

Label (See instructions on page 21.) Use the IRS label. Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2002, or other tax year beginning 2002, ending 20 OMB No. 1545-0074

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

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

Home address (number and street). If you have a P.O. box, see page 21. Apt. no. 1

City, town or post office, state, and ZIP code. Do not include a foreign address, see page 21. CHICAGO, IL 60615

Important! You must enter your SSN(s) above.

Presidential Election Campaign (See page 21.) 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? You: Yes No Spouse: Yes No

Filing Status: 1 Single 4 Head of household (with qualifying person). (See page 21.) 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 (year spouse died). (See page 21.) 3 Married filing separately. Enter spouse's SSN above and full name here.

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. No. of boxes checked on 6a and 6b: 2

b Spouse

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 22)	No. of your children on 6c who:
MALIA A	OBAMA		DAUGHTER	<input checked="" type="checkbox"/>	2
NATASHA M	OBAMA		DAUGHTER	<input checked="" type="checkbox"/>	

If more than five dependents, see page 22.

d Total number of exemptions claimed: 4

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	226,300.
8a	Taxable interest. Attach Schedule B if required	8a	33.
b	Tax-exempt interest. Do not include on line 8a	8b	
9	Ordinary dividends. Attach Schedule B if required	9	
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	34,491.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount (see page 25)	15b	
16a	Pensions and annuities	16a	
b	Taxable amount (see page 25)	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)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	260,824.
23	Educator expenses (see page 29)	23	
24	IRA deduction (see page 29)	24	
25	Student loan interest deduction (see page 31)	25	
26	Tuition and fees deduction (see page 32)	26	
27	Archer MSA deduction. Attach Form 8853	27	
28	Moving expenses. Attach Form 3903	28	
29	One-half of self-employment tax. Attach Schedule SE	29	1,430.
30	Self-employed health insurance deduction (see page 33)	30	
31	Self-employed SEP, SIMPLE, and qualified plans	31	
32	Penalty on early withdrawal of savings	32	
33a	Alimony paid b Recipient's SSN	33a	
34	Add lines 23 through 33a	34	1,430.
35	Subtract line 34 from line 22. This is your adjusted gross income	35	259,394.

Tax and Credits Standard Deduction for - <input type="checkbox"/> People who checked any box on line 37a or 37b or 01 who can be claimed as a dependent. <input type="checkbox"/> All others: Single, \$4,700 Head of household, \$5,900 Married filing jointly or Qualifying widow(er), \$7,850 Married filing separately, \$5,925	36	Amount from line 35 (adjusted gross income)	36	259,394
	37a	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	37a	
	b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien	37b	
	38	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	38	22,272
	39	Subtract line 38 from line 36	39	237,122
	40	If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on line 6d. If line 36 is over \$103,000, see the worksheet on page 35	40	6,720
	41	Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-	41	230,402
	42	Tax. Check if any tax from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	42	62,454
	43	Alternative minimum tax. Attach Form 6251	43	
	44	Add lines 42 and 43	44	62,454
45	Foreign tax credit. Attach Form 1116 if required	45		
46	Credit for child and dependent care expenses. Attach Form 2441	46		
47	Credit for the elderly or the disabled. Attach Schedule R	47		
48	Education credits. Attach Form 8863	48		
49	Retirement savings contributions credit. Attach Form 8880	49		
50	Child tax credit (see page 39)	50		
51	Adoption credit. Attach Form 8839	51		
52	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	52		
53	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	53		
54	Add lines 45 through 53. These are your total credits	54		
55	Subtract line 54 from line 44. If line 54 is more than line 44, enter -0-	55	62,454	
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	2,860
	57	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	57	
	58	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach 5329 if required	58	
	59	Advance earned income credit payments from Form(s) W-2	59	
	60	Household employment taxes. Attach Schedule H	60	3,644
	61	Add lines 55 through 60. This is your total tax	61	68,958
Payments If you have a qualifying child, attach Schedule EIC.	62	Federal income tax withheld from Forms W-2 and 1099	62	52,718
	63	2002 estimated tax payments and amount applied from 2001 return	63	
	64	Earned income credit (EIC)	64	
	65	Excess social security and tier 1 RRTA tax withheld (see page 56)	65	
	66	Additional child tax credit. Attach Form 8812	66	
	67	Amount paid with request for extension to file (see page 56)	67	
	68	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	68	
	69	Add lines 62 through 68. These are your total payments	69	52,718
Refund Direct deposit? See page 56 and fill in 71b, 71c, and 71d.	70	If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid	70	
	71a	Amount of line 70 you want refunded to you	71a	
b	Routing number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Account number			
72	Amount of line 70 you want applied to your 2003 estimated tax	72		
Amount You Owe	73	Amount you owe. Subtract line 69 from line 61. For details on how to pay, see page 57	73	16,587
	74	Estimated tax penalty (see page 57)	74	347
Third Party Designee	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	Phone no.	Personal identification number (PIN)	
Sign Here 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.	Your signature TAXPAYER'S COPY	Date	Your occupation ATTORNEY/STATE SENATOR	Daytime phone number
	Spouse's signature	Date	Spouse's occupation HOSPITAL ADMINISTRATOR	
	Preparer's signature		Date 3/24/03	Check if self-employed <input type="checkbox"/>
Use Only	Firm's name (or yours if self-employed), address, and ZIP code LAWRENCE A. HORWICH & ASSOCIATES, P.C. 125 S. WACKER DRIVE - SUITE 2800 CHICAGO, IL 60606-4475		EIN	Phone no.

**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

2002
 Attachment
 Sequence No. 06

Name(s) shown on tax return

Identifying number

BARACK H & MICHELLE L OBAMA

In most cases, you do not need to file Form 2210. The IRS will figure any penalty you owe and send you a bill. File Form 2210 only if one or more boxes in Part I apply to you. If you do not need to file Form 2210, you still may use it to figure your penalty. Enter the amount from Part III, line 22, or Part IV, line 36, on the penalty line of your return, but do not attach Form 2210.

Part I **Reasons for Filing** - If 1a, 1b, or 1c below applies to you, you may be able to lower or eliminate your penalty. But you must check the boxes that apply and file Form 2210 with your tax return. If 1d below applies to you, check that box and file Form 2210 with your tax return.

- 1 Check whichever boxes apply (if none apply, see the text above Part I and do not file Form 2210):
- a You request a waiver. In certain circumstances, the IRS will waive all or part of the penalty. See Waiver of Penalty on page 1 of the instructions.
 - b You use the annualized income installment method. If your income varied during the year, this method may reduce the amount of one or more required installments. See page 4 of the instructions.
 - c You had Federal income tax withheld from wages and, for estimated tax purposes, you treat the withheld tax as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. See the instructions for line 23 on page 2.
 - d Your required annual payment (line 15 below) is based on your 2001 tax and you filed or are filing a joint return for either 2001 or 2002 but not for both years.

Part II **Required Annual Payment**

2	Enter your 2002 tax after credits (see page 2 of the instructions)	2	62,454.
3	Other taxes (see page 2 of the instructions)	3	6,504.
4	Add lines 2 and 3	4	68,958.
5	Earned income credit	5	
6	Additional child tax credit	6	
7	Credit for Federal tax paid on fuels	7	
8	Health insurance credit for eligible recipients	8	
9	Add lines 5 through 8	9	
10	Current year tax. Subtract line 9 from line 4	10	68,958.
11	Multiply line 10 by 90% (.90)	11	62,062.
12	Withholding taxes. Do not include any estimated tax payments on this line (see page 2 of the instructions)	12	52,718.
13	Subtract line 12 from line 10. If less than \$1,000, stop here; you do not owe the penalty. Do not file Form 2210	13	16,240.
14	Enter the tax shown on your 2001 tax return (112% of that amount if the adjusted gross income shown on that return is more than \$150,000, or, if married filing separately for 2002, more than \$75,000). Caution: See instructions	14	98,973.
15	Required annual payment. Enter the smaller of line 11 or line 14 If line 12 is equal to or more than line 15, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above.	15	62,062.

Part III **Short Method (Caution: See page 2 of the instructions to find out if you can use the short method. If you checked box 1b or 1c in Part I, skip this part and go to Part IV.)**

16	Enter the amount, if any, from line 12 above	16	52,718.										
17	Enter the total amount, if any, of estimated tax payments you made	17											
18	Add lines 16 and 17	18	52,718.										
19	Total underpayment for year. Subtract line 18 from line 15. If zero or less, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above	19	9,344.										
20	Multiply line 19 by .03713	20	347.										
21	<ul style="list-style-type: none"> ○ If the amount on line 19 was paid on or after 4/15/03, enter -0- ○ If the amount on line 19 was paid before 4/15/03, make the following computation to find the amount to enter on line 21. <table border="0" style="margin-left: 40px;"> <tr> <td>Amount on</td> <td></td> <td>Number of days paid</td> <td></td> <td></td> </tr> <tr> <td>line 19</td> <td>x</td> <td>before 4/15/03</td> <td>x</td> <td>.00014</td> </tr> </table>	Amount on		Number of days paid			line 19	x	before 4/15/03	x	.00014	21	0.
Amount on		Number of days paid											
line 19	x	before 4/15/03	x	.00014									
22	Penalty. Subtract line 21 from line 20. Enter the result here and on Form 1040, line 74; Form 1040A, line 48; Form 1040NR, line 73; Form 1040NR-EZ, line 26; or Form 1041, line 26, but do not file Form 2210 unless you checked one or more of the boxes in Part I above	22	347.										

LHA For Paperwork Reduction Act Notice, see page 5 of separate instructions.

Form 2210 (2002)

SCHEDULES A&B
(Form 1040)

Department of the Treasury,
Internal Revenue Service (60)
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. 1545-0047

2002
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-2)	1			
2	Enter amount from Form 1040, line 36	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		5	State and local income taxes	SEE STATEMENT 3	9,249.
6	Real estate taxes (see page A-2)	6			4,424.
7	Personal property taxes	7			
8	Other taxes. List type and amount	8			
9	Add lines 5 through 8	9			13,673.
Interest You Paid		10	Home mortgage interest and points reported to you on Form 1098		11,212.
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-3.)	13			
14	Add lines 10 through 13	14			11,212.
Gifts to Charity		15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	SEE STATEMENT 4	1,050.
16	Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 9283 if over \$500	16			
17	Carryover from prior year	17			
18	Add lines 15 through 17	18			1,050.
Casualty and Theft Losses		19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)		
Job Expenses and Other Miscellaneous Deductions		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	UNION AND PROFESSIONAL DUES	20		180.	
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		180.	
24	Enter amount from Form 1040, line 36	24	259,394.		
25	Multiply line 24 above by 2% (.02)	25		5,188.	
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26			0.
Other Miscellaneous Deductions		27	Other from list on page A-6. List type and amount		
Total Itemized Deductions		28	Is Form 1040, line 36, over \$137,300 (over \$68,650 if married filing separately)?	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 38.		
			<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.		22,272.

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 Form 1065-B.
Attach to Form 1040 or Form 1041. See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2002

Attachment
Sequence No. 09

Name of proprietor: BARACK H OBAMA Social security number (SSN):

A Principal business or profession, including product or service (see page C-1):
LEGAL SERVICES/SPEAKING FEES Enter code from pages C-7, 8, & 9: 541100

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: CHICAGO IL 60615

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

G Did you "materially participate" in the operation of this business during 2002? If "No," see page C-3 for limit on losses: Yes No

H If you started or acquired this business during 2002, 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 <input type="checkbox"/>	1	34,491.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	34,491.
4	Cost of goods sold (from line 42 on page 2)	4	
5	Gross profit. Subtract line 4 from line 3	5	34,491.
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)	6	
7	Gross income. Add lines 5 and 6	7	34,491.

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

8	Advertising	8		19	Pension and profit-sharing plans	19	
9	Bad debts from sales or services (see page C-3)	9		20	Rent or lease (see page C-5):		
10	Car and truck expenses (see page C-3)	10		a	Vehicles, machinery, and equipment	20a	
11	Commissions and fees	11		b	Other business property	20b	
12	Depletion	12		21	Repairs and maintenance	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	13		22	Supplies (not included in Part III)	22	
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	23	
15	Insurance (other than health)	15		24	Travel, meals, and entertainment:		
16	Interest:			a	Travel		
a	Mortgage (paid to banks, etc.)	16a		b	Meals and entertainment		
b	Other	16b		c	Enter nondeductible amount included on line 24b (see page C-5)		
17	Legal and professional services	17		d	Subtract line 24c from line 24b	24d	
18	Office expense	18		25	Utilities	25	
29	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	0.	26	Expenses (less employment credits)	26	
29	Tentative profit (loss). Subtract line 28 from line 7	29	34,491.	27	Other expenses (from line 48 on page 2)	27	
30	Expenses for business use of your home. Attach Form 8829	30		31		31	34,491.
31	Net profit or (loss). Subtract line 30 from line 29. o If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. o If a loss, you must go to line 32.						
32	If you have a loss, check the box that describes your investment in this activity (see page C-6). o If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. o If you checked 32b, you must attach Form 6198.			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

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

Schedule C (Form 1040) 2002

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 <input type="checkbox"/>	
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	1
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-4	2 SEE STATEMENT 6 34,491.
3 Combine lines 1 and 2	3 34,491.
4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a 31,852.
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, 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	4c 31,852.
5a Enter your church employee income from Form W-2. Caution. 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 31,852.
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 2002	7 84,900.00
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation	8a 69,287.
b Unreported tips subject to social security tax (from Form 4137, line 9)	8b
c Add lines 8a and 8b	8c 69,287.
9 Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9 15,613.
10 Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10 1,936.
11 Multiply line 6 by 2.9% (.029)	11 924.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56	12 2,860.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 29	13 1,430.

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

Farm Optional Method. You may use this method only if:

- o Your gross farm income¹ was not more than \$2,400 or
- o Your net farm profits² 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:

- o Your net nonfarm profits³ were less than \$1,733 and also less than 72.189% of your gross nonfarm income⁴ and
- o 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), line 15b.

² From Sch. F, line 36, and Sch. K-1 (Form 1065), line 15a.

³ From 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.

⁴ From 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.

Child and Dependent Care Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040.
▶ See separate instructions.

2002
Attachment
Sequence No. 21

Name(s) shown on Form 1040

Your social 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
	SONYA HAWES			23,452.

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 60.

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 you incurred and paid in 2002 for the person listed in column (a)
First	Last		
MALIA A	OBAMA		11,726.
NATASHA M	OBAMA		11,726.

3 Add the amounts in column (c) of line 2. Do not enter more than \$2,400 for one qualifying person or \$4,800 for two or more persons. If you completed Part III, enter the amount from line 26	3																																																	
4 Enter your earned income	4																																																	
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																																																	
6 Enter the smallest of line 3, 4, or 5	6																																																	
7 Enter the amount from Form 1040, line 36	7																																																	
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X																																																
<table border="0"> <tr> <td colspan="3">If line 7 is:</td> <td colspan="3">If line 7 is:</td> </tr> <tr> <td>Over</td> <td>But not over</td> <td>Decimal amount is</td> <td>Over</td> <td>But not over</td> <td>Decimal amount is</td> </tr> <tr> <td>\$0</td> <td>10,000</td> <td>.30</td> <td>\$20,000</td> <td>22,000</td> <td>.24</td> </tr> <tr> <td>10,000</td> <td>12,000</td> <td>.29</td> <td>22,000</td> <td>24,000</td> <td>.23</td> </tr> <tr> <td>12,000</td> <td>14,000</td> <td>.28</td> <td>24,000</td> <td>26,000</td> <td>.22</td> </tr> <tr> <td>14,000</td> <td>16,000</td> <td>.27</td> <td>26,000</td> <td>28,000</td> <td>.21</td> </tr> <tr> <td>16,000</td> <td>18,000</td> <td>.26</td> <td>28,000</td> <td>No limit</td> <td>.20</td> </tr> <tr> <td>18,000</td> <td>20,000</td> <td>.25</td> <td></td> <td></td> <td></td> </tr> </table>	If line 7 is:			If line 7 is:			Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	\$0	10,000	.30	\$20,000	22,000	.24	10,000	12,000	.29	22,000	24,000	.23	12,000	14,000	.28	24,000	26,000	.22	14,000	16,000	.27	26,000	28,000	.21	16,000	18,000	.26	28,000	No limit	.20	18,000	20,000	.25					
If line 7 is:			If line 7 is:																																															
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16,000	18,000	.26	28,000	No limit	.20																																													
18,000	20,000	.25																																																
9 Multiply line 6 by the decimal amount on line 8. If you paid 2001 expenses in 2002, see the instructions	9																																																	
10 Enter the amount from Form 1040, line 44, minus any amount on Form 1040, line 45	10	62,454.																																																
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 46	11	0.																																																

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2441 (2002)

Part III Dependent Care Benefits

12 Enter the total amount of dependent care benefits you received for 2002. 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	5,000.
13 Enter the amount forfeited, if any (see the instructions)	13	
14 Subtract line 13 from line 12	14	5,000.
15 Enter the total amount of qualified expenses incurred in 2002 for the care of the qualifying person(s)	15	23,452.
16 Enter the smaller of line 14 or 15	16	5,000.
17 Enter your earned income	17	160,535.
18 Enter the amount shown below that applies to you. <ul style="list-style-type: none"> 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). o If married filing separately, see the instructions for the amount to enter. o All others, enter the amount from line 17. 	18	98,826.
19 Enter the smallest of line 16, 17, or 18	19	5,000.
20 Excluded benefits. Enter here the smaller of the following: <ul style="list-style-type: none"> o The amount from line 19 or o \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 18). 	20	5,000.
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 \$2,400 (\$4,800 if two or more qualifying persons)	22	4,800.
23 Enter the amount from line 20	23	5,000.
24 Subtract line 23 from line 22. If zero or less, stop. You cannot take the credit. Exception. If you paid 2001 expenses in 2002, see the instructions for line 9	24	0.
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	
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	

**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. 1545-0074

2002
Attachment
Sequence No. 44

Name of employer

Social security number

BARACK H OBAMA

Employer identification number

A Did you pay any one household employee cash wages of \$1,300 or more in 2002? (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 2002 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 2001 or 2002 to household employees? (Do not count cash wages paid in 2001 or 2002 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.

Part 1 Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see page 3)	1	23,452.		
2	Social security taxes. Multiply line 1 by 12.4% (.124)			2	2,908.
3	Total cash wages subject to Medicare taxes (see page 3)	3	23,452.		
4	Medicare taxes. Multiply line 3 by 2.9% (.029)			4	680.
5	Federal income tax withheld, if any			5	
6	Total social security, Medicare, and income taxes (add lines 2, 4, and 5)			6	3,588.
7	Advance earned income credit (EIC) payments, if any			7	
8	Net taxes (subtract line 7 from line 6)			8	3,588.

9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2001 or 2002 to household employees? (Do not count cash wages paid in 2001 or 2002 to your spouse, your child under age 21, or your parent.)

- No. Stop. Enter the amount from line 8 above on Form 1040, line 60. If you are not required to file Form 1040, see the line 9 instructions on page 4.
 Yes. Go to line 10 on page 2.

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

Schedule H (Form 1040) 2002

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 2002 by April 15, 2003? 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	IL	
14 State reporting number as shown on state unemployment tax return	4239859	
15 Contributions paid to your state unemployment fund (see page 4)	15 54.	
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	20 432.	
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	3,588.
27 Add line 17 (or line 25) and line 26	27	3,644.

28 Are you required to file Form 1040?
 Yes. Stop. Enter the amount from line 27 above on Form 1040, line 60. 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 _____

FORM 1040 PERSONAL EXEMPTION WORKSHEET STATEMENT 1

1.	IS THE AMOUNT ON FORM 1040, LINE 36, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS? NO. STOP. MULTIPLY \$3,000 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 40. YES. GO TO LINE 2.		
2.	MULTIPLY \$3,000 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D		12,000.
3.	ENTER THE AMOUNT FROM FORM 1040, LINE 36	259,394.	
4.	ENTER THE AMOUNT FOR YOUR FILING STATUS	206,000.	
	MARRIED FILING SEPARATE	\$103,000	
	SINGLE	\$137,300	
	HEAD OF HOUSEHOLD	\$171,650	
	MARRIED FILING JOINT OR WIDOW(ER)	\$206,000	
5.	SUBTRACT LINE 4 FROM LINE 3	53,394.	
	IF LINE 5 IS MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATE) ENTER ZERO ON FORM 1040, LINE 40.		
6.	DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MFS)	22.	
7.	MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL	0.44	
8.	MULTIPLY LINE 2 BY LINE 7		5,280.
9.	SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE 40.		6,720.

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	69,287.	13,647.	2,019.		4,296.	1,005.
T	STATE OF ILLINOIS COMPTROLLER	58,187.	7,146.	1,686.			954.
S	UNIVERSITY OF CHICAGO HOSPITALS	98,826.	31,925.	2,965.		5,264.	1,433.
TOTALS		226,300.	52,718.	6,670.		9,560.	3,392.

BARACK H & MICHELLE L OBAMA

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 3

DESCRIPTION	AMOUNT
THE UNIVERSITY OF CHICAGO	2,019.
STATE OF ILLINOIS COMPTROLLER	1,686.
UNIVERSITY OF CHICAGO HOSPITALS	2,965.
ILLINOIS PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	2,579.
TOTAL TO SCHEDULE A, LINE 5	9,249.

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 4

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
MISCELLANEOUS ORGANIZED CHARITIES	1,050.	
SUBTOTALS	1,050.	
TOTAL TO SCHEDULE A, LINE 15		1,050.

SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT	5
1.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27		25,935.
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		25,935.
4.	MULTIPLY LINE 3 ABOVE BY 80% (.80)	20,748.	
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 36.	259,394.	
6.	ENTER: \$137,300 (\$68,650 IF MARRIED FILING SEPARATELY)	137,300.	
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	122,094.	
8.	MULTIPLY LINE 7 ABOVE BY 3% (.03)	3,663.	
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8		3,663.
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28		22,272.

SCHEDULE SE	NON-FARM INCOME	STATEMENT	6
DESCRIPTION		AMOUNT	
FROM SCHEDULE C		34,491.	
TOTAL TO SCHEDULE SE, LINE 2		34,491.	

Two-Year Comparison Worksheet

2002

Name(s) as shown on return

BARACK H & MICHELLE L OBAMA

Social security number

2001 Filing Status MARRIED FILING JOINT

2002 Filing Status MARRIED FILING JOINT

2001 Tax Bracket 0.0%

2002 Tax Bracket 35.0%

Description	Tax Year 2001	Tax Year 2002	Increase (Decrease)
WAGES, SALARIES, AND TIPS	176,965.	226,300.	49,335.
SCHEDULE B - TAXABLE INTEREST	0.	33.	33.
SCH. C/C-EZ (BUSINESS INCOME/LOSS)	98,158.	34,491.	-63,667.
TOTAL INCOME	275,123.	260,824.	-14,299.
ONE-HALF OF SELF-EMPLOYMENT TAX	2,364.	1,430.	-934.
TOTAL ADJUSTMENTS	2,364.	1,430.	-934.
ADJUSTED GROSS INCOME	272,759.	259,394.	-13,365.
TAXES	8,728.	13,673.	4,945.
INTEREST (DEDUCTIBLE)	11,439.	11,212.	-227.
CONTRIBUTIONS	1,470.	1,050.	-420.
TOTAL ITEMIZED DEDUCTIONS	17,443.	22,272.	4,829.
INCOME BEFORE EXEMPTIONS	255,316.	237,122.	-18,194.
PERSONAL EXEMPTIONS	4,872.	6,720.	1,848.
TAXABLE INCOME	250,444.	230,402.	-20,042.
TAX	79,046.	62,454.	-16,592.
TAX BEFORE CREDITS	79,046.	62,454.	-16,592.
TAX AFTER NON-REFUNDABLE CREDITS	79,046.	62,454.	-16,592.
SCHEDULE SE (SELF-EMPLOYMENT TAX)	4,729.	2,860.	-1,869.
SCH. H (HOUSEHOLD EMPLOYMENT TAX)	2,297.	3,644.	1,347.
TOTAL TAX	86,072.	68,958.	-17,114.
FEDERAL INCOME TAX WITHHELD	31,784.	52,718.	20,934.
ESTIMATED TAX PAYMENTS	10,200.	0.	-10,200.
TOTAL PAYMENTS	41,984.	52,718.	10,734.
FORM 2210/2210F (EST. TAX PENALTY)	0.	347.	347.
BALANCE DUE (INCLUDING 2210/2210F)	44,088.	16,587.	-27,501.