£1040		epartment of the Treasury - Internal Re J.S. Individual Income			(99)	IRS Use On	ly - Do no	t write o	or staple in this space	
Label	For t	ne year Jan. 1-Dec. 31, 2008, or other	tax year begin	ring	, 2008, en	iding			OMB No. 1545-00	74
	Your	first name and indial	Last name					You	r social security number	
netructions A	1	LLIAM J	CLINTO	N						
on page 14) E	J a jo	ന് return, spouse's first name and in-tial	Last name					Spo	use's social security num	ber
Use the IRS	H	LLARY RODHAM	CLINTO	N						
label. H	Hom	e address (number and street). If you ha	ave a P Q, box	. see page 14		Ä	рт по			
Otherwise, E. please print R	 							١.	You must enter	
please print R or type E								A	vour SSN(s) above.	
	City,	town or post office, state, and ZIP cod	e. If you have	a foreign address, see pa	ge 14			Che	ecking a box below will	not
Presidential		APPAOUA	NΥ			10514		cha	inge your lax or refund.	
Election Campa	ıign	 Check here if you, or your spo 	use if filing	jointly, want \$3 to go t	to this fund	(see page 14)	<u> </u>		X You X Spouse	
	1	Single		4 _	Head o	f household (with qua	lifying	person). (See page 15.)	۱f
Filing Statu	IS 2	X Married filing jointly (even	if only one t	nad income)	the qua	alifying person	is a chi	ld but	not your dependent, ent	ter
Check only	3	Married filing separately. E	nter spouse	s SSN above	this ch	ild's name here	e. 🕨	·		
one box.	<u>.</u>	and full name here.		5	Qualify	ing widow(er)	with de	pende	nt child (see page 16)	
	6 a	X Yourself. If someone can	claim you a	is a dependent, do not	t check box	к6а		.]	Boxes checked 2	<u>2 </u>
Exemptions	•	X Spouse		<u> </u>					No. of children on 6c who:	
	С	Dependents:		(2) Dependent's	1 122	Dependent's lationship to	(4) √ it e chilo for			
	(1) Fir	t name Last na	<u>me</u>	social security number	er	уоц	credii Ise		300 000 to 01401CE	
,		····	 .				<u> </u>		or separation (see page 18) ——	
If more than four							-		Dependents on 6c	
dependents, see page 17							 		not entered above	
page .,				<u>L</u>			<u> </u>		Add numbers on	\neg
	d	Total number of exemptions clai							lines above 2	
Income	7	Wages, salaries, tips, etc. Attach	Form(s) W-	2		, STM	r. 1,	7	154,381	
		Taxable interest. Altach Schedu			1 .		[8a	445,796	۶.
Attach Form(s)	ь	Tax-exempt interest. Do not inc	lude on line	8a	. 8 b					
W-2 here. Also attach Forms		Ordinary dividends. Attach Schi						9 a	22,139) .
W-2G and	b	Qualified dividends (see page 21								
1099-R If tax was withheld.	10	Taxable refunds, credits, or offs				, , . , .	· ' ' [10	28 <u>,</u> 182	<u></u>
	11	Alimony received						11		_
If you did not	12	Business income or (loss) Attack					المحام	12	4,770,035	
get a W-2.	13	Capital gain or (loss). Attach S					<u> </u>	13	-3,000	<u>) .</u>
see page 21	14	Other gains or (losses). Attach F					- P	14		
	15 a	IRA distributions	15a			amount (see p		15b		_
KOTTOAEK		Pensions and annuities,					· F	165	191,300	
Enclose, but do	17	Rental real estate, royalties, par	•	corporations, trusts, e	tc Attach t	Schedule E		17	-35,482	•
not attach, any payment Also,	18	Farm income or (loss). Attach So				, - , • - , -		18		
please use	19	Unemployment compensation	1					19		
Form 1040-V.	20 a	Social security benefits				amount (see p	age 26) /	20b		
	21	Other income. List type and ame						21	C	
	22	Add the amounts in the far right				total income .	• •	22	5,573,351	·
Adjusted	23	Educator expenses (see page 28			. 23		i	İ		
Gross	24	Certain business expenses of re	•	•	ایما			ł		
Income		fee-basis government officials /			1 7			İ		
	25	Health savings account deduction			i —i-			İ		
	26	Moving expenses. Attach Form			1 1	70,	0.3	İ		
	27	One-half of self-employment tax.					193.			
	28 29	Self-employed SEP, SIMPLE, and					i			
		Self-employed health insurance	,							
	30 31a	Penalty on early withdrawal of sa			_ I			İ		
	31a 32	Ahmony paid b Recipient's SSI			_ 					
	33	IRA deduction (see page 30)			,			į		
	34	Student Ioan interest deduction Tuition and fees deduction, Atta								
	35	Domestic production activities d			.			į		
	36	Add lines 23 through 31a and 3					-+	36	70,193	
	37	Subtract line 36 from line 22. Th						37	5,503,158	
For Disclosure, I	Privaç	y Act, and Paperwork Reduction				841810		!	Form 1040 (200	
RS						enic U				

	08) WILLIAM J CLINTON & HILLARY RODHAM CLINTON 38 Amount from line 37 (adjusted gross income)	20	Page 2
Tax		38	5,503,158.
and Credits	39a Check { You were born before January 2, 1944, Blind. } Total boxes		
Ji caita	if:		
	bilit your spousa itemizes on a secarate return or you were a duat-stetus aften, see page 34 and check here		
Standard	© Check if standard deduction includes real estate taxes or disaster loss (see page 34) ▶ 39€		
eduction or -	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	1,021,189.
	41 Subtract fine 40 from line 38	41	4,481,969.
People who hecked any	42 If line 38 is over \$119,975 or you provided housing to a Midwestern displaced individual, see		SEE STMT 5
ox on line 9al. 39bor	page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d	42	4,666.
e or who	43 Taxable income. Subtract fine 42 from line 41. If line 42 is more than fine 41, enter -0-	43	4,477,303.
in be aimed as a	44 Tax (see page 36). Check if any tax is from: a Form(s) 8814 b Form 4972	44	1,538,631.
pendent,	45 Afternative minimum tax (see page 39) Attach Form 6251	45	NONE
e page 34 All others	46 Add lines 44 and 45	46	1,538,631.
	47 Foreign tax credit. Attach Form 1116 if required	İ	- "" -
ngle or arried filing	48 Credit for child and dependent care expenses. Attach Form 2441 48		
parately, .450	49 Credit for the elderly or the disabled. Attach Schedule R 49		
	50 Education credits. Attach Form 8863		
rried filing	51 Retirement savings contributions credit. Attach Form 8880		
atifying	62 Child tax credit (see page 42). Attach Form 8901 if required		
ow(er), ! 0.900 j	53 Credits 7 om Form 8 8396 b 8839 c 5695 53		
ad of	54 Dihei credits form Form: a 3800 b 8801 c 54		
usehold,	55 Add lines 47 through 54. These are your total credits	55	NONE
000	56 Subtract line 55 from line 46. If line 55 is more than line 46, enter -0	56	1,538,631.
	57 Self-employment tax. Attach Schedule SE	57	140,386.
	58 Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
ther	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
axes	60 Additional taxes: a AEIC payment b Household employment taxes. Attach Schedule H	60	
	61 Add lines 56 through 60. This is your total tax	61	1,679,017,
	62 Federal income tax withheld from Forms W-2 and 1099 62 69, 189.	i i	
yments	63 2008 estimated tax payments and amount applied from 2007 return 63 1,720,000.		
· · · · · · · · · · · · · · · · · · ·	64a Earned income credit (EIC) 64a	İ	
ou have a	b Nontaxable combat pay election 64b		
alifying Id. attach	65 Excess social security and tier 1 RRTA tax withheld (see page 61) 65		
edule EIC	66 Additional child tax credit. Attach Form 8812		
	67 Amount paid with request for extension to file (see page 61) 67		
	68 Credits from Form: a 2438 b 4136 c 8801 d 8885 68	į	
	69 First-time homebuyer credit. Attach Form 5405 89		
	70 Recovery rebate credit (see worksheet on pages 62 and 63)		
	71 Add lines 62 through 70. These are your total payments	71	1,789,189.
fund	72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72	110,172.
et deposit?	73 a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here	73a	
page 63	b Routing number		
fill in 73b, and 73d,	d Account number		
orm 8888	74 Amount of line 72 you want applied to your 2009 estimated tax > 74 110, 172.	(
nount	75 Amount you ows. Subtract line 71 from line 61. For details on how to pay, see page 65	75	
_	76 Estimated tax penalty (see page 65)		
	Do you want to allow another person to discuss this return with the IRS (see page 66)? X Yes. Comp	ا ماما	e following No
ird Party	Designed's Phone		soner identification
signee	name ▶ PREPARER	eum	iber (PIN)
gn	Under penalties of perjury I declare that I have examined this forum and accompanying schedules and statements and t	o the be	est of my knowledge and
ere	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w Your signature.	Day	time phone number
nt return? page 15.	William Thursday Y (13 69 SPEAKING & WRITING		
расору	Spoyse's signature If a joint return, both must sign. Date Spoyse's occupation	†	
your ords	tric Clinton 0413 (09 SECRETARY OF STATE		
	Date	Prep	parer's SSN or PTIN
a s	grature Hotel and Market and Hotel and Self-employee	î i	
	rm s name (or HOCAN C HAPTSON I I D		
			212-918-3000
	NEW YORK NY		10022
220 2 000	TV I		Form 1040 (2008)

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

► See separate instructions.

Attachment

Sequence No. 06

OMB No 1545-0140

Department of the Treasury Internal Revenue Service Name(s) shown on tax return

Attach to Form 1040, 1840A, 1040NR, 1840NR-EZ, or 1041.

Identifying number

WILLIAM J CLINTON & HILLARY RODHAM CLINTON Do You Have To File Form 2210? Yes Complete lines 1 through 7 below, Is line 7 less than \$1,000? Do not file Form 2210. You do not owe a penalty. No You do not owe a penalty. Do not file Form 2210 Yes Complete lines 8 and 9 below, Is line 6 equal to or more (but if box E in Part II applies, you must file page 1 than line 97 of Form 2210). No You must file Form 2210 Does box B. C. or Yes You may owe a penalty. Does any box in Part II below apply? D in Part II apply? No Yes You must figure your penalty No Do not file Form 2210. You are not required to figure You are not required to figure your penalty because your penalty because the IRS will figure it and send the IRS will figure it and send you a bill for any unpaid you a bill for any unpaid amount. If you want to figure amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but do amount on your tax return, but file only page 1 of not file Form 2210. Form 2210. Part I Required Annual Payment 1,538,631. Enter your 2008 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040) Other taxes, including self-employment tax (see page 2 of the instructions) 2 <u>140,386.</u> Refundable credits. Enter the total of your earned income credit, additional child tax credit for federal tax paid on fuels, health coverage tax credit, refundable credit for prior year minimum tax, first-time homebuyer credit, and Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, you do not owe a penalty, do not file Form 2210 1,679,01 5 1,511,115. 6 69,189. Withholding taxes Do not include estimated tax payments. (see page 2 of the instructions) 1,609,828. Subtract line 6 from line 4. If less than \$1,000, you do not owe a penalty; do not file Form 2210 5,760,827. Maximum required annual payment based on prior year's tax (see page 2 of the instructions) 9 1,511,115. Required annual payment. Enter the smaller of line 5 or line 8 Next: Is line 9 more than line 6? No. You do not owe a penalty. Do not file Form 2210 unless box E below applies. Yes. You may owe a penalty, but do not file Form 2210 unless one or more boxes in Part II below applies. If box B, C, or D applies, you must figure your penalty and file Form 2210. If only box A or E (or both) applies, file only page 1 of Form 2210. You are not required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210. Part II Reasons for Filing. Check applicable boxes If none apply, do not file Form 2210. \exists You request a waiver (see page 2 of the instructions) of your entire penalty. You must check this box and file page 1. of Form 2210, but you are not required to figure your penalty В $^{
m i}$ You request a waiver (see page 2 of the instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210. $\lfloor X
floor$ Your income varied during the year and your penalty is reduced or eliminated when figured using the annualized income installment method. You must figure the penalty using Schedule AI and file Form 2210. D . Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210. Е You filed or are filing a joint return for either 2007 or 2008, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you are not required to figure your penalty (unless box B,

C. or D applies)

Penalty, Add all amounts on lines 28, 30, 32, and 34 in all columns. Enter the total here and on Form 1040, line 76; Form 1040A, line 48: Form 1040NR, line 74; Form 1040NR-EZ, line 26; or Form 1041, line 26. Do not file Form 2210.

\$

: \$

33

34

NONE

34

paid or 4/15/09, whichever is earlier

x days on tine 33 x

365

Emdernayment on line 25. Number of

(see page 4 of

..

Si	rm 2210 (2008) Chedule AI - Annualized Income Installmer	nt M	ethod (See pages 5	and 6 of the instruct	ions.)	Page 4
the	ates and trusts, do not use the period ending dates shown to right Instead, use the following 2/29/08 4/30/08. 81/08, and 11/30/08		(4) 1/1/08-3/31/08	(b) 1/1/08-5/31/08	(c) 1/1/08-8/31/08	(d) 1/1/08-12/31/08
P	art I Annualized Income Installments	·,		· · · · · · · · · · · · · · · · · · ·		
1	Enter your adjusted gross income for each period (see in structions). (Estates and trusts, enter your taxable income		260 150	1 000 176	0 500 716	5 500 150
	without your exemption for each period)	1	360,152.	1,098,136.	2,533,716.	5,503,158
2	Annualization amounts (Estates and trusts see instructions)	2	4	2 4	15	1 E 500 150
3	Annualized income. Multiply line 1 by line 2	3	1,440,608.	2,635,526.	3,800,574.	5,503,158
4	If you itemize, enter itemized deductions for the period	ļį		ļ		
	shown in each column. All others enter-0-, and skip to line. 7 Exception: Estates and trusts, skip to line 9 and enter.		0.50 555	447 250	716 414	1 074 604
	amount from line 3	4_	268,655.	447,759.	716,414	1,074,621
5	Annualization amounts	5.	4 0.61 0.13	2.4	1 020 215	1 001 100
•	is more than \$79,975)	6_	1,061,813.	1,049,866.	1,038,215.	1,021,189
7	In each column, enter the full amount of your standard deduction from Form 1040, line 40, or Form 1040A, line 24			ĺ		
	(Form 1040NR or 1040NR-EZ filers, enter -0- Exception:				11 000	1.0.00
	Indian students and business apprentices, see instructions),	7	11,900.	11,900.	11,900.	11,900
8	Enter the larger of line 6 or line 7	.8	1,061,813.	1,049,866.	1,038,215.	1,021,189
9	Subtract line 8 from line 3	9	378,795.	1,585,660.	2,762,359.	4,481,969
0	In each column, multiply \$3,500 by the total number of exemptions claimed (see instructions if line 3 is				į	
	more than \$119.975). (Estates, trusts, and Form			į		
	1040NR or 1040NR-EZ filers, (see instructions)	10	4,666.	4,666.	4,666.	4,666
11	Subtract line 10 from line 9 If zero or less, enter -0-,	11	374,129.	1,580,994.	2,757,693.	4,477,303
2	Figure your tax on the amount on line 11 (see instructions) ,	12	102,520.	524,923.	936,768.	<u>1,538,631</u>
3	Self-employment tax from line 34 (complete Part II					
	below)	13	23,002.	57,423.	90,984.	140,386
4	Enter other taxes for each payment period (see instructions)	14	118,887.	31,060.	NONE	NON
5	Total tax. Add lines 12, 13, and 14 , ,	15	244,409.	613,406.	1,027,752.	1,679,017
6	For each period, enter the same type of credits as allowed		1			
	on Form 2210, Part I lines 1 and 3 (see instructions)	16	NONE	NONE	NONE	NON
i 7	Subtract line 16 from line 15 If zero or less, enter -0-	17	244,409.	613,406.	1,027,752.	1,679,017
8	Applicable percentage	18	22.5%	45%	67 5%	90%
9	Multiply line 17 by line 18	19	54,992.	276,033.	693,733.	1,511,115
	Complete lines 20-25 of one column before going to line 20 of the next column.			!		
20	Enter the total of the amounts in all previous columns of line 25	20		54,992.	276,033.	<u>693,733</u>
		21	54,992.	221,041.	417,700.	817,382
	Enter 25% (25) of time 9 on page 1 of Form 2210 in each column .	22	377,779.	377,779.	377,779.	377 , 778
	Subtract line 25 of the previous column from line 24					
•	·	23	j	322,787.	479,525.	439,604
4		24	377,779.	700,566.	857,304.	817,382
	Enter the smaller of line 21 or line 24 here and on					
_	Form 2210, line 18	25	54,992.	221,041	417,700.	817,382
P	art II Annualized Self-Employment Tax (CAXPAYER'S AN		
6		26	77,777,	624,183.	1,770,200.	4,358,836.
	Prorated social security tax limit	27	\$25,500	\$42,500	\$68.000	\$102,000
	Enter actual wages for the period subject to social security tax or the					
	6 2% portion of the 7 65% railroad retirement (fer 1) fax	2 B	20.	34.	54.1	81.
9	Subtract line 28 from line 27. If zero or less, enter-0-	-	25,480.	42,466.	67,946.	101,919.
	Annualization amounts	30	0.496	0 2976	0.186	0.124
11	Multiply line 30 by the smaller of line 26 or line 29	,	12,638.	12,638.	12,638.	12,638.
		32	0.116	0.0696	0.0435	0.029
		33	9,022.	43,443.	77,004.	126,406.
	Add thes 31 and 33 Enter here and on line 13 above	وسنسو			89,642	139,044.
	magainings of any policinal respectitory time to ducke	J4 !	21,660.	56,081.	03,042.	107,044,

Schedule AI - Annualized Income Installment Method (See pages 5 and 6 of the instructions.) Estates and trusts do not use the period ending dates shown to the right. Instead, use the following: 2/29/08, 4/30/08, 7/31/08, and 11/30/08 1/1/08-12/31/09 1/1/08-3/31/08 1/1/08-5/31/08 1/1/08-8/31/08 Annualized Income Installments Part I Enter your adjusted gross income for each period (see instructions) (Estates and trusts, enter your taxable income Annualization amounts (Estates and trusts, see instructions) Annualized income, Multiply line 1 by line 2 . . . If you itemize, enter itemized deductions for the period shown in each column. All others enter -0-, and skip to line 7 Exception: Estates and trusts, skip to line 3 and enter Annualization amounts ... 15 2 4 Multiply line 4 by line 5 (see instructions if line 3 6 deduction from Form 1040, line 40, or Form 1040A, line 24 (Form 1040NR or 1040NR-62 filers, enter -0- Exception: Indian students and business apprentices, see instructions). Enter the larger of line 6 or line 7 8 Subtract line 8 from line 3 . . . 9 in each column, multiply \$3,500 by the total number 10 of exemptions claimed (see instructions if line 3 is more than \$119,975). (Estates, trusts, and Form. 1040NR or 1040NR-EZ filers, (see instructions) . . 10 11 Subtract line 10 from line 9 If zero or less, enter -0-, . . . 11 Figure your tax on the amount on line \$1 (see instructions). Self-employment tax from line 34 (complete Part II 13 Enter other taxes for each payment period (see instructions) 14 Total tax. Add lines 12, 13, and 14. 16. For each period, enter the same type of credits as allowed on Form 2210, Part I, lines 1 and 3 (see instructions) . . . 16 Subtract line 16 from line 15. If zero or less, enter -0-17 18 Applicable percentage........ 45% 18 19 Multiply line 17 by line 18, Complete lines 20-25 of one column before going to line 20 of the next column. 20 Finiter the total of the amounts in all previous columns of line 25 . . . Subtract line 20 from line 19, if zero or less, enter -0- :21 23 Subtract line 25 of the previous column from line 24 of that column 24 26 Enter the smaller of line 21 or line 24 here and on Form 2210, line 18 \rightarrow 25 Annualized Self-Employment Tax (Form 1040 filers only) SPOUSE'S AMOUNTS Part II 46,291. 11,573. 19,288. 30,861 26 26. Net earnings from self-employment for the period (see instructions). \$102,000 \$25,500 \$42,500 \$68,000 28 Enter actual wages for the period subject to social security tax or the 102,000. 25,500 42,500 68,000. 6.2% portion of the 7.65% railroad retirement (tier 1) tax 28 NONE NONE 29 Subtract line 28 from line 27, If zero or less, enter -0-29 NONE NONE 30 0.496 0.2976 0.186 0.124 NONE 31 Multiply line 30 by the smaller of line 26 or line 29, 31 NONE NONE NONE 0.029 0.116 0.0696 0.0435 1,342. 1,342. 1,342. 1,342. 33 Multiply line 26 by line 32...... :33 342. 342. 1.342. 1,342.

Form 2210 (2008)

SCHEDULES A&B (Form 1040)

Schedule A - Itemized Deductions

(Schedule B is on back)

Department of the Treasury
Internal Revenue Service (99)
Name(s) Shown on Form

► Attach to Form 1040. ► See instructions for Schedules A&B (Form 1040).

OMB No 1545-0074 2008 Attachment Sequence No 07 ur social security number
i
465,433.
59,188.
550,000.

Name(s) snow	ni on	Polisi 1040			100	social security number
WILLIAM	J	CLINTON & HILLARY RODHAM CLINT	NO,		<u> </u>	
Medical		Caution. Do not include expenses reimbursed or paid by others	İ			
and Dental	1 2	Medical and dental expenses (see page A-1) Enter amount from Form 2	1			
Expenses	3	Multiply line 2 by 7 5% (.075)	3		[]	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter	٠٥٠ .	<u> </u>	4	
Taxes You Paid	5	State and local (check only one box): STMT 6 a X Income taxes, or	5	392,631.		
(See		b General sales taxes				
page A-2.)	6	Real estate taxes (see page A-5)	6	72,802,	<u> </u>	
, .	7	Personal property taxes	1]	
	8	Other taxes. List type and amount	i			
			.8] ;	
	9	Add lines 5 through 8			9	<u>465,433.</u>
Interest	10		10	59,188.		
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid				
(See		to the person from whom you bought the home, see page A-6	!			
page A-5.)		and show that person's name, identifying no and address.				
Note.			11		·	
Personal	12	Points not reported to you on Form 1098. See page A-6				
interest is not		for special rules	12		ļį	
deductible.	13	Qualified mortgage insurance premiums (see page A-6)	13		1	
	14	Investment interest. Attach Form 4952 if required. (See				
		page A-6.)	14			
		Add lines 10 through 14		,	15	59,188.
Gifts to	16	Gifts by cash or check if you made any gift of \$250 or	İ	F F D 000	! !	
Charity		more, see page A-7, SEE, STATEMENT, 6,	16	550,000.	i 1	
if you made a	17	Other than by cash or check. If any gift of \$250 or more,	1			
gift and got a benefit for it.		see page A-8. You must atlach Form 8283 if over \$500	17	<u></u>	1	
see page A-7.		Carryover from prior year			ا ۱	550 000
	19	Add lines 16 through 18	<u></u>		19	550,000.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See page A-8.)	ļ <u></u>		. 20	
Job Expenses	2 1	Unreimbursed employee expenses - job travel, union dues, job	İ			
and Certain		education, etc. Attach Form 2106 or 2106-EZ if required. (See page			,	
Miscellaneous Deductions		A-9) ►	21	:	-	
		Tax preparation fees	22			
(See page A-9)	23	Other expenses - investment, safe deposit box, etc. List type and		 - 	1	
, - g - · · · · ,		amount ► SEE STATEMENT 6		10000		
	24	And trop 21 through 22	23	10,039.	-	
		Add lines 21 through 23 Enter amount from Form	24	10,039.	-	
	25	1040. line 38		110 063		
	26 27	Subtract fine 26 from line 24. If tine 26 is more than line 24.	26	110,063.	ا ر	NAME
O+b			CINCI	101	27	<u>NONE</u>
Other Miscellaneous Deductions	28	Other - from list on page A-10 List type and amount				
	29	Is Form 1040 line 38, over \$159,950 (over \$79,975 if marr	ied fil	ing senerately ?	28	
Total	23				!	SEE STMT 8
Itemized Deductions		No. Your deduction is not limited. Add the amounts fines 4 through 28. Also, enter this amount on F		- 1	29	1,021,189.
23230110113		X Yes, Your deduction may be limited. See page A-10		(2.3	1,021,103.
	30	If you elect to itemize deductions even though they are less		•		
		deduction, check here		·		
					٠	

1545-0074 Page 2
Your social security number

WILLIAM J CLINTON & HILLARY RODHAM CLINTON

		Schedule B - Interest and Ordinary Dividends			nce No	08
	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amo	unt	**
Partl		buyer used the property as a personal residence, see page B-1 and list this				
nterest		interest first. Also, show that buyer's social security number and address				
	J	CITIBANK			7,54	
See page B-1 and the		CITIBANK		61	0,66	56.
nstructions for		CITIBANK, N.A.			98	39.
Form 1040,		CITIBANK, N.A.		<u> </u>	22	24.
ine 8a.)		GRANTOR TRUST-CITIBANK N.A.		12	4,71	19.
		GRANTOR-TRUST-CITIBANK N.A.	1	12	4,72	20.
		IMPUTED INTEREST		12	1,25	58.
Note, If you		INTEREST FROM TAX REFUNDS			5,67	77.
eceived a Form	_					
1099-INT, Form 1099-OID, or						
substitute						
statement from						
a brokerage firm, est the firm's						
name as the						
bayer and enter the total interest					·	
shown on that	2	Add the amounts on line 1	2	44	5,79	3 6.
orm.	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.				
		Attach Form 8815	3			
	4	Attach Form 8815 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a	4	44	5,79	36.
	No	ite. If line 4 is over \$1,500, you must complete Part III.		Amo	ount	
	5	List name of payer				
Part II	S	GRANTOR TRUST-CITIBANK N.A.			1,07	
Ordinary	\mathbf{T}	GRANTOR TRUST-CITIBANK N.A.		1	1,06	<u> 59.</u>
Dividends						
Coo page B.1						
See page B-1 and the				i 		
nstructions for				ļ		
Form 1040. ine 9a.)						
1110 30.)						
			ļ			
Note. If you		201.7	5			
eceived a Form 1099-DIV or			İ			
substitute						
statement from		NAME OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY		ļ		
a brokerage firm. ist the firm's				<u></u>		
name as the						
payer and enter the ordinary						
dividends shown			ĺ			
on that form.				r		
		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	ļ	<u> </u>		
		Add the amounts on line 5. Enter the total here and on Form 1040, line 9a	6	2	2,1	<u> 39.</u>
		te. If line 6 is over \$1,500, you must complete Part III.			······	
	You	must complete this part if you (a) had over \$1,500 of taxable interest or ordinary divide	nds;	or (b) had	Yes	No
Part III		eign account; or (c) received a distribution from, or were a grantor of, or a transferor to,			 -	
Foreign	7 a	At any time during 2008, did you have an interest in or a signature or other authority				
Accounts		account in a foreign country, such as a bank account, securities account, or other final				
and Trusts		See page B-2 for exceptions and filing requirements for Form TD F 90-22.1			 	X
See		If "Yes," enter the name of the foreign country ▶				
page B-2.)	8	During 2008, did you receive a distribution from, or were you the grantor of, or t				<u>.</u> -
<u> </u>		foreign trust? If "Yes," you may have to file Form 3520. See page 8-2			<u> </u>	X

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.

OMB No 1545-0074

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1940, 1940NR, or 1941. ► See Instructions for Schedule C (Form 1949).

Attachment Sequence No 09

Name of proprietor			Social	I security number (SSN)
HILLARY RODHAM CLINTO	<u>N</u>			
A Principal business or profession, incl	luding product or service (see pa	age C-3 of the instructions)	₿ Én	iter code from pages C-9, 10, & 11
AUTHOR			<u> </u>	<u>▶ 711510</u>
C Business name. If no separate busines	ss name, leave blank.		D En	nployer ID number (EIN), if any
HILLARY RODHAM CLINTO	N			
E Business address (including suite or ro City, town or post office, state, and ZI	oomino) ▶ CHAPPAOUA	A, NY 10514		
F Accounting method: (1) X Cash	(2) Accrual	(3) Other (specify) ▶		· · · · · · - · · · · · · · · · · · · ·
G Did you "materially participate" in the	operation of this business dur	ing 2008? If "No." see page C-4 for limit on	losses	X Yes No
H If you started or acquired this busines	ss during 2008, check here			
Part I Income				
 Gross receipts or sales Caution. See This income was reported to you on that form was checked, or 	n Form W-2 and the "Statutory	>	· [1 60,759.
 You are a member of a qualified joincome not subject to self-employme 	oint venture reporting only rental int tax. Also see page C-4 for lim	real estate from losses.		
2 Returns and allowances				2
				3 60,759.
				60,759.
				6 60,759.
		or refund (see page C-4)		7 60,759.
		our home only on line 30.	<u>, – </u>	و و د د د د د د د د د د د د د د د د د د
'	T			18
8 Advertising	8	18 Office expense 19 Pension and profit-sharing plans		1 19
9 Car and truck expenses (see		20 Rent or lease (see page C-6):		1 19
page C-5)	9 10	a Vehicles, machinery, and equipmen	1	20a
10 Commissions and fees	11	b Other business property	,	20b
11 Contract labor (see page C-5)	12	21 Repairs and maintenance		21
12 Depletion		22 Supplies (not included in Part III)		22
expense deduction (not		23 Taxes and licenses		23
included in Part III) (see page		24 Travel, meals, and entertainment:		
C-5)	13	a Travel		24a
14 Employee benefit programs		b Deductible meals and		
(other than on line 19)	14	entertainment (see page C-7)		24b
15 Insurance (other than health)	15	25 Utilities		25
16 Interest:		i 26 Wages (less employment credits)		26
a Mortgage (paid to banks, etc.)	16a	27 Other expenses (from line 48 on		
b Other	16b	page 2)		27 10,633.
17 Legal and professional				
services	17			ļ
28 Total expenses before expenses for	business use of home. Add line	es 8 through 27	. ▶	28 10,633.
29 Tentative profit (loss). Subtract line 2	8 from line 7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		50,126.
30 Expenses for business use of your hor	me. Attach Form 8829			30
 Net profit or (loss). Subtract line 30 f If a profit, enter on both Form 1040 line 13 (if you checked the box on line enter on Form 1041, line 3.), line 12, and Schedule SE, li		}	50 126
If a loss, you must go to line 32.			ノ	50,126.
32 If you have a loss, check the box that	,		_	
If you checked 32a, enter the loss of the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the seco			1	220
Form 1040NR, line 13 (if you checke		ne stractions on page C-7).	7	32a All investment is at risk. 32b Some investment is not
 Estates and trusts, enter on Form 104 If you checked 32b, you must altae 		he limited	ノ	at risk

	odule C (Form 1040) 2008 HILLARY RODHAM CLINTON			Page 2
33	rt III Cost of Goods Sold (see page C-8) Method(s) used to a Cost b Lower of cost or market c	Oth	er (attach expla	Dation)
34	value closing inventory: Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	X No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		<u> </u>
3 6	Purchases less cost of items withdrawn for personal use	. 36		<u> </u>
37	Cost of labor. Do not include any amounts paid to yourself	. 37		······································
38	Materials and supplies	. 38	<u> </u>	·· ···
39	Other costs	. 39	·····	
40	Add lines 35 through 39	40		······································
41	Inventory at end of year	. 41		
4 2 Pa	cost of goods sold. Subtract line 41 from tine 40. Enter the result here and on page 1, line 4. Information on Your Vehicle. Complete this part only if you are claiming line 9 and are not required to file Form 4562 for this business. See the instriction C-5 to find out if you must file Form 4562.	car or	truck expe for line 13	nses on on page
4 3	When did you place your vehicle in service for business purposes? (month, day, year)	_		
44	Of the total number of miles you drove your vehicle during 2008, enter the number of miles you used your vehicle	e for:		
а	Businessb Commuting (see instructions)c	Other		Name of the second
4 5	Was your vehicle available for personal use during off-duty hours?		[] Yes	No.
4 6	Do you (or your spouse) have another vehicle available for personal use?		Yes	No.
	If "Yes," is the evidence written?		Yes	No No
Par	Other Expenses. List below business expenses not included on lines 8-26	or line 3		
<u>CO</u>]	LLABORATION FEES AND EXPENSES	<u> </u>		10,633.
				
			<u> </u>	
-		}	MAROT. LINE	
				<u> </u>
	- ~ 	-		
	<u></u>	:-	-	
4 8	Total other expenses, Enter here and on page 1, line 27	48		10,633.

Schedule C (Form 1040) 2008

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.

OMB No 1545-0074

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1940, 1949NR, or 1941. ► See Instructions for Schedule C (Form 1949).

Sequence No. 09

E Business address (including subte or room no.) ► City, town or post office, state, and ZIP code CHAPPAQUA, NY 10514 F Accounting method (1) X Cash (2) Accrual (3) Other (specify) ► G Did you "materially participate" in the operation of this business during 20087 if "No." see page C-4 for limit on losses X Yes No if you strated or acquired this business during 2008, check here Part! Income 1 Gross receipts or sales Caution. See page C-4 and check the box if This income was reported to you on From W-2 and the "Statutory employee" box on that form was checked or or "You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax Alao see page C-4 for limit on losses 2 Returns and allowances 3 Subtract line 2 from line 1 3 5,700,000. 4 Cost of goods sold (from line 42 on page 2) 4 4 5 Gross profit. Subtract line 4 from line 3 5 5,700,000. 6 Other income. Including federal and state gasoline or fuel lax credit or refund (see page C-4) 6 7 5,700,000. Part II Expenses. Enter expenses for business use of your home only on line 30. 8 Advertising 8 13 Office expense 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-sharing plans 19 Pension and profit-shari	Nam	ne of proprietor				Socia	i securit	y number (SSN)
SPEAKING O Business name if no soperate business name, leave blank. WILLIAM J. CIJINTON E Business address including suite or room no) ► CHAPPAQUA, NY 10514 F Accounting method (1) [X] Cash (2) Account (3) Other (speotly) ► Chappage (3) Description (4) Cash (2) Account (3) Other (speotly) ► Chappage (4) Account (4) Description (4) Cash (2) Account (4) Description (4) Cash (2) Account (5) Description (4) Cash (2) Account (5) Description (4) Cash (2) Account (5) Description (4) Cash (2) Account (5) Description (4) Cash (2) Account (5) Description (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4) Cash (4)	WI							
Description of the property of number (EIN), if any WILLIAM J. CLINTON Business and loss (including suite or room no.) ► City town or post office, state, and ∠P code For Accounting method (1), IZ Cash (2) Accrual (3) Other (specify) ► Accrual (3) Other (specify) ► Accrual (3) Other (specify) ► Business address (including suite or room no.) ► City town or post office, state, and ∠P code Chappaqua, NY 10514 Business address (including suite or room no.) ► City town or post office, state, and ∠P code Chappaqua, NY 10514 Business address (including suite or room no.) ► City town or post office, state, and ∠P code This income has the code or post office, state and ∠P code This nonmer was received to you on Form tw. 2 and the Statutory employee' box on link 1 form was checked or This nonmer was received to you on Form tw. 2 and the Statutory employee' box on link 1 form was checked or This nonmer was received to you on Form tw. 2 and the Statutory employee' box on link 1 form was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or This nonmer was checked or was checked or was checked or was checked or was checked or was checked or was checked or was checked or was checked or was checked or was checked or was checked or was checked or was che	A	Principal business or profession, inc	luding	product or service (see page	age C-3 of the instructions)	BE	nter codi	
E Business address (including suite or room no.) ► E Business address (including suite or room no.) ► City, town or post office size and ZPF code City, town or post office size and ZPF code Did you "marterially participate" in the operation of this business during 2008? If "No." see page C-4 for find on losses. ★ Yes No If you started or accurred this business suring 2008. Check here Part Income 1 Gress receipts or sales. Caution. See page C-4 and check here 1 This income was reported to you on Form W-2 and the "Stautory employee" box on that form was decided to you on Form W-2 and the "Stautory employee" box on that form was address to you on Form W-2 and the "Stautory employee" box on that form was addressed to you on the form W-2 and the "Stautory employee" box on that form was addressed to you on the form W-2 and the "Stautory employee" box on that form was addressed to you on Form W-2 and the "Stautory employee" box on that form was addressed to you on Form W-2 and the "Stautory employee" box on that form was addressed to you on Form W-2 and the "Stautory employee" box on that form was addressed to you on Form W-2 and the "Stautory employee" box on that form was addressed to you on the seed of the form was addressed to you on the form was addressed to you on the form was addressed to you on the form was addressed to you on the form was addressed to you on the form was addressed to you on the form was addressed to you on the form on you on the young form was addressed to you on the form was addressed to you on the form was addressed to you on the form was addressed to you on the form was addressed to you on the form was addressed to you on the form was addressed to you on the form was addressed to you on the form was addressed to you on the form you of your young was addressed to you on the form you of your young was addressed to you not you form you only you have been your form you do you have been you was addressed your your young was addressed to you not you have you was addressed your your you	SE						>	711510
E Business address including author or room no CHAPPAQUA, NY 10514 F Accounting method (1) [X] Cash (2) Across (3) Other (specify) Across (3) Other (specify) No Hy our stretch or accorded his basiness curing 2008? If 'No' see page C-4 for limit on losses X	C	Business name. If no separate busine	ss nam	ne, leave blank.		ם פ	nployer:	D number (EIN), if any
City, flown or past office, sides, and ZiP code CHAPPAQUA, NY 10514 F Accounting method (1) X Cash (2) Lacrual Obligious materially participate in the operation of this business during 2009? If "No." see page C.4 for immit on losses. X Yes No If you started or acquired this business during 2009 of the start of the common of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of	WI	LLIAM J. CLINTON				<u> </u>		
F Accounting method (1)	E	Business address (including suite or r	oom no			-	-	
If you started or accurred this business during 2006, check here Part Income				CHAPPAQUA	A, NY 10514			
If you started or accurred this business during 2006, check here Part Income	F	Accounting method: (1) X Cash	1 (2)	Accrual	(3) Other (specify)			
If you started or accurred this business during 2006, check here Part Income	G	Did you "materially participate" in the	opera	ition of this business dur	ring 2008? If "No," see page C-4 for limit on I	osses		X Yes No
Gross receipts or sales: Caution. See page C.4 and check the box if	н	If you started or acquired this busine	ss duri	ng 2008, check here 🗼	<u> </u>			▶
This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. Note are a member of a qualified joint venture reporting only rental real estate income not subject to self-temployment tax. Also see page C-4 for firmt on losses. Returns and ellowances. Subtract line 2 from line 1. Cost of goods sold (from line 42 on page 2). Goods and fixed from line 3. Goods profit. Subtract line 4 from line 3. Goods profit. Subtract line 4 from line 3. Goods from line 42 on page 2). Goods and from line 42 on page 2). To Other income. Including federal and state gasoline or fuel tax credit or refund (see page C-4). To Gross income. Add lines 5 and 6. To Gross income. Add lines 5 and 6. To Gross income. Add lines 5 and 6. To Acceptance and lines 5 and 6. To Acceptance and lines 5 and 6. To Acceptance and lines 5 and 6. To Gross income. Add lines 5 and 6. To Gross income. Add lines 5 and 6. To Gross income. Add lines 5 and 6. To Commissions and fees. 10. 480,440. 10. The both business property. 11. Contract labor (see page C-5). 12. Depletion. 12. 12. Repairs and maintenance. 13. Depreciation and section 179 expense deduction (not included in Part III) (see page. 14. Employee benefit programs (other than on fine 10). 14. Employee benefit programs (other than on fine 10). 15. Insurance (other than health). 15. 25. Utilities. 26. Wages (less employment credits). 27. 35, 598. 18. 10,92,959. 28. Total expenses before expenses for business use of home Add lines 8 through 27. 29. Treative profit (loss). Subtract line 28 from line 7. 29. 12. Expenses of business use of your home. Add lines 18 through 27. 29. Treative profit (loss). Subtract line 28 from line 7. 29. Treative profit (loss). Subtract line 28 from line 7. 29. Treative profit (loss). Subtract line 28 from line 7. 29. Treative profit (loss). Subtract line 30 from line 29. 19. If a profit, enter on bloth from 1040, line 12, and Schedule SE, line 2, or on Form 1040 NR, line 13 (if you checked the b	Pa	rtt Income						
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16 Interest: a Mortgage (paid to banks, etc.) b Other. 16b page 2) 27 Other expenses (from line 48 on page 2) 27 January 27 January 28 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 January 29 Ja					entertainment (see page C-7)		24b	
a Mortgage (paid to banks, etc.) 16a 27 Other expenses (from line 48 on b Other	15	Insurance (other than health)	15		25 Utilities		25	
b Other 16b page 2) 27 35,598. 17 Legal and professional services 17 7,940. 28 Total expenses before expenses for business use of home Add lines 8 through 27 29 Tentative profit (loss) Subtract line 28 from line 7 29 4,607,041. 30 Expenses for business use of your home. Altach Form 8829 30 945. 18 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040 NR, line 13 (if you checked the box on line 1 as a statutory employee, see page C-7) Estates and trusts, enter on Form 1041, line 3. If you have a loss, check the box that describes your investment in this activity (see page C-8) If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7) Some investment is at risk Some investment is not at risk	16	Interest:					26	262,100.
17 Legal and professional services	а	Mortgage (paid to banks, etc.)	16a		27 Other expenses (from line 48 on			
Services			16b		page 2)		27	35,598.
Total expenses before expenses for business use of home Add lines 8 through 27 Tentative profit (loss) Subtract line 28 from line 7 Expenses for business use of your home. Attach Form 8829 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040 NR, line 13 (if you checked the box on line 1 as a statutory employee, see page C-7) Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32 If you have a loss, check the box that describes your investment in this activity (see page C-8) If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7) Estates and trusts, enter on Form 1041, line 3.	17	Legal and professional			<u> </u>			
29 Tentative profit (loss) Subtract line 28 from line 7 30 Expenses for business use of your home. Attach Form 8829 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040 NR, line 13 (if you checked the box on line 1 as a statutory employee, see page C-7) Estates and trusts, enter on Form 1041, line 3. • 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-8) • If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7) Estates and trusts, enter on Form 1041, line 3.		services.,	17_	7,940.				
30 945. 31 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040 NR, line 13 (if you checked the box on line 1 as a statutory employee, see page C-7) Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32 If you have a loss, check the box that describes your investment in this activity (see page C-8) If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7) Estates and trusts, enter on Form 1041, line 3.	28	Total expenses before expenses for	busine	ess use of home. Add line	es 8 through 27	. 🕨	28	<u>1,092,959,</u>
 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040 NR, line 13 (if you checked the box on line 1 as a statutory employee, see page C-7) Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32 If you have a loss, check the box that describes your investment in this activity (see page C-8) If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7) Estates and trusts, enter on Form 1041, line 3. 	29	Tentative profit (loss) Subtract line 2	B from	line 7			29	4,607,041.
 If a profit. enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040 NR, line 13 (if you checked the box on line 1 as a statutory employee, see page C-7) Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32 If you have a loss, check the box that describes your investment in this activity (see page C-8) If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7) Estates and trusts, enter on Form 1041, line 3. 							30	945.
32 If you have a loss, check the box that describes your investment in this activity (see page C-8) • If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7) Estates and trusts, enter on Form 1041, line 3. 32b Some investment is not at risk 32b Some investment is not at risk		 If a profit, enter on both Form 1040 line 13 (if you checked the box on line enter on Form 1041, line 3.), line	12, and Schedule SE, lin		}	31	4.606.096.
• If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7) Estates and trusts, enter on Form 1041, line 3. All investment is at risk 32b Some investment is not at risk		_	descr	ibes your investment in the	nis activity (see page C-8)	,	<u> </u>	
Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7) Estates and trusts, enter on Form 1041, line 3. 32b Some investment is not at risk at risk		•		•		`		
Estates and trusts, enter on Form 1041, line 3. Some investment is not at risk		•					322	i Ali investment is at risk
at risk		, , ,			a a contration on page of ()	7		-
• It you coecked 370 you wrist susce Form 4198, Your loss may be implied					ne limited	ノ		

	rt Cost of Goods Sold (see page C-8)			Page 2
33	Method(s) used to	Othe	er (attach explar	ation)
34	walue closing inventory Was there any change in determining quantities, costs or valuations between opening and closing inventory?			
34	If "Yes," attach explanation		Yes	X No
3 5	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		,
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		TOTAL TOTAL
38	Materials and supplies	38		······································
39	Other costs	39	, , , 	
40	Add lines 35 through 39	40		——————————————————————————————————————
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42		
	Information on Your Vehicle. Complete this part only if you are claiming of line 9 and are not required to file Form 4562 for this business. See the instruction C-5 to find out if you must file Form 4562.	ar or		
4 3	When did you place your vehicle in service for business purposes? (month, day, year) ▶			
44	Of the total number of miles you drove your vehicle during 2008, enter the number of miles you used your vehicle for	r		
a	Business b Commuting (see instructions) c Oth	ner		
4 5	Was your vehicle available for personal use during off-duty hours?		Yes Yes	No
46	Do you (or your spouse) have another vehicle available for personal use?		[_] Yes	No
47a b	Do you have evidence to support your deduction?			No No
Par	Other Expenses. List below business expenses not included on lines 8-26 or	line 3	0	
EXI	PENSES PAID BY FUNDS WITHHELD BY AGENCY		3	5,598.
	# ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	 		
			····	
		· · · · · · ·		
48	Total other expenses. Enter here and on page 1, line 27	48	3	5,598.

Schedule C (Form 1040) 2008

SCHEDULE C (Form 1040)

Department of the Treasury

Internal Revenue Service

Profit or Loss From Business

➤ Attach to Form 1040, 1040NR, or 1041. ➤ See Instructions for Schedule C (Form 1040).

(Sole Proprietorship)

► Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-8.

2008 Attachment

Sequence No. 09

Social security number (SSN) Name of proprietor WILLIAM J CLINTON Principal business or profession, including product or service (see page C-3 of the instructions) B Enter code from pages C-9, 10, 8 11 711510 Business name. If no separate business name, leave blank. D Employer ID number (E(N), if any WILLIAM J. CLINTON Business address (including suite or room no.) 10514 City, town or post office, state, and ZIP code CHAPPAQUA, NY (3) Other (specify) Accounting method. (1) X Cash (2) Accrual Did you "materially participate" in the operation of this business during 2008? If "No," see page C-4 for limit on losses . . . 🐰 Yes Income Part I Gross receipts or sales. Caution. See page C-4 and check the box if This income was reported to you on Form W-2 and the "Statutory employee" box STMT 11 on that form was checked, or 1 536,313. You are a member of a qualified joint venture reporting only rental real estate income not subject to seif-employment tax. Also see pege C-4 for limit on losses. 3 536,313. Cost of goods sold (from line 42 on page 2) 4 536,313. Gross profit. Subtract line 4 from line 3 5 5 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4) Gross Income. Add lines 5 and 6 536,313 7 Expenses. Enter expenses for business use of your home only on line 30 18 Office expense ...,..... 18 19 Pension and profit-sharing plans Car and truck expenses (see 20 Rent or lease (see page C-6): Vehicles, machinery, and equipment Commissions and fees 10 10 20a b Other business property Contract labor (see page C-5) 11 20b Repairs and maintenance Depletion . . , 12 21 22 Supplies (not included in Part III) Depreciation and section 179 22 expense deduction (not included in Part III) (see page 24 Travel meals and entertainment: 13 24a 14 Employee benefit programs b Deductible meets and (other than on line 19), 24 b entertainment (see page C-7) 14 15 Insurance (other than health) 25 15 26 Wages (less employment credits) Interest: a Mortgage (paid to banks, etc.) Other expenses (from line 48 on 16a 422,500. page 2)............. i 27 16b Legal and professional 17 17 422,500. 28 28 Total expenses before expenses for business use of home. Add lines 8 through 27 29 113,813. 30 Expenses for business use of your home. Attach Form 8829 30 3.1 Net profit or (loss). Subtract line 30 from line 29. ■ If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040 NR, line 13 (if you checked the box on line 1 as a statutory employee, see page C-7). Estates and trusts, enter on Form 1041, line 3. 113,813. 31 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-8). • If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7) 32a Alt investment is at risk. Some investment is not Estates and trusts, enter on Form 1041, line 3, 32b at risk If you checked 32b, you must altach Form 6198. Your loss may be limited.

Sche	edule C (Form 1040) 2008 WILLIAM J CLINTON Cost of Goods Sold (see page C-8)			Page 2
3 3	Method(s) used to	Ot	her (attach explan	nation)
34	value closing inventory: Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes." attach explanation		Yes	X No
3 5	Inventory at beginning of year lif different from last year's closing inventory, attach explanation	35		· ·- ·
3 6	Purchases less cost of items withdrawn for personal use	36		,, ,, ,,,
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		-
39	Other costs	39		
4 O	Add lines 35 through 39	40		 -
4 1	Inventory at end of year			
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4.	42		
Pa	Information on Your Vehicle. Complete this part only if you are claiming line 9 and are not required to file Form 4562 for this business. See the instru C-5 to find out if you must file Form 4562.	ction	s for line 13	on page
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶			
44	Of the total number of miles you drove your vehicle during 2008, enter the number of miles you used your vehicle f			
a	Businessb Commuting (see instructions) c Of	her _	_ •	
45	Was your vehicle available for personal use during off-duty hours?	, , ,	Yes	No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	No
47 a b	Do you have evidence to support your deduction?		, Yes	No No
Pai	Other Expenses. List below business expenses not included on lines 8-26 of	r line	30.	
FE]	ES AND EXPENSES		42	2,500.
~	<u>~~ </u>			

				<u> </u>
	Table the second of page 1 line 27	4.9	4.	22 500

Schedule C (Form 1040) 2008

SCHEDULE D (Form 1040)

Capital Gains and Losses ► Attach to Form 1040 or Form 1040NR.

► See Instructions for Schedule D (Form 1040).

OMB No 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Use Schedule D-1 to list additional transactions for lines 1 and 8.

Your social security number

	LLIAM J CLINTON & HIL				ii	
Pat	Short-Term Capital Gains a		ets Held One Yea			
	(a) Description of property (Example 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mol, day, ye)	(d), Sales grice (see page D-7 of the instructions)	(e) Cost or other ba see page D-7 of the instructions)	Subtract (e) from (d)
1	<u> </u>		1			
					<u> </u>	
						İ
•						
			<u></u>			
2	Enter your short-term totals, it time 2 , , , ,	•				
3	Total short-term sales price and column (d)	ounts. Add lines	1 and 2 in			
4	Short-term gain from Form 6252			Forme 4884 6781	and 8824	4
5	Net short-term gain or (loss)	-			j	1
_	Schedule(s) K-1					5
6	Short-term capital loss carryover Carryover Worksheet on page D-7 of					6 ()
-						7
7 Par		nd Losses - Asse	ets Held More Th	an One Year	· · · · · · · · · · ·	f :
	(a) Description of property	(b) Date acquired	(c) Date sold	(d) Sales price (see page D-7 of	(e) Cost or other ba (see page D-7 of the	(a) Gain of (loss)
	(Example: 100 sh XYZ Co.)	(Moliday, yr.)	(Mo., day, yr)	the instructions)	instructions)	Subtract (e) from (d)
8 L	DISPOSITION OF YUCAIPA	í .	IPS 2008	NONE	726,76	1726,761.
		<u> </u>	2000	NONE	120,10	7.20,7013
		<u> </u>				
	Enter your long term totals if	- C-b-				
3	Enter your long-term totals, if time 9			į		
10	Total long-term sales price amou	unts. Add lines 8	and 9 in	NONE		
11	Gain from Form 4797, Part It lon	g-term gain from		NONE 6252 and long-to		
	(loss) from Forms 4684, 6781, and 8	3824		- 		1
12	Net long-term gain or (loss) Schedule(s) K-1					12
4.2					İ	
13 14	Capital gain distributions. See page Long-term capital loss carryover					13
	Carryover Worksheet on page D-7 of	of the instructions		, , , , . ,		14 (
15	Net long-term capital gain or (I Part III on the back					-726,761.
				· · · · · · · · · · · · · · · · · · ·		

Pai	t III Summary			
16	Combine lines 7 and 15 and enter the result	16	-726,761	
	If line 16 is: • A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.			
	◆Zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22		1	
17	Are lines 15 and 16 both gains? Yes, Go to line 18. No. Skip lines 18 through 21, and go to line 22.			
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the instructions	18		·
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions	19		
20	Are lines 18 and 19 both zero or blank? Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below.			
	No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below.		P .	
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller in			
	 The loss on line 16 or (\$3,000), or if married filling separately, (\$1,500) 	21	3,000	<u>.</u>)
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? Yes, Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).			
	X No. Complete the rest of Form 1040 or Form 1040NR.			

SCHEDULE E (Form 1040)

Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) ► Attach to Form 1040, 1040NR, or Form 1041. ► See Instructions for Schedule E (Form 1040). OMB No 1545-0074

Attachment Sequence No.

Department of the Treasury internal Revenue Service (99) Name(s) shown on return

Your social security number

	LLIAM J CLINTON & I						!				
	art I Income or Loss From R									erty.	use
	Schedule C or C-EZ (see page										
1	List the type and location of eac	h ren	tal real estate prop	erty:		r each rental real estate			-	Yes	No
Α	·					led on line 1 did you or t e it during the tax year fo			í		
						rposes for more than the			A L		
В						14 days or	9,000	. 01.			
				i	•	10% of the total days re	nted at	į.	В		ļ <u> </u>
С				!		fair rental value?		İ			ĺ
	<u> </u>					ee page E-3)	····		C		<u></u>
Inc	ome:			Prope					tals	-	
			Α	В		<u> </u>	(A00	columna	5 A, I	s, and	d C.)
3	Rents received			:			3				<u>. </u>
4	Royalties received	4		,		 	4				
Ex	penses:										
5	Advertising					- _					
6	Auto and travel (see page E-4) \dots		<u> </u>	:	~		j				
7	Cleaning and maintenance , . , , ,		i								
8	Commissions	8	: 								
9	Insurance	9]				
10	Legal and other professional fees , ,	10	<u> </u>] }				
11	Management fees	11									
12	Mortgage interest paid to banks,	ļ									
	etc. (see page E-5)	12				_ i	12				
13	Other interest	13									
14	Repairs	14					1				
15	Supplies	15		- 							
16	Taxes	16					1 1				
17	Utilities	17					1				
18	Other (list)						;				
		!					í				
		18									
		[-					1 1				
					w-me -m						
19	Add fines 5 through 18	19	<u></u>				19				
	Depreciation expense or depletion		****	-	***************************************		<u>'</u>			~ ~	
	(see page E-5)	20	-				20				
	Total expenses. Add lines 19 and 20	21		1				· · · · · ·		<u>.</u>	
	Income or (loss) from rental real	<u> </u>									
	estate or royalty properties.		ļ								
	Subtract line 21 from line 3 (rents)			i		į					
	or line 4 (royalties). If the result is a (loss), see page E-5 to find out if										
	you must file Form 6198	22									
23	Deductible rental real estate loss,										
	Caution. Your rental real estate loss on line 22 may be limited. See	i	į								
	page E-5 to find out if you must file Form 8582. Real estate			}			:				
	professionals must complete line	23	l _t	مأر		y'r					
	43 on page 2 Income, Add positive amounts st		on line 22. Do not	include any los	cae		7.4				
	Losses. Add royalty losses from li			,		Enter total leases here	24				,
	Total rental real estate and roya						25	,	·	······	
	If Parts II, III, IV, and line 40 on p										
	line 17, or Form 1040NR, line 18.						20				

Aitachment Sequence No. 13 Schedule E (Form 1040) 2008 Your social security number Name(s) shown on return. Do not enter name and social security number if shown on other side WILLIAM J CLINTON & HILLARY RODHAM CLINTON Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1. Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for Part II which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See page E-1. Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? Χİ If you answered "Yes," see page E-7 before completing this section. (c) Check if (d) Employer (e) Check i (b) Enter P for identification any amount is partnership, \$ foreign 28 (a) Name for S corporation partnership number not at risk FEES-YUCAIPA PARTNERSHIPS В C O Passive Income and Loss Nonpassive income and Loss STMT 12 (j) Nonpassive income from Schedule K-1 (f) Passive loss allowed (attach Form 8682 if required) (g) Passive income (h) Nonpassive loss (i) Section 179 expense from Schedula K-1 from Schedule K-1 deduction from Form 4562 35,482 A 8 C D 29a Totals 35,482. Add columns (g) and (j) of line 29a 30 Add columns (f), (h), and (i) of line 29b 482 31 Total partnership and S corporation income or (loss), Combine lines 30 and 31. Enter the result here and include in the total on line 41 below . -35,482 Part III Income or Loss From Estates and Trusts (b) Employer 33 tal Name В Passive Income and Loss Nonpassive Income and Loss (d) Passive income (c) Passive deduction or loss allowed (e) Deduction or loss (f) Other income from (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 Schedule K-1 Α В 34a Totals b Totals 35 Add columns (d) and (f) of line 34a 35 Add columns (c) and (e) of line 34b 36 Total estate and trust income or (loss), Combine lines 35 and 36. Enter the result here and include in the total on Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder Part IV (c) Excess inclusion from (b) Employer (d) Taxable income (net loss) (e) Income from (a) Name Schedules Q, line 2c 3.8 identification number from Schedules Q, line 15 Schedules Q, line 3b (see page E-7) 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below Part V Summary Net farm rental income or (loss) from Form 4835. Also, complete line 42 below 40 -35,482 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 . . . 41 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7, Schedule K-1 (Form 1065), box 14, code 8; Schedule K-1 (Form 1120S), box 17, code T and Schedule K-1 (Form 1041), line 14, code F (see page E-8) 42 Reconciliation for real estate professionals. If you were a real estate professional (see page E-2), enter the net income or (loss) you reported

anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules

Name of person with self-employment income (as shown on Form 1040) WILLIAM J CLINTON

Social security number of person with self-employment income 🕨

Attachment Sequence No. 17

Section B - Long Schedule SE

Part!	Self-Emp	loyment Tax
	A A I	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Note. If	your +	only i	ncome	subject	to self-e	mploym	nent tax	is cl	hurch	emplo	yee	income	, ski	p lines	i throu	gh 4b	Enter	-0- o	n line
4¢ and	go to l	line 5	a. Incor	me from	services	you pe	erformed	as i	a mini	ster or	a m	ember	of a	religious	order	is not	church	emp	oloyee
income	See pa	age Sl	E-1.																

İ٢	1001	ne See page SE-1.		
	Α	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Formula \$400 or more of other net earnings from self-employment, check here and continue with Part I		
	1 a	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065),		
		box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see page SE-4)	1a	······································
	1 b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve		
		Program payments included on Schedule F, Line 6b, or listed on Schedule K-1 (Form 1065), box 20, code X	1b (
	2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box	1	
		14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and		
		members of religious orders, see page SE-1 for types of income to report on this line. See page SE-3 for other income to report. Note . Skip this line if you use the nonfarm optional method (see	i	
		page SE-4)	2	4,719,909.
	3		3	4,719,909.
		If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	4,358,836.
		If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
		Combine lines 4a and 4b. If less than \$400, stop, you do not owe self-employment tax Exception.		
	-	if less than \$400 and you had church employee income, enter -0- and continue	4c	4,358,836.
	5.3	Enter your church employee income from Form W-2 See page SE-1		·,, , , , , , , , , , , , , , , , , , ,
	Ju	for definition of church employee income		
	h	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	4,358,836.
	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 2008	7	102,000.00
	e a	Total social security wages and tips (total of boxes 3 and 7 on Form(s)		102,000.00
	Va	W-2) and railroad retirement (tier 1) compensation. If \$102,000 or		
		more, skip lines 8b through 10, and go to line 11 8a 81.	1	
	ь	Unreported tips subject to social security tax (from Form 4137, line 10) 8b		
		Wages subject to social security tax (from Form 8919, line 10)		
	C		8d	81.
		Add lines 8a, 8b, and 8c,	9	101,919.
	9		10	12,638.
	0	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	11	126,406,
	1	Multiply line 6 by 2 9% (029) Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57	12	139,044.
	2 3	Deduction for one-half of self-employment tax. Multiply line 12 by		
•	J	50% (.5). Enter the result here and on Form 1040, line 27		
	2ar	Optional Methods To Figure Net Earnings (see page SE-4)		
•		Optional Method, You may use this method only if (a) your gross farm income: was not more		
		\$6,300, or (b) your net farm profits ² were less than \$4,548.	: :	
	4	Maximum income for optional methods, , , , , , ,	14	4.200.00
	5	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,200. Also		4,200.00
'	J		15	
		include this amount on line 4b above	13	
		arm Optional Method. You may use this method only if (a) your net nonfarm profits were less		
		\$4,548 and also less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings		
		self-employment of at least \$400 in 2 of the prior 3 years.		
		on. You may use this method no more than five times.	16	
		Subtract line 15 from line 14	16	
ı		Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount	47	
	_	on line 16. Also include this amount on line 4b above	17	
	_		4 / (ACCES how

¹ From Sch. F. line 11, and Sch. K-1 (Form 1065), box 14, code B.

 $^{^{2}}$ From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A-minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, ilne 31; Sch. C-EZ, line 3, Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1

 $^{^4}$ From Sch. C. line 7, Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Name of person with self-employment income (as shown on Form 1040) HILLARY RODHAM CLINTON

Social security number of person with self-employment income

Section B - Long Schedule SE

Part I	Self-Employment Tax	

Note. I	f your	only			to self-e													-0- or	line
4c and	go to	line 5	a. Incom	ne from	services	you pe	erformed	las a	a minis	ster or	a m	ember d	of a	religious	order	is not	church	emp!	loyee
income	See p	age S	E-1.																

	- 1 3		
Α	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Folhad \$400 or more of other net earnings from self-employment, check here and continue with Part I	rm 436	1. but you
			<u> </u>
та	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships. Schedule K-1 (Form 1965),	1 a	
4.6	box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see page SE-4)		· · · · · · · · · · · · · · · · · · ·
, ,	Program payments included on Schedule F, Line 6b, or listed on Schedule K-1 (Form 1065), box 20, code X	15/	
2	Net profit or (loss) from Schedule C, tine 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box	1	
	14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and	1 1	
	members of religious orders, see page SE-1 for types of income to report on this line. See page		
	SE-3 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-4). SEE STATEMENT 14	2	50,126
3		3	50,126
	If line 3 is more than zero, multiply line 3 by 92 35% (.9235). Otherwise, enter amount from fine 3	4a	46,291
	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
	Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax Exception.		······································
	If less than \$400 and you had church employee income, enter -0- and continue.	4c	46,291.
5a	Enter your church employee income from Form W-2. 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	46,291.
7	Maximum amount of combined wages and self-employment earnings subject to social security	3	
	tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2008	7	102,000.00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s)		
	W-2) and railroad retirement (tier 1) compensation. If \$102,000 or		
	more, skip lines 8b through 10, and go to line 11 8a 102,000.		
þ	Unreported tips subject to social security tax (from Form 4137, line 10) 8b	į Į	
С	Wages subject to social security tax (from Form 8919, line 10) , 8c	[
ď	Add lines 8a, 8b, and 8c	8 d	102,000.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11, ▶		····
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	
11	Multiply line 6 by 2.9% (.029)	11	1,342.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57	12	1,342.
13	Deduction for one-half of self-employment tax, Multiply line 12 by	İ	
D	50% (.5). Enter the result here and on Form 1040, line 27	<u> </u>	
	Optional Methods To Figure Net Earnings (see page SE-4)	· 	
	Optional Method. You may use this method only if (a) your gross farm income ¹ was not more \$6,300, or (b) your net farm profits ² were less than \$4,548		
			4 880 80
14 5	Maximum income for optional methods	14	4,200.00
3		_	
4 o of	include this amount on line 4b above	15	
	\$4,548 and also less than 72.189% of your gross nonfarm income. And (b) you had net earnings		
	self-employment of at least \$400 in 2 of the prior 3 years.		
	on. You may use this method no more than five times.		
		16	
7	Subtract line 15 from line 14	10	
		17	
1	on line 16. Also include this amount on line 4b above	4.6	4000 5

From Sch. F. line 11, and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F. line 36, and Sch. K-1 (Form 1065), box 14, code A-minus the amount you would have entered on line 1b had you not used the optional method.

From Sch. C, line 31; Sch. C-EZ, line 3, Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2

Form 8829

Expenses for Business Use of Your Home

► File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

OMB No 1545-0074 Attachment

Your social security number

Internal Revenue Service Name(s) of proprietor(s). See separate instructions.

Sequence No 66

WILLIAM J CLINTON Part of Your Home Used for Business Area used regularly and exclusively for business, regularly for daycare, or for storage of inventor, or product samples (see instructions) 1 2 Total area of home 2 Divide line 1 by line 2. Enter the result as a percentage 3 3 <u>25.</u>00% For daycare facilities not used exclusively for business, go to line 4. All others go to line 7. Multiply days used for daycare during year by hours used per day Total hours available for use during the year (366 days x 24 hours) (see instructions) 8,784 hr. Divide line 4 by line 5. Enter the result as a decimal amount _ _ _ _ _ 6 Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 25.00% Figure Your Allowable Deduction Enter the amount from Schedule C, line 29, plus any net gain or (loss) derived from the business use of your home and shown on Schedule D or Form 4797. If more than one place of business, see instructions 4,607,041. See instructions for columns (a) and (b) before (a) Direct expenses (b) indirect expenses completing lines 9-21. 9 Casualty losses (see instructions) 9 Deductible mortgage interest (see instructions) 10 10 Real estate taxes (see instructions) 11 11 Add lines 9, 10, and 11, , , 12 Multiply line 12, column (b) by line 7 13 Add line 12, column (a) and line 13 14 14 Subtract line 14 from line 8. If zero or less, enter -0-15 15 4,607,041. 16 Excess mortgage interest (see instructions) 16 17 17 18 18 Repairs and maintenance 19 19 20 20 21 Other expenses (see instructions) 21 22 Multiply line 22, column (b) by line 7 23 Carryover of operating expenses from 2007 Form 8829, line 42 24 24 Add line 22 column (a), line 23, and line 24 25 25 Allowable operating expenses. Enter the smaller of line 15 or line 25 26 26 27 Limit on excess casualty losses and depreciation. Subtract line 26 from line 15 4,607,041. 28 Depreciation of your home from Part III below 29 3.0 Carryover of excess casualty losses and depreciation from 2007 Form 8829, line 43 Add lines 28 through 30 945. 31 32 Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31 945. 945. 33 Add lines 14, 26, and 32 Casualty loss portion, if any, from lines 14 and 32, Carry amount to Form 4684, Section B 34 Allowable expenses for business use of your home. Subtract line 34 from fine 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions - > 35 945. Depreciation of Your Home Part III 36 Enter the smaller of your home's adjusted basis or its fair market value (see instructions) 147,500. 36 Value of land included on line 36 37 Basis of building. Subtract line 37 from line 36 38 147,500. 38 39 Business basis of building, Multiply line 38 by line 7. <u>36,875.</u> Depreciation percentage (see instructions) 40 2.5640% Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above 945. Part IV Carryover of Unallowed Expenses to 2009 Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-43 For Paperwork Reduction Act Notice, see page 4 of separate instructions. Form 8829 (2008)

ATLIAM J. CLINTAN DEPRECIATION Asset description CONTERTED BARN 1														
ntion			; ;	S:	SCHEDOUS C DE	C DEPRECIATION AND AMORTIZATION	AMORTIZATION			-				
	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis	Basis for depreciation	Beginning Accumulated A	Ending Accumulated depreciation	Me-	ej.	ACRS	MA Current-year CRS 179 class expense	11-year	Current-year depreciation
	10/01/2002	147,500.	25.0000				17,808.	18,753.	SL	I. Ì		i 1		945
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AMORTIZATION	;									-				
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Accumulated Accumulated amortization	Code	Life				Current-year amortization
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10/07/2012 25 075 37 000 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945 945	Asset description	Date placed In service	AMT Basis for depreciation	AMT accumulated depreciation			AMT	AMT depreciation deduction	Regular depreciation deduction	Post-86 depreciation adjustment	Leased pers. prop. preference	Real property oreference
36,374. 17,808.	CONVERTED BARN	10/01/2002	36,875	17,808			9.000	945.	945.			
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*Assets Retired

SUPPLEMENT TO FORM 1040

====	ES OF COMPENSATION	mom n z	FEDERAL	SOC SEC	MEDICARE
OWNER SHIP	 DESCRIPTION		WITHHELD		
	WAGES				, _
	GEP ATL, LLC UNITED STATES SENATE	81. 154,300.	20. 28,896.	5. 6,324.	1. 2,455.
	TOTAL - WAGES	154,381.	28,916.	6,329.	2,456.
	OTHER WITHHOLDING				
T	COPYRIGHT CLEARANCE CENT	ER	37.		
	TOTAL OTHER W/H		37.		
	WITHHOLDING FROM 1099-R DISTRIBUTIONS				
T	GENERAL SERVICES ADMINIS	TRATIO	40,236.		
	TOTAL		40,236.		
	GRAND TOTAL	154,381.	69,189.		

OWNER- SHIP WITHHOLDING FROM WAGES	STATE WITHHELD	CITY/LOCAL WITHHELD
T GEP ATL, LLC S UNITED STATES SENATE	5. 10,262.	
TOTAL WITHHOLDING FROM WAGES	10,267.	=======

SUPPLEMENT TO FORM 1040

OWNER SHIP	- WITHHOLDING FROM 1099-R DISTRIBUTIONS	STATE WITHHELD	CITY/LOCAL WITHHELD
 T	GENERAL SERVICES ADMINISTRATIO	13,090.	** ** ** ** ** ** ** ** **
	TOTAL	13,090.	

PENSIONS AND ANNUITIES

OWNER SHIP	DESCRIPTION	TOTAL RECEIVED	TAXABLE PORTION
 Т Т	GENERAL SERVICES ADMINISTRATION JPMORGAN CHASE BANK	191,300. 3,027.	191,300. NONE
	TOTAL (FORM 1040, PAGE 1, LINE 16)	194,327.	191,300.

PENSION/ANNUITY DETAIL

NAME OF PAYER: JPMORGAN CHASE BANK

3,027. PENSION/ANNUITY DISTRIBUTION 3,027. LESS: TAX-FREE ROLLOVERS

LESS: CAPITAL GAIN PORTION OF DISTRIBUTION

LESS: TAX-FREE EXCHANGE

LESS: EMPLOYEE CONTRIBUTION

TAXABLE AMOUNT OF DISTRIBUTION NONE =========

TAXABLE STATE/LOCAL TAX REFUNDS _____

ALLOCATION C	F STATE	/LOCAL	TAX	REFUND	PAID	OVER	TWO	YEARS:
--------------	---------	--------	-----	--------	------	------	-----	--------

1 2 3	TAXES PAID IN 2007 TAXES PAID IN 2008 TOTAL STATE AND LOCAL TAX PAYMENTS ON 2007 RETURN	1,328,433. 9,378. 1,337,811.
4	TOTAL REFUND RECEIVED IN 2008	14,813.
5 6	PERCENTAGE OF TAXES PAID IN 2007 (LINE 1/LINE 3) REFUND ATTRIBUTABLE TO TAXES PAID IN 2007	99.30% 14,709.
7 8	PERCENTAGE OF TAXES PAID IN 2008 (LINE 2/LINE 3) REFUND ATTRIBUTABLE TO TAXES PAID IN 2008	0.70% 104.
ΤA	XABLE REFUND:	
1 2	REFUND ATTRIBUTABLE TO TAXES PAID IN 2007 2007 ALLOWABLE ITEMIZED DEDUCTIONS	14,709. 5,275,815.
3	2007 BASIC STANDARD DEDUCTION: \$5,350, IF SINGLE \$10,700, IF MFJ OR QUALIFYING WIDOW(ER) \$5,350, IF MARRIED FILING SEPARATELY \$7,850, IF HEAD OF HOUSEHOLD	700.
4	2007 ADDITIONAL STANDARD DEDUCTION(S)	
5 6	ADD LINES 3 AND 4 SUBTRACT LINE 5 FROM LINE 2	10,700. 5,265,115.
7	TAXABLE TAX REFUNDS (SMALLER OF LINES 1 OR 6)	14,709.
PL	US: TAX REFUNDS RECEIVED FROM PRIOR YEARS	13,473.
	TOTAL TAXABLE REFUND TO FORM 1040, LINE 10	28,182.

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PERSONAL EXEMPTION WORKSHEET

1. IS THE AMOUNT ON FORM 1040, LINE 38 GREATER THAN AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS? IF YES, GO TO LINE 2.	
2. TOTAL EXEMPTIONS MULTIPLIED BY \$ 3,500	7,000.
3. ENTER THE AMOUNT FROM FORM 1040, LINE 38	5,503,158.
4. FILING STATUS INCOME LIMIT	239,950.
5. SUBTRACT LINE 4 FROM LINE 3	5,263,208.
6. IS LINE 5 GREATER THAN \$122,500 (\$61,250 FOR MFS)?	
X YES MULTIPLY \$2,333 BY THE TOTAL NUMBER OF EXEMPTIONS. ENTER THE RESULT ON FORM 1040, LINE 42.	4666
NO DIVIDE LINE 5 BY 2,500 (1,250 IF MFS).IF THE RESULT IS NOT A WHOLE NUMBER, INCREASE TO THE NEXT WHOLE NUMBER.	·
7. LINE 6 X 0.02	
8. LINE 2 MULTIPLIED BY LINE 7	
9. DIVIDE LINE 8 BY 3.0	
10.DEDUCTION FOR EXEMPTIONS (LINE 2 LESS LINE 9)	4,666.

SUPPLEMENT TO SCHEDULE A

STATE INCOME TAXES	
TAXES WITHHELD IRA DISTRIBUTIONS, PENSIONS & ANNUITIES ESTIMATED TAX AND EXTENSION PAYMENTS OTHER TAXES PAID AND BALANCE DUE LESS: STATE REFUNDS FROM TAXES PAID IN CY	10,267. 13,090. 360,000. 9,378. 104.
TOTAL TO SCHEDULE A, LINE 5	392,631.
CASH CONTRIBUTIONS	
OTHER CASH CONTRIBUTIONS	
50% ORGANIZATION(S) THE CLINTON FAMILY FOUNDATION	550,000.
TOTAL CASH CONTRIBUTIONS BEFORE LIMITATION	550,000.
CASH CONTRIBUTION LIMITATION	NONE
TOTAL TO SCHEDULE A, LINE 16	550,000.
OTHER MISC. DEDUCTIONS SUBJECT TO 2% LIMIT	
GRANTOR TRUST-TRUSTEE FEES GRANTOR TRUST-TRUSTEE FEES	5,020. 5,019.
TOTAL TO SCHEDULE A, LINE 23	10,039.

QUALIFIED LOAN LIMIT AND DEDUCTIBLE MORTGAGE INTEREST WORKSHEET

1.	AVERAGE BALANCE OF ALL GRANDFATHERED DEBT	
2.	AVERAGE BALANCE OF ALL HOME ACQUISITION DEBT	1,237,456.
3.	ENTER \$1,000,000 (\$500,000 IF MFS)	1,000,000.
4.	THE LARGER OF THE AMOUNT ON LINE 1 OR LINE 3	1,000,000.
5.	ADD THE AMOUNTS ON LINES 1 AND 2	1,237,456.
6.	THE SMALLER OF THE AMOUNTS ON LINE 4 OR LINE 5	1,000,000.
7.	ENTER \$100,000 (\$50,000 IF MFS, OR FMV REDUCTION)	100,000.
8.	QUALIFIED LOAN LIMIT (LINE 6 PLUS 7)	1,100,000.
9,	TOTAL AVERAGE BALANCES OF ALL MORTGAGES	1,237,456.
10.	TOTAL AMOUNT OF INTEREST PAID	66,578.
11.	DIVIDE LINE 8 BY LINE 9	0.889
12.	DEDUCTIBLE HOME MORTGAGE INTEREST	59,188.
13.	NON DEDUCTIBLE HOME MORTGAGE INTEREST	7,390.

ITEMIZED DEDUCTION WORKSHEET ______

1.	SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28	1,074,621.
2.	SCHEDULE A, LINES 4, 14, 20, AND GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28	
з.	LINE 1 LESS LINE 2	1,074,621.
4.	LINE 3 MULTIPLIED BY 80% 859,697.	
5.	ADJUSTED GROSS INCOME 5,503,158.	
6.	\$159,950 (\$79,975/MARRIED FILING SEP.) 159,950.	
7.	LINE 5 LESS LINE 6 5,343,208.	
8.	LINE 7 MULTIPLIED BY 3% 160,296.	
9.	SMALLER OF AMOUNTS ON LINES 4 OR 8	160,296.
10.	LINE 9 DIVIDED BY 1.5	
11.	LINE 9 LESS LINE 10	
12.	TOTAL ITEMIZED DEDUCTIONS (LINE 1 LESS LINE 11)	
		

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1

BUSINESS NAME: HILLARY RODHAM CLINTON

SIMON & SCHUSTER INC.-ROYALTIES

TOTAL TO SCHEDULE C, LINE 1

60,759.

60,759.

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GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1 _______

BUSINESS NAME: WILLIAM J. CLINTON

THE HARRY WALKER AGENCY, INC.

TOTAL TO SCHEDULE C, LINE 1

5,700,000. 5,700,000.

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1

BUSINESS NAME: WILLIAM J. CLINTON

RANDOM HOUSE, INC.-ROYALTIES COPYRIGHT CLEARANCE CENTER

TOTAL TO SCHEDULE C, LINE 1

536,182. 131.

536,313.

SUPPLEMENT TO SCHEDULE E

PART II, INCOME OR LOSS FROM PARTNERSHIPS AND S CORPORATIONS COLUMNS (H) & (J) - NONPASSIVE INCOME OR LOSS

K-I NAME: LEGAL FEES-YUCAIPA PARTNERSHIPS ID NUMBER:

DESCRIPTION	INCOME/LOSS
LESS: LEGAL FEES	35,482.
INCOME/LOSS AFTER AT-RISK ADJ.	-35,482.
ALLOWABLE INCOME/LOSS	

SUPPLEMENT TO SCHEDULE SE

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TAXPAYER'S NET SELF-EMPLOYMENT INCOME ______

NET NONFARM PROFIT OR (LOSS)

SCHEDULE C

TOTAL NET NONFARM PROFIT OR (LOSS), SECTION B, LINE 2

4,719,909. ______

4,719,909.

SUPPLEMENT TO SCHEDULE SE

SPOUSE'S NET SELF-EMPLOYMENT INCOME _______

NET NONFARM PROFIT OR (LOSS)

SCHEDULE C

50,126.

TOTAL NET NONFARM PROFIT OR (LOSS), SECTION B, LINE 2

50,126. ______