

Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2003, or other tax year beginning \_\_\_\_\_, 2003, ending \_\_\_\_\_, 20

OMB No. 1545-0047

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 19. Apt. no. **1**

**CHICAGO, IL 60615**

City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.

**Important!** You must enter your SSK(s) above.

Presidential Election Campaign (See page 19.) Note: Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund?  Yes  No  Yes  No

Filing Status: 1  Single 4  Head of household (with qualifying person). (See page 20.) If the qualifying person is a child but not your dependent, enter this child's name here. 2  Married filing jointly (even if only one had income) 5  Qualifying widow(er) with dependent child. (See page 20.) 3  Married filing separately. Enter spouse's SSN above and full name here. 6  Qualifying widow(er) with dependent child. (See page 20.)

Exemptions: 6a  Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. 6b  Spouse

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If dependent is a child, check box 6c or 6d
<b>MALIA A</b>	<b>OBAMA</b>		<b>DAUGHTER</b>	<input checked="" type="checkbox"/>
<b>NATASHA M</b>	<b>OBAMA</b>		<b>DAUGHTER</b>	<input checked="" type="checkbox"/>

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

Income: 7 Wages, salaries, tips, etc. Attach Form(s) W-2: **238,327.** 8a Taxable interest. Attach Schedule B if required. 8b Tax-exempt interest. Do not include on line 8a. 9a Ordinary dividends. Attach Schedule B if required. 9b Qualified dividends (see page 23). 10 Taxable refunds, credits, or offsets of state and local income taxes. 11 Alimony received. 12 Business income or (loss). Attach Schedule C or C-EZ. 13a Capital gain or (loss). Attach Schedule D if required. If not required, check here . 13b If box on 13a is checked, enter post-May 5 capital gain distributions. 14 Other gains or (losses). Attach Form 4797. 15a IRA distributions. 15b Taxable amount (see page 25). 16a Pensions and annuities. 16b Taxable amount (see page 25). 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 18 Farm income or (loss). Attach Schedule F. 19 Unemployment compensation. 20a Social security benefits. 20b Taxable amount (see page 27). 21 Other income. List type and amount (see page 27).

22 Add the amounts in the far right column for lines 7 through 21. This is your total income: **238,327.**

Adjusted Gross Income: 23 Educator expenses (see page 29). 24 IRA deduction (see page 29). 25 Student loan interest deduction (see page 31). 26 Tuition and fees deduction (see page 32). 27 Moving expenses. Attach Form 3903. 28 One-half of self-employment tax. Attach Schedule SE. 29 Self-employed health insurance deduction (see page 35). 30 Self-employed SEP, SIMPLE, and qualified plans. 31 Penalty on early withdrawal of savings. 32a Alimony paid b Recipient's SSN. 33 Add lines 23 through 32a. 34 Subtract line 33 from line 22. This is your adjusted gross income: **238,327.**

<b>Tax and Credits</b>	35	Amount from line 34 (adjusted gross income)	35	238,327.
<input type="checkbox"/> Standard Deduction for: <input type="checkbox"/> People who checked any box on line 39a or 39b or who can be claimed as a dependent. <input type="checkbox"/> An individual (single, or married filing separately, or head of household). <input type="checkbox"/> Married filing jointly or qualifying widow(er). <input type="checkbox"/> Head of household.	36a	Check <input type="checkbox"/> You were born before January 2, 1939, <input type="checkbox"/> Blind, <input type="checkbox"/> Spouse was born before January 2, 1939, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 36a		
	b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien	<input type="checkbox"/> 36b	
	37	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	37	24,030.
	38	Subtract line 37 from line 35	38	214,297.
	39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet on page 35	39	9,272.
	40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-	40	205,025.
	41	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	41	49,104.
	42	Alternative minimum tax. Attach Form 6251	42	
	43	Add lines 41 and 42	43	49,104.
	44	Foreign tax credit. Attach Form 1116 if required	44	
45	Credit for child and dependent care expenses. Attach Form 2441	45	700.	
46	Credit for the elderly or the disabled. Attach Schedule R	46		
47	Education credits. Attach Form 9863	47		
48	Retirement savings contributions credit. Attach Form 8880	48		
49	Child tax credit (see page 40)	49		
50	Adoption credit. Attach Form 8839	50		
51	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	51		
52	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	52		
53	Add lines 44 through 52. These are your total credits	53	700.	
54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-	54	48,404.	
<b>Other Taxes</b>	55	Self-employment tax. Attach Schedule SE	55	
56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	56		
57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	57		
58	Advance earned income credit payments from Form(s) W-2	58		
59	Household employment taxes. Attach Schedule H	59	3,452.	
60	Add lines 54 through 59. This is your total tax	60	51,856.	
<b>Payments</b>	61	Federal income tax withheld from Forms W-2 and 1099	61	53,381.
62	2003 estimated tax payments and amount applied from 2002 return	62		
63	Earned income credit (EIC)	63		
64	Excess social security and tier 1 RRTA tax withheld (see page 56)	64		
65	Additional child tax credit. Attach Form 8812	65		
66	Amount paid with request for extension to file (see page 56)	66		
67	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	67		
68	Add lines 61 through 67. These are your total payments	68	53,381.	
<b>Refund</b>	69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid	69	1,525.
70a	Amount of line 69 you want refunded to you	70a	1,525.	
71	Amount of line 69 you want applied to your 2004 estimated tax	71		
<b>Amount You Owe</b>	72	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57	72	
73	Estimated tax penalty (see page 58)	73		
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see page 58)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
Designee's name	PREPARER, P.C.	Phone no.	Personal identification number (PIN)	
<b>Sign Here</b>	Under penalties of perjury, I declare that I prepared 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.			
Preparer's signature	<i>Lawrence A. Horwich</i>	Date	4/15/04	Daytime phone number
Spouse's signature		Date		
Preparer's occupation	ATTORNEY/STATE SENATOR		Preparer's SSN or FTIN	
Spouse's occupation	HOSPITAL ADMINISTRATOR			
<b>Use Only</b>	Firm's name (if yours if self-employed), address, and ZIP code		EIN	Phone no. ( )
LAWRENCE A. HORWICH & ASSOCIATES, P.C.		125 S. WACKER DRIVE - SUITE 2800		
CHICAGO, IL 60606-4475				

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

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

**Part 1**

1. Number of qualifying children: 2 X \$1,000. Enter the result. 1 2,000.

2. Enter the amount, if any, of your advance child tax credit (before offset) 2 800.

3. Is line 1 less than line 2?  
 Yes. **STOP**  
 You cannot take this credit. If line 2 is more than line 1, you do not have to pay back the difference.

No. Subtract line 2 from line 1. 3 1,200.

4. Enter the amount from Form 1040, line 35, or Form 1040A, line 22. 4 238,327.

5. 1040 filers: Enter the total of any-  
 ◦ Exclusion of income from Puerto Rico, and  
 ◦ Amounts from Form 2555, lines 43 and 48; Form 2555-EZ, line 18; and Form 4563, line 15. } 5 0.  
 1040A filers: Enter -0-.

6. Add lines 4 and 5. Enter the total. 6 238,327.

7. 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 } 7 110,000.

8. Is the amount on line 6 more than the amount on line 7?  
 No. Leave line 8 blank. Enter -0- on line 9.  
 Yes. Subtract line 7 from line 6. 8 129,000.  
 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).

9. Multiply the amount on line 8 by 5% (.05). Enter the result. 9 6,450.

10. Is the amount on line 3 more than the amount on line 9?  
 No. **STOP**  
 You cannot take the child tax credit on Form 1040, line 49, or Form 1040A, line 33.  
 Yes. Subtract line 9 from line 3. Enter the result. 10

**Part 2**

11. Enter the amount from Form 1040, line 43, or Form 1040A, line 28. 11

12. 1040 filers: Enter the total of the amounts from lines 44 through 48. } 12 \_\_\_\_\_  
 1040A filers: Enter the total of the amounts from lines 29 through 32. }

13. Are you claiming any of the following credits?  
 ◦ Adoption credit, Form 8839 ◦ Mortgage interest credit, Form 8396  
 ◦ District of Columbia first-time homebuyer credit, Form 8859  
 No. Enter the amount from line 12. } 13 \_\_\_\_\_  
 Yes. Complete the Line 13 Worksheet to figure the amount to enter here. }

14. Subtract line 13 from line 11. Enter the result. 14 \_\_\_\_\_

15. Is the amount on line 10 of this worksheet more than the amount on line 14?  
 No. Enter the amount from line 10. } This is your  
 Yes. Enter the amount from line 14. } child tax credit. 15

SCHEDULES A&B  
(Form 1040)

Department of the Treasury  
Internal Revenue Service (689)  
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 and B (Form 1040).

OMB No. 1545-0074

2003  
Attachment  
Sequence No. 07

Your social security number

BARACK H & MICHELLE L OBAMA

<b>Medical and Dental Expenses</b>		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-2)	1			
2	Enter amount from Form 1040, line 35	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			
<b>Taxes You Paid</b>					
5	State and local income taxes	5	SEE STATEMENT 3	7,682.	
6	Real estate taxes (see page A-2)	6		3,672.	
7	Personal property taxes	7			
8	Other taxes. List type and amount	8			
9	Add lines 5 through 8	9			11,354.
<b>Interest You Paid</b>					
10	Home mortgage interest and points reported to you on Form 1098	10		12,241.	
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			
12	Points not reported to you on Form 1098. (See page A-3.)	12			
13	Investment interest. Attach Form 4952 if required. (See page A-4.)	13			
14	Add lines 10 through 13	14			12,241.
<b>Gifts to Charity</b>					
15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	15	SEE STATEMENT 4	3,400.	
16	Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500	16			
17	Carryover from prior year	17			
18	Add lines 15 through 17	18			3,400.
<b>Casualty and Theft Losses</b>					
19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19			
<b>Job Expenses and Other Miscellaneous Deductions</b>					
20	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-5.)	20	UNION AND PROFESSIONAL DUES	229.	
21	Tax preparation fees	21		1,206.	
22	Other expenses - investment, safe deposit box, etc. List type and amount	22			
23	Add lines 20 through 22	23			1,435.
24	Enter amount from Form 1040, line 35	24	238,327.		
25	Multiply line 24 by 2% (.02)	25		4,767.	
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26			0.
<b>Other Miscellaneous Deductions</b>					
27	Other - from list on page A-6. List type and amount	27			
<b>Total Itemized Deductions</b>					
28	Is Form 1040, line 35, over \$139,500 (over \$69,750 if married filing separately)?	28	STMT 5		
<input type="checkbox"/> 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 37.					
<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.					24,030.

315401  
10-13-03

LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2003

# Child and Dependent Care Expenses

▶ Attach to Form 1040.  
 ▶ See separate instructions.

OMB No. 1545-0045

**2003**  
 Attachment  
 Sequence No. 21

Name(s) shown on Form 1040

Your spouse's security number

**BARACK H & MICHELLE L OBAMA**

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
- Earned Income

**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
	SONJA HAWES	11520 S. ... ... IL 60635		23,894.

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 59.

**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		(b) Qualifying person's social security number	(c) Qualified expenses, as incurred and paid in 2003 for this person listed in column (a)
First	Last		
MALIA A	OBAMA		11,947.
NATASHA M	OBAMA		11,947.

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 26 **COL (C) LIMITED** 3 3,500.

4 Enter your earned income 4 122,438.

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 5 115,889.

6 Enter the smallest of line 3, 4, or 5 6 3,500.

7 Enter the amount from Form 1040, line 35 7 238,327.

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

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

9 Multiply line 6 by the decimal amount on line 8. If you paid 2002 expenses in 2003, see the instructions 9 700.

10 Enter the amount from Form 1040, line 43, minus any amount on Form 1040, line 44 10 49,104.

11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 45 11 700.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2441 (2003)

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received for 2003. This amount should be shown in box 10 of your W-2 form(s). Do not include amounts that were reported to you as wages in box 1 of Form(s) W-2	12	2,500.
13	Enter the amount forfeited, if any (see the instructions)	13	
14	Subtract line 13 from line 12	14	2,500.
15	Enter the total amount of qualified expenses incurred in 2003 for the care of the qualifying person(s)	15	23,894.
16	Enter the smaller of line 14 or 15	16	2,500.
17	Enter your earned income	17	122,438.
18	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>o 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).</li> <li>o If married filing separately, see the instructions for the amount to enter.</li> <li>o All others, enter the amount from line 17.</li> </ul>	18	115,889.
19	Enter the smallest of line 15, 17, or 18	19	2,500.
20	Excluded benefits. Enter here the smaller of the following: <ul style="list-style-type: none"> <li>o The amount from line 19 or</li> <li>o \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 18).</li> </ul>	20	2,500.
21	Taxable benefits. Subtract line 20 from line 14. Also, include this amount on Form 1040, line 7. On the dotted line next to line 7, enter "DCB"	21	

To claim the child and dependent care credit, complete lines 22-26 below.

22	Enter \$3,000 (\$6,000 if two or more qualifying persons)	22	6,000.
23	Enter the amount from line 20	23	2,500.
24	Subtract line 23 from line 22. If zero or less, stop. You cannot take the credit. Exception. If you paid 2002 expenses in 2003, see the instructions for line 9	24	3,500.
25	Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 20 above. Then, add the amounts in column (c) and enter the total here	25	21,394.
26	Enter the smaller of line 24 or 25. Also, enter this amount on line 3 on page 1 of this form and complete lines 4-11	26	3,500.

**SCHEDULE H  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (89)

**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. 1545-0073

**2003**

Attachment  
Sequence No. 44

Name of employer

Social security number

Employer identification number

BARACK H OBAMA

**A** Did you pay any one household employee cash wages of \$1,400 or more in 2003? (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.)

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

**B** Did you withhold Federal income tax during 2003 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 2002 or 2003 to all household employees? (Do not count cash wages paid in 2002 or 2003 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 2003 do not have to complete this form for 2003.)

**Part I Social Security, Medicare, and Income Taxes**

1	Total cash wages subject to social security taxes (see page H-3)	1	22,196.
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	2,752.
3	Total cash wages subject to Medicare taxes (see page H-3)	3	22,196.
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	644.
5	Federal income tax withheld, if any	5	
6	Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	6	3,396.
7	Advance earned income credit (EIC) payments, if any	7	
8	Net taxes (subtract line 7 from line 6)	8	3,396.

**9** Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2002 or 2003 to household employees? (Do not count cash wages paid in 2002 or 2003 to your spouse, your child under age 21, or your parent.)

- No. Stop. Enter the amount from line 8 above on Form 1040, line 59. If you are not required to file Form 1040, see the line 9 instructions on page H-3.  
 Yes. Go to line 10 on page 2.

LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule H (Form 1040) 2003

**Part II Federal Unemployment (FUTA) Tax**

	Yes	No
10 Did you pay unemployment contributions to only one state? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Did you pay all state unemployment contributions for 2003 by April 15, 2004? Fiscal year filers, see page H-4 .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

**Section A**

13 Name of the state where you paid unemployment contributions .....	<u>IL</u>	
14 State reporting number as shown on state unemployment tax return .....	<u>4239859</u>	
15 Contributions paid to your state unemployment fund (see page H-4) .....	<u>15</u>   <u>54</u> .	
16 Total cash wages subject to FUTA tax (see page H-4) .....		<u>7,000</u> .
17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26 .....		<u>56</u> .

**Section B**

18 Complete all columns below that apply (if you need more space, see page H-4):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply col. (c) by .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
			From	To					
19 Totals .....									
20 Add columns (h) and (i) of line 19 .....	<u>20</u>								
21 Total cash wages subject to FUTA tax (see the line 16 instructions on page H-4) .....									<u>21</u>
22 Multiply line 21 by 5.2% (.052) .....									<u>22</u>
23 Multiply line 21 by 5.4% (.054) .....	<u>23</u>								
24 Enter the smaller of line 20 or line 23 .....									<u>24</u>
25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26 .....									<u>25</u>

**Part III Total Household Employment Taxes**

26 Enter the amount from line 8 .....	<u>26</u>	<u>3,396</u> .
27 Add line 17 (or line 25) and line 26 .....	<u>27</u>	<u>3,452</u> .
28 Are you required to file Form 1040? <input checked="" type="checkbox"/> Yes. Stop. Enter the amount from line 27 above on Form 1040, line 59. Do not complete Part IV below. <input type="checkbox"/> No. You may have to complete Part IV. See page H-4 for details.		

**Part IV Address and Signature** - Complete this part only if required. See the line 28 instructions on page H-4.

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 this payments to employees.

Employer's signature \_\_\_\_\_ Date \_\_\_\_\_

FORM 1040 PERSONAL EXEMPTION WORKSHEET STATEMENT 1

1. IS THE AMOUNT ON FORM 1040, LINE 35, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS?  
 NO. STOP. MULTIPLY \$3,050 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 39.  
 YES. GO TO LINE 2.
2. MULTIPLY \$3,050 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D . . . . . 12,200.
3. ENTER THE AMOUNT FROM FORM 1040, LINE 35 . . . . . 238,327.
4. ENTER THE AMOUNT FOR YOUR FILING STATUS . . . . . 209,250.  
 MARRIED FILING SEPARATE \$104,625  
 SINGLE \$139,500  
 HEAD OF HOUSEHOLD \$174,400  
 MARRIED FILING JOINT OR WIDOW(ER) \$209,250
5. SUBTRACT LINE 4 FROM LINE 3 . . . . . 29,077.  
 IF LINE 5 IS MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATE) ENTER ZERO ON FORM 1040, LINE 39.
6. DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MFS) . . . . . 12.
7. MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL . . . . . 0.24
8. MULTIPLY LINE 2 BY LINE 7 . . . . . 2,928.
9. SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE 39. 9,272.

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 THE UNIVERSITY OF CHICAGO	64,287.	11,848.	1,869.		3,986.	932.
T STATE OF ILLINOIS COMPTROLLER	58,151.	6,629.	1,685.			954.
S UNIVERSITY OF CHICAGO HOSPITALS	115,889.	34,904.	3,477.		5,394.	1,680.
<b>TOTALS</b>	<b>238,327.</b>	<b>53,381.</b>	<b>7,031.</b>		<b>9,380.</b>	<b>3,566.</b>

---



---

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 3

---

DESCRIPTION	AMOUNT
THE UNIVERSITY OF CHICAGO	1,869.
STATE OF ILLINOIS COMPTROLLER	1,685.
UNIVERSITY OF CHICAGO HOSPITALS	3,477.
ILLINOIS PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	651.
TOTAL TO SCHEDULE A, LINE 5	7,682.

---



---

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 4

---

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
MISCELLANEOUS ORGANIZED CHARITIES	3,400.	
SUBTOTALS	3,400.	
TOTAL TO SCHEDULE A, LINE 15		3,400.

SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 5
1.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27 . . . . .	26,995.
2.	ADD THE AMOUNTS ON 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 . . . . .	26,995.
4.	MULTIPLY LINE 3 ABOVE BY 80% (.80) . . . . .	21,596.
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 35. . . . .	238,327.
6.	ENTER: \$139,500 (\$69,750 IF MARRIED FILING SEPARATELY) . . . . .	139,500.
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 . . . . .	98,827.
8.	MULTIPLY LINE 7 ABOVE BY 3% (.03) . . . . .	2,965.
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8 . . . . .	2,965.
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28 . . . . .	24,030.

**Step 1: Personal Information**

BARACK H OBAMA  
 MICHELLE L OBAMA

**C Check your filing status.**

Single or head of household  Married filing jointly  Married filing separately  Widowed

**Step 2: Income**

1 Write your federal adjusted gross income from your U.S. 1040, Line 34; U.S. 1040A, Line 21; U.S. 1040EZ, Line 4; or U.S. TeleFile Tax Record, Line I. 1 238,327.  
 2 Write your federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ. 2 \_\_\_\_\_  
 3 Write any other additions to your income that are taxable in Illinois. See instructions for details. Specify your additions. 3 \_\_\_\_\_  
 4 Add Lines 1 through 3. This is your income. 4 238,327.

**Step 3: Base Income**

5 Write income received from Social Security benefits and certain retirement plans if that income is included in Step 2, Line 1. See instructions. 5 \_\_\_\_\_  
 6 Write the military pay you earned if it is included in Step 2, Line 1. 6 \_\_\_\_\_  
 7 Write any Illinois Income Tax refund included in Line 10 of U.S. 1040. 7 \_\_\_\_\_  
 8 Write the U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1. 8 \_\_\_\_\_  
 9 Write any other subtractions to your income. See Line 9 instructions and Publication 101 for details. Do not subtract your out-of-state income. Specify your subtractions. 9 \_\_\_\_\_  
 Check if Line 9 includes any amount from Schedule 1299-C.   
 10 Add Lines 5 through 9. This is the total of your subtractions. 10 \_\_\_\_\_  
 11 Subtract Line 10 from Line 4. This is your Illinois base income. 11 238,327.

**Step 4: Exemptions**

12 a Write the number of exemptions from your federal return. 4 x \$2,000 a 8,000.  
 b If someone else claimed you on their return, see Line 12 instructions to figure the number to write here. b \_\_\_\_\_  
 c Check if 65 or older:  You +  Spouse =  x \$1,000 c \_\_\_\_\_  
 d Check if legally blind:  You +  Spouse =  x \$1,000 d \_\_\_\_\_  
 Add Lines a through d. This is your total Illinois exemption allowance. 12 8,000.

**Step 5: Net Income**

13 Residents only: Subtract Line 12 from Line 11. This is your net income. Skip Line 14. 13 230,327.  
 14 Nonresidents and part-year residents only:  
 Check the box that applies to you during the year 2003.  Nonresident  Part-year resident  
 Complete Illinois Schedule NR, and write your Illinois base income from Step 3, Line 47. 14 \_\_\_\_\_

**Step 6: Tax**

15 Residents: Multiply Line 13 by 3% (.03). Write the result here. This is your tax. 15 \_\_\_\_\_  
 Nonresidents and part-year residents: Write the tax from Schedule NR, Step 5, Line 53. 15 6,910.

Staple W-2, W-2-G, and 1099-R forms here.

Attach your check.

