

1040

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 2000

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

For the year Jan. 1-Dec. 31, 2000, or other tax year beginning

2000, ending

20

OMB No. 1545-0074

Label

(See instructions on page 13.) Use the IRS label. Otherwise, please print or type.

Label area containing fields for name (Barack H. Obama), social security numbers, address (Chicago, IL 60615), and apartment number.

Important! You must enter your SSN(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
2 Married filing joint return (even if only one had income)
3 Married filing separate return. Enter spouse's social security no. above and full name here.
4 Head of household (with qualifying person).
5 Qualifying widow(er) with dependent child

Exemptions

Exemptions section including checkboxes for dependent status and a table for dependent information (Malia A. Obama, daughter).

Income

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

If you did not get a W-2, see page 21.

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for wages (212,999), interest (38), dividends (157), business income (16,500), capital gain (1,836), total income (240,726), and adjusted gross income (240,505).

SCHEDULES A&B
(Form 1040)

Schedule A—Itemized Deductions

OMB No. 1545-0074

(Schedule B is on back)

2000

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

Attachment
Sequence No. 07

Name(s) shown on Form 1040

Barack H. & Michelle L. Obama

Your social security number

Medical and Dental Expenses	1	Caution. Do not include expenses reimbursed or paid by others. Medical and dental expenses (see page A-2)	1			
	2	Enter amount from Form 1040, line 34	2			
	3	Multiply line 2 above by 7.5% (.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid (See page A-2)	5	State and local income taxes	5	6,270		
	6	Real estate taxes (see page A-2)	6	3,119		
	7	Personal property taxes	7			
	8	Other taxes. List type and amount ▶	8			
	9	Add lines 5 through 8	9			9,389
Interest You Paid (See page A-3)	10	Home mortgage interest and points reported to you on Form 1098	10	11,889		
	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 for special rules	12			
	13	Investment interest. Attach Form 4952 if required. (See page A-3.)	13			
Note. Personal interest is not deductible.	14	Add lines 10 through 13	14			11,889
Gifts to Charity (If you made a gift and got a benefit for it, see page A-4)	15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	15	2,350		
	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			2,350
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19			
Job Expenses and Most Other Miscellaneous Deductions (See page A-5 for expenses to deduct here.)	20	Unreimbursed employee expenses—job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See page A-5.) ▶	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 34	24			
	25	Multiply line 24 above 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-6. List type and amount ▶	27			
Total Itemized Deductions	28	Is Form 1040, line 34, over \$128,950 (over \$64,475 if married filing separately)? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.	28			20,281

Tax and Credits	34	Amount from line 33 (adjusted gross income)	34	240,505
	35a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here ▶ 35a		
		b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here ▶ 35b <input type="checkbox"/>		
	36	Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see page 31 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent ▶	36	20,281
	37	Subtract line 36 from line 34 ▶	37	220,224
	38	If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to enter ▶	38	5,208
	39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	215,016
	40	Tax (see page 32). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 ▶	40	60,160
	41	Alternative minimum tax. Attach Form 6251 ▶	41	0
	42	Add lines 40 and 41 ▶	42	60,160
Standard Deduction for Most People Single: \$4,400 Head of household: \$6,450 Married filing jointly or Qualifying widow(er): \$7,350 Married filing separately: \$3,875	43	Foreign tax credit. Attach Form 1116 if required ▶	43	
	44	Credit for child and dependent care expenses. Attach Form 2441 ▶	44	
	45	Credit for the elderly or the disabled. Attach Schedule R ▶	45	
	46	Education credits. Attach Form 8863 ▶	46	
	47	Child tax credit (see page 36) ▶	47	
	48	Adoption credit. Attach Form 8839 ▶	48	
	49	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 5396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify) ▶	49	
	50	Add lines 43 through 49. These are your total credits ▶	50	
	51	Subtract line 50 from line 42. If line 50 is more than line 42, enter -0- ▶	51	60,160
	Other Taxes	52	Self-employment tax. Attach Schedule SE ▶	52
53		Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 ▶	53	
54		Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required ▶	54	626 no
55		Advance earned income credit payments from Form(s) W-2 ▶	55	
56		Household employment taxes. Attach Schedule H ▶	56	2,504
57		Add lines 51 through 56. This is your total tax ▶	57	63,732
Payments		58	Federal income tax withheld from Forms W-2 and 1099 ▶	58
	59	2000 estimated tax payments and amount applied from 1999 return ▶	59	4,760
	60a	Earned income credit (EIC) ▶	60a	
		b Nontaxable earned income, amount ▶ and type ▶ ▶		
	61	Excess social security and RRTA tax withheld (see page 50) ▶	61	2,551
	62	Additional child tax credit. Attach Form 8812 ▶	62	
	63	Amount paid with request for extension to file (see page 50) ▶	63	
64	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 ▶	64		
65	Add lines 58, 59, 60a, and 61 through 64. These are your total payments ▶	65	52,061	
Refund	66	If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid ▶	66	
	67a	Amount of line 66 you want refunded to you ▶	67a	
		b Routing number <input type="text"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input type="text"/> ▶			
68	Amount of line 66 you want applied to your 2001 estimated tax ▶	68		
Amount You Owe	69	If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe. For details on how to pay, see page 51 ▶	69	12,571
	70	Estimated tax penalty. Also include on line 69 ▶	70	900

Sign Here 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.

Joint return? See page 19. Keep a copy for your records.	Your signature <i>[Signature]</i>	Date 4/15/01	Your occupation Attorney/prof.	Daytime phone number 4
	Spouse's signature. If a joint return, both must sign. <i>Michelle Obama</i>	Date 4/16/01	Spouse's occupation Univ. dean	May the IRS discuss this return with me preparer shown below (see page 52)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	

**SCHEDULE C-EZ
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Net Profit From Business
(Sole Proprietorship)

Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.
Attach to Form 1040 or Form 1041. See instructions on back.

GMD No. 1545-0074

2000

Attachment
Sequence No. 09A

Name of proprietor
Barack H. Obama

Social security number (SSN)

Part I General Information

You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:

- o Had business expenses of \$2,500 or less.
- o Use the cash method of accounting.
- o Did not have an inventory at any time during the year.
- o Did not have a net loss from your business.
- o Had only one business as a sole proprietor.

And You:

- o Had no employees during the year.
- o Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, on page C-3 to find out if you must file
- o Do not deduct expenses for business use of your home.
- o Do not have prior year unallowed passive activity losses from this business.

A Principal business or profession, including product or service Foundation director/Educational speaker	B Enter code from pages C-7 & 8 8 1 3 0 0 0
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN), if any
E Business address (including suite or room no.). Address not required if same as on Form 1040, page 1. City, town or post office, state, and ZIP code	

Part II Figure Your Net Profit

1 Gross receipts. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see Statutory Employees in the instructions for Schedule C, line 1, on page C-2 and check here	<input type="checkbox"/>	1	16,500
2 Total expenses. If more than \$2,500, you must use Schedule C. See instructions.		2	0
3 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on Form 1040, line 12, and also on Schedule SE, line 2. (Statutory employees do not report this amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.)		3	16,500

Part III Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2.

- 4 When did you place your vehicle in service for business purposes? (month, day, year) > / /
- 5 Of the total number of miles you drove your vehicle during 2000, enter the number of miles you used your vehicle for:
a Business b Commuting c Other
- 6 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 7 Was your vehicle available for use during off-duty hours? Yes No
- 8a Do you have evidence to support your deduction? Yes No
b If "Yes," is the evidence written? Yes No

Name of person with self-employment income (as shown on Form 1040) Barack H. Obama	Social security number of person with self-employment income
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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), line 15a. Note. Skip this line if you use the farm optional method. See page SE-3			
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report. Note. Skip this line if you use the nonfarm optional method. See page SE-3.	16,500		
3	Combine lines 1 and 2	16,500		
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	15,238		
4b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here			
4c	Combine lines 4a and 4b. If less than \$400, do not file this schedule; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue	15,238		
5a	Enter your church employee income from Form W-2. Caution: See page SE-1 for definition of church employee income			
5b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-			
6	Net earnings from self-employment. Add lines 4c and 5b	15,238		
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 5.2% portion of the 7.65% railroad retirement (tier 1) tax for 2000	76,200	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	117,342		
8b	Unreported tips subject to social security tax (from Form 4137, line 9)			
8c	Add lines 8a and 8b	117,342		
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	0		
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)			
11	Multiply line 6 by 2.9% (.029)	442		
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 52	442		
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	221		

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

Farm Optional Method. You may use this method only if:				
• Your gross farm income ¹ was not more than \$2,400 or				
• Your net farm profits ² were less than \$1,733.				
14	Maximum income for optional methods	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			
Nonfarm Optional Method. You may use this method only if:				
• Your net nonfarm profits ³ were less than \$1,733 and also less than 72.189% of your gross nonfarm income ⁴ and				
• 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			
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			

¹From Sch. F, line 11, and Sch. K-1 (Form 1065), line 15b. ²From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), line 15a; and Sch. K-1 (Form 1065-B), box 9.
³From Sch. F, line 36, and Sch. K-1 (Form 1065), line 15a. ⁴From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), line 15c; and Sch. K-1 (Form 1065-B), box 9.



**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

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

2000

Attachment
Sequence No. 12

Name(s) shown on Form 1040
Barack H. Obama

Your social security number

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 (see page D-6)	(e) Cost or other basis (see page D-6)	(f) Gain or (loss) Subtract (e) from (d)	
1						
2 Enter your short-term totals, if any, from Schedule D-1, line 2						
3 Total short-term sales price amounts. Add column (d) of lines 1 and 2						
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824						
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1						
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 1999 Capital Loss Carryover Worksheet					()	
7 Net short-term capital gain or (loss). Combine column (f) of lines 1 through 6 ▶						

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 (see page D-6)	(e) Cost or other basis (see page D-6)	(f) Gain or (loss) Subtract (e) from (d)	(g) 28% rate gain or (loss) * (see instr. below)
8 Demutualization payment	02/02/70	03/18/00	1,836		1,836	
9 Enter your long-term totals, if any, from Schedule D-1, line 9						
10 Total long-term sales price amounts. Add column (d) of lines 8 and 9			1,836			
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						
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1						
13 Capital gain distributions. See page D-1						
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 1999 Capital Loss Carryover Worksheet					()	()
15 Combine column (g) of lines 8 through 14						
16 Net long-term capital gain or (loss). Combine column (f) of lines 8 through 14 ▶ Next: Go to Part III on the back.					1,836	

* 28% rate gain or loss includes all "collectibles gains and losses" (as defined on page D-6) and up to 50% of the eligible gain on qualified small business stock (see page D-4).

Part III Summary of Parts I and II

17	Combine lines 7 and 16. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13 Next: Complete Form 1040 through line 39. Then, go to Part IV to figure your tax if: o Both lines 16 and 17 are gains and o Form 1040, line 39, is more than zero. Otherwise, stop here.	17	1,836
18	If line 17 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses: o The loss on line 17 or o (\$3,000) or, if married filing separately, (\$1,500) Next: Skip Part IV below. Instead, complete Form 1040 through line 37. Then, complete the Capital Loss Carryover Worksheet on page D-6 if: o The loss on line 17 exceeds the loss on line 18 or o Form 1040, line 37, is a loss.	18	()

Part IV Tax Computation Using Maximum Capital Gains Rates

19	Enter your taxable income from Form 1040, line 39	19	215,016
20	Enter the smaller of line 16 or line 17 of Schedule D	20	1,836
21	If you are filing Form 4952, enter the amount from Form 4952, line 4e	21	
22	Subtract line 21 from line 20. If zero or less, enter -0-	22	1,836
23	Combine lines 7 and 15. If zero or less, enter -0-	23	0
24	Enter the smaller of line 15 or line 23, but not less than zero	24	0
25	Enter your unrecaptured section 1250 gain, if any, from line 17 of the worksheet on page D-8	25	0
26	Add lines 24 and 25	26	0
27	Subtract line 26 from line 22. If zero or less, enter -0-	27	1,836
28	Subtract line 27 from line 19. If zero or less, enter -0-	28	213,180
29	Enter the smaller of: o The amount on line 19 or o \$26,250 if single, \$43,850 if married filing jointly or qualifying widow(er); \$21,925 if married filing separately; or \$35,150 if head of household	29	43,850
30	Enter the smaller of line 28 or line 29	30	43,850
31	Subtract line 22 from line 19. If zero or less, enter -0-	31	213,180
32	Enter the larger of line 30 or line 31	32	213,180
33	Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies Note: If the amounts on lines 29 and 30 are the same, skip lines 34 through 37 and go to line 38.	33	59,793
34	Enter the amount from line 29	34	
35	Enter the amount from line 30	35	
36	Subtract line 35 from line 34	36	
37	Multiply line 36 by 10% (.10) Note: If the amounts on lines 19 and 29 are the same, skip lines 38 through 51 and go to line 52.	37	
38	Enter the smaller of line 19 or line 27	38	1,836
39	Enter the amount from line 36	39	0
40	Subtract line 39 from line 38	40	1,836
41	Multiply line 40 by 20% (.20) Note: If line 26 is zero or blank, skip lines 42 through 51 and go to line 52.	41	367
42	Enter the smaller of line 22 or line 25	42	
43	Add lines 22 and 32	43	
44	Enter the amount from line 19	44	
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	
46	Subtract line 45 from line 42. If zero or less, enter -0-	46	
47	Multiply line 46 by 25% (.25) Note: If line 24 is zero or blank, skip lines 48 through 51 and go to line 52.	47	
48	Enter the amount from line 19	48	
49	Add lines 32, 36, 40, and 46	49	
50	Subtract line 49 from line 48	50	
51	Multiply line 50 by 28% (.28)	51	
52	Add lines 33, 37, 41, 47, and 51	52	60,160
53	Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies	53	60,454
54	Tax on all taxable income (including capital gains). Enter the smaller of line 52 or line 53 here and on Form 1040, line 40.	54	60,160



**SCHEDULE H
(Form 1040)**

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)
 ▶ Attach to Form 1040, 1040NR, 1040NR-EZ, 1040-SS, or 1041.

GMB No. 1545-0074

2000

Attachment
Sequence No. 44

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

Name of employer

Barack H. Obama

Social security number

Employer identification number

A Did you pay any one household employee cash wages of \$1,200 or more in 2000? (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 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 2000 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 1999 or 2000 to household employees? (Do not count cash wages paid in 1999 or 2000 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 the back.

Part II Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see page 3)	1	16,000		
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2		1,964	
3	Total cash wages subject to Medicare taxes (see page 3)	3	16,000		
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4		464	
5	Federal income tax withheld, if any	5			
6	Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	6		2,448	
7	Advance earned income credit (EIC) payments, if any	7			
8	Net taxes (subtract line 7 from line 6)	8		2,448	

9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 1999 or 2000 to household employees? (Do not count cash wages paid in 1999 or 2000 to your spouse, your child under age 21, or your parent.)

- No. Stop. Enter the amount from line 8 above on Form 1040, line E6. If you are not required to file Form 1040, see the line 9 instructions on page 4.
- Yes. Go to line 10 on the back.

Part III 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 2000 by April 16, 2001? Fiscal year filers, see page 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>Illinois</u>		
14 State reporting number as shown on state unemployment tax return ▶		
15 Contributions paid to your state unemployment fund (see page 4)	15	279
16 Total cash wages subject to FUTA tax (see page 4)	16	7,000
17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26	17	56

Section B

18 Complete all columns below that apply (if you need more space, see page 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	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 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	26	2,448
27 Add line 17 (or line 25) and line 26	27	2,504

28 Are you required to file Form 1040?
 Yes. Stop. Enter the amount from line 27 above on Form 1040, line 56. Do not complete Part IV below.
 No. You may have to complete Part IV. See page 4 for details.

Part IV Address and Signature—Complete this part only if required. See the line 28 instructions on page 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 the payments to employees.

Employer's signature

Date



Alternative Minimum Tax—Individuals

▶ See separate instructions.

2000

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. 32

Name(s) shown on Form 1040

Barack H. & Michelle L. Obama

Your social security number

Part I Adjustments and Preferences

1	If you itemized deductions on Schedule A (Form 1040), go to line 2. Otherwise, enter your standard deduction from Form 1040, line 36, here and go to line 6	1	
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2½% of Form 1040, line 34	2	6,013
3	Taxes. Enter the amount from Schedule A (Form 1040), line 9	3	9,389
4	Certain interest on a home mortgage not used to buy, build, or improve your home	4	1,499
5	Miscellaneous itemized deductions. Enter the amount from Schedule A (Form 1040), line 26	5	0
6	Refund of taxes. Enter any tax refund from Form 1040, line 10 or line 21	6	(157)
7	Investment interest. Enter difference between regular tax and AMT deduction	7	
8	Post-1986 depreciation. Enter difference between regular tax and AMT depreciation	8	
9	Adjusted gain or loss. Enter difference between AMT and regular tax gain or loss	9	
10	Incentive stock options. Enter excess of AMT income over regular tax income	10	
11	Passive activities. Enter difference between AMT and regular tax income or loss	11	
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (Form 1041), line 9	12	
13	Tax-exempt interest from private activity bonds issued after 8/7/86	13	
14	Other. Enter the amount, if any, for each item below and enter the total on line 14.		
	a Circulation expenditures		
	b Depletion		
	c Depreciation (pre-1987)		
	d Installment sales		
	e Intangible drilling costs		
	f Large partnerships		
	g Long-term contracts		
	h Loss limitations		
	i Mining costs		
	j Patron's adjustment		
	k Pollution control facilities		
	l Research and experimental		
	m Section 1202 exclusion		
	n Tax shelter farm activities		
	o Related adjustments		
14		14	
15	Total Adjustments and Preferences. Combine lines 1 through 14	15	16,744

Part II Alternative Minimum Taxable Income

16	Enter the amount from Form 1040, line 37. If less than zero, enter as a (loss)	16	220,224
17	Net operating loss deduction, if any, from Form 1040, line 21. Enter as a positive amount	17	
18	If Form 1040, line 34, is over \$128,950 (over \$64,475 if married filing separately), and you itemized deductions, enter the amount, if any, from line 9 of the worksheet for Schedule A (Form 1040), line 28	18	(3,347)
19	Combine lines 15 through 18	19	233,621
20	Alternative tax net operating loss deduction. See page 6 of the instructions	20	
21	Alternative Minimum Taxable Income. Subtract line 20 from line 19. (If married filing separately and line 21 is more than \$165,000, see page 7 of the instructions.)	21	233,621

Part III Exemption Amount and Alternative Minimum Tax

22	Exemption Amount. (If this form is for a child under age 14, see page 7 of the instructions.)		
	IF your filing status is . . .	AND line 21 is not over . . .	THEN enter on line 22 . . .
	Single or head of household,	\$112,500	\$33,750
	Married filing jointly or qualifying widow(er)	150,000	45,000
	Married filing separately	75,000	22,500
	If line 21 is over the amount shown above for your filing status, see page 7 of the instructions.		
23	Subtract line 22 from line 21. If zero or less, enter -0- here and on lines 26 and 28 and stop here	23	209,526
24	If you reported capital gain distributions directly on Form 1040, line 13, or you completed Schedule D (Form 1040) and have an amount on line 25 or line 27 (or would have had an amount on either line if you had completed Part IV) (as refigured for the AMT, if necessary), go to Part IV of Form 6251 to figure line 24. All others: If line 23 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 23 by 26% (.26). Otherwise, multiply line 23 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	24	55,020
25	Alternative minimum tax foreign tax credit. See page 7 of the instructions	25	
26	Tentative minimum tax. Subtract line 25 from line 24	26	55,020
27	Enter your tax from Form 1040, line 40 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 43)	27	60,160
28	Alternative Minimum Tax. Subtract line 27 from line 26. If zero or less, enter -0-. Enter here and on Form 1040, line 41	28	0

Part IV Line 24 Computation Using Maximum Capital Gains Rates

		<i>Caution: If you did not complete Part IV of Schedule D (Form 1040), see page 8 of the instructions before you complete this part.</i>			
29	Enter the amount from Form 6251, line 23			29	209,526
30	Enter the amount from Schedule D (Form 1040), line 27 (as refigured for the AMT, if necessary). See page 8 of the instructions.	30	1,836		
31	Enter the amount from Schedule D (Form 1040), line 25 (as refigured for the AMT, if necessary). See page 8 of the instructions.	31	0		
32	Add lines 30 and 31	32	1,836		
33	Enter the amount from Schedule D (Form 1040), line 22 (as refigured for the AMT, if necessary). See page 8 of the instructions.	33	1,836		
34	Enter the smaller of line 32 or line 33			34	1,836
35	Subtract line 34 from line 29. If zero or less, enter -0-			35	207,690
36	If line 35 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 35 by 26% (.26). Otherwise, multiply line 35 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.			36	54,653
37	Enter the amount from Schedule D (Form 1040), line 36 (as figured for the regular tax). See page 8 of the instructions.	37	0		
38	Enter the smallest of line 29, line 30, or line 37	38	0		
39	Multiply line 38 by 10% (.10)			39	0
40	Enter the smaller of line 29 or line 30	40	1,836		
41	Enter the amount from line 38	41	0		
42	Subtract line 41 from line 40	42	1,836		
43	Multiply line 42 by 20% (.20)			43	367
44	Enter the amount from line 29	44			
45	Add lines 35, 38, and 42	45			
46	Subtract line 45 from line 44	46			
47	Multiply line 46 by 25% (.25)			47	
48	Add lines 36, 39, 43, and 47			48	55,020
49	If line 29 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 29 by 26% (.26). Otherwise, multiply line 29 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.			49	55,167
50	Enter the smaller of line 48 or line 49 here and on line 24			50	55,020

