Form 1040 U.S. Individual Income Tax Return 2006

(99) IRS Use Only - Do not write or staple in this space.

OMB No. 1545-0074

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning , 2006, ending , 20

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type. **Presidential Election Campaign** ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 16) ... ▶ ☐ You ☐ Spouse

Your first name and initial: BARACK H.	Last name: OBAMA	Your social security number:
If a joint return, spouse's first name and initial: MICHELLE L.	Last name: OBAMA	Spouse's social security number:
Home address (number and street). If you have a P.O. box, see page 16.: 5046 S. GREENWOOD	Apt. no.	You must enter ▲ your SSN(s) above. ▲
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.: CHICAGO, IL 60615		Checking a box below will not change your tax or refund.

Filing Status Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

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

Boxes checked on 6a and 6b: 2

c **Dependents:**

(1) First name / Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit (see page 19)
MALIA A. OBAMA		DAUGHTER	X
NATASHA M. OBAMA		DAUGHTER	X

No. of children on 6c who:
- lived with you: 2
- did not live with you due to divorce or separation (see page 20):

Dependents on 6c not entered above:

If more than four dependents, see page 19.

d Total number of exemptions claimed: Add numbers on lines above ▶ 4

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	430,700.
8a	Taxable interest. Attach Schedule B if required	8a	4,590.
b	Tax-exempt interest. **Do not** include on line 8a (8b)		
9a	Ordinary dividends. Attach Schedule B if required	9a	1,188.
b	Qualified dividends (see page 23) (9b)		
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	506,618.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13	-3,000.
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions (15a) b Taxable amount	15b	
16a	Pensions and annuities (16a) b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits (20a) b Taxable amount (see page 27)	20b	
21	Other income. List type and amount (see page 29) TREEHOUSE FOODS 51,200.	21	51,200.
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶	22	991,296.

Adjusted Gross Income

23	Archer MSA deduction. Attach Form 8853 (23)		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ (24)		
25	Health savings account deduction. Attach Form 8889 (25)		
26	Moving expenses. Attach Form 3903 (26)		
27	One-half of self-employment tax. Attach Schedule SE (27)	7,470.	
28	Self-employed SEP, SIMPLE, and qualified plans (28)		
29	Self-employed health insurance deduction (see page 29) (29)		
30	Penalty on early withdrawal of savings (30)		
31a	Alimony paid b Recipient's SSN ▶ (31a)		
32	IRA deduction (see page 31) (32)		
33	Student loan interest deduction (see page 33) (33)		
34	Jury duty pay you gave to your employer (34)		
35	Domestic production activities deduction. Attach Form 8903 (35)		
36	Add lines 23 through 31a and 32 through 35	36	7,470.
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶	37	983,826.

Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	983,826.
Standard Deduction for - • People who checked any box on line 39a or 39b or who can be claimed as a dependent.	39a	Check if: ☐ You were born before January 2, 1942, ☐ Blind. ☐ Spouse was born before January 2, 1942, ☐ Blind. Total boxes checked ▶ 39a			
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ▶ 39b ☐			
• All others: Single or Married filing separately, $5,150 Married filing jointly or Qualifying widow(er), $10,300 Head of household, $7,550	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	152,464.
	41	Subtract line 40 from line 38		41	831,362.
	42	If line 38 is over $112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply $3,300 by the total number of exemptions claimed on line 6d		42	4,400.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	826,962.
	44	Tax. Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972		44	262,687.
	45	Alternative minimum tax. Attach Form 6251		45	
	46	Add lines 44 and 45 ▶		46	262,687.
	47	Foreign tax credit. Attach Form 1116 if required	47		
	48	Credit for child and dependent care expenses. Attach Form 2441	48	1,200.	
	49	Credit for the elderly or the disabled. Attach Schedule R	49		
	50	Education credits. Attach Form 8863	50		
	51	Retirement savings contributions credit. Attach Form 8880	51		
	52	Residential energy credits. Attach Form 5695	52		
	53	Child tax credit (see page 42). Attach Form 8901 if required	53		
	54	Credits from: a ☐ Form 8396 b ☐ Form 8839 c ☐ Form 8859	54		
	55	Other credits: a ☐ Form 3800 b ☐ Form 8801 c ☐ Form ____	55		
	56	Add lines 47 through 55. These are your total credits		56	1,200.
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- ▶		57	261,487.
Other Taxes	58	Self-employment tax. Attach Schedule SE		58	14,939.
	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		59	
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		60	
	61	Advance earned income credit payments from Form(s) W-2, box 9		61	
	62	Household employment taxes. Attach Schedule H		62	1,005.
	63	Add lines 57 through 62. This is your total tax ▶		63	277,431.
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	103,604.	
	65	2006 estimated tax payments and amount applied from 2005 return	65	215,000.	
If you have a qualifying child, attach Schedule EIC.	66a	Earned income credit (EIC)	66a		
	b	Nontaxable combat pay election ▶ 66b			
	67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67		
	68	Additional child tax credit. Attach Form 8812	68		
	69	Amount paid with request for extension to file (see page 60)	69		
	70	Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885	70		
	71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	60.	
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments ▶		72	318,664.
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid		73	40,856.
Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ ☐		74a	
	b	Routing number ▶ c Type: ☐ Checking ☐ Savings ▶ d Account number			
	75	Amount of line 73 you want applied to your 2007 estimated tax ▶	75	40,856.	
Amount You Owe	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 ▶		76	
	77	Estimated tax penalty (see page 62)	77	377.	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 63)? ☒ Yes. Complete the following. ☐ No

Designee's name ▶ PREPARER Phone no. ▶ Personal identification number (PIN) ▶

Sign Here Joint return? See page 17. Keep a copy for your records.

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

Your signature	Date	Your occupation	Daytime phone number
	4-16-07	US SENATOR	
Spouse's signature. If a joint return, both must sign.	**Date**	**Spouse's occupation**	
	4-16-07	HOSPITAL ADMINISTRATOR	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
	4/15/07	☐	

Firm's name (or yours if self-employed), address, and ZIP code: WINEBERG SOLHEIM HOWELL & SHAIN P.C.
180 N. LASALLE ST., SUITE 2200
CHICAGO, IL 60601

EIN: Phone no. 312/372-0440

610002 11-07-06

Child Tax Credit Worksheet *(keep for your records)*

Name(s): First	Last	Your SSN
BARACK H. & MICHELLE L.	OBAMA	

Part 1

1. Number of qualifying children: 2 X $1,000. Enter the result. ..... 1 **2,000.**
2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 36. ..... 2 **983,826.**
3. **1040 filers:** Enter the total of any-
   - Exclusion of income from Puerto Rico, and
   - Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.

   1040A and 1040NR filers: Enter -0-. ..... 3 **0.**
4. Add lines 2 and 3. Enter the total. ..... 4 **983,826.**
5. Enter the amount shown below for your filing status.
   - Married filing jointly - $110,000
   - Single, head of household, or qualifying widow(er) - $75,000
   - Married filing separately - $55,000

   ..... 5 **110,000.**
6. Is the amount on line 4 more than the amount on line 5?
   - ☐ **No.** Leave line 6 blank. Enter -0- on line 7.
   - ☒ **Yes.** Subtract line 5 from line 4. ..... 6 **874,000.**

     If the result is not a multiple of $1,000, increase it to the next multiple of $1,000 (for example, increase $425 to $1,000, increase $1,025 to $2,000, etc).
7. Multiply the amount on line 6 by 5% (.05). Enter the result. ..... 7 **43,700.**
8. Is the amount on line 1 more than the amount on line 7?
   - ☒ **No.** STOP

     You cannot take the child tax credit on Form 1040, line 53, Form 1040A, line 33, or Form 1040NR, line 48.
   - ☐ **Yes.** Subtract line 7 from line 1. Enter the result. 8

Part 2

9. Enter the amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43. 9
10. **1040 filers:** Enter the total of the amounts from lines 47 through 52. *
    1040A filers: Enter the total of the amounts from lines 29 through 32.
    1040NR filers: Enter the total of the amounts from lines 44 through 47. *
    * Include only the amount from Form 5695, line 12. 10
11. Are you claiming any of the following credits?
    - Residential energy efficient property credit, Form 5695, Part II.
    - Adoption credit, Form 8839 • Mortgage interest credit, Form 8396
    - District of Columbia first-time homebuyer credit, Form 8859

    ☐ **No.** Enter the amount from line 10.
    ☐ **Yes.** Complete the Line 11 Worksheet to figure the amount to enter here. 11
12. Subtract line 11 from line 9. Enter the result. 12
13. Is the amount on line 8 of this worksheet more than the amount on line 12?
    - ☐ **No.** Enter the amount from line 8.
    - ☐ **Yes.** Enter the amount from line 12.

    This is your child tax credit. 13

Form **2210**

Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

▶ See separate instructions.
▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

OMB No. 1545-0140

2006

Attachment Sequence No. **06**

Name(s) shown on tax return

BARACK H. & MICHELLE L. OBAMA

Identifying number

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 7 less than $1,000? **Yes** → **Do not file Form 2210.** You do not owe a penalty.

No ↓

Complete lines 8 and 9 below. Is line 6 equal to or more than line 9? **Yes** → You do not owe a penalty. **Do not file Form 2210** (but if box **E** below applies, you must file page 1 of Form 2210).

No ↓

You may owe a penalty. Does any box in Part II below apply? **Yes** → You **must** file Form 2210. Does box **B, C,** or **D** apply?

No ↓

Do not file Form 2210. You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but **do not file Form 2210.**

You must file Form 2210. Does box **B, C,** or **D** apply?

No → You are **not** required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but **file only page 1 of Form 2210.**

Yes → You must figure your penalty.

Part I Required Annual Payment (see page 2 of the instructions)

1	Enter your 2006 tax after credits from Form 1040, line 57 (or comparable line of your return)		1	261,487.
2	Other taxes, including self-employment tax (see page 3 of the instructions)		2	15,944.
3	Refundable credits. Enter the total of your earned income credit, additional child tax credit, credit for federal tax paid on fuels, and health coverage tax credit		3	( )
4	Current year tax. Combine lines 1, 2, and 3. If less than $1,000, see page 3 of the instructions		4	277,431.
5	Multiply line 4 by 90% (.90)	5 249,688.		
6	Withholding taxes. **Do not** include estimated tax payments. See page 3 of the instructions		6	103,604.
7	Subtract line 6 from line 4. If less than $1,000, you do not owe a penalty; **do not file Form 2210**		7	173,827.
8	Maximum required annual payment based on prior year's tax (see page 3 of the instructions)		8	600,175.
9	**Required annual payment.** Enter the **smaller** of line 5 or line 8		9	249,688.

Next: Is line 9 more than line 6?

☐ **No.** You **do not** owe a penalty. **Do not file Form 2210** unless box **E** below applies.

☒ **Yes.** You may owe a penalty, but **do not file Form 2210** unless one or more boxes in Part II below applies.

- If box **B, C,** or **D** applies, you must figure your penalty and file Form 2210.
- If only box **A** or **E** (or both) applies, file only page 1 of Form 2210. You are **not** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or Part IV as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

Part II Reasons for Filing. Check applicable boxes. If none apply, **do not file Form 2210.**

A ☐ You request a waiver (see page 2 of the instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you are not required to figure your penalty.

B ☐ You request a waiver (see page 2 of the instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.

C ☒ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method.** You must figure the penalty using Schedule AI and file Form 2210.

D ☐ Your penalty is lower when figured by treating the federal income tax withheld from your wages as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.

E ☐ You filed or are filing a joint return for either 2005 or 2006, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you are **not** required to figure your penalty (unless box **B, C,** or **D** applies).

Part IV Regular Method (See page 3 of the instructions if you are filing Form 1040NR or 1040NR-EZ.)

Section A - Figure Your Underpayment		Payment Due Dates (a) 4/15/06	(b) 6/15/06	(c) 9/15/06	(d) 1/15/07
18 **Required installments.** If box C in Part II applies, enter the amounts from Schedule AI, line 25. Otherwise, enter 25% (.25) of line 9, Form 2210, in each column	18	38,935.	24,251.	44,091.	142,411.
19 Estimated tax paid and tax withheld. For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you do not owe a penalty. **Do not file Form 2210 unless you checked a box in Part II**	19	25,901.	25,901.	85,901.	180,901.
Complete lines 20 through 26 of one column before going to line 20 of the next column.					
20 Enter the amount, if any, from line 26 in previous column	20				30,426.
21 Add lines 19 and 20	21		25,901.	85,901.	211,327.
22 Add the amounts on lines 24 and 25 in previous column	22		13,034.	11,384.	
23 Subtract line 22 from line 21. If zero or less, enter -0-. For column (a) only, enter the amount from line 19	23	25,901.	12,867.	74,517.	211,327.
24 If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0-	24		0.	0.	
25 **Underpayment.** If line 18 is equal to or more than line 23, subtract line 23 from line 18. Then go to line 20 of the next column. Otherwise, go to line 26 ▶	25	13,034.	11,384.		
26 Overpayment. If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of the next column	26			30,426.	

Section B - Figure the Penalty (Complete lines 27 through 30 of one column before going to the next column.)

Rate Period 1	April 16, 2006 - June 30, 2006		4/15/06	6/15/06	
	27 Number of days from the date shown above line 27 to the date the amount on line 25 was paid or 6/30/06, whichever is earlier	27	Days:	Days:	
	28 Underpayment on line 25 x (Number of days on line 27 / 365) x .07 ▶	28	$	$	
Rate Period 2	July 1, 2006 - April 15, 2007		6/30/06	6/30/06	9/15/06	1/15/07
	29 Number of days from the date shown above line 29 to the date the amount on line 25 was paid or 4/15/07, whichever is earlier	29	Days: SEE ATTACHED WORKSHEET	Days:	Days:	Days:
	30 Underpayment on line 25 x (Number of days on line 29 / 365) x .08 ▶	30	$	$	$	$
31	**Penalty.** Add all amounts on lines 28 and 30 in all columns. Enter the total here and on Form 1040, line 77; Form 1040A, line 48; Form 1040NR, line 75; Form 1040NR-EZ, line 27; or Form 1041, line 26; **but do not file Form 2210 unless you checked a box in Part II** ▶	31	$ 377.		

Schedule AI - Annualized Income Installment Method (See instructions.)

Estates and trusts, do not use the period ending dates shown to the right. Instead, use the following: 2/28/06, 4/30/06, 7/31/06, and 11/30/06.		(a) 1/1/06 - 3/31/06	(b) 1/1/06 - 5/31/06	(c) 1/1/06 - 8/31/06	(d) 1/1/06 - 12/31/06
Part I Annualized Income Installments					
1 Enter your adjusted gross income for each period (see instructions). (Estates and trusts, enter your taxable income without your exemption for each period.)	1	167,251.	246,786.	431,755.	983,826.
2 Annualization amounts. (Estates and trusts, see instructions.)	2	4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2	3	669,004.	592,286.	647,633.	983,826.
4 Enter your itemized deductions for the period shown in each column. If you do not itemize, enter -0- and skip to line 7. (Estates and trusts, enter -0-, skip to line 9, and enter the amount from line 3 on line 9.)	4	38,394.	64,950.	102,812.	152,464.
5 Annualization amounts	5	4	2.4	1.5	1
6 Multiply line 4 by line 5 (see instructions if line 3 is more than $75,250)	6	153,576.	155,880.	154,218.	152,464.
7 In each column, enter the full amount of your standard deduction from Form 1040, line 40, or Form 1040A, line 24 (Form 1040NR or 1040NR-EZ filers, enter -0-. **Exception:** Indian students and business apprentices, enter standard deduction from Form 1040NR, line 37, or Form 1040NR-EZ, line 11.)	7	10,300.	10,300.	10,300.	10,300.
8 Enter the **larger** of line 6 or line 7	8	153,576.	155,880.	154,218.	152,464.
9 Subtract line 8 from line 3	9	515,428.	436,406.	493,415.	831,362.
10 In each column, multiply $3,300 by the total number of exemptions claimed (see instructions if line 3 is more than $112,875). (Estates and trusts and Form 1040NR or 1040NR-EZ filers, enter the exemption amount shown on your tax return.)	10	4,400.	4,400.	4,400.	4,400.
11 Subtract line 10 from line 9	11	511,028.	432,006.	489,015.	826,962.
12 Figure your tax on the amount on line 11 (see instructions)	12	152,110.	124,453.	144,406.	262,687.
13 Self-employment tax from line 34 below (complete Part II)	13	21,131.	16,156.	14,718.	20,802.
14 Enter other taxes for each payment period (see instructions)	14	1,005.	1,005.	1,005.	1,005.
15 Total tax. Add lines 12,13, and 14	15	174,246.	141,614.	160,129.	284,494.
16 For each period, enter the same type of credits as allowed on Form 2210, lines 1 and 3 (see instructions)	16	1,200.	1,200.	1,200.	1,200.
17 Subtract line 16 from line 15. If zero or less, enter -0-	17	173,046.	140,414.	158,929.	283,294.
18 Applicable percentage	18	22.5%	45%	67.5%	90%
19 Multiply line 17 by line 18	19	38,935.	63,186.	107,277.	254,965.
Complete lines 20-25 of one column before going to line 20 of the next column.					
20 Enter the total of the amounts in all previous columns of line 25	20		38,935.	63,186.	107,277.
21 Subtract line 20 from line 19. If zero or less, enter -0-	21	38,935.	24,251.	44,091.	147,688.
22 Enter 25% (.25) of line 9 on page 1 of Form 2210 in each column	22	62,422.	62,422.	62,422.	62,422.
23 Subtract line 25 of the previous column from line 24 of that column	23		23,487.	61,658.	79,989.
24 Add lines 22 and 23	24	62,422.	85,909.	124,080.	142,411.
25 Enter the **smaller** of line 21 or line 24 here and on Form 2210, line 18 ▶	25	38,935.	24,251.	44,091.	142,411.
Part II Annualized Self-Employment Tax (Form 1040 filers only)					
26 Net earnings from self-employment for the period (see instructions)	26	44,281.	44,281.	104,924.	467,862.
27 Prorated social security tax limit	27	$23,550	$39,250	$62,800	$94,200
28 Enter actual wages for the period subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax	28	5,888.	19,625.	47,100.	94,200.
29 Subtract line 28 from line 27. If zero or less, enter -0-	29	17,662.	19,625.	15,700.	0.
30 Annualization amounts	30	0.496	0.2976	0.186	0.124
31 Multiply line 30 by the **smaller** of line 26 or line 29	31	8,760.	5,840.	2,920.	0.
32 Annualization amounts	32	0.116	0.0696	0.0435	0.029
33 Multiply line 26 by line 32	33	5,137.	3,082.	4,564.	13,568.
34 Add lines 31 and 33. Enter here and on line 13 above ▶	34	13,897.	8,922.	7,484.	13,568.

Schedule AI - Annualized Income Installment Method (See instructions.)

Estates and trusts, do not use the period ending dates shown to the right. Instead, use the following: 2/28/06, 4/30/06, 7/31/06, and 11/30/06.		(a) 1/1/06 - 3/31/06	(b) 1/1/06 - 5/31/06	(c) 1/1/06 - 8/31/06	(d) 1/1/06 - 12/31/06
Part I Annualized Income Installments					
1 Enter your adjusted gross income for each period (see instructions). (Estates and trusts, enter your taxable income without your exemption for each period.)	1				
2 Annualization amounts. (Estates and trusts, see instructions.)	2	4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2	3				
4 Enter your itemized deductions for the period shown in each column. If you do not itemize, enter -0- and skip to line 7. (Estates and trusts, enter -0-, skip to line 9, and enter the amount from line 3 on line 9.)	4				
5 Annualization amounts	5	4	2.4	1.5	1
6 Multiply line 4 by line 5 (see instructions if line 3 is more than $75,250)	6				
7 In each column, enter the full amount of your standard deduction from Form 1040, line 40, or Form 1040A, line 24 (Form 1040NR or 1040NR-EZ filers, enter -0-. **Exception:** Indian students and business apprentices, enter standard deduction from Form 1040NR, line 37, or Form 1040NR-EZ, line 11.)	7				
8 Enter the **larger** of line 6 or line 7	8				
9 Subtract line 8 from line 3	9				
10 In each column, multiply $3,300 by the total number of exemptions claimed (see instructions if line 3 is more than $112,875). (Estates and trusts and Form 1040NR or 1040NR-EZ filers, enter the exemption amount shown on your tax return.)	10				
11 Subtract line 10 from line 9	11				
12 Figure your tax on the amount on line 11 (see instructions)	12				
13 Self-employment tax from line 34 below (complete Part II)	13				
14 Enter other taxes for each payment period (see instructions)	14				
15 Total tax. Add lines 12,13, and 14	15				
16 For each period, enter the same type of credits as allowed on Form 2210, lines 1 and 3 (see instructions)	16				
17 Subtract line 16 from line 15. If zero or less, enter -0-	17				
18 Applicable percentage	18	22.5%	45%	67.5%	90%
19 Multiply line 17 by line 18	19				
Complete lines 20-25 of one column before going to line 20 of the next column.					
20 Enter the total of the amounts in all previous columns of line 25	20				
21 Subtract line 20 from line 19. If zero or less, enter -0-	21				
22 Enter 25% (.25) of line 9 on page 1 of Form 2210 in each column	22				
23 Subtract line 25 of the previous column from line 24 of that column	23				
24 Add lines 22 and 23	24				
25 Enter the **smaller** of line 21 or line 24 here and on Form 2210, line 18 ▶	25				
Part II Annualized Self-Employment Tax (Form 1040 filers only)					
26 Net earnings from self-employment for the period (see instructions)	26	11,821.	19,701.	31,522.	47,283.
27 Prorated social security tax limit	27	$23,550	$39,250	$62,800	$94,200
28 Enter actual wages for the period subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax	28	0.	0.	0.	0.
29 Subtract line 28 from line 27. If zero or less, enter -0-	29	23,550.	39,250.	62,800.	94,200.
30 Annualization amounts	30	0.496	0.2976	0.186	0.124
31 Multiply line 30 by the **smaller** of line 26 or line 29	31	5,863.	5,863.	5,863.	5,863.
32 Annualization amounts	32	0.116	0.0696	0.0435	0.029
33 Multiply line 26 by line 32	33	1,371.	1,371.	1,371.	1,371.
34 Add lines 31 and 33. Enter here and on line 13 above ▶	34	7,234.	7,234.	7,234.	7,234.

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

Schedule A - Itemized Deductions
(Schedule B is on page 2)
▶ Attach to Form 1040. ▶ See Instructions for Schedules A&B (Form 1040).

OMB No. 1545-0074
2006
Attachment Sequence No. 07
Your social security number

BARACK H. & MICHELLE L. OBAMA

Medical and Dental Expenses		**Caution.** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see page A-1)	1		
	2	Enter amount from Form 1040, line 38 [2]			
	3	Multiply line 2 by 7.5% (.075)	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	
Taxes You Paid (See page A-3.)	5	State and local income taxes SEE STATEMENT 3	5	32,194.	
	6	Real estate taxes (see page A-3)	6	16,181.	
	7	Personal property taxes	7		
	8	Other taxes. List type and amount ▶	8		
	9	Add lines 5 through 8		9	48,375.
Interest You Paid (See page A-3.)	10	Home mortgage interest and points reported to you on Form 1098	10	60,449.	
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ▶	11		
Note. Personal interest is not deductible.	12	Points not reported to you on Form 1098.	12		
	13	Investment interest. Attach Form 4952 if required. (See page A-4.)	13		
	14	Add lines 10 through 13		14	60,449.
Gifts to Charity If you made a gift and got a benefit for it, see page A-4.	15	Gifts by cash or check. SEE STATEMENT 4	15	60,307.	
	16	Other than by cash or check. If any gift of $250 or more, see page A-5. You **must** attach Form 8283 if over $500	16		
	17	Carryover from prior year	17		
	18	Add lines 15 through 17		18	60,307.
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-6.)		19	
Job Expenses and Certain Miscellaneous Deductions (See page A-6.)	20	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-6.) ▶	20		
	21	Tax preparation fees	21		
	22	Other expenses - investment, safe deposit box, etc. List type and amount ▶	22		
	23	Add lines 20 through 22	23		
	24	Enter amount from Form 1040, line 38 [24]			
	25	Multiply line 24 by 2% (.02)	25		
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-		26	
Other Miscellaneous Deductions	27	Other - from list on page A-7. List type and amount ▶		27	
Total Itemized Deductions	28	Is Form 1040, line 38, over $150,500 (over $75,250 if married filing separately)? ☐ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40. STMT 5 ▶ ☒ **Yes.** Your deduction may be limited. See page A-7 for the amount to enter.		28	152,464.
	29	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐			

LHA **For Paperwork Reduction Act Notice, see Form 1040 instructions.** **Schedule A (Form 1040) 2006**

619501
11-10-06

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)					Identifying Number
BARACK H. & MICHELLE L. OBAMA					
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/06	38,935.	38,935.			
04/15/06	-25,901.	13,034.	61	.000191781	152.
06/15/06	24,251.	37,285.			
06/15/06	-25,901.	11,384.	15	.000191781	33.
06/30/06	0.	11,384.	77	.000219178	192.
09/15/06	44,091.	55,475.			
09/15/06	-25,901.	29,574.			
09/15/06	-60,000.	-30,426.			
12/31/06	0.	-30,426.	15	.000219178	
01/15/07	142,411.	111,985.			
01/15/07	-25,901.	86,084.			
01/15/07	-155,000.	-68,916.			

Penalty Due (Sum of Column F). ..... 377.

* Date of estimated tax payment, withholding credit date or installment due date.

612511
05-01-06

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

BARACK H. & MICHELLE L. OBAMA

Schedule B - Interest and Ordinary Dividends

Attachment Sequence No. 08

Part I Interest

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

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶		Amount
JP MORGAN CHASE	1	2,926.
NORTHERN TRUST BANK		1,401.
UBS		179.
UBS - FREEDOM TRUST		84.
2 Add the amounts on line 1	2	4,590.
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 1040, line 8a ▶	4	4,590.

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

Part II 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.

5 List name of payer ▶		Amount
NORTHERN TRUST SECURITIES	5	1,188.
6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ▶	6	1,188.

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

Part III Foreign Accounts and Trusts

You must complete this part if you (a) had over $1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.	Yes	No
7a At any time during 2006, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?		X
b If "Yes," enter the name of the foreign country ▶		
8 During 2006, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2		X

627501 11-10-06

SCHEDULE C (Form 1040)
Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)
▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.
▶ Attach to Form 1040, 1040NR, or 1041. ▶ See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074
2006
Attachment Sequence No. 09

Name of proprietor: BARACK H. OBAMA

Social security number (SSN): [redacted]

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

B Enter code from pages C-8, 9, & 10 ▶ 711510

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

D Employer ID number (EIN), if any

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

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2006? If "No," see page C-3 for limit on losses [X] Yes [ ] No

H If you started or acquired this business during 2006, check here ▶ [ ]

Part I Income

1	Gross receipts or sales. **Caution.** If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here ▶ [ ]	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42 on page 2)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see page C-3) SEE STATEMENT 6	6	551,240.
7	**Gross income.** Add lines 5 and 6 ▶	7	551,240.

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see page C-4)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	34,852.	20	Rent or lease (see page C-5):		
11	Contract labor (see page C-4)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see page C-6)	24b	
17	Legal and professional services	17	9,770.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27	Other expenses (from line 48 on page 2)	27	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27 in columns ▶	28	44,622.
29	Tentative profit (loss). Subtract line 28 from line 7	29	506,618.
30	Expenses for business use of your home. Attach **Form 8829**	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12, and Schedule SE, line 2** or on **Form 1040NR, line 13** (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. • If a loss, you **must** go to line 32.	31	506,618.
32	If you have a loss, check the box that describes your investment in this activity (see page C-6). • If you checked 32a, enter the loss on both **Form 1040, line 12, and Schedule SE, line 2** or on **Form 1040NR, line 13** (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).

OMB No. 1545-0074

2006

Attachment Sequence No. **12**

Name(s) shown on return

Your social security number

BARACK H. & MICHELLE L. OBAMA

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

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1						
2	Enter your short-term totals, if any, from Schedule D-1, line 2	2				
3	**Total short-term sales price amounts.** Add lines 1 and 2 in column (d)	3				
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 10 of your **Capital Loss Carryover Worksheet** in the instructions				6	(10,136.)
7	**Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f)				7	-10,136.

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

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8	NUVEEN FLOATING RATE PFD SHS	02/28/05	04/11/06	100,000.	100,000.	
9	Enter your long-term totals, if any, from Schedule D-1, line 9	9				
10	**Total long-term sales price amounts.** Add lines 8 and 9 in column (d)	10	100,000.			
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12	
13	Capital gain distributions				13	
14	Long-term capital loss carryover. Enter the amount, if any, from line 15 of your **Capital Loss Carryover Worksheet** in the instructions				14	( )
15	**Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (f). Then go to Part III on page 2				15	

Part III Summary

16	Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below	16	-10,136.
17	Are lines 15 and 16 **both** gains? ☐ **Yes.** Go to line 18. ☐ **No.** Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** on page D-8 of the instructions ▶	18	
19	Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** on page D-9 of the instructions ▶	19	
20	Are lines 18 and 19 **both** zero or blank? ☐ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). **Do not** complete lines 21 and 22 below. ☐ **No.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Schedule D Tax Worksheet** on page D-10 of the instructions. **Do not** complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of: • The loss on line 16 or • ($3,000), or if married filing separately, ($1,500) SEE STATEMENT 7 **Note.** When figuring which amount is smaller, treat both amounts as positive numbers.	21	(3,000.)
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? ☐ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). ☒ **No.** Complete the rest of Form 1040 or Form 1040NR.		

Name of person with self-employment income (as shown on Form 1040)	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,** skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is **not** church employee income. See page SE-1.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had $400 or more of **other** net earnings from self-employment, check here and continue with Part I ▶ ☐

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. **Note.** Skip this line if you use the farm optional method (see page SE-4)		1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report. **Note.** Skip this line if you use the nonfarm optional method (see page SE-4) SEE STATEMENT 8		2	506,618.
3	Combine lines 1 and 2		3	506,618.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3		4a	467,862.
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		4b	
c	Combine lines 4a and 4b. **If less than $400, stop;** you do not owe self-employment tax. **Exception.** If less than $400 and you had **church employee income,** enter -0- and continue ▶		4c	467,862.
5a	Enter your **church employee income** from Form W-2. See page SE-1 for definition of church employee income	5a		
b	Multiply line 5a by 92.35% (.9235). If less than $100, enter -0-		5b	
6	**Net earnings from self-employment.** Add lines 4c and 5b		6	467,862.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2006		7	94,200.00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $94,200 or more, skip lines 8b through 10, and go to line 11	8a 94,200.		
b	Unreported tips subject to social security tax (from Form 4137, line 9)	8b		
c	Add lines 8a and 8b		8c	
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶		9	
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)		10	
11	Multiply line 6 by 2.9% (.029)		11	13,568.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Form 1040, line 58**		12	13,568.
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (.5). Enter the result here and on **Form 1040, line 27**	13 6,784.		

Part II Optional Methods To Figure Net Earnings (see page SE-3)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income [1] was not more than $2,400, **or (b)** your net farm profits [2] were less than $1,733.

14	Maximum income for optional methods	14	1,600.00
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income [1] (not less than zero) or $1,600. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits [3] were less than $1,733 and also less than 72.189% of your gross nonfarm income [4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years.

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

16	Subtract line 15 from line 14	16	
17	Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income [4] (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

[1] From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.
[2] From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A.
[3] From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.
[4] From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Name of person with **self-employment** income (as shown on Form 1040)	Social security number of person with **self-employment** income ▶
MICHELLE L. OBAMA	

Section B - Long Schedule SE

Part I Self-Employment Tax

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

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had $400 or more of **other** net earnings from self-employment, check here and continue with Part I ▶ ☐

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. **Note.** Skip this line if you use the farm optional method (see page SE-4)		1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report. **Note.** Skip this line if you use the nonfarm optional method (see page SE-4) SEE STATEMENT 9		2	51,200.
3	Combine lines 1 and 2		3	51,200.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3		4a	47,283.
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		4b	
c	Combine lines 4a and 4b. If less than $400, **stop;** you do not owe self-employment tax. **Exception.** If less than $400 and you had **church employee income,** enter -0- and continue ▶		4c	47,283.
5a	Enter your **church employee income** from Form W-2. See page SE-1 for definition of church employee income	5a		
b	Multiply line 5a by 92.35% (.9235). If less than $100, enter -0-		5b	
6	**Net earnings from self-employment.** Add lines 4c and 5b		6	47,283.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2006		7	94,200.00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $94,200 or more, skip lines 8b through 10, and go to line 11	8a 94,200.		
b	Unreported tips subject to social security tax (from Form 4137, line 9)	8b		
c	Add lines 8a and 8b		8c	
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶		9	
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (.124)		10	
11	Multiply line 6 by 2.9% (.029)		11	1,371.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Form 1040, line 58**		12	1,371.
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (.5). Enter the result here and on **Form 1040, line 27**	13 686.		

Part II Optional Methods To Figure Net Earnings (see page SE-3)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income [1] was not more than $2,400, **or (b)** your net farm profits [2] were less than $1,733.

14	Maximum income for optional methods	14	1,600.00
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income [1] (not less than zero) **or** $1,600. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits [3] were less than $1,733 and also less than 72.189% of your gross nonfarm income [4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years.

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

16	Subtract line 15 from line 14	16	
17	Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income [4] (not less than zero) **or** the amount on line 16. Also include this amount on line 4b above	17	

[1] From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.
[2] From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A.
[3] From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.
[4] From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Form **2441**
Department of the Treasury
Internal Revenue Service (99)

Child and Dependent Care Expenses

▶ Attach to Form 1040 or Form 1040NR.
▶ See separate instructions.

OMB No. 1545-0074
2006
Attachment Sequence No. **21**

Name(s) shown on return: BARACK H. & MICHELLE L. OBAMA

Your social security number:

Before you begin: You need to understand the following terms. See **Definitions** on page 1 of the instructions.

• **Dependent Care Benefits** • **Qualifying Person(s)** • **Qualified Expenses**

Part I Persons or Organizations Who Provided the Care - You must complete this part.

(If you need more space, use the bottom of page 2.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
ROSA GUTIERREZ	1064 VALLEY STREAM DR. WHEELING, IL 60090		6,240.

Did you receive **dependent care benefits?**
- No ▶ Complete only Part II below.
- Yes ▶ Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 62, or Form 1040NR, line 57.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s).** If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name First	Last	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2006 for the person listed in column (a)
MALIA A.	OBAMA		3,120.
NATASHA M.	OBAMA		3,120.

3	Add the amounts in column (c) of line 2. **Do not** enter more than $3,000 for one qualifying person or $6,000 for two or more persons. If you completed Part III, enter the amount from line 33	3	6,000.
4	Enter your **earned income.** See instructions	4	656,916.
5	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); **all others,** enter the amount from line 4	5	324,132.
6	Enter the **smallest** of line 3, 4, or 5	6	6,000.
7	Enter the amount from Form 1040, line 38 Form 1040NR, line 36 — 7: 983,826.		
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	x .20

If line 7 is: Over	But not over	Decimal amount is
$0	15,000	.35
15,000	17,000	.34
17,000	19,000	.33
19,000	21,000	.32
21,000	23,000	.31
23,000	25,000	.30
25,000	27,000	.29
27,000	29,000	.28
29,000	31,000	.27
31,000	33,000	.26
33,000	35,000	.25
35,000	37,000	.24
37,000	39,000	.23
39,000	41,000	.22
41,000	43,000	.21
43,000	No limit	.20

9	Multiply line 6 by the decimal amount on line 8. If you paid 2005 expenses in 2006, see the instructions	9	1,200.
10	Enter the amount from Form 1040, line 46, minus any amount on Form 1040, line 47, or Form 1040NR, line 43, minus any amount on Form 1040NR, line 44	10	262,687.
11	**Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 48, or Form 1040NR, line 45	11	1,200.

Part III Dependent Care Benefits

12	Enter the total amount of **dependent care benefits** you received in 2006. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. **Do not** include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	
13	Enter the amount, if any, you carried over from 2005 and used in 2006 during the grace period. See instructions	13	
14	Enter the amount, if any, you forfeited or carried forward to 2007. See instructions	14	( )
15	Combine lines 12 through 14. See instructions	15	
16	Enter the total amount of **qualified expenses** incurred in 2006 for the care of the **qualifying person(s)**	16	
17	Enter the **smaller** of line 15 or 16	17	
18	Enter your **earned income.** See instructions	18	
19	Enter the amount shown below that applies to you. • If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see the instructions for the amount to enter. • All others, enter the amount from line 18.	19	
20	Enter the **smallest** of line 17, 18, or 19	20	
21	Enter the amount from line 12 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0-	21	
22	Subtract line 21 from line 15	22	
23	Enter $5,000 ($2,500 if married filing separately **and** you were required to enter your spouse's earned income on line 19)	23	
24	**Deductible benefits.** Enter the **smallest** of line 20, 21, or 23. Also, include this amount on the appropriate line(s) of your return. See instructions	24	
25	Enter the **smaller** of line 20 or 23	25	
26	Enter the amount from line 24	26	
27	**Excluded benefits.** Subtract line 26 from line 25. If zero or less, enter -0-	27	
28	**Taxable benefits.** Subtract line 27 from line 22. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB"	28	

To claim the child and dependent care credit, complete lines 29-33 below.

29	Enter $3,000 ($6,000 if two or more qualifying persons)	29	
30	Add lines 24 and 27	30	
31	Subtract line 30 from line 29. If zero or less, **stop.** You cannot take the credit. **Exception.** If you paid 2005 expenses in 2006, see the instructions for line 9	31	
32	Complete line 2 on page 1 of this form. **Do not** include in column (c) any benefits shown on line 30 above. Then, add the amounts in column (c) and enter the total here	32	
33	Enter the **smaller** of line 31 or 32. Also, enter this amount on line 3 on page 1 of this form and complete lines 4-11	33	

SCHEDULE H (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Household Employment Taxes

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

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

▶ See separate instructions.

OMB No. 1545-1971

2006

Attachment Sequence No. 44

Name of employer

BARACK H. OBAMA

Social security number

Employer identification number

A Did you pay **any one** household employee cash wages of $1,500 or more in 2006? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-3 before you answer this question.)

[X] **Yes.** Skip lines B and C and go to line 1.
[ ] **No.** Go to line B.

B Did you withhold federal income tax during 2006 for any household employee?

[ ] **Yes.** Skip line C and go to line 5.
[ ] **No.** Go to line C.

C Did you pay **total** cash wages of $1,000 or more in **any** calendar **quarter** of 2005 or 2006 to all household employees? (**Do not** count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or your parent.)

[ ] **No.** **Stop.** Do not file this schedule.
[ ] **Yes.** Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2006 **do not** have to complete this form for 2006.)

Part I Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see page H-4)	1	6,240.	
2	Social security taxes. Multiply line 1 by 12.4% (.124)		2	774.
3	Total cash wages subject to Medicare taxes (see page H-4)	3	6,240.	
4	Medicare taxes. Multiply line 3 by 2.9% (.029)		4	181.
5	Federal income tax withheld, if any		5	
6	**Total social security, Medicare, and income taxes.** Add lines 2, 4, and 5		6	955.
7	Advance earned income credit (EIC) payments, if any		7	
8	**Net taxes** (subtract line 7 from line 6)		8	955.

9 Did you pay **total** cash wages of $1,000 or more in **any** calendar **quarter** of 2005 or 2006 to household employees? (**Do not** count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or your parent.)

[ ] **No.** **Stop.** Enter the amount from line 8 above on Form 1040, line 62. If you are not required to file Form 1040, see the line 9 instructions on page H-4.

[X] **Yes.** Go to line 10 on page 2.

Part II Federal Unemployment (FUTA) Tax

		Yes	No
10 Are you required to pay unemployment contributions to only one state?	10	X	
11 Did you pay all state unemployment contributions for 2006 by April 16, 2007? Fiscal year filers, see page H-4.	11	X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12	X	

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

Section A

13 Name of the state where you paid unemployment contributions ▶	IL	
14 State reporting number as shown on state unemployment tax return ▶	4239859	
15 Contributions paid to your state unemployment fund (see page H-4)	15 337.	
16 Total cash wages subject to FUTA tax (see page H-4)		16 6,240.
17 **FUTA tax.** Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26		17 50.

Section B

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

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period From	(d) To	(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-	(i) Contributions paid to state unemployment fund

19 Totals	19	
20 Add columns (h) and (i) of line 19	20	
21 Total cash wages subject to FUTA tax (see the line 16 instructions on page H-4)	21	
22 Multiply line 21 by 6.2% (.062)	22	
23 Multiply line 21 by 5.4% (.054)	23	
24 Enter the **smaller** of line 20 or line 23	24	
25 **FUTA tax.** Subtract line 24 from line 22. Enter the result here and go to line 26	25	

Part III Total Household Employment Taxes

26 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	26	955.
27 Add line 17 (or line 25) and line 26	27	1,005.

28 Are you required to file Form 1040?

☒ **Yes. Stop.** Enter the amount from line 27 above on Form 1040, line 62. **Do not** complete Part IV below.

☐ **No.** You may have to complete Part IV. See page H-5 for details.

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

Address (number and street) or P.O. box if mail is not delivered to street address | Apt., room, or suite no.

City, town or post office, state, and ZIP code

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

▶ Employer's signature ▶ Date

FORM 1040 PERSONAL EXEMPTION WORKSHEET STATEMENT 1

1.	IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS? NO. STOP. MULTIPLY $3,300 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42. YES. CONTINUE			
2.	MULTIPLY $3,300 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D			13,200.
3.	ENTER THE AMOUNT FROM FORM 1040, LINE 38 . .		983,826.	
4.	ENTER THE AMOUNT FOR YOUR FILING STATUS . .		225,750.	
	SINGLE	$150,500		
	MARRIED FILING JOINTLY OR WIDOW(ER)	$225,750		
	MARRIED FILING SEPARATELY	$112,875		
	HEAD OF HOUSEHOLD	$188,150		
5.	SUBTRACT LINE 4 FROM LINE 3		758,076.	
6.	IS LINE 5 MORE THAN $122,500 ($61,250 IF MARRIED FILING SEPARATELY)? [X] YES. MULTIPLY $1,100 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D. ENTER THE RESULT HERE AND ON FORM 1040, LINE 42. DO NOT COMPLETE THE REST OF THIS WORKSHEET. [ ] NO. DIVIDE LINE 5 BY $2,500 ($1,250 IF MARRIED FILING SEPARATELY). IF THE RESULT IS NOT A WHOLE NUMBER, INCREASE IT TO THE NEXT WHOLE NUMBER (FOR EXAMPLE, INCREASE 0.0004 TO 1)		4,400.	
7.	MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL			
8.	MULTIPLY LINE 2 BY LINE 7			
9.	DIVIDE LINE 8 BY 1.5			
10.	SUBTRACT LINE 9 FROM LINE 2. TOTAL TO FORM 1040, LINE 42.			

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 2

T S	EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T	UNITED STATES SENATE - WASHINGTON, D.C.	157,082.	28,655.	4,532.		5,840.	2,374.
S	UNIVERSITY OF CHICAGO HOSPITALS	273,618.	74,949.	8,209.		5,840.	4,119.
TOTALS		430,700.	103,604.	12,741.		11680.	6,493.

SCHEDULE A — STATE AND LOCAL INCOME TAXES — STATEMENT 3

DESCRIPTION	AMOUNT
UNITED STATES SENATE - WASHINGTON, D.C.	4,532.
UNIVERSITY OF CHICAGO HOSPITALS	8,209.
ILLINOIS 3RD QTR ESTIMATE PAYMENTS	5,000.
ILLINOIS 4TH QTR ESTIMATE PAYMENTS	13,000.
ILLINOIS PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	1,453.
TOTAL TO SCHEDULE A, LINE 5	32,194.

SCHEDULE A — CASH CONTRIBUTIONS — STATEMENT 4

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
CARE	15,000.	
CONGRESSIONAL BLACK CAUCUS	13,107.	
MUNTU DANCE THEATRE	5,000.	
MISCELLANEOUS RECOGNIZED CHARITIES	4,700.	
TRINITY UNITED CHURCH OF CHRIST	22,500.	
SUBTOTALS	60,307.	
TOTAL TO SCHEDULE A, LINE 15		60,307.

SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET		STATEMENT 5
1.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27		169,131.
2.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 13, AND 19, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 27		0.
3.	IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28. IF YES, SUBTRACT LINE 2 FROM LINE 1		169,131.
4.	MULTIPLY LINE 3 BY 80% (.80)	135,305.	
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 38	983,826.	
6.	ENTER: $150,500 ($75,250 IF MARRIED FILING SEPARATELY)	150,500.	
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 28. IF YES, SUBTRACT LINE 6 FROM LINE 5	833,326.	
8.	MULTIPLY LINE 7 BY 3% (.03)	25,000.	
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8		25,000.
10.	DIVIDE LINE 9 BY 3		8,333.
11.	SUBTRACT LINE 10 FROM LINE 9		16,667.
12.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28		152,464.

SCHEDULE C	OTHER INCOME	STATEMENT 6
DESCRIPTION		AMOUNT
DYSTEL & GODERICH		147,490.
RANDOM HOUSE		403,750.
TOTAL TO SCHEDULE C, LINE 6		551,240.

SCHEDULE D	CAPITAL LOSS CARRYOVER	STATEMENT 7

1.	ENTER THE AMOUNT FROM FORM 1040, LINE 41	831,362.
2.	ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT.	3,000.
3.	COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0-	834,362.
4.	ENTER THE SMALLER OF LINE 2 OR LINE 3	3,000.
5.	ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT .	10,136.
6.	ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15	
7.	ADD LINES 4 AND 6	3,000.
8.	SHORT-TERM CAPITAL LOSS CARRYOVER TO 2007. SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0- . . .	7,136.
9.	ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT.	
10.	ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7	
11.	SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0-	
12.	ADD LINES 10 AND 11	
13.	LONG-TERM CAPITAL LOSS CARRYOVER TO 2007. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0- . .	

SCHEDULE SE	NON-FARM INCOME	STATEMENT 8

DESCRIPTION	AMOUNT
AUTHOR	506,618.
TOTAL TO SCHEDULE SE, LINE 2	506,618.

SCHEDULE SE	NON-FARM INCOME	STATEMENT 9

DESCRIPTION	AMOUNT
TREEHOUSE FOODS	51,200.
TOTAL TO SCHEDULE SE, LINE 2	51,200.