

2004 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

**TAXPAYER'S
COPY**

FOR THE YEAR ENDING
December 31, 2004

Prepared for	Barack H & Michelle L Obama 125 S. Wacker Drive - Suite 2800 Chicago, IL 60606-4475												
Prepared by	Lawrence A. Horwich & Associates, P.C. 125 S. Wacker Drive - Suite 2800 Chicago, IL 60606-4475												
Amount of tax	<table> <tr> <td>Total tax</td> <td>\$</td> <td>40,426</td> </tr> <tr> <td>Less: payments and credits</td> <td>\$</td> <td>46,628</td> </tr> <tr> <td>Plus: interest and penalties</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Overpayment</td> <td>\$</td> <td>6,202</td> </tr> </table>	Total tax	\$	40,426	Less: payments and credits	\$	46,628	Plus: interest and penalties	\$	0	Overpayment	\$	6,202
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Less: payments and credits	\$	46,628											
Plus: interest and penalties	\$	0											
Overpayment	\$	6,202											
Overpayment	<table> <tr> <td>Miscellaneous Donations</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Credited to your estimated tax</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Refunded to you</td> <td>\$</td> <td>6,202</td> </tr> </table>	Miscellaneous Donations	\$	0	Credited to your estimated tax	\$	0	Refunded to you	\$	6,202			
Miscellaneous Donations	\$	0											
Credited to your estimated tax	\$	0											
Refunded to you	\$	6,202											
Make check payable to	Not applicable												
Mail tax return and check (if applicable) to	Internal Revenue Service Center Kansas City, MO 64999-0002												
Return must be mailed on or before	April 15, 2005												
Special Instructions	<p>The return should be signed and dated.</p> <p>Your refund will be deposited directly into your bank account.</p>												

Form 1040

U.S. Individual Income Tax Return

2004

(99)

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

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign (See page 16.)	L A B E L H E R E	For the year Jan. 1-Dec. 31, 2004, or other tax year beginning		2004, ending		20		OMB No. 1545-0074	
		Your first name and initial		Last name		Your social security number			
		BARACK H		OBAMA					
		If a joint return, spouse's first name and initial		Last name		Spouse's social security number			
MICHELLE L		OBAMA							
Home address (number and street). If you have a P.O. box, see page 16.		Apt. no.		1		A Important! A		You must enter your SSN(s) above.	
Only town or post office, state, and ZIP code. If you have a foreign address, see page 16		CHICAGO, IL		60615					
Note. Checking "Yes" will not change your tax or reduce your refund.		You		Spouse					
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? >		X Yes		No		X Yes		No	
Filing Status		1 Single		4 Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. >					
2 X Married filing jointly (even if only one had income)									
3 Married filing separately. Enter spouse's SSN above and full name here. >									
5 Qualifying widow(er) with dependent child (see page 17)									
Exemptions		6a X Yourself. If someone can claim you as a dependent, do not check box 6a				Boxes checked on 6a and 6b		2	
b X Spouse						No. of children on 6c who:		2	
c Dependents:		(1) First name		Last name		(2) Dependent's social security number		(3) Dependent's relationship to you	
MALIA A OBAMA								DAUGHTER	
NATASHA M OBAMA								DAUGHTER	
If more than four dependents, see page 18.								X	
d Total number of exemptions claimed						Add numbers on lines above		4	
Income		7 Wages, salaries, tips, etc. Attach Form(s) W-2				7		207,342.	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld		8a Taxable interest. Attach Schedule B if required				8a			
		b Tax-exempt interest. Do not include on line 8a		8b					
		9a Ordinary dividends. Attach Schedule B if required				9a			
		b Qualified dividends (see page 20)		9b					
		10 Taxable refunds, credits, or offsets of state and local income taxes		STMT 1 STMT 2		10		305.	
		11 Alimony received				11			
		12 Business income or (loss). Attach Schedule C or C-EZ				12			
If you did not get a W-2, see page 19.		13 Capital gain or (loss). Attach Schedule D if required. If not required, check here >		X		13			
		14 Other gains or (losses). Attach Form 4797				14			
Enclose, but do not attach, any payment. Also, please use Form 1040-V		15a IRA distributions		15a		b Taxable amount (see page 22)		15b	
		16a Pensions and annuities		16a		b Taxable amount (see page 22)		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 24)		20b	
		21 Other income. List type and amount (see page 24)				21			
		22 Add the amounts in the far right column for lines 7 through 21. This is your total income >				22		207,647.	
		23 Educator expenses (see page 28)		23					
		24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ		24					
Adjusted Gross Income		25 IRA deduction (see page 26)		25					
		26 Student loan interest deduction (see page 28)		26					
		27 Tuition and fees deduction (see page 29)		27					
		28 Health savings account deduction. Attach Form 8889		28					
		29 Moving expenses. Attach Form 3903		29					
		30 One-half of self-employment tax. Attach Schedule SE		30					
		31 Self-employed health insurance deduction (see page 30)		31					
		32 Self-employed SEP, SIMPLE, and qualified plans		32					
		33 Penalty on early withdrawal of savings		33					
		34a Alimony paid b Recipient's SSN >		34a					
		35 Add lines 23 through 34a				35			
		36 Subtract line 35 from line 22. This is your adjusted gross income >				36		207,647.	

Tax and Credits**Standard Deduction for -**

☐ People who checked any box on lines 58a or 58b of who can be claimed as a dependent.

☐ All others:
Single or married filing separately, \$4,850

Married filing jointly or qualifying widow(er), \$9,700

Head of household, \$7,150

37	Amount from line 36 (adjusted gross income)	37	207,647.
38a	Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 38a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here <input type="checkbox"/> 38b		
39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	25,028.
40	Subtract line 39 from line 37	40	182,619.
41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33	41	12,400.
42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	170,219.
43	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	37,619.
44	Alternative minimum tax. Attach Form 6251	44	
45	Add lines 43 and 44	45	37,619.
46	Foreign tax credit. Attach Form 1116 if required	46	
47	Credit for child and dependent care expenses. Attach Form 2441	47	700.
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see page 37)	51	
52	Adoption credit. Attach Form 8839	52	
53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53	
54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54	
55	Add lines 46 through 54. These are your total credits	55	700.
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	36,919.
57	Self-employment tax. Attach Schedule SE	57	
58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Advance earned income credit payments from Form(s) W-2	60	
61	Household employment taxes. Attach Schedule H	61	3,507.
62	Add lines 56 through 61. This is your total tax	62	40,426.

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

63	Federal income tax withheld from Forms W-2 and 1099	63	46,628.
64	2004 estimated tax payments and amount applied from 2003 return	64	
65a	Earned income credit (EIC)	65a	
b	Nontaxable combat pay election <input type="checkbox"/> 65b		
66	Excess social security and tier 1 RRTA tax withheld (see page 54)	66	
67	Additional child tax credit. Attach Form 8812	67	
68	Amount paid with request for extension to file (see page 54)	68	
69	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	46,628.

Refund

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	6,202.
72a	Amount of line 71 you want refunded to you	72a	6,202.
b	Routing number <input type="checkbox"/> C Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Account number		
73	Amount of line 71 you want applied to your 2005 estimated tax	73	

Amount**You Owe**

74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	
75	Estimated tax penalty (see page 55)	75	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? ☒ Yes. Complete the following. ☐ No

Sign Here

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

Preparer's name PREPARER	Phone no.	Personal identification number (PIN)
Your signature TAXPAYER'S COPY	Date	Your occupation ATTORNEY/STATE SENATOR
Spouse's signature, if a joint return. You must sign.	Date	Spouse's occupation HOSPITAL ADMINISTRATOR

Paid**Preparer's****Use Only**

Preparer's signature Lawrence A. Horwich	Date 3/2/05	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
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			

Child Tax Credit Worksheet (keep for your records)

Name(s): First

BARACK H & MICHELLE L

Last

OBAMA

Your SSN

Part 1

1. Number of qualifying children: 2 X \$1,000. Enter the result. 1 2,000.
2. Enter the amount from Form 1040, line 37, or Form 1040A, line 22. 2 207,647.
3. 1040 filers: Enter the total of any-
 - Exclusion of income from Puerto Rico, and
 - Amounts from Form 2555, lines 43 and 48; Form 2555-EZ, line 18; and Form 4563, line 15.
 1040A filers: Enter -0-. 3 0.
4. Add lines 2 and 3. Enter the total. 4 207,647.
5. Enter the amount shown below for your filing status.
 - Married filing jointly - \$110,000
 - Single, head of household, or qualifying widow(er) - \$75,000
 - Married filing separately - \$55,0005 110,000.
6. Is the amount on line 4 more than the amount on line 5?
 - ☐ No. Leave line 6 blank. Enter -0- on line 7.
 - ☒ Yes. Subtract line 5 from line 4. 6 98,000.
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).
7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7 4,900.
8. Is the amount on line 1 more than the amount on line 7?
 - ☒ No. **STOP**
 - ☐ Yes. Subtract line 7 from line 1. Enter the result. 8
 You cannot take the child tax credit on Form 1040, line 51, or Form 1040A, line 33.

Part 2

9. Enter the amount from Form 1040, line 45, or Form 1040A, line 28. 9
10. 1040 filers: Enter the total of the amounts from lines 46 through 50. 10
- 1040A filers: Enter the total of the amounts from lines 29 through 32. 10
11. Are you claiming any of the following credits?
 - Adoption credit, Form 8839
 - Mortgage interest credit, Form 8396
 - District of Columbia first-time homebuyer credit, Form 8859☐ No. Enter the amount from line 10. 11
☐ Yes. Complete the Line 11 Worksheet to figure the amount to enter here. 11
12. Subtract line 11 from line 9. Enter the result. 12
13. Is the amount on line 8 of this worksheet more than the amount on line 12?
 - ☐ No. Enter the amount from line 8. 13
 - ☐ Yes. Enter the amount from line 12. 13
 This is your child tax credit.

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (03)
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. 1545-0071

2004

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)
2 Enter amount from Form 1040, line 37
3 Multiply line 2 by 7.5% (.075)
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

1
2
3
4

**Taxes You
Paid**

(See
page A-2.)

- 5 State and local (check only one box):

- a ☒ Income taxes, or
b ☐ General sales taxes (see page A-2) }

- 6 Real estate taxes (see page A-3)
7 Personal property taxes
8 Other taxes. List type and amount

5 6,135.
6 3,946.
7
8

▶

- 9 Add lines 5 through 8

9

10,081.

**Interest
You Paid**

(See
page A-3.)

Note:
Personal
interest is
not
deductible.

- 10 Home mortgage interest reported to you on Form 1098
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-4 and show that person's name,
identifying no., and address

10 14,395.

▶

- 12 Points not reported to you on Form 1098. See page A-4
for special rules
13 Investment interest. Attach Form 4952 if required. (See page A-4.)
14 Add lines 10 through 13

11
12
13

14,395.

**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

SEE STATEMENT 4

15 2,500.

- 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

2,500.

**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.
Attach Form 2106 or 2106-EZ if required. (See page A-6.)

▶ UNION AND PROFESSIONAL DUES

229.

20 229.

- 21 Tax preparation fees

21 881.

- 22 Other expenses - investment, safe deposit box, etc. List type and amount

22

(See
page A-5.)

▶

- 23 Add lines 20 through 22

23 1,110.

- 24 Enter amount from Form 1040, line 37

24 207,647.

24

- 25 Multiply line 24 by 2% (.02)

25 4,153.

- 26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-

26

0.

- 27 Other - from list on page A-6. List type and amount

27

**Other
Miscellaneous
Deductions**

**Total
Itemized
Deductions**

- 28 Is Form 1040, line 37, over \$142,700 (over \$71,350 if married filing separately)?

STMT 5

- ☐ 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 39.

- ☒ Yes. Your deduction may be limited. See page A-6 for the amount to enter

28

25,028.

419501
12-30-04

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

Schedule A (Form 1040) 2004

Child and Dependent Care Expenses

OMB No. 1545-0088

2004
Attachment
Sequence No. 21

▶ Attach to Form 1040.
▶ See separate instructions.

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

Part I Persons or Organizations Who Provided the Care - You must complete this part.
(If you need more space, use the bottom of page 2.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
	SONJA HAWES	CHICAGO, IL 60604		17,550.
	MARLENE BUSHNELL	634 EAST 53RD ST, CHICAGO, IL 60637		5,388.

Did you receive dependent care benefits?

No

Yes

Complete only Part II below.

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 61.

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 2004 for the person listed in column (a)
First	Last		
MALIA A	OBAMA		11,469.
NATASHA M	OBAMA		11,469.

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 32

COL (C) LIMITED 3 3,500.

4 Enter your earned income. See instructions

4 85,432.

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

5 121,910.

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

6 3,500.

7 Enter the amount from Form 1040, line 37

7 207,647.

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

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

8 x .20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2003 expenses in 2004, see the instructions

9 700.

10 Enter the amount from Form 1040, line 45, minus any amount on Form 1040, line 46

10 37,619.

11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 47

11 700.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2441 (2004)

Part III Dependent Care Benefits

12 Enter the total amount of dependent care benefits you received in 2004. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	2,500.
13 Enter the amount forfeited, if any (see the instructions)	13	
14 Subtract line 13 from line 12	14	2,500.
15 Enter the total amount of qualified expenses incurred in 2004 for the care of the qualifying person(s)	15	22,938.
16 Enter the smaller of line 14 or 15	16	2,500.
17 Enter your earned income. See instructions	17	85,432.
18 Enter the amount shown below that applies to you. <input type="radio"/> 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). <input type="radio"/> If married filing separately, see the instructions for the amount to enter. <input type="radio"/> All others, enter the amount from line 17.	18	121,910.
19 Enter the smallest of line 16, 17, or 18	19	2,500.
20 Enter the amount from line 12 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0-	20	
21 Subtract line 20 from line 14	21	2,500.
22 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 18)	22	5,000.
23 Deductible benefits. Enter the smallest of line 19, 20, or 22. Also, include this amount on the appropriate line(s) of your return (see the instructions)	23	
24 Enter the smaller of line 19 or 22	24	2,500.
25 Enter the amount from line 23	25	
26 Excluded benefits. Subtract line 25 from line 24. If zero or less, enter -0-	26	2,500.
27 Taxable benefits. Subtract line 26 from line 21. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7. On the dotted line next to line 7, enter "DCB"	27	

To claim the child and dependent care credit,
complete lines 28-32 below.

28 Enter \$3,000 (\$6,000 if two or more qualifying persons)	28	6,000.
29 Add lines 23 and 26	29	2,500.
30 Subtract line 29 from line 28. If zero or less, stop. You cannot take the credit. Exception. If you paid 2003 expenses in 2004, see the instructions for line 9	30	3,500.
31 Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 29 above. Then, add the amounts in column (c) and enter the total here	31	20,438.
32 Enter the smaller of line 30 or 31. Also, enter this amount on line 3 on page 1 of this form and complete lines 4-11	32	3,500.

Form **2441** (2004)

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

2004

Attachment
Sequence No. 44

Name of employer

Social security number

Employer identification number

BARACK H OBAMA

- A** Did you pay any one household employee cash wages of \$1,400 or more in 2004? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-3 before you answer this question.)

☒ **Yes.** Skip lines B and C and go to line 1.
☐ **No.** Go to line B.

- B** Did you withhold Federal income tax during 2004 for any household employees?

☐ **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 2003 or 2004 to all household employees? (Do not count cash wages paid in 2003 or 2004 to your spouse, your child under age 21, or your parent.)

☐ **No.** Stop. Do not file this schedule.
☐ **Yes.** Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2004 do not have to complete this form for 2004.)

Part I Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see page H-3)	1	22,555.
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	2,797.
3	Total cash wages subject to Medicare taxes (see page H-3)	3	22,555.
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	654.
5	Federal income tax withheld, if any	5	
6	Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	6	3,451.
7	Advance earned income credit (EIC) payments, if any	7	
8	Net taxes (subtract line 7 from line 6)	8	3,451.

- 9** Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2003 or 2004 to household employees? (Do not count cash wages paid in 2003 or 2004 to your spouse, your child under age 21, or your parent.)

☐ **No.** Stop. Enter the amount from line 8 above on Form 1040, line 61. If you are not required to file Form 1040, see the line 9 instructions on page H-4.

☒ **Yes.** Go to line 10 on page 2.

U.S.A. For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule H (Form 1040) 2004

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state? (If you paid contributions to New York State, check "No.")	<input checked="" type="checkbox"/>	
11 Did you pay all state unemployment contributions for 2004 by April 15, 2005? Fiscal year filers, see page H-4	<input checked="" type="checkbox"/>	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	<input checked="" 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 H-4)	15	133.
16 Total cash wages subject to FUTA tax (see page H-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 H-4):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period	(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (e) by col. (f)	(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 H-4)	21	
22 Multiply line 21 by 6.2% (.062)	22	
23 Multiply line 21 by 5.4% (.054)	23	
24 Enter the smaller of line 20 or line 23 (New York State employers must use the worksheet in the separate instructions and check here) <input type="checkbox"/>	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	3,451.
27 Add line 17 (or line 25) and line 26	27	3,507.

28 Are you required to file Form 1040?

☒ Yes. Stop. Enter the amount from line 27 above on Form 1040, line 61. Do not complete Part IV below.☐ No. You may have to complete Part IV. See page H-4 for details.**Part IV Address and Signature - Complete this part only if required. See the line 28 instructions on page H-4.**

Address (number and street) or P.O. box if mail is not delivered to street address

Apt., room, or suite no.

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

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

Employer's signature

Date

BARACK H & MICHELLE L OBAMA

FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT

1

	2003	2002	2001
GROSS STATE/LOCAL INC TAX REFUNDS	305.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS ILLINOIS	305.		
TOTAL NET TAX REFUNDS	305.		

BARACK H & MICHELLE L OBAMA

FORM 1040		TAXABLE STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT	2
		2003	2002	2001	
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.		305.			
LESS: REFUNDS-NO BENEFIT DUE TO AMT					
1	NET REFUNDS FOR RECALCULATION	305.			
2	TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	26,995.			
3	DEDUCTION NOT SUBJ TO PHASEOUT				
4	NET REFUNDS FROM LINE 1	305.			
5	LINE 2 MINUS LINES 3 AND 4	26,690.			
6	MULTIPLY LINE 5 BY 80% (.80)	21,352.			
7	PRIOR YEAR AGI	238,327.			
8	ITEM. DED. PHASEOUT THRESHOLD	139,500.			
9	SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	98,827.			
10	MULTIPLY LINE 9 BY 3% (.03)	2,965.			
11	ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	23,725.			
12	ITEM DED. NOT SUBJ TO PHASEOUT				
13A	TOTAL ADJ. ITEMIZED DEDUCTIONS	23,725.			
13B	PRIOR YR. STD. DED. AVAILABLE	9,500.			
14	PRIOR YR. ALLOWABLE ITEM. DED.	24,030.			
15	SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	305.			
16	TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	305.			
17	ALLOWABLE PRIOR YR. ITEM. DED.	24,030.			
18	PRIOR YEAR STD. DED. AVAILABLE	9,500.			
19	SUBTRACT LINE 18 FROM LINE 17	14,530.			
20	LESSER OF LINE 16 OR LINE 19	305.			
21	PRIOR YEAR TAXABLE INCOME	205,025.			
22	AMOUNT TO INCLUDE ON FORM 1040, LINE 10				
	* IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20				
	* IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21				305.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2001					
TOTAL TO FORM 1040, LINE 10				305.	

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 3

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	32,144.	5,733.	934.		1,993.	466.
T STATE OF ILLINOIS COMPTROLLER	53,288.	5,811.	1,544.			874.
S UNIVERSITY OF CHICAGO HOSPITALS	121,910.	35,084.	3,657.		5,450.	1,783.
TOTALS	207,342.	46,628.	6,135.		7,443.	3,123.

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 4

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
MISCELLANEOUS ORGANIZED CHARITIES	2,500.	
SUBTOTALS	2,500.	
TOTAL TO SCHEDULE A, LINE 15		2,500.

SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 5
1.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27	26,976.
2.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 13, AND 19, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 27	0.
3.	IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28. IF YES, SUBTRACT LINE 2 FROM LINE 1	26,976.
4.	MULTIPLY LINE 3 ABOVE BY 80% (.80)	21,581.
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 36.	207,647.
6.	ENTER: \$142,700 (\$71,350 IF MARRIED FILING SEPARATELY)	142,700.
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	64,947.
8.	MULTIPLY LINE 7 ABOVE BY 3% (.03)	1,948.
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8	1,948.
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28	25,028.

Two-Year Comparison Worksheet

2004

Name(s) as shown on return

BARACK H & MICHELLE L OBAMA

Social security number

2003 Filing Status MARRIED FILING JOINT

2004 Filing Status MARRIED FILING JOINT

2003 Tax Bracket 0.0%

2004 Tax Bracket 28.0%

Description	Tax Year 2003	Tax Year 2004	Increase (Decrease)
WAGES, SALARIES, AND TIPS	238,327.	207,342.	-30,985.
TAXABLE REFUNDS OF STATE/LOCAL TAX	0.	305.	305.
TOTAL INCOME	238,327.	207,647.	-30,680.
ADJUSTED GROSS INCOME	238,327.	207,647.	-30,680.
TAXES	11,354.	10,081.	-1,273.
INTEREST (DEDUCTIBLE)	12,241.	14,395.	2,154.
CONTRIBUTIONS	3,400.	2,500.	-900.
TOTAL ITEMIZED DEDUCTIONS	24,030.	25,028.	998.
INCOME BEFORE EXEMPTIONS	214,297.	182,619.	-31,678.
PERSONAL EXEMPTIONS	9,272.	12,400.	3,128.
TAXABLE INCOME	205,025.	170,219.	-34,806.
TAX	49,104.	37,619.	-11,485.
TAX BEFORE CREDITS	49,104.	37,619.	-11,485.
FORM 2441 (CHILD CARE CREDIT)	700.	700.	
TAX AFTER NON-REFUNDABLE CREDITS	48,404.	36,919.	-11,485.
SCH. H (HOUSEHOLD EMPLOYMENT TAX)	3,452.	3,507.	55.
TOTAL TAX	51,856.	40,426.	-11,430.
FEDERAL INCOME TAX WITHHELD	53,381.	46,628.	-6,753.
TOTAL PAYMENTS	53,381.	46,628.	-6,753.
TAX OVERPAID	1,525.	6,202.	4,677.
AMOUNT REFUNDED	1,525.	6,202.	4,677.
ILLINOIS STATE RETURN			
TAXABLE INCOME	230,327.	199,342.	-30,985.
TAX	6,910.	5,980.	-930.
NON-REFUNDABLE CREDITS	184.	197.	13.
PAYMENTS	7,031.	6,135.	-896.
AMOUNT REFUNDED	305.	352.	47.