Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 2001 (99) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2001, or other tax year beginning , 2001, ending , 20 OMB No. 1545-0074

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

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.	
City, town or post office, state, and ZIP code. If you have a foreign address, see page 19. Chicago, IL 60615		

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? ▷ You ☑ Yes ☐ No Spouse ☑ Yes ☐ No

Filing Status Check only one box.

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). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ▷
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▷). (See page 19.)

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
b ☑ Spouse

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

c Dependents:

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit (see page 20)
Malia A. Obama		daughter	☐
Natasha M. Obama		daughter	☐
			☐
			☐
			☐
			☐

If more than six dependents, see page 20.

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

Dependents on 6c not entered above:

d Total number of exemptions claimed — Add numbers entered on lines above ▷ 4

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.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	176,965
8a	Taxable interest. Attach Schedule B if required	8a	
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 (see page 22)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	98,158
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	Total IRA distributions — 15a — b Taxable amount (see page 23)	15b	
16a	Total pensions and annuities — 16a — b Taxable amount (see page 23)	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 25)	20b	
21	Other income. List type and amount (see page 27)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▷	22	275,123

Adjusted Gross Income

23	IRA deduction (see page 27)	23		
24	Student loan interest deduction (see page 28)	24		
25	Archer MSA deduction. Attach Form 8853	25		
26	Moving expenses. Attach Form 3903	26		
27	One-half of self-employment tax. Attach Schedule SE	27	2,364	
28	Self-employed health insurance deduction (see page 30)	28		
29	Self-employed SEP, SIMPLE, and qualified plans	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▷	31a		
32	Add lines 23 through 31a	32		2,364
33	Subtract line 32 from line 22. This is your adjusted gross income ▷	33		272,759

Tax and Credits

Standard Deduction for—
- People who checked any box on line 35a or 35b or who can be claimed as a dependent, see page 31.
- All others: Single, $4,550; Head of household, $6,650; Married filing jointly or Qualifying widow(er), $7,600; Married filing separately, $3,800

34	Amount from line 33 (adjusted gross income)		34	272,759
35a	Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ 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 ☐			
36	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		36	17,443
37	Subtract line 36 from line 34		37	255,316
38	If line 34 is $99,725 or less, multiply $2,900 by the total number of exemptions claimed on line 6d. If line 34 is over $99,725, see the worksheet on page 32		38	4,872
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-		39	250,444
40	Tax (see page 33). Check if any tax is from a ☐ Form(s) 8814 b ☐ Form 4972		40	79,046
41	Alternative minimum tax (see page 34). Attach Form 6251		41	0
42	Add lines 40 and 41 ▷		42	79,046
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	Rate reduction credit. See the worksheet on page 36	47		
48	Child tax credit (see page 37)	48		
49	Adoption credit. Attach Form 8839	49		
50	Other credits from: a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify)	50		
51	Add lines 43 through 50. These are your total credits		51	
52	Subtract line 51 from line 42. If line 51 is more than line 42, enter -0- ▷		52	79,046

Other Taxes

53	Self-employment tax. Attach Schedule SE		53	4,729
54	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		54	
55	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required		55	
56	Advance earned income credit payments from Form(s) W-2		56	
57	Household employment taxes. Attach Schedule H		57	2,297
58	Add lines 52 through 57. This is your total tax ▷		58	86,072

Payments

If you have a qualifying child, attach Schedule EIC.

59	Federal income tax withheld from Forms W-2 and 1099	59	31,784	
60	2001 estimated tax payments and amount applied from 2000 return	60	10,200	
61a	Earned income credit (EIC)	61a		
b	Nontaxable earned income 61b			
62	Excess social security and RRTA tax withheld (see page 51)	62		
63	Additional child tax credit. Attach Form 8812	63		
64	Amount paid with request for extension to file (see page 51)	64		
65	Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136	65		
66	Add lines 59, 60, 61a, and 62 through 65. These are your total payments ▷		66	41,984

Refund

Direct deposit? See page 51 and fill in 68b, 68c, and 68d.

67	If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid	67	
68a	Amount of line 67 you want refunded to you ▷	68a	
▷ b	Routing number ▷ c Type: ☐ Checking ☐ Savings		
▷ d	Account number		
69	Amount of line 67 you want applied to your 2002 estimated tax ▷ 69		

Amount You Owe

70	Amount you owe. Subtract line 66 from line 58. For details on how to pay, see page 52 ▷	70	44,088
71	Estimated tax penalty. Also include on line 70 71		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 53)? ☐ Yes. Complete the following ☑ No

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

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	Date	Your occupation	Daytime phone number
Barack Obama	4/13/02	Attorney/State Senator	
Spouse's signature. If a joint return, both must sign.	**Date**	**Spouse's occupation**	
Michelle Obama	4/13/02	Hospital Administrator	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code		EIN	
		Phone no. ( )	

SCHEDULES A&B (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Schedule A— Itemized Deductions

(Schedule B is on back)

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

OMB No. 1545-0074

2001

Attachment Sequence No. 07

Name(s) shown on Form 1040: Barack H. & Michelle L. Obama

Your social security number

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 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	0
Taxes You Paid (See page A-2.)	5	State and local income taxes	5	5,189		
	6	Real estate taxes (see page A-2)	6	3,539		
	7	Personal property taxes	7			
	8	Other taxes. List type and amount ▷	8			
	9	Add lines 5 through 8			9	8,728
Interest You Paid (See page A-3.)	10	Home mortgage interest and points reported to you on Form 1098	10	11,439		
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ▷	11			
Note. Personal interest is not deductible.	12	Points not reported to you on Form 1098. See page A-3 for special rules	12			
	13	Investment interest. Attach Form 4952 if required. (See page A-3.)	13			
	14	Add lines 10 through 13			14	11,439
Gifts to Charity	15	Gifts by cash or check. If you made any gift of $250 or more, see page A-4	15	1,470		
If you made a gift and got a benefit for it, see page A-4.	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	1,470
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	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			
(See page A-5 for expenses to deduct here.)	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	0
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 $132,950 (over $66,475 if married filing separately)? ☐ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36. ☐ Yes. Your deduction may be limited. See page A-6 for the amount to enter. ▷			28	17,443

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Cat. No. 11330X

Schedule A (Form 1040) 2001

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 1041. ▷ See instructions on back.

OMB No. 1545-0074

2001

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:

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

And You:

- Had no employees during the year.
- 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.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

A Principal business or profession, including product or service: Legal services/attorney

B Enter code from pages C-7 & 8: ▷ 5 4 1 1 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.
c/o Miner, Barnhill & Galland, 14 West Erie Street

City, town or post office, state, and ZIP code
Chicago, IL 60610

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 ▷ ☐	1	98,158
2	**Total expenses.** If more than $2,500, you must use Schedule C. See instructions	2	
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	98,158

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 2001, 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 personal 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)	Social security number of person with self-employment income ▷
Barack H. Obama	

Section B—Long Schedule SE

Part I Self-Employment Tax

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

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

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), 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-3		2	98,158
3	Combine lines 1 and 2		3	98,158
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3		4a	90,649
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	90,649
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	90,649
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 2001		7	80,400 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 63,465		
b	Unreported tips subject to social security tax (from Form 4137, line 9)	8b		
c	Add lines 8a and 8b		8c	63,465
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▷		9	16,935
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)		10	2,100
11	Multiply line 6 by 2.9% (.029)		11	2,629
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Form 1040, line 53**		12	4,729
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (.5). Enter the result here and on **Form 1040, line 27**	13 2,364		

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	14	1,600	00
15 Enter the **smaller** of: two-thirds (⅔) 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: • 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	16		
17 Enter the **smaller** of: two-thirds (⅔) 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.

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

2001

Attachment Sequence No. 44

Name of employer: Barack H. Obama

Social security number

Employer identification number

A Did you pay any one household employee cash wages of $1,300 or more in 2001? (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 2001 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 2000 or 2001 to household employees? (**Do not** count cash wages paid in 2000 or 2001 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 I Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see page 3)	1 14,267		
2	Social security taxes. Multiply line 1 by 12.4% (.124)		2	1,769
3	Total cash wages subject to Medicare taxes (see page 3)	3 14,267		
4	Medicare taxes. Multiply line 3 by 2.9% (.029)		4	414
5	Federal income tax withheld, if any		5	
6	**Total social security, Medicare, and income taxes** (add lines 2, 4, and 5)		6	2,183
7	Advance earned income credit (EIC) payments, if any		7	
8	Net taxes (subtract line 7 from line 6)		8	2,183

9 Did you pay **total** cash wages of $1,000 or more in any calendar quarter of 2000 or 2001 to household employees? (**Do not** count cash wages paid in 2000 or 2001 to your spouse, your child under age 21, or your parent.)

☐ No. **Stop.** Enter the amount from line 8 above on Form 1040, line 57. 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?	10	✓	
11	Did you pay all state unemployment contributions for 2001 by April 15, 2002? Fiscal year filers, see page 4	11	✓	
12	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12	✓	

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 ▷ Illinois			
14	State reporting number as shown on state unemployment tax return ▷ IL ?			
15	Contributions paid to your state unemployment fund (see page 4)	15 599		
16	Total cash wages subject to FUTA tax (see page 4)		16	14,267
17	FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26		17	114

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 From	(d) To	(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-.	(i) Contributions paid to state unemployment fund

19	Totals	19		
20	Add columns (h) and (i) of line 19	20		
21	Total cash wages subject to FUTA tax (see the line 16 instructions on page 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 IV Total Household Employment Taxes

26	Enter the amount from line 8		26	2,183
27	Add line 17 (or line 25) and line 26		27	2,297

28 Are you required to file Form 1040?

☑ Yes. Stop. Enter the amount from line 27 above on Form 1040, line 57. **Do not** complete Part IV below.

☐ No. You may have to complete Part IV. See page 4 for details.

Part V 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 **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax— Individuals

▷ See separate instructions.

▷ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0227

2001

Attachment Sequence No. 32

Name(s) shown on Form 1040

Your social security number

Part I Alternative Minimum Taxable Income

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	
3	Taxes. Enter the amount from Schedule A (Form 1040), line 9	3	8,728
4	Certain interest on a home mortgage not used to buy, build, or improve your home	4	1,172
5	Miscellaneous itemized deductions. Enter the amount from Schedule A (Form 1040), line 26	5	
6	Refund of taxes. Enter any tax refund from Form 1040, line 10 or line 21	6	( )
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 income from private activity bonds issued after August 7, 1986	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	
15	Total adjustments and preferences. Combine lines 1 through 14 — 15: 9,900		
16	Enter the amount from Form 1040, line 37. If less than zero, enter as a (loss) — 16: 255,316		
17	Enter as a positive amount any net operating loss deduction from Form 1040, line 21 — 17:		
18	If Form 1040, line 34, is over $132,950 (over $66,475 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: (4,194)		
19	Combine lines 15 through 18	19	269,410
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 $173,000, see page 7 of the instructions.)	21	269,410

Part II 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 — $35,750		
	Married filing jointly or qualifying widow(er) — 150,000 — 49,000	22	49,000
	Married filing separately — 75,000 — 24,500		
	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	220,410
24	Go to Part III of Form 6251 to figure line 24 if you reported capital gain distributions directly on Form 1040, line 13, or you had a gain on both lines 16 and 17 of Schedule D (Form 1040) (as refigured for the AMT, if necessary). 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	58,215
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	58,215
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	79,046
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	

Tax the Electronic Way!

www.IL.tax.com

Illinois Department of Revenue

2001 Form IL-1040

Individual Income Tax Return

or for fiscal year ending _____ 2002

Do not write above this line.

Step 1: Complete your personal information

A Write your Social Security numbers in the order they appear on your federal return.

[illegible]-00-0000 — Your Social Security number

[illegible]-00-[illegible] — Your spouse's Social Security number

B Place your label or print your personal information below.

Barack H.	Obama
Your first name and initial	Your last name
Michelle L.	Obama
Your spouse's first name and initial	Your spouse's last name (if different)
5450-1 S. East View Park	
Mailing address	
Chicago	IL	60615
City	State	ZIP

C Check the same filing status you checked on your federal return.

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

D Check the box in the barn if at least two-thirds of your federal gross income came from farming. ☐

Step 2: Figure your income

1 Write your federal adjusted gross income from your U.S. 1040, Line 33; U.S. 1040A, Line 19; U.S. 1040EZ, Line 4; or U.S. TeleFile worksheet, Line I. — 1 $272,759.00

2 Write your federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b. — 2 $0.00

3 Write any other additions to your income that are taxable in Illinois. See the instructions for details. Specify your additions. _____ — 3 _____

4 Add Lines 1 through 3. This is your income. — 4 $272,759.00

Attach

Step 3: Figure your base income

Federal Page 1 Form W-2 1099-R

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 _____

Military W-2

6 Write the military pay you earned if it is included in Step 2, Line 1. — 6 _____

7 Write your Illinois Income Tax refund if it is included in Line 10 of your U.S. 1040. — 7 _____

See instructions

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 _____

See instructions

9 Write any other subtractions to your income. See Line 9 instructions and our Publication 101 for details. **Do not** include your out-of-state income. Specify your subtractions. _____ — 9 _____

10 Add Lines 5 through 9. This is your total subtractions. — 10 $0.00

11 Subtract Line 10 from Line 4. This is your Illinois base income. — 11 $272,759.00

Step 4: Figure your exemption allowance

See instructions before completing this step.

12 a Write the number of exemptions from your federal return. [4] X $2,000 a $8,000.00

b If someone else claimed you on their return, see Line 12 instructions to figure the number to write here. ☐ X $2,000 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 $8,000.00

Step 5: Figure your net income

Attach

13 *Residents only:* Subtract Line 12 from Line 11. This is your net income. Write your net income here and on Line 15. *Skip Line 14.* — 13 $264,759.00

Schedule NR

14 *Nonresidents and part-year residents only:*

Check the box that applies to you during the year 2001. ☐ Nonresident ☐ Part-year resident

Complete Illinois Schedule NR, and write your Illinois income from Step 5, Line 45. — 14 _____

Staple W2, W-2-G, and 1099-R forms here.

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0055

IL-1040 front (R-03/02)

Step 6: Figure your tax

15 *Residents:* Write your net income from Line 13. 15 $264,759.00

16 *Residents:* Multiply Line 15 by 3% (.03). Write the result on Line 16. This is your tax.
Nonresidents and part-year residents: Write the tax from Schedule NR, Step 5, Line 51. 16 $7,942.77

Attach

Step 7: Figure your payments and credits

W-2's (Attach to front)

17 Write the total amount of Illinois Income Tax that was withheld from your pay as shown on your W-2 forms, generally found in Box 17. 17 $5,188.98

18 Write any estimated payments you made with Forms IL-1040-ES and IL-505-I. Include any credit from your 2000 overpayment. 18

Schedule CR Other states' returns and required schedules

19 If you paid income tax to another state, complete Illinois Schedule CR and write the amount from Line 8 of that schedule here. 19

20 If you paid Illinois Property Tax, complete the PT Worksheet in instructions.
Write PT Worksheet Line 3 amount here. 20a $3,539.02
Write PT Worksheet Line 8 amount here. 20b $176.95

Receipt or Schedule ED

21 If you paid education expenses, see instructions. Write Schedule ED or
ED Worksheet Line 1 amount here. 21a
Write Schedule ED or ED Worksheet Line 10 amount here. 21b

22 If you received a federal EIC, complete the EIC Worksheet in instructions.
Write EIC Worksheet Line 1 amount here. 22a
Write EIC Worksheet Lines 9 or 12 amount here. 22b

Schedule 1299-C

23 If you completed Illinois Schedule 1299-C, write the amount from Section II, Part X, Line 49. 23

24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is your total payments and credits. 24 $5,365.93

Step 8: Figure your overpayment or your tax due

25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment. 25

26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due. 26 $2,576.84

Step 9: Figure your penalty

Attach

27 Write your late-payment penalty for underpayment of estimated tax from Form IL-2210, Line 28. 27

Form IL-2210

Check the box if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. ☐

Step 10: Figure your donations *Any donation will reduce your refund or increase the amount you owe.*

28 Write the amount you wish to donate to one or more of the following voluntary contribution funds.

Wildlife Preservation	a	Breast Cancer Research	e
Child Abuse Prevention	b	Prostate Cancer Research	f $100.00
Alzheimer's Research	c	World War II Memorial	g
Homeless Assistance	d	Korean War Fund	h

Add Lines a through h. This is your total voluntary contributions 28 $100.00

29 Add Line 27 and Line 28. This is your total penalty and donations. 29 $100.00

Step 11: Figure your refund or the amount you owe

30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. 30

31 Write the amount from Line 30 that you want applied to your 2002 estimated tax. 31

32 Subtract Line 31 from Line 30. This is your refund. 32

Direct Deposit See Instructions

33 Direct deposit your refund by completing the following information.
Routing number Type of account ☐ Checking ☐ Savings
Account number

Payment Options See Instructions

34 If you have tax due on Line 26, add Lines 26 and 29. **Or**
If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the amount you owe. 34 $2,676.84

Step 12: Sign and date your return

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Your signature 4/13/02 Date — Daytime phone number — Your spouse's signature Michelle Obama 4/13/02 Date

Paid preparer's signature Date Preparer's phone number Preparer's FEIN, SSN, or PTIN

If you use a preparer and want a booklet next year, check the box. ☐

If no payment is enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0001

If payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001