73 74 75 76 77 78 79	A Earned income credit (EIC) Nontaxable combat pay election Additional child tax credit. Attach Schedule 8812 American opportunity credit from Form 8863, line 8 Net premium tax credit. Attach Form 8962 Amount paid with request for extension to file Excess social security and tier 1 RRTA tax withheld Credit for federal tax on fuels. Attach Form 4136 Credits from Form: a 2439 b Reserved 8885 d 73 Add lines 64, 65, 66a, and 67 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid a Amount of line 75 you want refunded to you. If Form 888 is attached, check here Amount of line 75 you want applied to your 2016 estimated tax Amount of line 75 you want applied to your 2016 estimated tax Amount of line 75 you want applied to your 2016 estimated tax Amount of line 75 you want applied to your 2016 estimated tax To Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions Estimated tax penalty (see instructions) To you want to allow another person to discuss this return with the IRS (see instructions)? We yes Complete be signers MICHAEL S SOLHEIM Under penalties of permy, I declare that I have examined this return and accompanying schedules and statements, and to the best of materials of the penalties of permy, I declare that I have examined this return and accompanying schedules and statements, and to the best of materials of the penalties of permy, I declare that I have examined this return and accompanying schedules and statements, and to the best of materials of the penalties of permy, I declare that the penalties of the penalties of permy, I declare that the penalties of the penalties of permy, I declare that the penalties of permy occupation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	74 75 76a 78 Perso numb y knowl	22,859. 22,859. No enal identification er (PIN) edge and belief, they are true, sylime phone number
Preparer MICHAEL S SOLHEIM Use Only Firm's name ➤ WINEBERG SOLHEIM HOWELL & SHAIN, PC 180 N LASALLE ST, STE 2200 Phone no.	Refund Perend Direct deposit? See instructions. Amount You Owe Third Par Designee Sign Here Joint return? See instructions Keep a copy for your	68 67 68 69 70 71 72 73 74 75 76 77 78 79	A Earned income credit (EIC) 66a Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 8812 67 American opportunity credit from Form 8863, line 8 68 Net premium tax credit. Attach Form 8962 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 Credit for federal tax on fuels. Attach Form 4136 72 Credits from Form: a 2439 b Reserved 8885 d 73 Add lines 64, 65, 66a, and 67 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid a Amount of line 75 you want refunded to you. If Form 888 is attached, check here 600 footing Savings Amount of line 75 you want applied to your 2016 estimated tax 77 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 800 poyou want to allow another person to discuss this return with the IRS (see instructions) 79 Do you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete be signed 18 miles of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of me correct, and Complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your prignature 74 point return both must sign. Date 8 pouse's occupation	74 75 76a 78 78 Perso aumb y knowl	22,859. 22,859. No nal identification er (PIN) edge and belief, they are true, aytime phone number the IRS sent you an identity ofection PIN.
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Use Only Firm's name ► WINEBERG SOLHEIM HOWELL & SHAIN, PC 180 N LASALLE ST, STE 2200 Phone no.	Refund Refund Direct deposit? See instructions. Amount You Owe Third Par Designee Sign Here Joint return? See instructions Keep a copy for your records.	68 67 68 69 70 71 72 73 74 75 76 77 78 79	Additional child tax credit. Attach Schedule 8812 67 American opportunity credit from Form 8863, line 8 68 Net premium tax credit. Attach Form 8962 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 Credit for federal tax on fuels. Attach Form 4136 72 Credits from Form: a 2439 b Reserved 8885 d 73 Add lines 64, 65, 66a, and 67 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 800 mumber 1 checking 800 ming 800 m	74 75 76a 78 Persoanumbly knowli	22,859. 22,859. No nal identification er (PIN) edge and belief, they are true, sytime phone number the IRS sent you an identity ofection PIN, ster it here
180 N LASALLE ST, STE 2200 Phone no.	Refund Refund Direct deposit? See instructions. Amount You Owe Third Par Designee Sign Here Joint return? See instructions Keep a copy for your records.	68 67 68 69 70 71 72 73 74 75 76 77 78 79	Additional child tax credit. Attach Schedule 8812 67 American opportunity credit from Form 8863, line 8 68 Net premium tax credit. Attach Form 8962 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 Credit for federal tax on fuels. Attach Form 4136 72 Credits from Form: a 2439 b Reserved c 8885 d 73 Add lines 64, 65, 66a, and 67 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 800 amount of line 75 you want applied to your 2016 estimated tax 77 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 80 you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete be signess MICHAEL S SOLHEIM Phone 80 your young schedules and statements, and to the best of married and statements. Spouse's signature. If a joint return both must sign. Phone 80 your yields to perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of morrect, and Complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your yignature 90 your yignatur	74 75 76a 78 Persoanumbly knowli	22,859. 22,859. No nal identification er (PIN) edge and belief, they are true, sytime phone number the IRS sent you an identity ofection PIN, ster it here
THE PARTY OF THE P	Refund Pirect deposit? See instructions. Amount You Owe Third Par Designee Sign Here Joint return? See instructions Keep a copy for your records. Paid Prepare	668 67 68 69 70 71 72 73 74 75 76 77 78 79 ** ** ** ** ** ** ** ** ** ** ** ** **	Additional child tax credit. Attach Schedule 8812 67 American opportunity credit from Form 8863, line 8 68 Net premium tax credit. Attach Form 8962 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 Credit for federal tax on fuels. Attach Form 4136 72 Credits from Form: a 2439 b Reserved 8885 d 73 Add lines 64, 65, 66a, and 67 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here Removed 1 line 75 you want applied to your 2016 estimated tax 77 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions Estimated tax penalty (see instructions) Do you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete be signed 5 mumber. Amount you down the firm of the person to discuss this return and accompanying schedules and statements, and to the best of morrored, and Complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature. If a piblint return, both must sign. Date Your coccupation O4/07/16 US PRESIDENT Sponse's signature. If a piblint return, both must sign. Date Spouse's occupation O4/07/16 US PRESIDENT Spouse's signature. If a piblint return, both must sign. Date Spouse's occupation O4/07/16 US PRESIDENT Proparer's name Preparer's signature Date Check sell-employed	74 75 76a 78 Personumb Da Hitt Prennen	22,859. 22,859. No nal identification er (PIN) edge and belief, they are true, sytime phone number the IRS sent you an identity ofection PIN, ster it here
	Refund Pirect deposit? See instructions. Amount You Owe Third Par Designee Sign Here Joint return? See instructions Keep a copy for your records. Paid Prepare	668 67 68 69 70 71 72 73 74 75 76 77 78 79 ** ** ** ** ** ** ** ** ** ** ** ** **	A Earned income credit (EIC) 668 Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 8812 67 American opportunity credit from Form 8863, line 8 68 Net premium tax credit. Attach Form 8962 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 Credit for federal tax on fuels. Attach Form 4136 72 Credits from Form: a 2439 b 8885 d 73 Add lines 64, 65, 66a, and 67 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 800 mumber 1900 you want to allow another person to discuss this return with the IRS (see instructions) 77 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions Estimated tax penalty (see instructions) 79 Do you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete be signed to your young schedules and statements, and to the best of m correct, and Complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature 90 Date Your occupation 90 Preparer's signature 90 Preparer's signature 90 Date 90 Your preparer's name 90 Preparer's signature 90 Preparer's	74 75 76a 78 Personumb Da Hitt Prennen	22,859. 22,859. No nal identification er (PIN) edge and belief, they are true, sytime phone number the IRS sent you an identity ofection PIN, ster it here

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

Information about Form 2210 and its separate instructions is at www.lrs.gov/form2210 ,

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

OMB No.1545-0074

2015 Attachment Sequence No. 06

Identifying number

Department of the Treasury Internat Revenue Service

Name(s) shown on tax return

BARACK H. & MICHELLE L. OBAMA

Do You Have To File Form 2210?

Complete lines 1 through 7 below, Is line 7 less than \$1,000?	Yes	Do not file Fo	rm 2210. You do no	t owe a	penalty.	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		20110111010	THE BELL TO THE GOVERNMENT OF THE PARTY OF T		portateyr	
No						
Complete lines 8 and 9 below. Is line 6 equal to or more than	Yes	You do not ov	ve a penalty. Do not	file For	m 2210	
line 9?	100	(but if box E ir	Part II applies, you			
No		Form 2210).				
No	_					
You may owe a penalty, Does any box in Part II below apply?	Yes	You must file	Form 2210, Does bo	х В, С,	or D in Part II apply?	
N-		No	Yes			
No		1	Y	ou must	figure your penalty.	
Do not file Form 2210. You are not required to figure your	7	V	and to fine and	14.	- L	
penalty because the IRS will figure it and send you a bill for any					y because the IRS will amount, If you want to	
unpaid amount. If you want to figure it, you may use Part III or		figure it, you n	nay use Part III or Pa	ırt IV as	a worksheet and enter	
Part IV as a worksheet and enter your penalty amount on your tax return, but do not file Form 2210.	K	your penalty a Form 2210.	mount on your tax r	eturn, b	ut file only page 1 of	
	_	1 01111 22 10.				
Part I Required Annual Payment						
1 Enter your 2015 tax after credits from Form 1040, line 56 (see instruc				1	78,204.	
2 Other taxes, including self-employment tax and, if applicable, Addition					2 262	
Income Tax (see instructions)				2	3,268.	
3 Refundable credits, including the premium tax credit (see instruction				3 (01 170	
4 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop;				4	81,472.	
 Multiply line 4 by 90% (.90) Withholding taxes. Do not include estimated tax payments (see instru 		5	73,325.		00 331	
7 Subtract line 6 from line 4. If less than \$1,000, stop; you do not owe				7	99,331.	
8 Maximum required annual payment based on prior year's tax (see in:				8		
9 Required annual payment. Enter the smaller of line 5 or line 8				9		
Next: Is line 9 more than line 6?			a terre (SE e treves i secon extent			
No. You do not owe a penalty. Do not file Form 2210 unless box	E below applies.	2				
Yes. You may owe a penalty, but do not file Form 2210 unless of	one or more boxe	s in Part II below a	pplies.			
 If box B, C, or D applies, you must figure your penalty and file 	e Form 2210.					
If box A or E applies (but not B, C, or D) file only page 1 of Fo						
a bill for any unpaid amount, If you want to figure your penalty, yonly page 1 of Form 2210.	you may use Par	t III or IV as a work	sheet and enter your p	enalty on	your tax return, but file	
a source - And the second support of the second support of the second support		151 5 601				
Part II Reasons for Filing. Check applicable boxes. If no						
A You request a waiver (see instructions) of your entire penalty. Y to figure your penalty.	rou must check t	his box and file pag	e 1 of Form 2210, but	you are n	ot required	
B You request a waiver (see instructions) of part of your penalty.	Vou must figure	vour penalty and w	aiver arrecust and file E	nee 0010	2	
C Your income varied during the year and your penalty is reduced						
figure the penalty using Schedule Al and file Form 2210.	or chrimated m	ion ngaros samg n	c annualized income	motamin	sin mounds. Tou must	
D Your penalty is lower when figured by treating the federal incom	ne tax withheld fro	om your income as	paid on the dates it wa	s actually	withheld, instead of in	
equal amounts on the payment due dates. You must figure your			• encourage in Solid Color William (Paris)			
E You filed or are filing a joint return for either 2014 or 2015, but i						
Form 2210, but you are not required to figure your penalty (unle	ess box B, C, or	D applies).			× =	

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

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

► Attach to Form 1040.

2015
Attachment
Sequence No. 07

Name(s) shown on Form 1040 our social security number BARACK H. & MICHELLE L. OBAMA Medical Caution: Do not include expenses reimbursed or paid by others. and Medical and dental expenses (see instructions) 1 Dental 2 2 Enter amount from Form 1040, line 38 Expenses Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead 3 1 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-Taxes You State and local (check only one box): SEE STATEMENT 7 18,390. Paid X Income taxes, or 5 General sales taxes 30,167 6 6 Real estate taxes (see instructions) 7 Personal property taxes Other taxes. List type and amount 8 48,557. 9 9 Add lines 5 through 8 36,587 Interest Home mortgage interest and points reported to you on Form 1098 10 10 Home mortgage interest not reported to you on Form 1098. If paid to the person 11 You Paid from whom you bought the home, see instructions and show that person's name, identifying no., and address Note: 11 Your mortgage Points not reported to you on Form 1098. See instructions for special rules 12 interest deduction may Mortgage insurance premiums (see instructions) 13 13 be limited (see Investment interest. Attach Form 4952 if required. (See instructions.) 14 14 instructions). 36,587. Add lines 10 through 14 15 15 STMT 8 Gifts to 64,066. Gifts by cash or check. If you made any gift of \$250 or more, see instructions 16 Charity Other than by cash or check. If any gift of \$250 or more, see instructions. If you made a You must attach Form 8283 if over \$500 17 gift and got a benefit for it. 18 Carryover from prior year 64,066. see instructions, 19 19 Add lines 16 through 18 Casualty and Theft Losses Casualty or theft loss(es). Attach Form 4684. (See instructions.) Job Expenses Unreimbursed employee expenses - job travel, union dues, job education, etc. and Certain Attach Form 2106 or 2106-EZ if required. (See instructions.) Miscellaneous Deductions 21 Tax preparation fees 22 Other expenses - investment, safe deposit box, etc. List type and amount Add lines 21 through 23 24 25 Enter amount from Form 1040, line 38 25 26 Multiply line 25 by 2% (.02) Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-27 Other Other · from list in instructions. List type and amount Miscellaneous Deductions 28 Is Form 1040, line 38, over \$154,950? No. Your deduction is not limited. Add the amounts in the far right column Total STMT 9 145,425. for lines 4 through 28. Also, enter this amount on Form 1040, line 40. Itemized X Yes. Your deduction may be limited. See the Itemized Deductions Deductions Worksheet in the instructions to figure the amount to enter. If you elect to itemize deductions even though they are less than your standard deduction,

SCHEDULE B

Name(s) shown on return

BARACK H. & MICHELLE L. OBAMA

(Form 1040A or 1040) Department of the Treasury Internal Revenue Service (99) Interest and Ordinary Dividends

Attach to Form 1040A or 1040.

Information about Schedule B and its instructions is at www.lrs.gov/scheduleb

OMB No. 1545-0074

Attachment Sequence No. 08

Amount Part I List name of payer. If any interest is from a seller-financed mortgage and the buyer used the Interest property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶ -12,629. BOND PREMIUM AMORTIZATION 16. JP MORGAN NORTHERN TRUST SECURITIES US GOVT 12,961. 1 Note: If you received a Form 1099-INT Form 1099-OID. or substitute statement from a brokerage firm. list the firm's name as the payer and enter the total interest 348. shown on that 2 Add the amounts on line 1 form. 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. 348. Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a 4 Note: If line 4 is over \$1,500, you must complete Part III. Amount Part II List name of payer 9. NORTHERN TRUST SECURITIES Ordinary Dividends

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.

Part III

and

Trusts

Foreign

Accounts

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. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign Yes No account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. 7a At any time during 2015, did you have a financial interest in or signature authority over a financial account (such X as a bank account, securities account, or brokerage account) located in a foreign country? See instructions If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filling requirements and exceptions to those requirements If you are required to file FinCen Form 114, enter the name of the foreign country where the financial account is located During 2015, 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 instructions X

9.

5

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)
Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

Name o	f proprietor					So	cial secur	ity number (SSN)
BAR	ACK H. OBAMA							
	Principal business or profession, including HOR	g prodi	uct or service (see instruc	tions)		В	Enter cod	e from instructions 711510
	Business name. If no separate business n	iame, le	ave blank.			D	Employer	ID number (EIN), (see instr.)
BAR	ACK H. OBAMA							
Е	Business address (including suite or room City, town or post office, state, and ZIP co	1000						
F	Accounting method: (1) X Cash		Accrual (3)	Other (specify)				
G	Did you "materially participate" in the oper							
Н	If you started or acquired this business d	urina 2	015 check here	io: ii ivo, ace manucue	3/13 101 (III)IL 011 (03303	***********		TES LINO
1	Did you make any payments in 2015 that	would	require you to file Form/s	10997 (see instruction				Yes X No
j	If "Yes," did you or will you file required F							
Personal	t I Income	0,1110						100
1	Gross receipts or sales. See instructions	for line	1 and check the box if thi	s income was reported t	to you on Form W-2			
	and the "Statutory employee" box on that						1	
2	Returns and allowances						2	
3							3	
4	Cost of goods sold (from line 42)						4	
5	Gross profit. Subtract line 4 from line 3						5	
6	Other income, including federal and state	gasolii	ne or fuel tax credit or refu	and (see instructions) S	SEE STATEMEN	r 10	6	60,745.
7	Gross income. Add lines 5 and 6	200		And the Appropriate for the control of the control			7	60,745.
Pai	t II Expenses. Enter expen-	ses fo	or business use of	your home only	on line 30.			
8	Advertising	8			е		18	220.
9	Car and truck expenses				profit-sharing plans		19	
	(see instructions)	9		20 Rent or lease	(see instructions):			
10	Commissions and fees	10	4,456.	a Vehicles, mac	hinery, and equipment		20a	
11	Contract labor (see instructions)	11			s property		20b	2001-00-00-00-00-00-00-00-00-00-00-00-00-
12	Depletion	12		21 Repairs and n	naintenance		21	***************************************
13	Depreciation and section 179				included in Part III)		22	
	expense deduction (not included in			23 Taxes and lice	enses		23	
	Part III) (see instructions)	13		24 Travel, meals.	, and entertainment;			
14	Employee benefit programs (other			a Travel			24a	
	than on line 19)	14		b Deductible m				
15	Insurance (other than health)	15			t (see instructions)		24b	
16	Interest:			25 Utilities	•••••••••••		25	
a	Mortgage (paid to banks, etc.)	CONTRACTOR OF THE PARTY OF THE			employment credits)		26	
b	Other	16b			es (from line 48)		27a	
17	Legal and professional services	17		The second secon	future use		27b	1 (7)
28	Total expenses before expenses for bus						28	4,676. 56,069.
29	Tentative profit or (loss). Subtract line 2				2000		29	50,009.
30	Expenses for business use of your home unless using the simplified method (see			elsewhere. Attach Form	8829			
	Simplified method filers only; enter the			home:				
	and (b) the part of your home used for b			nome.				
	Use the Simplified Method Worksheet in		The state of the s	ount to enter on line 30			30	
31	Net profit or (loss). Subtract line 30 from			cont to onter on the so	***************************************		30	
	If a profit, enter on both Form 1040, I			3) and on Schedule SE	line 2	7		
	(If you checked the box on line 1, see in					\$	31	56,069.
	If a loss, you must go to line 32.	-11-40110	ite is the second of the second of the	our som to at thing			51	20,0000
32	If you have a loss, check the box that de	scribes	your investment in this a	ctivity (see instructions)	í.	í		
	• If you checked 32a, enter the loss on		· · · · · · · · · · · · · · · · · · ·	A CONTRACTOR OF THE PROPERTY OF THE PARTY OF			32a	All investment is at risk.
	(If you checked the box on line 1, see th					P	32b	Some investment is not at risk.
	If you checked 32b, you must attach							100 mg

SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Capital Gains and Losses

Attach to Form 1040 or Form 1040NR.

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

2015
Attachment Sequence No. 12

Name(s) shown on return

Your social security number

BARACK H. & MICHELI	LE L. OBAMA
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Pai	t I Short-Term Capital Gains and Los	ses - Assets Held	l One Year or Less	;		
ente	nstructions for how to figure the amounts to on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fr	om	(h) Gain or (loss) Subtract column (e) from column (d) and
	s to whole dollars.	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column	5/50-975/	combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	·				
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	699,941.	701,627.			<1,686.>
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term ga			Z-MAREATON HAZZANIAN	4	
5	Net short-term gain or (loss) from partnerships, S of from Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount					
	Carryover Worksheet in the Instructions					(
7	Net short-term capital gain or (loss). Combine li					
	capital gains or losses, go to Part II below. Otherw	7	<1,686.>			
Pa	rt II Long-Term Capital Gains and Los	ses - Assets Held	More Than One	/ear		
See	instructions for how to figure the amounts to			(g)		(h) Gain or (loss)
	er on the lines below.	(d) Proceeds	(e)	Adjustment		Subtract column (e) from column (d) and
	form may be easier to complete if you round off ts to whole dollars.	(sales price)	Cost (or other basis)	to gain or loss t Form(s) 8949, P line 2, column	art II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all those transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	295,000.	295,000.			0.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S of	corporations, estates, a	and trusts from Schedule	e(s) K-1	12	
13	Capital galn distributions	(+ 00)	Lagrania in Calabara (Constitution Market & Constitution (Constitution (********************	13	
14	Long-term capital loss carryover. Enter the amour Worksheet in the instructions				14	(106,057)
15	15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2					<106,057.>

Pa	rt III Summary		
16	Combine lines 7 and 15 and enter the result	16	<107,743.>
	If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.		
8	If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.	18	
	If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.		
17	Are lines 15 and 16 both gains? Yes. Go to line 18.		
	No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	19	
20	Are lines 18 and 19 both zero or blank? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.	_	E)
	No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	 The loss on line 16 or (\$3,000), or if married filling separately, (\$1,500) 	21	3,000。)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		æ
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
	No. Complete the rest of Form 1040 or Form 1040NR.	10	
		1	

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

2015

Attachment Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification no.

BARACK H. & MICHEL	LE L. OB.	AMA				toxpuyer re	defittification no.
Before you check Box A, B, or C belo statement will have the same informa proker and may even tell you which l	ow, see whether ation as Form 10	you received any	y Form(s) 1099-B o show whether you	or substitute statei r basis (usually you	nent(s) fro ir cost) wa	m your broker. A s s reported to the l	substitute RS by your
Part I Short-Term. Transac Note: You may aggregate all codes are required. Enter the	I short-term transac	ctions reported on	Form(s) 1099-B shov	ving basis was report	ed to the IR	S and for which no a	adjustments or
(ou must check Box A, B, or C below. (you have more short-term transactions than w (A) Short-term transactions re (B) Short-term transactions re	ported on Form(s	s) 1099-B showir	ng basis was repor	rted to the IRS (se	e Note abo		or each applicable box.
(C) Short-term transactions re		The second second		eponed to the inc	Ki.		
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in	loss. If you in column column (f) (f)	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
US TREASURY NOTES			699,941.	701,627.			<1,686.>
	 						
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Marie State Comment of the Comment o		1			a		
Kandana da Tanana da Tana		1					
2 Totals. Add the amounts in conegative amounts). Enter each Schedule D, line 1b (if Box A a	total here and in	clude on your					
above is checked), or line 3 (if		100		701,627			<1,686.

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

Social security number or taxpayer identification no.

BARACK H.	80	MICHEL	LE L.	OBAMA
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Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box, if you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

(E) Long torm transactions not reported to you on Form 1000.B

_	(F) Long-term transactions no	t reported to you	on Form 1099-B					,
1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis, See the Note below and	loss. If vo	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions.	(h) Gain or (loss), Subtract column (e) from column (d) &
		,á	(1131) 323) (11)		see Column (e) in the instructions	Code(s)	(g) Amount of adjustment	combine the result with column (g)
T	IS TREASURY NOTE							
F	REDEEMED			295,000.	295,000.			0.
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2	Totals. Add the amounts in co	lumns (d), (e), (a)	and (h) (subtract					1
	negative amounts). Enter each	[4] [5] [5] [5] [5] [6] [6] [6] [6] [6] [6] [6] [6] [6] [6						
	Schedule D, line 8b (if Box D a							
	above is checked), or line 10 (i			295,000	. 295,000	0		0.

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

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

Social security number of person with self-employment income

BARACK H. OBAMA

Section B - Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you more of other net earnings from self-employment, check here and continue with Part I 1 Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K1 (Forn box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instruct b If you received social security retirement or disability benefits, enter the amount of Conserv Program payments included on Schedule F, line 4b, or listed on Schedule K1 (Forn 1065, Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Forn 1066, (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and memborders, see instructions for types of income to report on this line. See instructions for other Note. Skip this line if you use the nonfarm optional method (see instructions). SEE ST. 3 Combine lines 1a, 1b, and 2 4 If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from Note. If line 4 as less than \$400 due to Conservation Reserve Program payments on line 1 b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here. 5 Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exc If less than \$400 and you had church employee income, enter -0- and continue 5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income from Form W-2. See instructions for definition of church employee income from Form W-2. See instructions for definition of church employee income from Form W-2. See instructions for definition of church employee income from Form W-2. See instructions for definition of church employee income from Form W-2. See instructions for definition of church employee income from Form W-2. See instructions w-2 and a face and 5b Maximum amount of combined wages and self-employment earnings subject to social security tax (from Form 4137, l	u filed Form 4361, but you	u had \$400) or
box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instruct by the you received social security retirement or disability benefits, enter the amount of Conserv Program payments included on Schedule F, line 4b, or listed on Schedule K1 (Form 1065). Net profit or (loss) from Schedule C, line 31; Schedule C-Z, line 3; Schedule K1 (Form 1065). Net profit or (loss) from Schedule K.1 (Form 1065-B), box 9, code J1. Ministers and membor orders, see instructions for types of income to report on this line. See instructions for other Note. Skip this line if you use the nonfarm optional method (see instructions) SEE ST. Combine lines 1a, 1b, and 2 1 If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1 bif you elect one or both of the optional methods, enter the total of lines 15 and 17 here. Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exciling lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exciling lines 4b and you had church employee income, enter 0- and continue 5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income. 5 a Multiply line 5a by 92.35% (.9235). If less than \$100, enter 0- Add lines 4c and 5b Maximum amount of combined wages and self-employment earnings subject to social security and the security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$118,500 or more, skip lines 8b through 10, and go to line 11 b Unreported tips subject to social security tax (from Form 4137, line 10) 8 a Vages subject to social security tax (from Form 8919, line 10) 4 Add lines 8a, 8b, and 8c 9 Subtract line 8d from line 7. If zero or less, enter 0- here and on line 10 and go to line 11 Multiply line 6 by 2.9% (.029) Self-employment tax. Add lines 10 and 11. Enter here and on			
Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), Net profit or (Joss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1066) (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and memborders, see instructions for types of income to report on this line. See instructions for other Note. Skip this line if you use the nonfarm optional method (see instructions) SEE ST. 3 Combine lines 1a, 1b, and 2 4 If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1 bit you elect one or both of the optional methods, enter the total of lines 15 and 17 here. Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Excilities than \$400 and you had church employee income, enter -0- and continue. Enter your church employee income from Form W-2. See instructions for definition of church employee income from Form W-2. See instructions for definition of church employee income. 5 Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0- Add lines 4c and 5b. 7 Maximum amount of combined wages and self-employment earnings subject to social security each of the 7.65% railroad retirement (tier 1) tax for 2015. 8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$118,500 or more, skip lines 8b through 10, and go to line 11 b Unreported tips subject to social security tax (from Form 4137, line 10) 8 a Wages subject to social security tax (from Form 4137, line 10) 8 b Add lines 8a, 8b, and 8c. 9 Subtract line 8d from line 7. If zero or less, enter -0-here and on line 10 and go to line 11. Multiply line 6 by 2.9% (.029) Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or For Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and		1a	6
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and memb orders, see instructions for types of income to report on this line. See instructions for other Note. Skip this line if you use the nonfarm optional method (see instructions) SEE ST. 3 Combine lines 1a, 1b, and 2. 4 If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1 bif you elect one or both of the optional methods, enter the total of lines 15 and 17 here. Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Excilif less than \$400 and you had church employee income, enter -0- and continue for definition of church employee income from Form W-2. See instructions for definition of church employee income. 5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income. 5 a Enter your church employee income. 5 a Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0- Add lines 4c and 5b. 7 Maximum amount of combined wages and self-employment earnings subject to social security eages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$118,500 or more, skip lines 8b through 10, and go to line 11. 8 b Unreported tips subject to social security tax (from Form 4137, line 10). 8 c Wages subject to social security tax (from Form 4137, line 10). 8 d Add lines 8a, 8b, and 8c. 9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11. Multiply line 6 by 2.9% (.029). 10 Deduction for one-half of self-employment tax. Multiply line 6 by 2.9% (.029). 11 Deduction for one-half of self-employment tax. Multiply line 6 by 2.9% (.029). 12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 27. Part II Optional Method. You may use this	rvation Reserve		
(other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and memborders, see instructions for types of income to report on this line. See instructions for other Note. Skip this line if you use the nonfarm optional method (see instructions) SEE ST. Combine lines 1a, 1b, and 2 4a If line 3 is more than zero, multiply line 3 by 92,35% (.9235). Otherwise, enter amount from Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1 bit you elect one or both of the optional methods, enter the total of lines 15 and 17 here. Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Excifiless than \$400 and you had church employee income, enter 0- and continue. 5a Enter your church employee income from Form W-2. See instructions for definition of church employee income. 5 Multiply line 5a by 92,35% (.9235). If less than \$100, enter 0- Add lines 4c and 5b Maximum amount of combined wages and self-employment earnings subject to social secuthe 6,2% portion of the 7.65% railroad retirement (tier 1) tax for 2015 8 Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$118,500 or more, skip lines 8b through 10, and go to line 11. b Unreported tips subject to social security tax (from Form 4137, line 10) 8 Wages subject to social security tax (from Form 4137, line 10) 8 Wages subject to social security tax (from Form 4137, line 10) 8 Wages subject to social security tax (from Form 4137, line 10) 8 Wages subject to social security tax (from Form 4137, line 10) 8 Wages subject to social security tax (from Form 4137, line 10) 8 Wages subject to social security tax (from Form 4137, line 10) 8 Wages subject to social security tax (from Form 4137, line 10) 9 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or For 1040, line 27, or Form 1040Nh, line 27. 13 Part II Optional Method. You may use this method only if (a) your gross farm i		1b	
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 Multiply line 6 by 2.9% (.029) Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040 plane 12 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 Part II Optional Methods To Figure Net Earnings (see instructions) Farm Optional Method. You may use this method only if (a) your gross farm income¹ was not refuse the smaller of: two-thirds (2/3) of gross farm income¹ (not less than zero) or \$4,880. this amount on line 4b above Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits were and also less than 72.189% of your gross nonfarm income⁴ and (b) you had net earnings from set least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times. 	- Minute (1971年 年間) A (1971年 (1971年 (1971年 1971年 197	10	
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 Enter the smaller of: two-thirds (2/3) of gross farm income¹ (not less than zero) or \$4,880. this amount on line 4b above Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were and also less than 72.189% of your gross nonfarm income⁴, and (b) you had net earnings from s at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five time 			
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Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were and also less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from s at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five time	0. Also include		
and also less than 72.189% of your gross nonfarm income, and (b) you had net earnings from s at least $$400$ in 2 of the prior 3 years. Caution. You may use this method no more than five time		15	
at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five time			
 Subtract line 15 from line 14 Enter the smaller of: two-thirds (2/3) of gross nonfarm income 4 (not less than zero) or the 	nes.		
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income 4 (not less than zero) or the		16	
line 16. Also include this amount on line 4b above		17	

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

From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

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

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

Foreign Tax Credit (Individual, Estate, or Trust)

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

OMB No. 1545-0121

Department of the Treasury Internal Revenue Service (99)

Name

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

Attachment Sequence No. 19 Identifying number as shown on page 1 of your tax return

BA	RACK H. & MICHELLE L. OBAMA							
	a separate Form 1116 for each category of income listed below	w. See Categories o	f Income in the	instructions, Cho	eck only one box	on each	Form 11	16. Report all
	unts in U.S. dollars except where specified in Part II below.							Control of the Control of Control
а Г	Passive category income c Section 9016	(i) income		e Lump-s	um distributions			
b [me re-sourced by tre	atv					
	control batogery meaning	, , , , , , , , , , , , , , , , , , , ,						
	sident of (name of country) UNITED STATE	A CONTRACTOR OF THE PARTY OF TH						
Not	e: If you paid taxes to only one foreign country or U.S. p	oossession, use co	olumn A in Pa	rt I and line A ir	n Part II. If you p	oaid tax	es tom	ore than one
	ign country or U.S. possession, use a separate column	The state of the s						
Pa	Irt Taxable Income or Loss From Sources Outs	side the United S	tates (for Ca	tegory Checke	ed Above)			
		Fo	oreign Count	ry or U.S. Pos	session			Total
		Α		В	С		(Add o	ols. A, B, and C.)
g	Enter the name of the foreign country or U.S.	OTHER						
	possession	COUNTRIES	5					
1a	Gross income from sources within country shown above							
	and of the type checked above;							
						1		
	Annual Control of the	9,70)4.				1a	9,704.
h	Check if line 1a is compensation for personal services as							2
-	an employee, your total compensation from all sources is					1		
	\$250,000 or more, and you used an alternative basis to							
	determine its source (see instructions)							
De	ductions and losses (Caution: See instructions):							
						1		
2	Expenses definitely related to the income on line 1a (attach statement) SEE STATEMENT 13	3,9!	51.					
3	Pro rata share of other deductions not definitely related:	45.0						
2		47,3	25.					
k	Other deductions (attach statement)							
C	Add lines 3a and 3b	47,3						
C	Gross foreign source income	9,7						
6	Gross income from all sources	455,5						
f	Divide line 3d by line 3e	.02:						
ç	Multiply line 3c by line 3f	1,0	08.					
4	Pro rata share of interest expense;							
8	Home mortgage interest (use the Worksheet for							
	Home Mortgage Interest in the instructions)	7	60.					
k	Other interest expense							
5	Losses from foreign sources							
6	Add lines 2, 3g, 4a, 4b, and 5	5,7	19.				6	5,719.
7	Subtract line 6 from line 1a. Enter the result here and on line	15, page 2				🕨	7	3,985.
P	art II Foreign Taxes Paid or Accrued						and the second state and	
	Credit is claimed	Foreig	n taxes paid	or accrued				
	for taxes (you must In foreign currency				In U.S. dolla	rs		
2	check one)	(n) Other				(F) ()ther	(s)Total foreign
ů.	(h) X Paid Taxes withheld at source on:	foreign	Taxe	s withheld at sou	rce on:	fore	eign	taxes paid or
Country	(i) Accrued	taxes paid or					paid or	accrued (add cols.
	(j) Date paid (k) Dividends (1) Rents and royalties (m) Interest	accrued	(0) Dividends	(p) Rents and royalties	(q) Interest	acc	rued	(o) through (r))
A				1,007.				1,007.
В								
A B C								
8	Add lines A through C, column (s). Enter the total here an	d on line 9, page 2			*****		. 🔊 8	1,007.

Part III Figuring the Credit				ragez
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	1,007.		
ior the satisfiery of income another above fart	3	270010		
Carryback or carryover (attach detailed computation)	10			
11 Add lines 9 and 10	11	1,007.		
12 Reduction in foreign taxes	12			
Taxes reclassified under high tax kickout	13			
4 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	1,007.
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the				
United States (before adjustments) for the category of income checked above Part I	15	3,985.		
16 Adjustments to line 15	16			
7 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income.				
(If the result is zero or less, you have no foreign tax credit for the category of income				
you checked above Part I. Skip lines 18 through 22. However, if you are filing more than				
one Form 1116, you must complete line 20.)	17	3,985.		
18 Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39.				
Estates and trusts: Enter your taxable income without the deduction for your				
exemption	18	290,640.		
Caution: If you figured your tax using the lower rates on qualified dividends or capita		nstructions.	1	
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	.0137
20 Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alie	n, enter the an	nounts from		
Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedi	ule G, line 1a, d	or the total		
of Form 990-T, lines 36 and 37	*******************		20	71,440
Caution: If you are completing line 20 for separate categorye (lump-sum distribution	ns), see instru	uctions.		
21 Multiply line 20 by line 19 (maximum amount of credit)			21	979
22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23	through 27 ar	nd enter this		
amount on line 28. Otherwise, complete the appropriate line in Part IV			22	979
Part IV Summary of Credits From Separate Parts III				
23 Credit for taxes on passive category income				
24 Credit for taxes on general category income	24			
25 Credit for taxes on certain income re-sourced by treaty	25			
26 Credit for taxes on lump-sum distributions]	
27 Add lines 23 through 26			27	
28 Enter the smaller of line 20 or line 27		***********	28	979
29 Reduction of credit for International boycott operations			29	
30 Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, lin	ne 48;			
Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a				979

Department of the Treasury Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.
 Attach to Form 1040 or Form 1040NR.

2015
Attachment Sequence No. 32

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

Your social security number

BARACK H. & MICHELLE L. OBAMA Part I Alternative Minimum Taxable Income		
1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the		
amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	290,640.
2 Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4,	-	230,0201
or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3 Taxes from Schedule A (Form 1040), line 9	3	48,557.
4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	2013311
	-	
5 Miscellaneous deductions from Schedule A (Form 1040), line 27	6	-3,785.
6 If Form 1040, line 38, is \$154,950 or less, enter -0 Otherwise, see instructions		3,703.
7 Tax refund from Form 1040, line 10 or line 21 8 Investment interest expense (difference between regular tax and AMT)		
	8	
9 Depletion (difference between regular tax and AMT)	9	
Net operating loss deduction from Form 1040, line 21. Enter as a positive amount		
1 Alternative tax net operating loss deduction	11	
12 Interest from specified private activity bonds exempt from the regular tax		
3 Qualified small business stock, see instructions	13	
4 Exercise of incentive stock options (excess of AMT income over regular tax income)		
15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)		
16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)		
17 Disposition of property (difference between AMT and regular tax gain or loss)		
18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)		
19 Passive activities (difference between AMT and regular tax income or loss)		
20 Loss limitations (difference between AMT and regular tax income or loss)	20	
21 Circulation costs (difference between regular tax and AMT)	21	
22 Long-term contracts (difference between AMT and regular tax income)	22	
23 Mining costs (difference between regular tax and AMT)	23	
24 Research and experimental costs (difference between regular tax and AMT)		
25 Income from certain installment sales before January 1, 1987		
26 Intangible drilling costs preference		
27 Other adjustments, including income-based related adjustments		
28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is		
more than \$246,250, see instructions.)	28	335,412
Part II Alternative Minimum Tax (AMT)	-	
29 Exemption. (If you were under age 24 at the end of 2015, see instructions.)		
IF your filling status is AND line 28 is not over THEN enter on line 29		
Single or head of household \$119,200 \$53,600		
The state of the s		
	29	39,272
Married filing separately 79,450 41,700 STMT 14	29	33,272
	00	296,140
30 Subtract line 29 from line 28, If more than zero, go to line 31, If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	270,140
 If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. 		
 All others: If line 30 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing 	31	79,211
separately) from the result. 32 Alternative minimum tax foreign tax credit (see instructions)	32	1,007
70 Tarabahar adalah sahar Olikara at Iba 00 Farabahar 01		78,204
34 Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any	33	70,204
foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure	0.4	70 461
that tax without using Schedule J before completing this line (see instructions)		70,461
35 AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45	. 35	1,143

Form 6251 (2015) BARACK H. & MICHELLE L. OBA
Part III Tax Computation Using Maximum Capital Gains Rates

		200 000	74 85 894
26	Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksh Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from	eet in th	ne instructions.
30	line 3 of the worksheet in the instructions for line 31	36	
27	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions	30	
31	for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for		
	Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If	27	
00	you are filling Form 2555 or 2555-EZ, see instructions for the amount to enter	37	
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see	00	
00	Instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount		
	from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line		
	10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or		
	2555-EZ, see instructions for the amount to enter	39	
	Enter the smaller of line 36 or line 39	40	
	Subtract line 40 from line 36	41	
42	If line 41 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise,		
	multiply line 41 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result	42	
43	Enter:		
	• \$74,900 if married filing jointly or qualifying widow(er),		
	• \$37,450 if single or married filing separately, or	43	
	• \$50,200 if head of household.		
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for		
	Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either		
	worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you		
	are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	
46		46	
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	
48	2 I W 122 C M 122 C	48	
49	Enter:		
	• \$413,200 if single		
	\$232,425 if married filing separately \$464,850 if married filing jointly or qualifying widow(er)	49	
	• \$439,000 if head of household		
50	Enter the amount from line 45	50	
	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies		
	(as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the		
	amount from Form 1040, line 43; if zero or less, enter -0 If you are filing Form 2555 or Form 2555-EZ,		
	see instructions for the amount to enter	51	
52	Add line 50 and line 51	52	
53	Subtract line 52 from line 49. If zero or less, enter -0-		+
54		54	
55	Multiply line 54 by 15% (.15)	55	
	Add lines 47 and 54	56	
	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62, Otherwise, go to line 57,		
57	Subtract line 56 from line 46	57	
	Multiply line 57 by 20% (.20)	58	
	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		
59	Add lines 41, 56, and 57	59	
60		60	
61		61	
	Add lines 42, 55, 58, and 61		
	If line 36 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 36 by 26% (.26).	Wille	
1.51	Otherwise, multiply line 36 by 28% (.28) and subtract \$3,708 (\$1,854 if married filling separately) from the result	63	
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter	-00	
	this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	
eators	of mile of mile of the formal sector of the mile of the mile of	1 07	2054

ALTERNATIVE MINIMUM TAX

Foreign Tax Credit

(Individual, Estate, or Trust)

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

Attachment Sequence No. 19

OMB No. 1545-0121

Department of the Treasury Internal Revenue Service (99)

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

Form 1116 (2015)

Nam	1e							dentifying numbe	ras shown	on page	1 of your tax return
ת כד	DAGE II	c 3/(T//)	ד הדידיה ד	003343							
	RACK H.			Acres de la constante de la co		of Income in th	a instructions (Nearly and transfer		F	440 Daniel
use amo	a separate rorm ounts in U.S. dolla	irs excent whe	category of inci ere specified in P	art II below	w. See Categories	or income in th	e instructions, t	Sneck only one bo	x on eacn	Form 1	116. Report all
a ſ		tegory income		Section 901	(i) income		e Lumi	p-sum distributior	10		
		tegory income			me re-sourced by t	reaty	e cum	p-sam distribution	15		
_		togory mount		outually life	mare searced by t	outy					
f Ri	esident of (name	of country)	> UNITE	STATE	ES						
Not	e: If you paid ta	xes to only o	ne foreign cou	intry or U.S.	possession, use o	column A in Pa	art I and line A	in Part II. If you	paid tax	es tom	ore than one
-					n and line for eacl						
Pa	art Taxab	le Income o	r Loss From S	Sources Out	side the United	States (for Ca	ategory Chec	ked Above)			
					F	oreign Coun	itry or U.S. Po	ossession			Total
					A		В	С		(Add o	cols. A, B, and C.)
g	Enter the nar				OTHER	_					
	possession				COUNTRIE	S					
1a	Gross income f		100	nown above							
	and of the type	checked abov	'e:			i i					
	-				0.7	0.4					0 704
	Charle if line to	is someoned	dan faransasat		9,7	04.				1a	9,704.
D	Check if line 1a		censation from a								
			ised an alternati						- 1		
			tructions)						1		
De	ductions and l									_	
2	Expenses defir (attach stateme	nitely related ent)	to the income or	line 1a	3,9	51.					
3	Pro rata share	of other deduc	ctions not defini	tely related:							
а			or standard dedu								
b			tement)								
C			*								
d	Gross foreign s	source income			9,7						
е			es								
f			*************			130					
9				*********							
4	Pro rata share Home mortgag			for					1		
a			re instructions)		7	79.					
h						120					
5	Other interest of Losses from for	reign sources		************							
6	Add lines 2, 3g				4,7	30.				6	4,730.
7	Subtract line 6 f		The same of the sa	ere and on line	The second secon					7	4,974.
1000			Paid or A	ccrued							
1	Credit is claimed				Foreig	ın taxes paid	or accrued				
	for taxes (you must		In forei	gn currency				In U.S. dolla	ars	-	
2	check one)				(n) Other				(r) O	ther	(s)Total foreign
0	(h) X Paid	Taxes	withheld at sour	ce on:	foreign	Taxe	s withheld at so	urce on:	fore	ign	taxes paid or
ŭ	(i) Accrued		T III 0		taxes paid or accrued				taxes p		accrued (add cols.
_	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accided	(0) Dividends	(p) Rents and royalties		acci	uou	(o) through (r))
A							1,007	0			1,007.
A B							-				
8	Add lines A thr	nugh C. colun	on (s) Enterthe	total horo on	d on line 9, page 2					h c	1 007
-	A For Paperv				The second secon					8	1,007. Form 1116 (2015)
-16	. I of Fabers	A OLIVE LACING	WALL WOLL	e, ace made	CHUIIO.						TUTTO (2015)

Form 1116 (2015) BARACK H. & MICHELLE L. OBAMA

Part III Figuring the Credit	
9 Enter the amount from line 8. These are your total foreign taxes paid or accrued	
for the category of income checked above Part I	
10 Carryback or carryover (attach detailed computation)	
11 Add lines 9 and 10 11 1,007.	
12 Reduction in foreign taxes12	
13 Taxes reclassified under high tax kickout	
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	4 1,007.
15 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	
16 Adjustments to line 15	
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income.	
(If the result is zero or less, you have no foreign tax credit for the category of income	
you checked above Part I. Skip lines 18 through 22. However, if you are filing more than	
one Form 1116, you must complete line 20.)	
18 Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39.	
Estates and trusts: Enter your taxable income without the deduction for your	
exemption 18 335,412.	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	.01483
20 Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from	
Form 1040NR, lines 42 and 44. Estates and trusts; Enter the amount from Form 1041, Schedule G, line 1a, or the total	
of Form 990-T, lines 36 and 37	79,211.
Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.	
21 Multiply line 20 by line 19 (maximum amount of credit)	1,175.
22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this	
amount on line 28. Otherwise, complete the appropriate line in Part IV	1,007.
Part IV Summary of Credits From Separate Parts III	
23 Credit for taxes on passive category income 23	
24 Credit for taxes on general category income 24	
25 Credit for taxes on certain income re-sourced by treaty 25	
26 Credit for taxes on lump-sum distributions 26	
	27
28 Enter the smaller of line 20 or line 27	28 1,007.
	29
30 Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 48;	
Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	1,007.

Form 1116 U.S. and For	reign Source Income Summar	J	
ARACK H. & MICHELLE L. OBAMA			FOREIGN
NCOME TYPE	TOTAL	U.S.	GENERAL
Compensation	394,454.	394,454.	
Dividends/Distributions	9.	9.	
nterest	348.	348.	
Capital Gains			
Business/Profession	60,745.	51,041.	9,704
Rent/Royalty			
State/Local Refunds			
Partnership/S Corporation			
Trust/Estate			
Other Income		445 050	0 504
Gross Income	455,556.	445,852.	9,704
Less:			
Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			
Total Income - Form 1116	455,556.	445,852.	9,704
Deductions:	to the second second	301 X 307 S	
Business/Profession Expenses	4,676.	3,929.	747
Rent/Royalty Expenses			
Partnership/S Corporation Losses			
Trust/Estate Losses	2 222	2 222	
Capital Losses	3,000.	3,000.	
Non-capital Losses			
Individual Retirement Account			
Moving Expenses Self-employment Tax Deduction	751.	631.	120
Self-employment Tax Deduction Self-employment Health Insurance	131.	021.	120
Keogh Contributions	11,064.	9,297.	1,767
Alimony	11,004.	2/2218	2. 701
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments		-1,317.	1,317
Capital Gains Tax Adjustment		seed of productions and	
Total Deductions	19,491.	15,540.	3,951
Adjusted Gross Income	436,065.	430,312.	5,753
Less Itemized Deductions:		畫出 经投票	
Specifically Allocated	62,441.	62,441.	
Home Mortgage Interest	35,659.	34,899.	760
Other Interest	4= 00=	16 24=	
Ratably Allocated	47,325.	46,317.	1,008
Total Adjustments to Adjusted Gross Income	145,425.	143,657.	1,768
Tayahla Incoma Refora Evamptione	290,640.	286,655.	2 001
Taxable Income Before Exemptions	<u></u>	400,000.	3,98

Allocation of Itemized Deductions

NAME

BARACK H. & MICHELLE L. OBAMA

	Total Itemized	Itemized Deductions After Sec. 68	Form 1116			
	Deductions	Reduction	Specifically U.S.	Specifically Foreign	Ratable	
Taxes	48,557.	47,325.			47,325	
Interest - Not Including Investment Interest	36,587.	35,659.	34,899.	760.		
Contributions Miscellaneous Deductions Subject to 2%	64,066.	62,441.	62,441.			
Other Miscellaneous Deductions - Not Including Gambling Losses						
Foreign Adjustment						
Total Itemized Deductions Subject to Sec. 68	149,210.	145,425.		4		
Add Itemized Deductions Not Subject to Sec. 68:						
Medical/Dental						
Investment Interest						
Casualty Losses						
Gambling Losses						
Foreign Adjustment					2000	
Total Itemized Deductions	149,210.					
Total Allowed on Schedule A	32(14*); (444) 44(341; -41; (444)); (44	145,425.	97,340.	760.	47,325	

Foreign Tax Credit Carryover Statement (Page 1 of 2)

NAME

BARACK H. & MICHELLE L. OBAMA

Foreign Income Category

GENERAL LIMITATION INCOME

legu	lar	2010	2011	2012	2013	2014	2015
1.	Foreign tax paid/accrued						1,007.
2.	FTC carryback to 2015						
	for amended returns						
3.	Reduction in foreign						
	taxes						
4.	Foreign tax available						1,007.
5.	Maximum credit allowable						979.
6.	Unused foreign tax (+)			E-			, 3 · · · · · · · · · · · · · · · · · ·
	or excess of limit (-)					-5,368.	28.
7.	Foreign tax carryback					28.	28.
8.	Foreign tax carryforward						
9.	Foreign tax or excess						
	limit remaining					-5,340.	

	2005	2006	2007	2008	2009
Foreign tax paid/accrued					
2. FTC carryback to 2015					
for amended returns					
Reduction in foreign					
taxes					
Foreign tax available					
. Maximum credit allowable					
. Unused foreign tax (+)					
or excess of limit (-)					
'. Foreign tax carryback				22	
3. Foreign tax carryforward					
). Foreign tax or excess					
limit remaining					

Foreign Tax Credit Carryover Statement (Page 2 of 2)

NAME

BARACK H. & MICHELLE L. OBAMA

Foreign Income Category

GENERAL LIMITATION INCOME

AMT		2010	2011	2012	2013	2014	2015
1.	Foreign tax paid/accrued						1,007.
2.	FTC carryback to 2015						
	for amended returns						
3.	Reduction in foreign						
	taxes					Q.	
4.	Foreign tax available				V		1,007.
5.	Maximum credit allowable						1,175.
6.	Unused foreign tax (+)						
	or excess of limit (-)					-5,753.	-168.
7.	Foreign tax carryback						
8.	Foreign tax carryforward						
9.	Foreign tax or excess						
	limit remaining					-5,753.	-168.
	Total foreign taxes from all av	vailable years to be ca	arried to next year				

		2005	2006	2007	2008	2009
1.	Foreign tax paid/accrued					
2.	FTC carryback to 2015	,t				
	for amended returns					
3.	Reduction in foreign				Manner on Samuel Const.	
	taxes					
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.	Foreign tax or excess					
	limit remaining		,			

Form 1116	1116 Foreign Wages, Salaries, Business and Profession Income					
NAME BARACK H. & M	ICHELLE L. OBAMA					
Wages and Salaries:	Source	Amount				
	Could					
Total Foreign Wages and Sal	aries					
Business and Profession Inco	ome:					
	Source	Amount				
BARACK H. OBA	AMA	9,704.				
			50			
Total Foreign Business and F	Profession Income	9,704.				
Reduction for Foreign Earned	d Income Exclusion/Deduction:					
Foreign Earned Income Excl	laries usion/Deduction n Wages and Salaries					
Reduction Amount						
Wages and Salaries Include	d on Form 1116, line 1					
Foreign Earned Income Excl	Profession Income usion/Deduction In Business and Profession Income					
Reduction Amount						
Business and Profession Inc	come Included on Form 1116, line 1		9,704.			

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.

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

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

2015

Your social security number

OMB No. 1545-0074

S. Attachment Sequence No. 71

BARACK H. & MICHELLE L. OBAMA Part I Additional Medicare Tax on Medicare Wages 1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts 394,454. from box 5 1 2 2 Unreported tips from Form 4137, line 6 3 Wages from Form 8919, line 6 3 4 Add lines 1 through 3 394,454. 4 5 Enter the following amount for your filing status: Married filing jointly Married filing separately \$125,000 250,000 Single, Head of household, or Qualifying widow(er) \$200,000 144,454. 6 Subtract line 5 from line 4. If zero or less, enter -0-1,300. 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go to Part II Additional Medicare Tax on Self-Employment Income 8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter 51,780. -0- (Form 1040-PR and Form 1040-SS filers, see instructions.) 8 9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately 250,000 9 Single, Head of household, or Qualifying widow(er) \$200,000 394,454. 10 10 Enter the amount from line 4 11 Subtract line 10 from line 9. If zero or less, enter -0-11 51,780. 12 Subtract line 11 from line 8. If zero or less, enter -0-12 13 Additional Medicare Tax on self-employment income, Multiply line 12 by 0.9% (.009), Enter 466. here and go to Part III 13 Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 14 15 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 15 16 Subtract line 15 from line 14. If zero or less, enter -0-16 17 Additional Medicare Tax on railroad retirement (RRTA) compensation, Multiply line 16 by 0.9% (.009). Enter here and go to Part IV 17 Part IV Total Additional Medicare Tax 18 Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1,766. 1040-PR, and 1040-SS filers, see instructions) and go to Part V 18 Withholding Reconciliation 19 Medicare tax withheld from Form W-2, box 6. If you have more than 7,470 one Form W-2, enter the total of the amounts from box 6 19 394,454. 20 Enter the amount from line 1 20 21 Multiply line 20 by 1.45% (.0145). This is your regular 5,720. Medicare tax withholding on Medicare wages 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax 1,750. withholding on Medicare wages 22 23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) 23 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, 1,750. and 1040-SS filers, see instructions) 24

Department of the Treasury Internal Revenue Service (99)

Net Investment Income Tax - Individuals, Estates, and Trusts

Attach to your tax return.

Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.

2015

Attachment Sequence No. 72

	ACK H. & MICHELLE L. OBAMA	Your so	ocial sec	curity number or EIN
Parl	Investment Income Section 6013(g) election (see instructions)			
	Section 6013(h) election (see instructions)			
	Regulations section 1.1411-10(g) election (see instructions)			
1	Taxable Interest (see instructions)		1	348,
2	Ordinary dividends (see instructions)	uthorses a	2	9.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts,			
	etc. (see instructions) 4a			
b	Adjustment for net income or loss derived in the ordinary course of			
	a non-section 1411 trade or business (see instructions) 4b			
C	Combine lines 4a and 4b	decare deceres:	4c	
5a		.000		
b	Net gain or loss from disposition of property that is not subject to			
	net investment income tax (see instructions) 5b			4
С	Adjustment from disposition of partnership interest or S corporation			
	stock (see instructions) 5c			
d	Combine lines 5a through 5c		5d	-3,000.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	ACCOUNT DOMESTIC	6	0,000
7	Other modifications to investment income (see instructions)	2027 CHO 10.1	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	*********	8	-2,643.
Par	til Investment Expenses Allocable to Investment Income and Modifications			
9a	Investment interest expenses (see instructions) 9a			
b	State, local, and foreign income tax (see instructions) 9b			
С	Miscellaneous investment expenses (see instructions) 9c			
d	Add lines 9a, 9b, and 9c		9d	
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10	0-1114-081-00	11	
Par	t III Tax Computation			
12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-			
	17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-		12	
	Individuals:			
13		,065.		
14	Threshold based on filing status (see instructions) 14 250	,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	,065.		
16	Enter the smaller of line 12 or line 15		16	
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and			
	include on your tax return (see instructions)		17	
	Estates and Trusts:			
18a	Net investment income (line 12 above)			
b	Deductions for distributions of net investment income and		1	
	deductions under section 642(c) (see instructions) 18b			
C	Undistributed net investment income. Subtract line 18b from 18a (see		1	
	instructions). If zero or less, enter -0-			
19a	Adjusted gross income (see instructions)			
b	Highest tax bracket for estates and trusts for the year (see			
	instructions) 19b			
С	Subtract line 19b from line 19a. If zero or less, enter -0-			
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038), Enter here			The state of the s
	and include on your tax return (see instructions)		21	

BARACK H. & MICHELLE L. OBAMA

FORM 1040 STATE AND I	LOCAL INCOME TAX	REFUNDS	STATEMENT	1
	2014	2013	2012	
GROSS STATE/LOCAL INC TAX REFUNDS LESS: TAX PAID IN FOLLOWING YEAR	ILLINOIS 1,243.			
NET TAX REFUNDS ILLINOIS	1,243.			
TOTAL NET TAX REFUNDS	1,243.			

8. MULTIPLY LINE 2 BY LINE 7

FOR	RM 1040 PERSONAL EXEMPTION WORKSHEET	Ţ.	STATE	ÆNT	2
1.	IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE	E AMOUNT SHO	MO MMC	LINE	4.
	BELOW FOR YOUR FILING STATUS?				
	NO. STOP. MULTIPLY \$4,000 BY THE TOTAL NUMBER OF		CLAIM	ΞD	
	ON FORM 1040, LINE 6D, AND ENTER THE RESULT (ON LINE 42.			
	YES. CONTINUE				
2.	MULTIPLY \$4,000 BY THE TOTAL NUMBER OF EXEMPTIONS	CLAIMED			
	ON FORM 1040, LINE 6D	787021100 122.800		16,0	00.
3.	ENTER THE AMOUNT FROM FORM 1040, LINE 38				
4.	ENTER THE AMOUNT FOR YOUR FILING STATUS	309,900.			
	SINGLE \$258,250				
	MARRIED FILING JOINTLY OR WIDOW(ER) \$309,900				
	MARRIED FILING SEPARATELY \$154,950				
	HEAD OF HOUSEHOLD \$284,050				
5.	SUBTRACT LINE 4 FROM LINE 3. IF THE RESULT IS				
	MORE THAN \$122,500 (\$61,250 IF MARRIED FILING				
	SEPARATELY), STOP. ENTER -0- ON LINE 42	126,165.			
6.	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 HIGHER				
	WHOLE NUMBER (FOR EXAMPLE, INCREASE 0.0004				
	TO 1)				
7.	MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT	38			
	AS A DECIMAL				
8 -	MILTIPLY LINE 2 BY LINE 7				

9. SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE 42.

ORM	1040	TAXABLE STATE AN	D LOCAL INCOME	TAX REFUNDS	STATEMENT	3
			2014	2013	2012	
		FROM STATE AND X REFUNDS STMT.	1,243.			
ESS		BENEFIT DUE TO AMT BENEFIT REDUCTION	1,243.			
1	NET REFUNDS	FOR RECALCULATION				
3	BEFORE PHAS	OT SUBJ TO PHASEOUT	164,668.			
5 7	MULT LN 5 BY PRIOR YEAR	LINES 3 AND 4 APPL SEC. 68 PCT AGI PHASEOUT THRESHOLD	164,668. 131,734. 477,383. 305,050.	u		
	(IF ZERO OR 10 THROUGH	NE 8 FROM LINE 7 LESS, SKIP LINES L5, AND ENTER	172,333.			
10 11	MULT LN 9 BY ALLOWABLE IY (LINE 5 LES) LINE 6 OR 3	LINE 1 ON LINE 16) Y APPL SEC. 68 PCT FEMIZED DEDUCTIONS S THE LESSER OF LINE 10) OT SUBJ TO PHASEOUT	5,170. 159,498.			
13B	PRIOR YR. S'	ITEMIZED DEDUCTIONS TD. DED. AVAILABLE LLOWABLE ITEM. DED.	159,498. 12,400. 159,498.	÷		
15 16		E GREATER OF LINE E 13B FROM LINE 14 UNDS				
	ALLOWABLE P	LINE 15 OR LINE 1) RIOR YR. ITEM. DED. STD. DED. AVAILABLE	159,498. 12,400.			
19 20 21	LESSER OF L	NE 18 FROM LINE 17 INE 16 OR LINE 19 TAXABLE INCOME	147,098. 317,885.			
22	* IF LINE 2	NCLUDE ON FORM 1040 1 IS -0- OR MORE, U 1 IS A NEGATIVE AMO	SE AMOUNT FROM			0
	STATE AND L	OCAL INCOME TAX REF	UNDS PRIOR TO 2	2012		
	TOTAL TO FO	RM 1040, LINE 10				0

FORM	1 1040	SEP DEDUCTION STA	ATEMENT	4
BARA	ACK H. OBAMA			
1.	PLAN CONTRIBUTION	RATE OR SELF-EMPLOYED PERSON'S RATE	.200	000
		SCHEDULE C, SCHEDULE F, OR SCHEDULE K-1	56,0	
		-EMPLOYMENT TAX FROM 1040, LINE 27		51.
4.	SUBTRACT LINE 3 FF	ROM LINE 2	55,3	18.
5.	MULTIPLY LINE 4 TO	MES LINE 1	11,0	64.
6.		BY YOUR PLAN CONTRIBUTION RATE. ENTER		
		MORE THAN \$53,000	53,0	
		OF LINE 5 OR LINE 6	11,0	
8.	CONTRIBUTION DOLLA		53,0	00.
		DEFERRALS WERE MADE, GO TO LINE 9.		
		LINES 9 THROUGH 18 AND ENTER THE SMALLER		
0	OF LINE 7 OR LINE			
	ALLOWABLE ELECTIVE			
	SUBTRACT LINE 9 FI			
	SUBTRACT LINE 9 FI			
	ENTER ONE-HALF OF	OF LINES 7, 10 OR 12		
	SUBTRACT LINE 13	A A STATE OF THE S		
		OF LINE 9 OR LINE 14		
100		RIBUTIONS WERE MADE, GO TO LINE 16.		
		LINES 16 THROUGH 18.		
16.	SUBTRACT LINE 15			
		TION (AGE 50 OR OLDER)		
		OF LINE 16 OR LINE 17		
		AND 18. ENTER HERE AND ON LINE 28,		
	FORM 1040	SSERVE COLOR C STORY AND STREET CONTRACTOR SECUNDARY MACROS COMP. SHOWER AND STREET	11,0	64.
			2000000 and 100000	
		ē .		

FORM 1040	WAGES RECEI	VED AND TAX	ES WITHHE	LD	STATI	EMENT 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	394,454.	97,581.	14,147.		7,347	7,470.
TOTALS	394,454.	97,581.	14,147.		7,347	. 7,470.

BARACK H. & MICHELLE L. OBAMA

FORM 1040 FEDERAL INCOME TAX	WITHHELD STATEMENT 6
T S DESCRIPTION	AMOUNT
T DFAS-CIVPAY DIRECTORATE FORM 8959, LINE 24	97,581. 1,750.
TOTAL TO FORM 1040, LINE 64	99,331.
SCHEDULE A STATE AND LOCAL INCOM	ME TAXES STATEMENT 7
DESCRIPTION	AMOUNT
DFAS-CIVPAY DIRECTORATE ILLINOIS 1ST QTR ESTIMATE PAYMENTS ILLINOIS PRIOR YEAR OVERPAYMENT APPLIED	14,147. 3,000. 1,243.
TOTAL TO SCHEDULE A, LINE 5	18,390.
SCHEDULE A CASH CONTRIBUTION	ONS STATEMENT 8
DESCRIPTION	AMOUNT AMOUNT 50% LIMIT
AIDS UNITED AMERICAN RED CROSS BEAU BIDEN FOUNDATION BOYS & GIRLS CLUB DC CALVARY WOMEN'S SERVICES CARE CENTRAL ILLINOIS FOOD BANK CHRISTOPHER HOUSE CITIZENS UNITED FOR RESEARCH IN EPILEPSY FISHER HOUSE HABITAT FOR HUMANITY ILLINOIS HEAD START ASSOCIATION ILLINOIS READING COUNCIL INTERNATIONAL RESCUE COMMITTEE JUVENILE DIABETES RESEARCH FOUNDATION LEUKEMIA & LYMPHOMA SOCIETY	1,500. 2,000. 5,000. 1,000. 1,500. 2,000. 1,500. 1,500. 1,500. 1,500. 1,500. 1,500. 1,500. 1,500. 1,500. 1,500. 1,500. 1,500.

BARACK H. & MICHELLE L. OBAMA

TOTAL TO SCHEDULE A, LINE 16		64,066.
SUBTOTALS	64,066.	
UNIVERSITY OF HAWAII FOUNDATION	1,000.	
UNITED NEGRO COLLEGE FUND	1,500.	
THE HARMONY PROJECT	1,500.	
SIDWELL FRIENDS SCHOOL	5,000.	
ST. LEO'S CAMPUS FOR VETERANS	1,500.	
ST. JUDE'S	1,500.	
ST. JOHN'S CHURCH	1,500.	
SANDY HOOK PROMISE FOUNDATION	2,000.	
ROCHELLE LEE FUND / BOUNDLESS READERS	1,500.	
NATIONAL OVARIAN CANCER COALITION	1,500.	
NATIONAL MS SOCIETY	1,500.	
NATIONAL CONGRESS OF BLACK WOMEN	1,500.	
NATIONAL COALITION FOR HOMELESS VETERANS	1,500.	
MUJERES LATINAS EN ACCION	1,000.	
MOSAIC YOUTH THEATRE OF DETROIT	1,000.	
MIRIAM'S KITCHEN	1,000.	
	1 000	

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. 4. MULTIPLY LINE 3 BY 80% (.80). 5. ENTER THE AMOUNT FROM FORM 1040, LINE 38. 6. ENTER \$309,900 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$284,050 IF HEAD OF HOUSEHOLD; \$258,250 IF SINGLE; OR \$154,950 IF MARRIED FILING SEPARATELY. 7. IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5. 8. MULTIPLY LINE 7 BY 3% (.03). 9. ENTER THE SMALLER OF LINE 4 OR LINE 8. 3,785 10. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29. 145,425	SCHE	DULE A	ITEMIZED DEDUCTIONS WORKSHEET	ST	ATEMENT	9
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. 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. 4. MULTIPLY LINE 3 BY 80% (.80). 119,368. 5. ENTER THE AMOUNT FROM FORM 1040, LINE 38. 436,065. 6. ENTER \$309,900 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$284,050 IF HEAD OF HOUSEHOLD; \$258,250 IF SINGLE; OR \$154,950 IF MARRIED FILING SEPARATELY. 309,900. 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. 126,165. MULTIPLY LINE 7 BY 3% (.03). 3,785. 9. ENTER THE SMALLER OF LINE 4 OR LINE 8. 3,785. 10. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29. SCHEDULE C OTHER INCOME STATEMENT 1 DESCRIPTION DESCRIPTION DESCRIPTION AMOUNT DYSTEL & GODERICH PENGUIN RANDOM HOUSE	1.			4,	149,2	10.
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. 149,210 4. MULTIPLY LINE 3 BY 80% (.80). 119,368. 5. ENTER THE AMOUNT FROM FORM 1040, LINE 38. 436,065. 6. ENTER \$309,900 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$284,050 IF HEAD OF HOUSEHOLD; \$258,250 IF SINGLE; OR \$154,950 IF MARRIED FILING SEPARATELY. 309,900. 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. 126,165. 8. MULTIPLY LINE 7 BY 3% (.03). 3,785. 9. ENTER THE SMALLER OF LINE 4 OR LINE 8. 3,785. 10. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29. 145,425 SCHEDULE C OTHER INCOME STATEMENT 1 DESCRIPTION AMOUNT DESCRIPTION AMOUNT DYSTEL & GODERICH 35,831 PENGUIN RANDOM HOUSE	2.	ENTER THE TOTAL OF 14, AND 20, PLUS	F THE AMOUNTS FROM SCHEDULE A, LINES ANY GAMBLING AND CASUALTY OR THEFT	4,		
4. MULTIPLY LINE 3 BY 80% (.80). 119,368. 5. ENTER THE AMOUNT FROM FORM 1040, LINE 38. 436,065. 6. ENTER \$309,900 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$284,050 IF HEAD OF HOUSEHOLD; \$258,250 IF SINGLE; OR \$154,950 IF MARRIED FILING SEPARATELY. 309,900. 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. 126,165. 8. MULTIPLY LINE 7 BY 3% (.03). 3,785. 9. ENTER THE SMALLER OF LINE 4 OR LINE 8. 3,785. 10. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29. 145,425 SCHEDULE C OTHER INCOME STATEMENT 1 DESCRIPTION AMOUNT DYSTEL & GODERICH 35,831 PENGUIN RANDOM HOUSE 24,914	3.	IS THE AMOUNT ON I	LINE 2 LESS THAN THE AMOUNT ON LINE FION IS NOT LIMITED. ENTER THE AMOU			0.
5. ENTER THE AMOUNT FROM FORM 1040, LINE 38. 436,065. 6. ENTER \$309,900 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$284,050 IF HEAD OF HOUSEHOLD; \$258,250 IF SINGLE; OR \$154,950 IF MARRIED FILING SEPARATELY. 309,900. 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. 126,165. 8. MULTIPLY LINE 7 BY 3% (.03). 3,785. 9. ENTER THE SMALLER OF LINE 4 OR LINE 8. 3,785. 10. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29. 145,425 SCHEDULE C OTHER INCOME STATEMENT 1 DESCRIPTION AMOUNT DYSTEL & GODERICH 35,831 PENGUIN RANDOM HOUSE					149,2	10.
6. ENTER \$309,900 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$284,050 IF HEAD OF HOUSEHOLD; \$258,250 IF SINGLE; OR \$154,950 IF MARRIED FILING SEPARATELY. 309,900. 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. 126,165. 8. MULTIPLY LINE 7 BY 3% (.03). 3,785. 9. ENTER THE SMALLER OF LINE 4 OR LINE 8. 3,785 10. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29. 145,425 SCHEDULE C OTHER INCOME STATEMENT 1 DESCRIPTION AMOUNT DYSTEL & GODERICH 35,831 PENGUIN RANDOM HOUSE 24,914						
IF MARRIED FILING SEPARATELY. 7. IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5. 8. MULTIPLY LINE 7 BY 3% (.03). 9. ENTER THE SMALLER OF LINE 4 OR LINE 8. 10. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29. SCHEDULE C OTHER INCOME STATEMENT 1 DESCRIPTION AMOUNT DYSTEL & GODERICH 35,831 PENGUIN RANDOM HOUSE 24,914		ENTER \$309,900 IF QUALIFYING WIDOW(MARRIED FILING JOINTLY OR ER); \$284,050 IF HEAD OF	36,065.		
THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5. 126,165. 8. MULTIPLY LINE 7 BY 3% (.03). 3,785. 9. ENTER THE SMALLER OF LINE 4 OR LINE 8. 3,785 10. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29. 145,425 SCHEDULE C OTHER INCOME STATEMENT 1 DESCRIPTION AMOUNT DYSTEL & GODERICH 35,831 PENGUIN RANDOM HOUSE 35,831	7.	IF MARRIED FILING IS THE AMOUNT ON 1 ON LINE 5?	SEPARATELY. 3(LINE 6 LESS THAN THE AMOUNT	9,900.		
8. MULTIPLY LINE 7 BY 3% (.03). 9. ENTER THE SMALLER OF LINE 4 OR LINE 8. 10. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29. 145,425 SCHEDULE C OTHER INCOME STATEMENT 1 DESCRIPTION AMOUNT DYSTEL & GODERICH PENGUIN RANDOM HOUSE 35,831 24,914		THE AMOUNT FROM LINE 29.	INE 1 ABOVE ON SCHEDULE A,	26.165.		
SCHEDULE C OTHER INCOME STATEMENT 1 DESCRIPTION AMOUNT DYSTEL & GODERICH PENGUIN RANDOM HOUSE 35,831 24,914		MULTIPLY LINE 7 B	Y 3% (.03).		3,7	85.
DESCRIPTION DYSTEL & GODERICH PENGUIN RANDOM HOUSE AMOUNT 35,831 24,914	10.			s 1.	145,4	25.
DESCRIPTION DYSTEL & GODERICH PENGUIN RANDOM HOUSE AMOUNT 35,831 24,914	-					
DYSTEL & GODERICH 35,831 PENGUIN RANDOM HOUSE 24,914	SCHE	EDULE C	OTHER INCOME	ST	ATEMENT	10
PENGUIN RANDOM HOUSE 24,914	DESC	CRIPTION			AMOUNT	
TOTAL TO SCHEDULE C, LINE 6 60,745						
	TOTA	AL TO SCHEDULE C, L	INE 6		60,7	45.

SCHEDULE D CAPITAL	LOSS CARRYOVER	STATEMENT 11
1. ENTER THE AMOUNT FROM FORM 1040, 2. ENTER THE LOSS FROM SCHEDULE D, I 3. COMBINE LINES 1 AND 2. IF ZERO OF 4. ENTER THE SMALLER OF LINE 2 OR LI	JINE 21, AS A POSITIVE AMOUNT R LESS, ENTER -0-	290,640. I 3,000. 293,640. 3,000.
5. ENTER THE LOSS FROM SCHEDULE D, I 6. ENTER THE GAIN, IF ANY, FROM SCHE LINE 15		1,686.
7. ADD LINES 4 AND 6 8. SHORT-TERM CAPITAL LOSS CARRYOVER SUBTRACT LINE 7 FROM LINE 5. IF 2		3,000.
9. ENTER THE LOSS FROM SCHEDULE D, I 10. ENTER THE GAIN, IF ANY, FROM SCHE LINE 7		T 106,057.
11. SUBTRACT LINE 5 FROM LINE 4. IF ENTER -0- 12. ADD LINES 10 AND 11 13. LONG-TERM CAPITAL LOSS CARRYOVER	1,31	4.
SUBTRACT LINE 12 FROM LINE 9. IF		104,743.
SCHEDULE SE NON-I	FARM INCOME	STATEMENT 12
DESCRIPTION		AMOUNT
AUTHOR		56,069.
TOTAL TO SCHEDULE SE, LINE 2	,	56,069.
FORM 1116 EXPENSES DIRECTLY ALI	LOCABLE TO FOREIGN INCOME	STATEMENT 13
DESCRIPTION	COUNTRY	AMOUNT
BARACK H. OBAMA KEOGH/SEP CONTRIBUTIONS SELF-EMPLOYMENT TAX DEDUCTION	OTHER COUNTRIES OTHER COUNTRIES OTHER COUNTRIES	747 1,767 120
OTHER EXPENSES DIRECTLY ALLOCATED	OTHER COUNTRIES	1,317
TOTAL TO FORM 1116, PART I, LINE 2	OTHER COUNTRIES	3,951

FORM	6251		1	EXEMPTION V	VORKSHEET		STATEMENT	14
1 E	MARRIED F	FILING J		QUALIFYING	OUSEHOLD; \$83 WIDOW(ER);		83,4	100.
	NTER YOUR (AMTI) FO	ALTERNA ORM 6251	TIVE MINII , LINE 28	MUM TAXABLI		335,412.	007.	
3 E	\$158,900	IF MARF	IED FILING	R HEAD OF I G JOINTLY (,450 IF MAI	OR	158,900.		
4 5	UBTRACT LI ENTER -0-		OM LINE 2	. IF ZERO (OR LESS	176,512.		
	ANY OF THE AGE 24 AND OTHERWISH	INE 5 FF HE THREE PPLY TO E, STOP	COM LINE 1 CONDITION YOU, COMP HERE AND	. IF ZERO (NS UNDER C LETE LINES	OR LESS, ENT ERTAIN CHILD 7 THROUGH 1 AMOUNT ON F	REN UNDER	39,2	
8 E		EMPTION EARNED	AMOUNT FO	R CERTAIN	CHILDREN UND	ER AGE 24	33,1	5 / Zi •
10 E				OR LINE 9 251, LINE	HERE AND ON	FORM 6251,	*	

Illinois Department of Revenue 2015 Form IL-1040

Individual Income Tax Return or for fiscal year ending ___

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

Step 1: Personal Information

Do not write above this line.

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

			Filing status (see instructions) Single or head of household Married filing jointly Married filing		Widowed
		D	Check if you or your spouse are a military veteran and want your name and address shared	d with the Illi	nois
	Step 2:	1	Department of Veterans' Affairs. You Spouse Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4.	1	(Whole dollars only) 436,065,00
		2	Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ.	2	.00
		3	Other additions. Attach Schedule M.	3	.00.
		4	Total income. Add Lines 1 through 3.	4	436,065.00
-	Step 3: Base Income	7040	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Illinois Income Tax overpayment included in U.S. 1040, Line 10.	.00	
2 10 0	meome	6 7	Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C.	332 .00	
		8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	332,00
2		9	Illinois base income. Subtract Line 8 from Line 4.	9	435,733.00
Staple W-2 and IO	Step 4: Exemptions	10	a Number of exemptions from your federal return. b If someone can claim you as a dependent, see instructions. c Check if 65 or older: you + Spouse = x \$1,000 c Check if legally blind: You + Spouse = x \$1,000 d Exemption allowance. Add Lines a through d.	.00 .00 .00 .00 .00	8,600.00
	Step 5: Net Income	11 12	Residents: Net income. Subtract Line 10 from Line 9. Skip Line 12. Nonresidents and part-year residents: Check the box that applies to you during 2015 Nonresident Part-year resident neter the Illinois base income from Sch. NR. Attach Sch. NR. 12	11 ent, and .00	427,133 00
IL-1040-V	Step 6: Tax	13 14 15	The state of the s	13 14 15	16,017 .00 .00 16,017 .00
e your check and	Step 7: Tax After Non- refundable Credits	17	Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR, Attach Schedule ICR, 17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 18	.00.	
Staple			Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.	19	.00 16,017 _{.00}

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



	21	Tax after nonrefundable credits from Page 1, Line 20.	21	16,017	.00	
Step 8:	22 23	Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from	22_		.00	
Taxes		UT Worksheet or UT Table in the instructions. Do not leave blank.	23	0	.00	
		Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	24		.00	
	25	Total Tax. Add Lines 21, 22, 23, and 24.		25		16,017 .00
Step 9: Payments	26 27	Illinois Income Tax withheld. Attach all W-2 and 1099 forms. Estimated payments from Forms IL-1040-ES and IL-505-I,	26 _	14,147	.00	
and		including any overpayment applied from a prior year return.	27	4,243	.00	
Refundable	28	Pass-through withholding payments. Attach Schedule K-1-P or K-1-7			.00	
Credit	29	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	29 _	00	.00	10 200
	30	Total payments and refundable credit. Add Lines 26 through 29.		30	-	18,390.00
Step 10:	31	Overpayment. If Line 30 is greater than Line 25, subtract Line 25 from	om Line	30. 31		2,373.00
Result	32	Underpayment. If Line 25 is greater than Line 30, subtract Line 30 to	rom Line	e 25. 32		.00.
Step 11:	33	Late-payment penalty for underpayment of estimated tax	33		.00	
Underpaymen		a Check if at least two-thirds of your federal gross income is from fa	arming.			
of Estimated		b Check if you or your spouse are 65 or older and permanently				
Tax Penalty		living in a nursing home.				
and Donation	S	c Check if your income was not received evenly during the year an annualized your income on Form IL-2210. Attach Form IL-2210.	d you			
		d Check if you were not required to file an Illinois Individual Income	Тах			8
		return in the previous tax year.				
	34	Voluntary charitable donations. Attach Schedule G.	34 _		.00	
	35	Total penalty and donations. Add Lines 33 and 34.		35		.00
Step 12:	36	If you have an overpayment on Line 31 and this amount is greater ti	nan			
Refund or		Line 35, subtract Line 35 from Line 31. This is your remaining overp		. 36	i	2,373.00
Amount You	37	The second secon	Line 38	. See instructions. 37	'	00, 0
Owe	38	I choose to receive my refund by				
		direct deposit - Complete the information below if you check t				
		Routing number Cl Account number	necking	or Savings		
		Account number				
		Illinois Individual Income Tax refund debit card				
	-00	paper check				0 272
	40	Amount to be applied to estimated tax. Subtract Line 37 from Line If you have an underpayment on Line 32, add Lines 32 and 35. Of	36. See	instructions. 39)	2,373.00
	-10	If you have an underpayment on Line 32, and this amount is less than	Lina 36			
		subtract Line 31 from Line 35. This is the amount you owe. See ins		5))	.00
Step 13:	Unde	penalties of perjury, i state that I have examined this return, and, to	the hee	of my knowledge it is	true correct :	and complete
Sign and	(167/16	the pea	San I fly	, Olas	ind complete.
Date	Your s	gnature Date Daytime phone number		Your spouse's signature	1 Guar	Date 08/2016
	u	landell- 3/31/16				
2277 272 7	Paid pr	eparer's signature Date Preparer's phone number		Preparer's FEIN, SSN, or P		
Third Party Designee	2	Check, and complete the designee's name and phone number below, to allow another properties on this return with the illinois Department of Revenue.	erson to dis	scuss this return and any prev	ous return that affec	ts the liability
Designee		MICHAEL S SOLHEIM		_		
Form 1099-G		Designee's name (please print)		Designee's pt		
Information	_	If you are unable to obtain your Form 1099-G from our website, yo We will mail you a 1099-G form if you meet the criteria requiring us	u may cl to issue	heck the box to receive one to you.	e a paper 1099	G form next year.
		If no payment enclosed, mail to:	No.	ent enclosed, mail to:		
	_	ILLINOIS DEPARTMENT OF REVENUE		DEPARTMENT OF REVE	NUE	
549002		SPRINGFIELD IL 62719-0001	SPRING	FIELD IL 62726-0001		
01-07-16 ID: 2BX				120000.000	(601 11 60 111 50 110 110 10 10 10 10 10 10 10 10 10 10 10	
IL-1040 page 2 (R-	12/15)	DR AP RR DC	IR			

Illinois Department of Revenue

2015 Schedule M

Other Additions and Subtractions for Individuals

Attach to your Form IL-1040

IL Attachment No. 15

Read this information first

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

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

Step 1: Provide the following information

BARACK H. & MICHELLE II. OD	BARACK	H.	80	MI	CHELLE	Lo	OBAMA
-----------------------------	--------	----	----	----	--------	----	-------

-	RACK H. & MICHELLE L. UBAMA	· · · · · · · ·	-10
	name as shown on Form IL-1040	Your So	cial Security number
	p 2: Figure your additions for Form IL-1040, Line 3		
	r the amount of	-	(Whole dollars only)
1	Your child's federally tax-exempt interest and dividend income as reported on U,S. Form 8814,	1_	.00.
2	Distributive share of additions you received from a partnership, S corporation, trust, or estate. Attach Illinois Schedule K-1-P or Schedule K-1-T.	2	.00.
3	Lloyds plan of operations loss, if reported on your behalf on Form IL·1065 and included in your adjusted gross income.	3 _	.00
4	Earnings distributed from IRC Section 529 college savings and tuition programs if not included in your adjusted gross income (Do not include distributions from "Bright Start," "Bright Directions," or "College Illinois" programs or programs that meet certain disclosure requirements - see instructions.)	4 _	.00.
5	Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. Attach Form IL-4562.	5	.00
6	Business expense recapture (nonresidents only).	6	.00.
7	Recapture of deductions for contributions to Illinois college savings plans transferred to an out-of-state plan.	7	.00
8	Credit taken on Schedule 1299-C for student-assistance contributions you made as an employer.	8	.00.
9	Recapture of deductions for contributions to college savings plans withdrawn for nonqualified expenses		
	or refunded.	9 _	.00.
10	Other income - Identify each item	_ 10 _	.00.
11	Total Additions. Add Lines 1 through 10. Enter the amount here and on Form IL-1040, Line 3.	11 _	.00.
a b c	"Bright Start" College Savings Pool "College Illinois" Prepaid Tuition Program "Bright Directions" College Savings Pool	12b _	00. 00. 00.
13		120 _	00.
	beneficiary and listing your Social Security number.	13	.00.
14	Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341.	14	.00
15	Contributions to a job training project.	15	.00.
16	Expenses related to federal credits or federally tax-exempt income.	16	.00
17	Interest earned on investments through the Home Ownership Made Easy Program.	17	.00.
18	Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. Attach Form IL-4562.	18 _	.00
	er the following only if included in Form IL-1040, Lines 1, 2, or 3:		
19	Military pay earned. Attach military W-2.	19_	.00
20	Attach a copy of U.S. 1040A or 1040, Schedule B, if required federally. SEE STATEMENT 1	20 _	332 .00
21			
00	required federal forms.	21_	00,
22	River edge redevelopment zone and high impact business dividend subtraction amount		2000
22	from your Schedule 1299-C, Step 2, Line 7. Attach Schedule 1299-C.	22_	.00 332 .00
23	Add Lines 12a through 22 and enter the amount here and on Page 2, Line 24.	23 _	334,00



Ste	p 3: Continued		
24	Enter the amount from Page 1, Line 23.	24	332 .00
25	Recovery of items previously deducted on U.S. 1040, Schedule A (including refunds of any state and	24	00. 200
20		25	20
26	local income taxes, other than Illinois). Attach a copy of U.S. 1040, Page 1, and required federal forms. Ridesharing money and other benefits.	26	.00
27	Payment of life insurance, endowment, or annuity benefits received.	27	.00
28		28	00.
29	Lloyds plan of operations income if reported on your behalf on Form IL-1065. Income from Illinois pre-need funeral, burial, and cemetery trusts.	29 —	.00.
30	Education loan repayments made for primary care physicians who agree to	20	.00.
00	practice in designated shortage areas under the Family Practice Residency Act.	30	00
31	Reparations or other amounts received as a victim of persecution by Nazi Germany.	31	00.
	Interest on the following tax-exempt obligations of Illinois state and local government. Do not	J1	.00.
02			
	include interest you received indirectly through owning shares in a mutual fund. Illinois Housing Development Authority bonds and notes (except housing-related commercial		
а		32a	00
h	facilities bonds and notes) Tri County River Valley Development Authority bands	32b	.00
b	Tri-County River Valley Development Authority bonds Illinois Development Finance Authority bonds, notes, and other obligations (venture fund and	320	.00
С	infrastructure bonds only)	32c	00
al		320	.00.
u	Quad Cities Regional Economic Development Authority bonds and notes (if declared to be	32d	22
	exempt from taxation by the Authority) College Savings bonds	32e	.00
6	Illinois Sports Facilities Authority bonds	32f	.00
f		-	.00
9	Higher Education Student Assistance Act bonds	32g	.00
п	Illinois Development Finance Authority bonds issued under the Illinois Development Finance	32h	00
	Authority Act, Sections 7.80 through 7.87 Rural Bond Bank Act bonds and notes	32i —	00.
i		32j —	.00
J.	Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act Quad Cities Interstate Metropolitan Authority bonds	32k —	.00
k	30000000000000000000000000000000000000	32k	.00
1	Southwestern Illinois Development Authority bonds	JZI _	.00
п	Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and 825.55 or the Asbestos Abatement Finance Act	32m	00
-		32n	.00
n	Illinois Power Agency bonds issued by the Illinois Finance Authority Central Illinois Economic Development Authority bonds	320	.00
0	CONSISTENCE IN THE SECOND CONTRACTOR OF THE SE		00.
р	Eastern Illinois Economic Development Authority bonds	32p _	.00
q	Southeastern Illinois Economic Development Authority bonds	32q _	00,
1	Southern Illinois Economic Development Authority bonds	32r 32s	.00
S	Illinois Urban Development Authority bonds	32t	00.
ŧ	Downstate Illinois Sports Facilities Authority bonds	32u	.00
u	Western Illinois Economic Development Authority bonds	32v	00,
V	Upper Illinois River Valley Development Authority Act bonds	32w _	
33	COLON ALCONOMICA COLON AND ACTION OF THE COLON ACTION OF THE COLON ACTION AND ACTION AND ACTION AND ACTION	3200	.00.
	Interest on the following non-U.S, government bonds. Bonds issued by the government of Guam	33a	00
a b	Bonds issued by the government of Puerto Rico	33b	.00.
	Bonds issued by the government of the Virgin Islands	33c	00.
c		33d	.00
d	Bonds issued by the government of American Samoa Bonds issued by the government of the Northern Mariana Islands	33e	.00.
e f	Mutual mortgage insurance fund bonds	33f	.00.
34	SOLVE SECTION AND THE PERSON OF THE PERSON O	001	.00.
0-1	from sources in Line 20, 32 or 33 as reported on U.S. Form 8814	34	00
35	BOOK OF THE PROPERTY OF THE PR	1.	.00.
36	Railroad sick pay and unemployment income. Attach Form 1099-G or W-2 and a copy of your federal returning temperature of the compensation awarded by Illinois Court of Claims.	36	.00
37	Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included		.00.
31	in Line 1 because you claimed a federal American Opportunity or Lifetime Learning Credit	37	00
38		38	332 .00
00	rotal Sans actions, Add Lines 24 through 57. Linter the amount here and on Form IL-1040, LINE 7.		00. عدد

IL-1040 Schedule M page 2 (R-12/15)



Illinois Department of Revenue

2015 IL-2210 Computation of Penalties for Individuals

Attach to your Form IL-1040

IL Attachment No. 19

Read this information first- We encourage you to let us figure your penalties and send you a bill instead of completing this form yourself. We will waive the late-payment penalty for underpayment of estimated tax if you timely paid the lesser of 100 percent of the prior year's tax liability or 90 percent of the current year's tax liability. If you elect to complete Form IL-2210, this form reflects that waiver.

The late-payment penalty for underpayment of estimated tax is based on the tax shown due on your original return. Do not use the tax shown on an amended return filed

after the extended due date of the return to compute your required installments in Step 2.

Step 1: Provide the following information BARACK H. & MICHELLE L. OBAMA

Your name as shown on Form IL-1040

Your Social Security number

Note: If your prior year tax return was filed using a different Social Security number

	If your prior year tax return was filed using a ne number above, enter that number here.	a different Social Security i	number ——			
Ste	p 2: Figure your require	ed installments	3		A This year	B Last year
1	Enter your total income tax and compassion	onate use of medical canno	abis	1	16,017.	22,640.
	surcharge from each tax return. See instru	ctions.				
2	Enter the amount of credits from each tax	return. See instructions.		2		
3	Subtract Line 2 from Line 1.			3	16,017.	22,640.
4a	Enter the total amount of this year's Illinois	withholding from your Wa	2 and 1099 forms.	4a	14,147.	
4b	Enter the total amount of pass-through wit	hholding payments made	on your behalf.	4b		
4c	Add Lines 4a and 4b and enter the result I	nere.		4c	14,147.	
5	Subtract Line 4c from Line 3.			5	1,870.	
6	Multiply Column A, Line 3, by 90% (.9).			6	14,415.	
7	If Line 5 is \$500 or less or if you are not re	W 100	200			
	enter "0," and go to Step 3. Otherwise, en	ter the lesser of Column A	, Line 6,	100	1 / /15	
-	or Column B, Line 3.			7	14,415.	
8	Divide the amount entered on Line 7 by fo		- W	0	2 (04	
	installment. (If you use the annualized inco	ome installment method, s	ee instructions.)	8	3,604.	
		Quarter 1	Quarter 2		Quarter 3	Quarter 4
		15th day of 4th	15th day of 6th	ı	15th day of 9th	15th day of 1st mo.
9a	Enter the installment due date for each	month of tax year	month of tax ye	ar	month of tax year	after end of tax year
	quarter. See instructions.	04/15/15	06/15/	15	09/15/15	01/15/16
9b	Enter the required installment.	Note: Account on				
	See instructions.	3,604.	3,60	4.	3,604.	3,603.
10a	Enter the amount of tax withheld.	3,537.	3,53	7.	3,537.	3,536.
10b	Enter the amount of pass-through payments.					
10c	Add Lines 10a and 10b in each column.	3,537.	3,53	7.	3,537.	3,536.
11	Subtract Line 10c from Line 9b. If the					
	amount is negative, use brackets.	67.	6	7.	67.	67.
12	If the amount on Line 13 of the					
	previous quarter is negative, enter					
	that amount as a positive here.				5	
	Otherwise, enter "0."	Skip this line for Quarter 1.		0 .	0.	0.
13	Subtract Line 12 from Line 11. If the		5		. 2	
	amount is negative, use brackets.	67.	6	7.	67.	67.

Continue with Step 3 on Page 2





Enter the amount of household employment tax from Form IL-1040, Line 22. Enter the amount of use tax from Form IL-1040, Line 23. Add Lines 14 through 16. Enter the total amount here. Add Lines 14 through 17. Enter the total amount here. Calculate the total amount of all payments made on or before the original due date of your tax return. Include your credit(s) carried forward from a prior year (see instructions), your total estimated payments made this year, Form IL-505-1 payments, the pass-through withholding payments made on your behalf, and your withholding as shown on your W-2 and 1099 forms. Compare that total to the total of Line 99, Quarters 1 through 4, and enter the greater amount here. 18									
14	Step 3	3: Figure yo	our unpaid t	ах			148 1181 BB 191 191 BB 181		
15 Enter the amount of lose tax from Form IL-1040, Line 22, 15 6 16 16 16 16 16 16									
Reter the amount of use tax from Form IL-1040, Line 23. 16	14 Enter	the amount from Co	lumn A, Line 3.					14	16,017.
17 Add Lines 14 Prough 16. Enter the total amount here. 18 Calculate the foldal amount of all payments suddo on or before the original due date of your tax return, include your contributions, our foldal payments and on the year. Form 11. 505 is payments, the pass-through withholding payments and on or your behalf, and your withholding payments and on your behalf and your withholding payments and on your behalf and your withholding payments. It is passed through withholding payments and on your behalf and your withholding as shown on your W2 and 1039 18 , 35 19 Subtract Line 18 form Line 17. If the amount is expositive, which is a mount here. Enter this amount in Penalty Worksneet 2, Line 23, Column C and continue to Siep 4.	15 Enter	the amount of house	hold employment tax	from Form IL-104	0, Line 22,			15	
17 Add Lines 14 through 16, Enter the total amount here. 18 Calculate the total amount of all payments made due on the foreign of the total control of all payments made the project of the total amount of all payments made on the payments made the year, Form IL, 5054 payments, the pass-through withhording payments made on or before the original due date of your tax, return. Include your creditips carried forward from a prior year (see instructions), your total self-makes payments made the year, Form IL, 5054 payments, the pass-through withhording payments made on your behalf, and your withhording as shown on your Me2 and 1989 18 , 35 19 Subtract Line 18 from Line 17, If the amount is a positive, enter that amount here, Emer the amount in Penalty Worksheet; Line 23, Celumn C and continue to Step 4. 2 2, 3° 2 Step 4: Figure your late-payment penalty 3 Use Penalty Worksheet 1 to figure your late-payment penalty for underpayment of estimated tax. 4 Line 19 Line 19 Line 19 Line 19 Line 19 5 Line 19 Line 19 Line 19 Line 19 Line 19 Line 19 5 Step 2 Line 19 5 Line 19 L	16 Enter	the amount of use ta	ax from Form IL-1040.	Line 23.				16	
18 Calculate the lotal amount of all payments made on a before the original due date of your tax return. Include your credit(s) carried forward from a prior year face instruction), your total externation and continues to payments, the passathrough withhoding payments made for your behalf, and your withhoding as shown on your W2 and 1099 forms. Compare that total for the Set, Quarters through 4, and net fire the greater amount here. 18 98 bubtract Line 18 from Line 17. If the amount is possible with the payment in the carried the total of Line Set, Quarters through 4, and net fire the greater amount here. 19 22, 3' Step 4: Figure your late-payment penalty								17	16,017.
carred forward from a prior year (see instructions), your total astimated payments made this year, Form IL-505+ payments, the pass-through withholding payments and our over which and your withholding as shown on your W2 and 1099 at 18, 35 (19 subtract IL-10 18 from IL-10 17. If the amount is a positive, either that amount here. Pietr the amount in Penalty Worksheet 2, Line 23, Column C and continue to Step 4. 2 zero or negative, enter that amount here and, if negative, use brackets. 19					original due date of	your tax return	Include vou	r credit(s)	
19 Subtract Line 18 from Line 17. If the amount is a panily Worksheet 2. Line 23, Column G and continue to Step 4. 2 zero or negative, enter that amount here. Amount in Panily Worksheet 2. Line 23, Column G and continue to Step 4. 2 zero or negative, enter that amount here and, if negative, use brackets. 19 <2, 3' Step 4: Figure your late-payment penalty Use Penalty Worksheet 1 to figure your late-payment penalty for underpayment of estimated tax. Use Penalty Worksheet 2 to figure your late-payment penalty for underpayment of estimated tax. Use Penalty Worksheet 2 to figure your late-payment penalty for underpayment of estimated tax. Use Penalty Worksheet 2 to figure your late-payment penalty for underpayment of estimated tax. Use Penalty Worksheet 2 to figure your late-payment you made. Include any credit(s) carried forward from a prior year. See instructions. Amount Date paid See in Section 1. See	carrie	d forward from a price	r vear (see instruction	ns) your total estin	nated payments ma	de this year. For	m II -505-1 r	ayments.	
9 Subtract Line 18 from Line 17. If the amount is • positive, enter that amount here. Enter this amount in Penalty Worksheet 2, Line 28, Column C and continue to Step 4. • zero or regative, enter that amount here and, if negative, use brackets. 19 <2, 3' Step 4: Figure your late-payment penalty Use Penalty Worksheet 1 to figure your late payment penalty for underpayment of estimated tax. Use Penalty Worksheet 1 to figure your late payment penalty for unpaid tax. World You must follow the instructions in order to properly complete the penalty worksheets. 20 Enter the amount and the date of each payment you made, include any credit(s) carried forward from a prior year. See instructions. Amount	the pa	ass-through withhold	ing payments made of	on your behalf, and	l your withholding a	s shown on your	W-2 and 10)99	18 390
positive, enter that amount here. Enter this amount in Penalty Worksheet 2, Line 23, Column C and continue to Step 4. e zero or negative, enter that amount here and, In regative, use brackets. 19	West Control and			, Quarters i tiliou	gri 4, and enter the	greater amount	nere.	10	20,0000
Step 4: Figure your late-payment penalty	1					0 1 0	0. 4		
Use Penalty Worksheet 1 to Igure your late-payment penalty of underpayment of estimated tax. Use Penalty Worksheet 2 to Igure your late-payment penalty for underpayment of estimated tax. Use Penalty Worksheet 2 to Igure your late-payment penalty for unpaid tax. 20 Enter the amount and the date of each payment you made, Include any credit(s) carried forward from a prior year. See instructions. Amount Date paid Payment Date paid Payment Date paid Payment Date paid Payment Date paid Date Date Date Date Date Date Date Date	7.1					n c and continue to	Step 4.	40	.0 277
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Use Penalty Worksheet 2 to figure your late-payment penalty for unpaid tax.			N N						
Note It you paid the required amount from Line 13 by the payment deducted act of payment of the under the understand amount from Line 13 by the payment of the same following the same format so below. If you have more than four payments to apply to any quarter, use a separate piece of paper following the same format as below and attach to this form 1			THE RESERVE AND PROPERTY OF THE PARTY OF THE			ed tax.			
20 Enter the amount and the date of each payment you made, include any credit(s) carried forward from a prior year. See instructions. Amount Date paid		,				*****			
Amount Date paid I 1, 243 . 04/15/15 e	Note Yo	ou must follow the in:	structions in order to	properly complete	the penalty worksh	eets.			
Amount Date paid Amount Date p	20 Ente	er the amount and the	e date of each payme	nt you made, inclu	ide any credit(s) car	ried forward fron	a prior yea	ar. See instruct	ions.
Penalty rates Number of days late Penalty rate 1 - 30								2	Date paid
Penalty rates Number of days late Penalty rate 1-30	а	1,243.	04/15/15	е			i		
Number of days late	-	3,000.	03/30/15	·C			i		* *
Number of days late	1986	07000	00/00/20				k		
Penalty rates				-					-
Penalty rates	u			n			_'		-
Penalty rates			Number	of days late	Penalturate	7			
Note If you paid the required amount from Line 13 by the payment due date for each quarter, do not complete this worksheet. Note If you paid the required amount from Line 13 by the payment due date for each quarter, do not complete this worksheet. Inter the unpaid amounts from Line 13, Quarters 1 through 4, on the first line of the appropriate quarters in Column C below. If you have more than four payments to apply to any quarter, use a separate piece of paper following the same format as below and attach to this form A B C D E F Payment Mumber of Penalty rate date amount applied (Col.C-Col.D) Payment date amount applied (Col.C-Col.D) Applied (Col.C-Col.D	Dan	altri rotos	•		The second second				
Penalty Worksheet 1 - 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.	Pen	arty rates							
Note If you paid the required amount from Line 13 by the payment due date for each quarter, do not complete this worksheet.			310	r more					
Note If you paid the required amount from Line 13 by the payment due date for each quarter, do not complete this worksheet.	Donal	Ity Workshe	of 1 - Late-na	vment nenalt	v for undernavi	ment of estin	nated tax	4	
21 Enter the unpaid amounts from Line 13, Quarters 1 through 4, on the first line of the appropriate quarters in Column C below. If you have more than four payments to apply to any quarter, use a separate piece of paper following the same format as below and attach to this form A B Due Unpaid amount applied (Col. C - Col. D)	rena	ith MADIKSIIC	Ct I - Late be	Tribute parters	y res arraie-pay.				
21 Enter the unpaid amounts from Line 13, Quarters 1 through 4, on the first line of the appropriate quarters in Column C below. If you have more than four payments to apply to any quarter, use a separate piece of paper following the same format as below and attach to this form A B Due Unpaid amount applied (Col. C - Col. D)	Note	f you paid the require	ed amount from Line	13 by the navment	due date for each	quarter do not c	omplete thi	e warkshoot	
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A B Due Due date C Unpaid amount Payment applied E Balance due (Col. C - Col. D) F Payment date G Number of days late H Penalty rate (See above) Penalty Qtr 1 04/15/15 67. 67. 67. 04/15/15 67. 67. 04/15/15 67. 67. 67. 06/15/15 67.	mor	er the unpaid amoun e than four payment	s to apply to any qua	rter, use a separat	e piece of paper foll	lowing the same	format as b	elow and attac	h to this form.
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Qtr 4 01/15/16 67. 2,866. -2,799. 09/15/15 -2,799. 67. 01/15/16 01/15/16 -2,732. 01/15/16 01/15/16			67.	2,933.	-2,866.	06/15/15			
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Qtr 4 01/15/16 67. 2,866. -2,799. 09/15/15 -2,799. 67. 01/15/16 01/15/16 -2,732. 01/15/16 01/15/16									
Qtr 4 01/15/16 67. 2,866. -2,799. 09/15/15 -2,799. 67. 01/15/16 01/15/16 -2,732. 01/15/16 01/15/16	Otr 3	09/15/15	67.		67.	09/15/15	7		
Qtr 4 01/15/16 67. 67. 01/15/16 67. 2,7992,732. 01/15/16	GU O	02/10/10		2 866				-	
67. 2,7992,732. 01/15/16				2,000.	4,133.	02/13/1			
67. 2,7992,732. 01/15/16									
67. 2,7992,732. 01/15/16									
67. 2,7992,732. 01/15/16									
	Qtr 4	01/15/16					5		
	Service 10		67.	2,799.	-2,732.			-	
22 Add Column I, Quarters 1 through 4. This is your late-payment penalty for underpayment of estimated tax.									
22 Add Column I, Quarters 1 through 4. This is your late-payment penalty for underpayment of estimated tax.									An
Add Column I, Quarters 1 through 4. This is your late-payment penalty for underpayment of estimated tax.	00	100 E 10							
The state of the s				An extraorder 1 september 1 (in your 1 in contract contract of	A STATE OF THE PARTY OF THE PAR	CONTRACTOR OF THE PROPERTY OF	nated tax.	5965	
Enter the total amount here and on your Form IL-1040, Line 33 (round to whole dollars).	Ent	ter the total amount h	nere and on your Forr	n IL-1040, Line 33	(round to whole dol	lars).		22	0
Note You may apply any remaining overpayment from Quarter 4, Column E above to any underpayment when figuring Penalty Worksheet 2, only if the payment date in Column F is after the original due date of the return.	Note I	Vou may apply appr	emaining oversousses	nt from Ougstor 4	Column E above to	any underneume	nt whon fin	uvina	

IL-2210 (R-12/15)

549102 01-14-16 Page 2 of 4 **ID: 2BX**

Penalt	y Worksh	eet 2 - Late-	payment pena	Ity for unpaid tax			A	
23 Enter	any positive amo	unt from Line 19 on	the first line of Colu	umn C below.				
A Return	B Due date	C Unpaid amount	D Payment applied	E Balance due (Col. C - Col. D)	F Payment date	G Number of days late	H Penalty rate (See Page 2)	l Penalty
9			Name of the last o	· ·			-	
				-	(
		our <mark>late-payment p</mark> here and on Step 5,	(A)	tax.			24	
Litter	the total amount	nere and on step s,	Line 54.					
25 Enter the 26 Enter the 27 Enter the 28 Enter the 29 Add Line 30 Enter the 31 Subtrace	ne amount of hou ne amount of use ne amount of con nes 25 through 26 ne total amount o ct Line 30 from Li	orm IL-1040, Line 15 sehold employment tax from Form IL-10 npassionate use of n 3. Enter the total amount of credits and payme	tax from Form IL-10 40, Line 23. nedical cannabis su punt here.	040, Line 22. urcharge from Form IL- fore your original due d			25	
A TORROSTO		32 or \$250. This is y	our late-filing pena	alty.			33	
	ne amount yo							
	1. 10 S. C. D. BY KRIS 18 C. D. S. S. C. D. C. D	penalty for unpaid	tax from Line 24.				34_	
		nalty from Line 33.	0.11-00-1		le carriera de la car		35	
200 020000	정보하는 건강하는데 중요하다.			at amount as a <negat t amount as a positive</negat 			36	
A COURSE STATE OF THE PARTY OF			N 0 N 0	s is the amount you ar		he result is a	_	

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

positive number, this is the amount you owe. See Form IL-1040, Line 40, instructions for your payment options.



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

Complete this worksheet only if your income was not received evenly throughout the year and you choose to annualize your income. Complete Lines 38 through 56 of one column before going to the next, beginning with Column A.

			A	В	C	D
			First 3 months	First 5 months	First 8 months	All 12 months
38	Enter your Illinois base income					
	for each period. See instructions.	38				Name of the last o
39	Annualization factors.	39	4	2,4	1.5	1
40	Multiply Line 38 by Line 39.					
	This is your annualized income.	40				
41	Exemptions. See instructions.					
42	Subtract Line 41 from Line 40.					
	This is your Illinois net income.	42				
43	Multiply Line 42 by 3.75% (.0375).					
	Compassionate use of					
	medical cannabis surcharge.					
	See instructions.	44			Name of Control of Con	
45	Add Lines 43 and 44.	45				
46	For each period, enter the			Ministration of the Control of the C	100000000000000000000000000000000000000	
	amount you entered on					
	Step 2, Line 2, Column A.	46				
47	Subtract Line 46 from Line 45.	47		PARTIES AND THE PARTIES AND TH		
48	Applicable percentage.	48	22.5% (.225)	45% (.450)	67.5% (.675)	90% (.900)
	Multiply Line 47 by Line 48.				,	
	This is your annualized					
	installment.	49				
50	Add the amounts on Line 56 of					
	each of the preceding columns					
	and enter the total here.	50	Skip this line for Column A.			
51	Subtract Line 50 from Line 49.					-
	If less than zero, enter "0."	51				
52	Enter the amount you would		Maria			
-	have entered in Step 2, Line 9b, if					
	you were not annualizing.	52				
53	Enter the amount from Line 55			The second secon		
-	of the preceding column.	53	Skip this line for Column A.		2	
54	Add Lines 52 and 53.	54				
100	If Line 54 is greater than					
	Line 51, subtract Line 51 from					
	Line 54. Otherwise, enter "0."	55				Skip this line for Column D.
56	Enter the lesser of Line 51 or					·
00	Line 54 here and on Step 2,					
	Line 9b. This is your required					
	installment.	56		1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		
	n restant politi	00		Harris Commence of the Commenc		Maria

BARACK H. & MICHELLE L. OBAMA

IL SCHEDULE M	U.S. GOVERNMENT OBLIGATIONS	STATEMENT 1
DESCRIPTION		AMOUNT
BOND PREMIUM AMORTIZATI		-12,629.00 12,961.00
TOTAL TO SCHEDULE M, LI	NE 20	332.00

SCHEDULE B

(Form 1040A or 1040)

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

Interest and Ordinary Dividends

Attach to Form 1040A or 1040.

Information about Schedule B and its instructions is at www.irs.gov/scheduleb

OMB No. 1545-0074

2015 Attachment Sequence No. 08

Your social security number

BARACK H.	δε	MICHELLE L. OBAMA							
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the		Ame	ount				
Interest		property as a personal residence, see instructions and list this interest first. Also, show that							
		buyer's social security number and address	-	4 (
		BOND PREMIUM AMORTIZATION	-	-12	2,62				
		JP MORGAN	-	1 /		.6.			
		NORTHERN TRUST SECURITIES US GOVT INTEREST		12	2,96	1.			
	}					-			
			1						
Note: If you									
received a Form 1099-INT,									
Form 1099-OID,									
or substitute statement from									
a brokerage firm, list the firm's									
name as the						-			
payer and enter the total interest									
shown on that	2	Add the amounts on line 1	2	Martine	34	18.			
form.	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.							
		Attach Form 8815	3						
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	4		34	18.			
	Not	te: If line 4 is over \$1,500, you must complete Part III.		An	nount	-			
Part II	5	List name of payer							
Ordinary		NORTHERN TRUST SECURITIES				9.			
Dividends									
			5						
Note: If you received a Form			3						
1099-DIV or									
substitute statement from					9				
a brokerage firm,			ŀ			-			
list the firm's name as the									
payer and enter									
the ordinary dividends shown									
on that form.						-			
	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	6			9.			
	No	te: If line 6 is over \$1,500, you must complete Part III.							
	You	u must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had	a forei	gn	V				
Part III		count; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			Yes	No			
Foreign	78	At any time during 2015, dld you have a financial interest in or signature authority over a financial a	ccoun	t (such					
Accounts		as a bank account, securities account, or brokerage account) located in a foreign country? See ins	tructio	ns		X			
and		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),							
Trusts		to report that financial interest or signature authority? See FinCEN Form 114 and its instructions fo	r filing						
		requirements and exceptions to those requirements							
	b	If you are required to file FinCen Form 114, enter the name of the foreign country where the financia	al acco	ount					
		is located							
527501	8	During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign	gn trus	t?					
09-24-15	-	If "Yes," you may have to file Form 3520. See instructions				Ж			

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

2015

Attachment Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification no.

DADAGE II C MIGUIEI	TE T OD	7 7 7 7				taxpayer id	lentification no.
BARACK H. & MICHEL Before you check Box A, B, or C bel statement will have the same inform	ow, see whether ation as Form 10:	AMA you received any 99-B. Either will :	y Form(s) 1099-B o show whether you	or substitute stater r basis (usually you	ment(s) from yo ır cost) was rej	our broker. A soorted to the i	ubstitute RS by your
Part I Short-Term. Transac Note: You may aggregate a codes are required. Enter th	tions involving call short-term transac	tions reported on	Form(s) 1099-B show	ving basis was report	ed to the IRS an	d for which no :	adjustments or
You must check Box A, B, or C below. If you have more short-term transactions than w X (A) Short-term transactions re						orm 8949, page 1, t ed.	or each applicable box.
(B) Short-term transactions re (C) Short-term transactions no		A Market Inc. Section		eported to the IRS	i.		
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If you er in column (g), column (f). Se (f)	any, to gain or iter an amount enter a code in e instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
US TREASURY NOTES	3		699,941.	701,627.			<1,686.>
						-	
							-
2 Totals. Add the amounts in conegative amounts). Enter each Schedule D, line 1b (if Box A as above is checked) or line 3 (if	total here and in above is checked	clude on your), line 2 (if Box E		701.627			<1.686

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

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

Social security number or taxpayer identification no.

BARA	CK	H.	23	MIT	CH	ELLE	L	OBAMA

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If yo	ou enter an amount (g), enter a code in See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
				see Column (e) in the instructions	Code(s)	(g) Amount of adjustment	combine the result with column (g)
US TREASURY NOTE						adjustment	
REDEEMED			295,000.	295,000.			0.
					<u> </u>		
				-			
					-		
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	1					<u> </u>	
		1 2					
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Harris Control of the					-		
					-	-	-
					+		+
2 Totals. Add the amounts in colinegative amounts). Enter each	total here and in	clude on your	1				
Schedule D, line 8b (if Box D al above is checked), or line 10 (if	Contraction of the contraction o	the second secon		295,000			0.

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