<u> 104</u>	U	J.S. Individual Incon	ie Tax Return 🙎 🛚	10 (99)	IRS Use Only - Do no	t write	or staple in this space.
	۲	ne year Jan 1-Dec 31 2010 or oth		, 2010, ends	פר		OMB No 1545-0074
Name,	1	flust name and initial	Last name			You	r social security number
Address,	,,	ILLIAM J	CLINTON				
and SSN		thit return, spouse's first hame and initial	Last name			Spo	use's social security numbe
	-	ILLARY	RODHAM CLINTO		Apt no	╡╼	
See separate	L Hom E	e address (number and street), if you	Jinave a FiQ box, see instructions		Aprillo		Malia anna tha COM S
	A R					▮⊿	Make sure the SSN(s) above and on line 6c are correct
	L TO	fown or post office, state, and ZiP (	node. If your have a foreign address	see instructions	i	+=	***
1	Ψ .	HAPPAOUA	NY		0514		ecking a box below will no ange your lax or refund.
Presidential L Election Cam		► Check here if you, or your s					X You X Spouse
	<del></del>	Single	pouse it timig jointly, trait to				person) (See instructions.)
Filing Sta	tus ˈ		en if only one had income)				ot your dependent, enter thi
Object only se	2 م		. Enter spouse's SSN above		ne here	<b>5</b> 00 17	or your oppersonit, enter the
Check only or box.	16 0	and full name here.	. Lines speeds a contracte	L.m.m.i	g widow(er) with de	pende	nt child
	6.2	X F 1	can claim you as a dependent.	do not check hoy 6	a	]	Boxes checked 2
Exemption	113		an claim you as a dependent.				No. of children
		: Dependents:	(2) Dependent's	(3) Dependent's	(4) √ il chila under	age 17	on 6c who:  Hved with you
	( <b>1</b> ) E.r	stiname Lastiname	social security number	refationship to you	quatifying for child fa (see page 15		<ul> <li>did not live with you due to divorce</li> </ul>
							or separation (see instructions)
If more than four dependents, see							Dependents on 6¢
in structions and							not entered above
check here ►				~ <del></del>			Add numbers on
	đ	Total number of exemptions of	daimed	,			lines above > 2
Income	7	Wages, salaries, tips, etc. Atta	ich Form(s) W-2		STMT. 1.	7	161,404.
		Taxable interest. Attach Scho	edule B if required			8 a	33,095.
Attach Form(s)	b	Tax-exempt interest. Do not i	nclude on line 8a , , , , , ,	8b			
W-2 here, Also attach Forms	9 a	Ordinary dividends, Attach S	chedule B if required			9 a	1,155.
W-2G and	b	Qualified dividends		, ,			
1099 R if tax was withheld.	10	Taxable refunds, credits, or o				10	76,556.
	11	Alimony received				11	10 275 574
If you did not	12	Business income or (loss). Att			. [	12	12,775,574.
get a W-2	13	Capital gain or (loss) Attach	•			13	-3,000.
see page 20	14	Other gains or (losses). Attac	:	1	:	14	
	15 a		· · · · · · · · · · · · · · · · · · ·	:	mount		199,700.
	16 a				mount	16b	199,700.
Enclose, but do	17	Rental real estate, royalties		ens, trusts, etc. At	tach Schedule E	17 18	
not attach, any payment, Also,	18 19	Farm income or (loss). Attach	* * * * * * * * * * * * * * * * * * * *		• • • • • • • • •	19	
please use Form 1040-V.	20 a	Unemployment compensation Social security benefits		b Taxable ar		20b	
FD:111 1040-4.	21	Other income. List type and a			1104111	21	
	22	Combine the amounts in the			ur totat income ▶	22	13,244,484.
	23	Educator expenses		23			
Adjusted	24	Certain business expenses of		· · · · · <del>· · · · · · · · · · · · · · </del>			
Gross	- '	fee-basis government official	•	:			
Income	25	Health savings account dedu					
	26	Moving expenses. Altach For		:			
	27	One-half of self-employment to			177,695.		
	28	Self-employed SEP, SIMPLE,	and qualified plans	28	i		
	29	Self-employed health insuran	ce deduction	29			
	30	Penalty on early withdrawal o	fsavings	30			
	31a	Alimony paid b Recipient's	SSN ▶	31a			
	32	IRA deduction		32			
	33	Student loan interest deduction	on, ,	33			
	34	Tuition and fees. Attach Form		'			
	35	Domestic production activities	es deduction. Attach Form	8903 . 35			
	36	Add lines 23 through 31a and			_ [	36	177,695.
Enr Disalasura	37	Subtract line 36 from line 22. y Act, and Paperwork Reduct			<u> ▶ j</u>	37	13,066,789. Form 1040 (2010)
JSA	, , , , , , , , , , , , , , , , , , , ,	.y mou and rapelwork Reduc	non not modes, see separate	mandenons.	0A1210 5 000		FORM 1940 (2010)
RS							

Form 1040 (20	10) WILLIAM J CLINTON & HILLARY RODHAM CLINTON		Page 2
Tax and	38 Amount from line 37 (adjusted gross income)	. 38	13,066,789.
Credits	39a Check J You were born before January 2, 1946, Blind. Total boxes		
O.Jano	if: Spouse was born before January 2, 1946. Blind checked > 39a		1
	bif your spouse itemizes on a separate return or you were a dual-status alien, check here > 39b		
	40 Itemized deductions (from Schedule A) or your standard deduction (see instructions) , . ,	40	2,355,226.
	41 Subtract line 40 from line 38	41	10,711,563.
	42 Exemptions. Multiply \$3,650 by the number on line 6d,	42	
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		10,704,263.
		- 1	3,716,800.
			i
	•	▶ 48	
	!		
	To To Taliff (ax cream Amazin of the Transport of the Tra	<u> </u>	
	48 Creating child and dependent care expenses Attach 1 of 12441 1 1	$\dashv$	
	49 Education cledits from 10000 mile 25., , ,		
	The Metherical Savings Continuous Credit Milacon Street Milacon Street	$\neg$	
		$\dashv$	
	33	54	NONE
	<ul> <li>Add lines 47 through 53. These are your total credits</li> <li>Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-</li> </ul>	55	3,716,800.
O4h a	<del>- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</del>	56	355,390.
Other	56 Self-employment tax. Attach Schedule SE	·	333,330.
Taxes	57 Unreported social security and Medicare tax from Form: a 4137 b 8919 8919		
	58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	• • • • • • •	
	59 a Form(s) W-2, box 9 b Schedule H c Form 5405, line 16	► 60	4,072,190.
D	60 Add lines 55 through 59. This is your total tax	-	4,0,2,130.
Payments	0.005.00		
		<del>~-</del> i	•
If you have a	The state of the s	_	
qualifying	STO CONTROL OF CONTROL		•
child, attach Schedule EIC	b Nontaxable combat pay election [64b]		
Schedde Lie			
	CZ	$\dashv$	
	67 First-time homebuyer credit from Form 5405, line 10		
	69 Excess social security and fier 1 RRTA tax withheld	_	
	70 Credit for federal tax on fuels. Attach Form 4136	_	
		$\dashv$	
	71 010000 10111 01111 12 1100 1	72	3,398,576.
Refund	73 If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	
(10.01.0	74 a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	
Direct deposit?	" " " " " " " " " " " " " " " " " " "		
See	d Account number		
instructions	75 Amount of line 73 you want applied to your 2011 estimated tax ▶ 75	]	
Amount	76 Amount you owe. Subtract line 72 from line 60 For details on how to pay, see instructions	▶ 76	673,614.
You Owe	77 Estimated tax penalty (see instructions),	NE	
Third Part	, Do you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. C	omplete	below. No
Designee	Designee's Priorie		ersonal identification
	name ► HOWARD M. TOPAZ no ► 212-918-3	<u> </u>	umber (PIN)
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, a belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information.	ind to the I of which p	cest of my knowledge and reparer has any knowledge
Here Joint return?	Your signature Date Your occupation	Da	aytime phone number
See page 12	SPEAKING 6 WRITING		<u> </u>
Keep a copy for your	Spouse's signature. If a joint return, both must sign.  Date Spouse's occupation	1	
records.	SECRETARY OF STATE		
Paid	Print/Type preparer's name Preparer's signature Date Check	PTI	JN
Paid	HOWARD M. TOPAZ	tayed	
Preparer	The state of the s	EIN 🕨	
Use Only	Firm's address ▶ 875 THIRD AVENUE Phone	no	212-918-3000
16.4	NEW YORK NY 10022		F 4646 40042
JSA 0A1220 5 000			Form 1040 (2010)

Form 2210

# Underpayment of Estimated Tax by Individuals, Estates, and Trusts

► See separate instructions.

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

OMB No. 1545-0140
2010
Attachment

Sequence No. 06

Form 2210 (2010)

Department of the Treasury Internal Revenue Service

Name(s) shown on tax return

Identifying number

WI	Do You Have To File Form 2210?					
Co	mplete lines 1 through 7 below. Is line 7 less than \$1,000? Yes Do not file Form 2210. You do not owe a penalty.					
L	No					
Col	The state of the s					
	No					
You	You must file Form 2210 Does box B, C, or D in Part II apply?  Yes  Yes  You must file Form 2210 Does box B, C, or D in Part II apply?					
L <u>.</u>	No Yes					
	You must figure your penalty.					
	No V					
you you lit, y ent	r penalty because the IRS will figure it and send a bill for any unpaid amount. If you want to figure your penalty amount on your tax return, but do file Form 2210.  You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.					
Par	t   Required Annual Payment					
1	Enter your 2010 tax after credits from Form 1040, line 55 (see instructions if not filing Form 1040) 1 3,716,800.					
3	Other taxes, including self-employment tax (see page 2 of the instructions)  Refundable credits. Enter the total of your making work pay credit, earned income credit, additional child tax credit, American opportunity credit (Form 8863, line 14), first-time homebuyer credit (Form 5405, line 10) credit for federal tax paid on fuels, adoption credit, refundable credit for prior year minimum tax (Form 8801, line 27), and health coverage tax credit.					
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop; you do not owe a penalty.  Do not file Form 2210					
5	Multiply line 4 by 90% (.90)  15 3,664,971.					
6	Withholding taxes. Do not include estimated tax payments (see page 3 of the instructions)					
7	Subtract line 6 from line 4. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210 7 3,998,614.					
8	Maximum required annual payment based on prior year's tax (see page 3 of the instructions)					
9	Required annual payment. Enter the smaller of line 5 or line 8					
	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 box A or E applies (but not B, C, or D) 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.					
Par						
Α	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	amount and file Form 2210.					
С	X Your income varied during the year and your penalty is reduced or eliminated when figured using the annualized income					
D	installment method. You must figure the penalty using Schedule AI and file Form 2210.  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.					
E	You filed or are filing a joint return for either 2009 or 2010, 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).					

For Paperwork Reduction Act Notice, see page 6 of separate instructions.

For	n 2210 (2010) WILLIAM J CLINTO	N &	HILLARY RODE	AM CLINTON		Page 3	
Pa	rt IV Regular Method (See page 3 of	the ins	tructions if you are fili	ing Form 1040NR or 104 Payment Due Dayment Dayment Due Dayment Dayment Dayment Dayment Due Dayment Day	ionr-EZ.) ates		
Section A - Figure Your Underpayment			(a) 4/15/10	(b) 6/15/10	(c) 9/15/10	(d) 1/15/11	
18	applies, enter the amounts from Schedule Alline 25. Otherwise, enter 25% (.25) of line 9. Form 2210, in each column.	18	483,738.	1,205,968.	459,744.	1,229,961.	
19	3 of the instructions). For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you do not owe a penalty. Do not file Form 2219 unless you checked a box in Part II	19	768,394.	943,394.	768,394.	918,394.	
	Complete lines 20 through 26 of one column before going to line 20 of the next column.				1		
20	Enter the amount, if any, from line 26 in the previous column	20	!	284,656.		330,732.	
2 1		21		1,228,050.	790,476.	1,249,126.	
22	Add the amounts on lines 24 and 25 in the previous column	22					
23	Subtract line 22 from line 21. If zero or less, enter -0 For column (a) only, enter the amount from line 19	23	768,394.	1,228,050.	790,476.	1,249,126.	
24	If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0-	24					
25		2.5					
	Overpayment. If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of the next column	26	284,656.	22,082.	330,732.		
the	ction B - Figure the Penalty (Use the instructions to figure your penalty.)					alty on page 4 of	
27	Penalty, Enter the total penalty from line the Penalty. Also include this amount on	8 of t	the worksheet for Form 1040, line 77; Form	n 2210, Part IV, Section 1040A, line 49; Form	n B - Figure   1040NR, line		

NONE Form **2210** (2010)

	m 2210 (2010) :hedule AI - Annualized Income Installmer	A	athed (See pages f	Sthrough 6 of the in-	structions \	Page 4	
50	ates and trusts do not use the period ending dates shown to	IL IV					
ine	right Instead, use the following: 2/28/10, 4/30/10,		(a) 1/1/10-3/31/10	(b) 1/1/10-5/31/10	(a) 1/1/10-6/31/10	( <b>d)</b> 1/1/10-12/31/10	
_	1/10, and 11/30/10. art I Annualized Income Installments	ــــــــــــــــــــــــــــــــــــــ		,			
بنا	Enter your adjusted gross income for each period (see	<u>,                                    </u>	·				
,	in structions) (Estates and trusts, enter your taxable income		1,992,491.	5,174,000.	7 141 826	13,066,789.	
	without your exemption for each period )	1		2.4		10,000,709.	
_	An nualization amounts. (Estates and trusts, see instructions)		7 000 004	12,417,600.	1.5	13,066,789.	
3	Amnualized income. Multiply line 1 by line 2	3	7,969,964.	12,417,000.	10,112,139.	13,000,709.	
4	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 9 and enter		E00 007	001 244	1 570 151	2 355 226	
	amount from line 3	4	588,807.	981,344.	1,570,151.	2,355, <u>2</u> 26.	
5	Annualization amounts	5	2 255 220	24	15	2,355,226.	
5	Multiply line 4 by line 5	6	2,355,228.	2,355,226.	2,355,227.	2,333,226.	
7	In each column, enter the full amount of your standard deduction from Form 1040, line 40, or Form 1040A, line 24	;	į				
	(Form 1040NR or 1040NR-EZ filers, enter -0 Exception:			n n 400	11 400	17 400	
	Indian students and business apprentices, see instructions ).	7	11,400.			11,400.	
8	Enter the larger of line 6 or line 7	8					
	Subtract line 8 from line 3, , , , , ,	9	5,614,736.	10,062,374.	8,357,512.	10,711,563.	
10	In each column, multiply \$3,650 by the total number						
	of exemptions claimed (Estates, trusts, and Form	;					
	1040NR or 1040NR-EZ filers, see instructions.) , , ,	10	7,300.	7,300.		7,300.	
11	Subtract line 10 from line 9 If zero or less, enter -0-,	11	5,607,436.			10,704,263.	
12	Figure your tax on the amount on line 11 (see instructions),	12.	1,932,911.	3,489,584.	2,892,882.	3,716,800.	
13	Self-employment tax from line 34 (complete Part II)	:					
	below)	13	217,037.	337,768.	291,489.	355,390.	
14	Enter other taxes for each payment period (see instructions)	14	NONE	NONE			
15	Total tax. Add lines 12, 13, and 14	15	2,149,948.	3,827,352.	3,184,371.	4,072,190.	
16	For each period, enter the same type of credits as adowed						
	on Form 2210, Part I, lines 1 and 3 (see instructions)	16	NONE	NONE			
17	Subtract line 16 from line 15. If zero or less, enter -0-	17	2,149,948.	3,827,352.	3,184,371.	4,072,190.	
18	Applicable percentage	18	22 5%	45%	67.5%	90%	
19	Multiply line 17 by line 18, , , , , ,	19	483,738.	1,722,308.	2,149,450.	3,664,971.	
	Complete lines 20-25 of one column before						
	going to line 20 of the next column.						
20	Enter the lotal of the amounts in all previous columns of line 25 , ,	20		483,738.		2,149,450.	
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	483,738.	1,238,570.	459,744.	1,515,521.	
22	Enter 25% (.25) of tine 9 on page 1 of Form 2210 in each column .	22	844,853.	844,853.	844,853.	844,85 <u>2.</u>	
	Subtract line 25 of the previous column from line 24						
_	•	23		361,115.		385,109.	
24		24	844,853.	1,205,968.	844,853.	1,229,961.	
	Enter the smaller of line 21 or line 24 here and on						
	Form 2210. Part IV, line 18		483,738.	1,205,968.	459,744.	1,229,961.	
P	art II Annualized Self-Employment Tax (			<b>PANYPANETR</b> OF Y)A			
26	Net earnings from self-employment for the period (see instructions) .	26	1,756,239.	4,661,705.	6,394,856.	11,795,755.	
	Prorated social security tax limit	27	\$26.700	\$44.500	\$71.200	\$106,800	
28	Enter actual wages for the period subject to social security tax or						
	the 6.2% portion of the 7.65% railroad retirement (tier 1) tax						
	Exception: If you filed Form 4137 or Form 8919, see instructions	28	5.	9.	14.	21.	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	26,695.	44,491.	71,186.	106,779.	
	Annualization amounts	30	0.496	0 2976	0 186	0.124	
31		31	13,241.	13,241.	13,241.	13,241.	
	•	32	0.116	0.0696	0.0435	0.029	
		33	203,724.	324,455.	278,176.	342,077.	
	Add lines 31 and 33. Enter here and on line 13 above	<del>,</del>	216,965.	337,696.	291,417.	355,318.	
				•		Farm <b>2210</b> (2010)	

Sc	he dule AI - Annualized Income Installmer	t M	ethod (See pages 5	through 6 of the ins	tructions.)	
Est	ates and trusts do not use the period ending dates shown to right, instead, use the following 2/28/10, 4/30/10, 1/10, and 11/30/10		(a) 1/1/10-3/31/10	(b) 1/1/10-5/31/10	(c) 1/3/10-8/31/10	(d) 1/1/10-72/31/10
	Annualized Income Installments					
1	Enter your adjusted gross income for each period (see					
	in structions) (Estates and trusts, enter your taxable income	1				
7	without your exemption for each period.)	2	4	2.4	1.5	1
_	Annualized income. Multiply line 1 by line 2 , ,	3	:			
_	If you itemize enter itemized deductions for the period					
4	shown in each column All others enter -0-, and skip to line 7. Exception: Estates and trusts, skip to line 9 and enter amount from line 3	4				
5	Annualization amounts	5	4	2 4	1.5	1
6	Multiply line 4 by line 5	6				
7	In each column, enter the full amount of your standard deduction from Form 1040, line 40, or Form 1040A, line 24. (Form 1040NR or 1040NR-EZ filers, enter -0- Exception: Indian students and business apprentices, see instructions.).	7				
8	Enter the larger of line 6 or line 7	8				
	Subtract line 8 from line 3	9				
10	in each column, multiply \$3,650 by the total number		į	:		
	of exemptions claimed (Estates, trusts, and Form			·		
	1040NR or 1040NR-EZ filers, see instructions),	10				
11	Sulbtract line 10 from line 9 If zero or less, enter -0-	11		:		
12	Figure your tax on the amount on line \$1 (see instructions).	1.2	±1.0±. <del>10.0000000000000000000000000000000000</del>	- T		
13	Self-employment tax from line 34 (complete Part II				į	
	below)	13		<u> </u>		
14	Enter other taxes for each payment period (see instructions)	14				
15	Total tax. Add lines 12, 13, and 14	15		· · · · · · · · · · · · · · · · · · ·		
16	For each period, enter the same type of credits as allowed			i		
	on Form 2210, Part Llines 1 and 3 (see instructions)	16			iii	
17	Subtract line 16 from line 15. If zero or less, enter -0-	17				
	, ipportunity in the control of the	1.8	22 5%	45%	67.5%	90%
19	Multiply line 17 by line 18	19				
	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 tine 25 $_{\odot}$ , $_{\odot}$	20		<del></del>		
	Subtract line 20 from line 19. If zero or less, enter -0-		···			
22	Either 25% ( 25) of time 9 on page 1 of Form 2210 in each column $^{\circ}$ .	22				<u></u>
23	Subtract line 25 of the previous column from line 24		ļ			
	•	23	· · · · · · · · · · · · · · · · · · ·			
	Add lines 22 and 23	24				
25	Enter the smaller of line 21 or line 24 here and on	_			•	
_	Form 2210, Part IV, line 18	25	n 1040 and Form 1	Additional Posterior Control	i Nitro	
			622.	1,037.	1,659.	2,488.
	Net earnings from self-employment for the period (see instructions)	26		\$44,500	\$71.200	\$106,800
	Prorated social security tax limit	27	\$26,700	344,300	371.200	<b>\$100,000</b>
28	Enter actual wages for the period subject to social security (ax or		ļ			
	the 6.2% portion of the 7.65% railroad retirement (tier 1) tax	30	26,700.	44,500.	71,200.	106,800.
	Exception: if you filed Form 4137 or Form 8919, see instructions ,	28	NONE		NONE	NONE
	Subtract line 28 from line 27. If zero or less, enter -0-	29	0.495	0 2976	0.186	0.124
	Annualization amounts	30	NONE		NONE	NONE
	Multiply line 30 by the smaller of line 26 or line 29	31	0 116	0 0696	0 0435	0.029
	Annualization amounts		72.		72.	72.
	Multiply line 26 by line 32 Add lines 31 and 33 Enter here and on line 13 above >	33	7.0	72.	72.	72.
	ride miles or and do amornion and on mile to begge to pe	54	; Z .	, , , ,		Form <b>2210</b> (2010)

### **Itemized Deductions**

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1049.

► See Instructions for Schedule A (Form 1040).

	20 <b>10</b>
	Attachment Sequence No. 07 r social security number
	1,296,052.
5	59,174.
	1 000 000
9 0	

Name(s) show	n on	Your social security number				
WILLIAM	J	CLINTON & HILLARY RODHAM CLINT	ON		ļ,	
Medical and Dental	1 2	Caution. Do not include expenses rembursed or paid by others Medical and dental expenses (see instructions) Enter amount from Form 1040, line 38 Multiply line 2 by 7.5% (075)	1			
Expenses	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter	-0	· · · · · · · · · · · · · · · · · · ·	4	
	5		5	1,192,177.		
Taxes You Paid		b General sales taxes  Real estate taxes (see instructions)  New motor vehicle taxes from line 11 of the worksheet on	6	103,875.		
	8	back (for certain vehicles purchased in 2009) Skip this line if you checked box 5b.  Other taxes. List type and amount	7	. <u> </u>		
	9	Add fines 5 through 8	8		9	1,296,052.
Interest	10	Home mortgage interest and points reported to you on Form 1098	10	59,174.	1	
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid				
		to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address $\blacktriangleright$				
<b>Note</b> . Your morigage			11			
interest deduction may be limited (see		Points not reported to you on Form 1098. See instructions for special rules.  Mortgage insurance premiums (seeinstructions)	12			
instructions).	13	Investment interest Attach Form 4952 if required (See instructions.)			1	<u> </u>
	14 15				15	59,174.
Gifts to Charity		Giffs by cash or check, if you made any gift of \$250 or more, see instructions . SEE, STATEMENT, 3,	16	1,000,000.		
If you made a gift and got a	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form \$283 if over \$500.	17		- - -	
benefit for it, see instructions.	18 19	Carryover from prior year	18	<u> </u>	19	1,000,000.
Casualty and Theft Losses		Casualty or theft loss(es). Attach Form 4684. (See instruction	ıs.) .	· · · · · · · · · · · · · · · · · · ·	20	
Job Expenses	21	Unreimbursed employee expenses - job travel, union dues, job	[			
and Certain Miscellaneous		education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)	21		_	
Deductions	22	Tax preparetion fees	22		1	
	23	Other expenses - investment, safe deposit box, etc. List type and amount  SEE STATEMENT 3		6,565.		
	24 25	Add lines 21 through 23 Enter amount from Form 1940, line 38	23	6,565.	<del>-</del>	
	26	1040, line 38	26	261,336.		
	27	Subtract line 26 from line 24. If line 26 is more than line 24,	-		27	NONE
Other Miscellaneous	28	Other - from list in instructions. List type and amount ▶				
Deductions			28			
Total Itemized	29	Add the amounts in the far right column for lines 4 thro			29	2,355,226.
Deductions	30	If you elect to itemize deductions even though they are less deduction, check here	than	your standard		

For Paperwork Reduction Act Notice, see Form 1040 instructions.

#### SCHEDULE B (Form 1040A or 1040)

## Interest and Ordinary Dividends

OMB No 1545-0074 Attachment Sequence No. 08

Your social security number

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

► Attach to Form 1040A or 1040.

➤ See Instructions on back.

WILLIAM 3	J C	LINTON & HILLARY RODHAM CLINTON			
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amo	ount
Interest		buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address.			<u>5</u> ,726.
(See instructions		JPMORGAN CHASE BANK NA			$\frac{5,726}{6,191}$
on, back and the		JPMORGAN CHASE BANK NA			
instructions for Form 1040A, or		JPMORGAN CHASE BANK NA	}	<del></del>	400
Form 1040.		# # #			3.
lin <b>e</b> 8a.)		JPMORGAN CHASE BANK, N.A.			<u>9,409</u>
		JPMORGAN CHASE BANK, N.A.	1		16.
Note. If you received a Form 1099-INT, Form	J	INTEREST FROM TAX REFUNDS			1,350
1099-OID, or		***************************************			
substitute					
statement from a brokerage firm.					
list the firm's					
name as the					·
payer and enter the total interest					2 2 2 5
shown on that	2	Add the amounts on line 1	2	3	3,095
form.	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.			
		Attach Form 8815	3		
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form			
		1040, line 8a	4		3,095
	Not	e. If line 4 is over \$1,500, you must complete Part III		Am	ount
Part II		List name of payer			
	J	JPMORGAN CHASE BANK, N.A.			1,155
Ordinary				ļ.,	
Dividends			•		
(See instructions on back and the					
instructions for					
Form 1040A, or					
Form 1040, line 9a.)			5		
			•		
Note. If you		· · · · · · · · · · · · · · · · · · ·		F	
received a Form					
1099-DIV or					
substitute				·	
statement from a brokerage firm.			ł		
list the firm's					
name as the					
payer and enter the ordinary					
dividends shown			İ		
on that form.		Add the amounts on line 5. Enter the total here and on Form 1040A, or Form			
	0	1040, line 9a	6		1,155
		e. If line 6 is over \$1.500, you must complete Part III	<u> </u>	<del>                                     </del>	1120
<del></del>	You	must complete this part if you (a) had over \$1,500 of taxable interest or ordinary divide	nds:	(b) had a	
<b>5</b>	fore	ign account, or (c) received a distribution from, or were a grantor of, or a transferor to, at	foreia	n trust.	Yes No
Part III		At any time during 2010, did you have an interest in or a signature or other ac			:
Foreign	/ a	(At any time during 2010, did you have an interest in or a signature of other as	anus Anon	or other	;
Accounts		financial account in a foreign country, such as a bank account, securities account as a bank account, securities account as a bank account in a foreign country, such as a bank account, securities account.	aunt. for E	orm TD E	
and Trusts		financial account? See instructions on back for exceptions and filing requirements			Х
	_	90-22.1			
(See	t:	If "Yes," enter the name of the foreign country		eror to o	
instructions on back.)	8	During 2010, did you receive a distribution from, or were you the grantor of, or to foreign trust? If "Yes," you may have to file Form 3520. See instructions on back,			x
		Totelgit trust: If Tes, you may have to bie tobit 5020, occ instructions on back,	· · · · ·		<u> </u>

Department of the Treasury

in ternai Revenue Service

#### **Profit or Loss From Business**

(Sole Proprietorship)

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

(99) Attach to Form 1040, 1040NR, or 1041. See instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2010

Attachment
Sequence No. 09

Social security number (SSN) Name of proprietor HILLARY RODHAM CLINTON Principal business or profession, including product or service (see instructions) Enter code from pages C-9, 10, & 11 711510 AUTHOR Business name. If no separate business name, leave blank. D Employer ID number (EIN), if any HILLARY RODHAM CLINTON Business address (including suite or room no.) -CHAPPAQUA, NY City, town or post office, state, and ZIP code 10514 Accounting method: (1) X Cash (2) Accrual (3) Other (specify) ▶ \_ G Nο Income Part Gross receipts or sales. Caution. See instructions and check the box if This income was reported to you on Form W-2 and the "Statutory employee" box. SEE STATEMENT on that form was checked, or 3,612. You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses. 2 Subtract fine 2 from line 1 . . . . . . . . 3 3,612. 4 Cost of goods sold (from line 42 on page 2) 3,612 Gross profit. Subtract line 4 from line 3 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) Gross Income, Add lines 5 and 6 7 3,612 Expenses. Enter expenses for business use of your home only on line 30. Partil 18 8 Car and truck expenses (see 19 Pension and profit-sharing plans 19 20 Rent or lease (see instructions) Commissions and fees 10 Vehicles, machinery, and equipment 20 a b Other business property Contract labor (see instructions) 11 20 b 21 Repairs and maintenance 21 Depreciation and section 179 22 Supplies (not included in Part III) 22 23 Taxes and licenses expense deduction 23 286. (not included in Part III) (see 24 Travel, meals, and entertainment: instructions) , , , , , , . . . . . . . . 13 24a 14 Employee benefit programs b Deductible meals and (other than on line 19) . . . . . . 14 entertainment (see instructions) . . . 15 Insurance (other than health). . . . 26 Wages (less employment credits) . . . . 16 Interest: 26 27 Other expenses (from line 48 on a Mortgage (paid to banks, etc.) 16a 632. 16b 17 Legal and professional services , . . . . . 17 918 28 Total expenses before expenses for business use of home. Add lines 8 through 27 29 Tentative profit or (loss). Subtract line 28 from line 7.............. 29 .694. 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 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 2,694. 3 1 If a loss, you must on to line 32. 32. If you have a loss, check the box that describes your investment in this activity (see instructions). • 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). Estates and 32a All investment is at risk trusts, enter on Form 1041, line 3, Some investment is not 32b at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

	dule C (Form 1040) 2010 HILLARY RODHAM CLINTON			Page 2
Pa	rt III Cost of Goods Sold (see instructions)		<del></del>	·- ·- ·-
3 3	Method(s) used to a Cost b Lower of cost or market c value closing inventory:	o	ther (attach expla	nation)
34	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. If different from fast year's closing inventory, attach explanation	. 35		<u> </u>
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		
40	Add lines 35 through 39	40		
4 1	Inventory at end of year	. 41		
<b>\$</b> 2	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	4.2		
Pai	Information on Your Vehicle. Complete this part only if you are claiming car or truck and are not required to file Form 4562 for this business. See the instructions for line file Form 4562.			must
13	When did you place your vehicle in service for business purposes? (month, day, year)			
4	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle	for:		
a	Business b Commuting (see instructions) c C	ther _		
5	Was your vehicle available for personal use during off-duly hours?		Yes	No No
16	Do you (or your spouse) have another vehicle available for personal use?		Yes	No
17 a	Do you have evidence to support your deduction? ,		Yes	No
b	If "Yes." is the evidence written?		Yes	No
Par	Other Expenses. List below business expenses not included on lines 6-26 of line 30.			
COI	LABORATION FEES AND EXPENSES			632.
<u> </u>				
				<u> </u>
			<u> </u>	
	· · · · · · · · · · · · · · · · · · ·			
	Total other expenses. Enter here and on page 1, line 27	10		632.
•	Total other expenses. Enter nere and on page 1, line 27	. 48	i Schedule C (For	m 1040) 2010

#### **Profit or Loss From Business**

(Sole Proprietorship)

2010 Attachment

▶ Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B. Department of the Treasury (99) Attach to Form 1040, 1040NR, or 1041. See Instructions for Schedule C (Form 1040). Sequence No. 09 Internal Revenue Service Social security number (\$\$N) Name of proprietor WILLIAM J CLINTON B Enter code from pages C-9, 10, & 11 Principal business or profession, including product or service (see instructions) 711510 Business name. If no separate business name, leave blank. Employer ID number (EIN), if any WILLIAM J. CLINTON Business address (including suite or room no.) CHAPPAQUA, NY City, town or post office, state, and ZIP code Other (specify) > \_ Accounting method: (1) X Cash (2) Accrual (3) F Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses . . . G If you started or acquired this business during 2010, check here н Part! Gross receipts or sales. Caution. See instructions and check the box if. This income was reported to you on Form W-2 and the "Statutory employee" box SEE STATEMENT on that form was checked, or 10,741,000. You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses. 10,741,000. Subtract line 2 from line 1 . . . . . . . . . 3 4 Cost of goods sold (from line 42 on page 2) 10,741,000. Gross profit. Subtract line 4 from line 3 5 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions). Gross income. Add lines 5 and 6 10,741,000. Part II Expenses. Enter expenses for business use of your home only on line 30. Office expense 18 8 Advertising 19 Pension and profit-sharing plans 19 Car and truck expenses (see 20 Rent or lease (see instructions) 944,675. a Vehicles, machinery, and equipment 10 Commissions and fees . . . . . . . 20a 10 b Other business property 20b 11 Contract labor (see instructions) Repairs and maintenance . . . . . . . 21 12 Supplies (not included in Part III) 22 13 Depreciation and section 179 Taxes and licenses 296,682. expense deduction 23 included in Part III) (see Travel, meals, and entertainment: 630,027. 13 14 Employee benefit programs b Deductible meals and 4,760. (other than on line 19) . . . . . . entertainment (see instructions) 24 b 14 25 15 Insurance (other than health) . . . . 15 216,958. 26 Wages (less employment credits) 26 16 Interest: Other expenses (from line 48 on a Mortgage (paid to banks, etc.) 16 a 41,840. 17 Legal and professional 17 28 2,134,942. 2.8 Total expenses before expenses for business use of home. Add lines 8 through 27 29 8,606,058. 945. 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 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, fine 3. 8,605,113. 31 If a loss, you must go to line 32. 3.2. If you have a loss, check the box that describes your investment in this activity (see instructions).

If you checked 32b, you must attach Form 6198. Your loss may be limited.

trusts, enter on Form 1041, line 3.

• 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). Estates and

All investment is at risk Some investment is not at risk.

32a

32b

	rt III Cost of Goods Sold (see instructions)	<u></u>	Page ₄
	e-vandad by-marrind		
33	Method(s) used to a Cost b Lower of cost or market c	Other (attach explana	ition)
34	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	5	<del></del>
36	Purchases less cost of items withdrawn for personal use	6	
37	Cost of labor. Do not include any amounts paid to yourself	7	
38	Materials and supplies 3	8	·
39	Other costs3	9	
40	Add lines 35 through 39	0	· · · · · · · · · · · · · · · · · · ·
41	Inventory at end of year	1	1,22,000
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4		
Pa	Information on Your Vehicle. Complete this part only if you are claiming car or truck experience and are not required to file Form 4562 for this business. See the instructions for line 13 file Form 4562.		ust
43	When did you place your vehicle in service for business purposes? (month, day, year)		
4 4	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for.		
а	Business b Commuting (see instructions) c Other	*	
4 5	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
17 a	Do you have evidence to support your deduction?	Yes	No
b Par	If "Yes," is the evidence written?	Yes	No
	SCELLANEOUS		5,761.
	LEPHONE		.,835.
	1PUTER SERVICES	İ	328.
	STAGE	İ	684.
	TTS		3,232.
			···
4.8	Total other expenses. Enter here and on page 1. line 27	8 41 Schedule C (Form	. 840. 1040) 2010

#### Profit or Loss From Business

(Sole Proprietorship)

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

OMB No 1545-0074 Attachment

Department of the Treasury Sequence No. 09 Internal Revenue Service Social security number (SSN) Name of proprietor WILLIAM J CLINTON B Enter code from pages C-9, 10, & 11 Principal business or profession, including product or service (see instructions) 711510 D Employer ID number (EIN), if any Business name. If no separate business name, leave blank. WILLIAM J. CLINTON Business address (including suite or room no.) CHAPPAQUA, NΥ City, town or post office, state, and ZIP code (3) Other (specify) Accrual Accounting method: (1) X Cash (2) Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses . . . G If you started or acquired this business during 2010, check here . . . Parti Gross receipts or sales. Caution. See instructions and check the box if: This income was reported to you on Form W-2 and the "Statutory employee" box SEE STATEMENT on that form was checked, or 54,918. You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses 54,918. Subtract line 2 from line 1 3 Cost of goods sold (from line 42 on page 2) , . . . . . . . 54,918 5 Gross profit. Subtract line 4 from line 3 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions). 6 Gross Income. Add lines 5 and 6 Expenses. Enter expenses for business use of your home only on line 30. PartII 18 Office expense ....... 8 Advertising . . . . . . . . . . . . . . . . . . 8 19 Pension and profit-sharing plans 19 Car and truck expenses (see 20 Rent or lease (see instructions) instructions) . . . . . . . . . . . . . . . a Vehicles, machinery, and equipment 10 Commissions and fees . . . . . , b Other business property . . . . . 20b 11 11 Contract labor (see instructions) 21 Repairs and maintenance 21 12 22 Supplies (not included in Part III) 22 13 Depreciation and section 179 23 Taxes and licenses 23 expense deduction included in Part III) (see 24 Travel, meals, and entertainment: 13 b Deductible meals and 14 Employee benefit programs entertainment (see instructions) (other then on line 19) . . . . . . . 14 15 Insurance (other than health) . . . . 15 26 26 Wages (less employment credits) . . . . 16 Interest: 27 Other expenses (from line 48 on a Mortgage (paid to banks, etc.) . . . 16a 27 16b **b** Other . . . . . . . . . . . . . . . . . . 17 Legel and professional 17 services . . . . . . 28 28 Total expenses before expenses for business use of home. Add lines 8 through 27 . . . . . . 54,918. 29 30 30 Expenses for business use of your home. Attach Form 8829 3.1 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Form 1940, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 54,918. 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 instructions). 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). Estates and 32a All investment is at risk Some investment is not at risk 32b

If you checked 32b, you must attach Form 6198. Your loss may be limited.

trusts, enter on Form 1041, line 3.

	Guile C (Full 1946) 2010 W EDIAM O CETTING	- 58.
Рa	rt III Cost of Goods Sold (see instructions)	
3 3	value closing inventory.	Other (attach explanation)
3 4	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. If different from last year's closing inventory, attach explanation	35
3 6	Purchases less cost of items withdrawn for personal use	36
3 7	Cost of labor. Do not include any amounts paid to yourself	37
3 8	Materials and supplies	38
9	Other costs	39
0	Add lines 35 through 39	40
11	Inventory at end of year	41
12	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 car or truck eand are not required to file Form 4562 for this business. See the instructions for line file Form 4562.	expenses on line 9
3	When did you place your vehicle in service for business purposes? (month, day, year)	
4	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for	or
a	Business b Commuting (see instructions)c Ot	ther
5	Was your vehicle available for personal use during off-duty hours?	Yes No
6	Do you (or your spouse) have another vehicle available for personal use?	Yes No
17 a	Do you have evidence to support your deduction?	[
b	If "Yes," is the evidence written? , , , , , , , , , , , , , , , , , , ,	Yes No
Pai	Other Expenses. List below business expenses not included on lines 8-26 or line 30.	
· <b>-</b> -	######################################	
8	Total other expenses, Enter here and on page 1, line 27	48

Schedule C (Form 1040) 2010

#### **Profit or Loss From Business**

(Sole Proprietorship)

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

OMB No. 1545-0074

20 10

Attachment
Sequence No. 09

Department of the Treasury ➤ See Instructions for Schedule C (Form 1040). Sequence No 09 ➤ Attach to Form 1040, 1040NR, or 1041. Internal Revenue Service Social security number (SSN) Name of proprietor WILLIAM J CLINTON B Enter code from pages C-9, 10, & 11 Principal business or profession, including product or service (see instructions) 711510 CONSULTING D Employer ID number (EIN), if any Business name. If no separate business name, leave blank. WJC, LLC Business address (including suite or room no.) > City, town or post office, state, and ZIP code CHAPPAQUA, NY (3) Other (specify) Accrual Accounting method: (1) X Cash (2) Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses \_ \_ \_ . No G Part I Gross receipts or sales. Caution. See instructions and check the box if: This income was reported to you on Form W-2 and the "Statutory employee" box SEE STATEMENT on that form was checked, or 4,125,000. You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses 4,125,000. 3 Subtract line 2 from line 1 . . . . , . . . . . . 4 Cost of goods sold (from line 42 on page 2) , , , , , , . . . 5 4,125,000. Gross profit. Subtract line 4 from line 3 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . . 6 7 Gross income. Add lines 5 and 6 Expenses. Enter expenses for business use of your home only on line 30. Part II 18 Office expense 18 8 Advertising ...... 8 19 Pension and profit-sharing plans 19 Car and truck expenses (see 20 Rent or lease (see instructions): a Vehicles, machinery, and equipment 20a 10 Commissions and fees 20b b Other business property Contract labor (see instructions) 11 21 Repairs and maintenance 21 Depletion . . . . . . . . . . . . . . 12 22 Supplies (not included in Part III) 22 Depreciation and section 179 23 expense deduction (not included in Part III) (see 24 Travel, meals, and entertainment: instructions) , , , . . . . . . . . . . . . 13 ь Deductible meals and 14 Employee benefit programs entertainment (see instructions) (other than on line 19) . . . . . . 15 Insurance (other than health) . . . . 15 26 Wages (less employment credits) . . . . 26 16 Interest: 27 Other expenses (from line 48 on a Mortgage (paid to banks, etc.) 16a 27 17 Legal and professional 12,151. 17 12, 15128 Total expenses before expenses for business use of home. Add lines 8 through 27 . . . 12,849 29 30 30 Expenses for business use of your home. Attach Form 8829 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 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 4,112,849. 31 If a loss, you must go to line 32. 3.2 If you have a loss, check the box that describes your investment in this activity (see instructions). 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). Estates and All investment is at risk 32a

If you checked 32b, you must attach Form 6198. Your loss may be limited.

trusts, enter on Form 1041, line 3.

32b

Some investment is not

Sched	dule C (Form 1040) 2010 WILLIAM J CLINTON			Page 2
Par	t III Cost of Goods Sold (see instructions)			
33	value closing inventory.  Was there any change in determining quantities, costs, or valuations between opening and closing inventory?		ner (aitach explai	
	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		
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		
8 8	Materials and supplies	. 38		······································
3 9	Other costs	. 39		
10	Add lines 35 through 39	40		
<b>1</b> 1	Inventory at end of year	. 41		
1 2	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	. 42		
Par	Information on Your Vehicle. Complete this part only if you are claiming car or truck and are not required to file Form 4562 for this business. See the instructions for line file Form 4562.	: 13 to f	ind out if you	must 
13	When did you place your vehicle in service for business purposes? (month, day, year)			
1 4	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle	for:		
a	Businessb Commuting (see instructions)c C	Other		.,
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?	<i>.</i> .	·· Yes	∐ No
47 a	,		·····	No
b	If "Yes," is the evidence written?	<u> </u>	Yes	No
Par	Other Expenses. List below business expenses not included on lines 8-26 or line 30.	<del></del> ~		
		<b>_</b>		<u> </u>
				. <u> </u>
		·		
		~-		
<b></b>	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			

Schedule C (Form 1040) 2010

48

Total other expenses. Enter here and on page 1, line 27, ......

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR.

► See Instructions for Schedule D (Form 1049).

OMB No. 1545-0074

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

▶ Use Schedule D-1 to fist additional transactions for fines 1 and 8.

12 Your social security number

WI.	LLIAM J CLINTON & HII  TI Short-Term Capital Gains	LLARY RODHAM and Losses - Asse	CLINTON ets Held One Yea	ar or Less		
	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Moliday, yr.)	(c) Date sold (Mol, day, yr)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1					""	
		···				
						· · · · · · · · · · · · · · · · · · ·
2	Enter your short-term totals.	if any, from Sch	ledule D-1.			
	line 2		2			
3	2 in column (d),				<u> </u>	
4	Short-term gain from Form 6252	2 and short-term na	in or (loss) from	Forms 4684 678	1. and 8824 4	
5	Net short-term gain or (loss)					
_	Schedule(s) K-1				<u>5</u>	
6	Short-term capital loss carryove Carryover Worksheet on page D-1					( )
_	Not about town analysis of floor	at Cambina luga 1 t	brough 6 in colum	n (f)	7	
7 Par	Net short-term capital gain or (los					
	(a) Description of properly (Example 100 sh XYZ Co.)	(b) Date acquired (Mp., day, yr.)	(c) Date sold (Mo_day, yr)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8				,		
	######################################					
		<del>.</del>			· · · · · · · · · · · · · · · · · · ·	_
		<u> </u>				
		i 				
	" " " " " " " " " " " " " " " " " " "		***			
9	Enter your long-term totals, i	f anv. from Sche	dule D-1			
	line 9 , , , . , , , , ,	,,,,,,,,,,,	9		:	
10	Total long-term sales price 9 in column (d)					
11	Gain from Form 4797, Part It is	ong-term gain from	Forms 2439 and			
12	(loss) from Forms 4684, 6781, and Net long-term gain or (loss)	18824		is, estates, and	trusts from	-
	Schedule(s) K-1				1	
13	Capital gain distributions. See pag	e D-2 of the instruction	ens		STMT. 9. 13	1,986.
14	Long-term capital loss carryover	. Enter the amoun	et, if any, from	line 15 of your	Capital Loss	
15	Carryover Worksheet on page D-7 Net long-term capital gain or (k	of the instructions oss). Combine lines	8 through 14 in	column (f) Then	go to Part III	720,396)
	on the back		<u> </u>		<u> 15</u>	
ror F	Paperwork Reduction Act Notice, s	ee your tax return in	STRUCTIONS.		Sched	ule D (Form 1040) 2010

Schedule D (Form 1040) 2010

		Summary	········	<del>,</del>	· · · · · · · · · · · · · · · · · · ·
16	Comb	ine lines 7 and 15 and enter the result	16	-7	18,410.
		e 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14 on go to line 17 below.			
	• If lin	e 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. e. 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form DNR, line 14. Then go to line 22.			
17		es 15 and 16 both gains? Yes. Go to line 18.			
		No. Skip lines 18 through 21, and go to line 22.	: :		
18		the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the stions	18		
19		the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page the instructions	19		
20		es 18 and 19 both zero or blank? Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete he Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040, line 14 (or in the Instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.	,		
	;	No. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below.			
21	If line	16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller			
		loss on line 16 or	21	(	3,000.
	Note. \	When figuring which amount is smaller, treat both amounts as positive numbers.			
22		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 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040, line 4 (or in the Instructions for Form 1040NR, line 42).			
	( <u>X</u> ) N	Io. Complete the rest of Form 1040 or Form 1040NR.			
					· ·

Schedule D (Form 1040) 2010

WILLIAM J CLINTON

Social security number of person with self-employment income

#### Section B - Long Schedule SE

Par	Self-Employment Tax		100
	. If your only income subject to self-employment tax is church employee income, see page SE-3 fo	rspec	ific instructions. Also
eep	page SE-1 for the definition of church employee income.		4004
Α	If you are a minister, member of a religious order, or Christian Science practitioner and you filed	- orm	4361, but you
	had \$400 or more of other net earnings from self-employment, check here and continue with Part I.,	<u> </u>	
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-5)	1a	
ь	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 Y	1b	(
	Net profit or (loss) from Schedule C. line 31; Schedule C-EZ, line 3, Schedule K-1 (Form 1065), box 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-4 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-5).  SEE, STATEMENT, 10.	2	12,772,880.
3	Combine lines 1a, 1b, and 2. Subtract from that total the amount on Form 1040, line 29, or		
	Form 1040NR, line 29, and enter the result (see page SE-3)	3	12,772,880.
4 a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	11,795,755.
	Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see page SE-3.		
ь	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4 b	
С	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	11,795,755.
5a	Enter your church employee income from Form W-2. See page		
	SE-1 for definition of church employee income5a	ļ	
ь	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0	5b	
6	Add lines 4c and 5b	6	11,795,755.
7	Maximum amount of combined wages and self-employment earnings subject to social security		l İ
	tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2010	7	106,800.00
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 \$106,800 or more, skip lines 8b through 10, and go to line 11,	1	
ь	Unreported tips subject to social security tax (from Form 4137, line 10) . 8b		
С	Wages subject to social security tax (from Form 8919, line 10)	4	
d	Add lines 8a, 8b, and 8c	8 d	21.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	106,779.
0	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	13,241.
1	Multiply line 6 by 2.9% (.029)	11	342,077.
2	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54	12	355,318.
3	Deduction for one-half of self-employment tax, Multiply line 12 by 50% (.50).		
	Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 13 177, 659.	<u> </u>	
Pari	t II Optional Methods To Figure Net Earnings (see page SE-4)	1	
	Optional Method. You may use this method only if (a) your gross farm income was not more		
	\$6,720, or (b) your net farm profits <sup>2</sup> were less than \$4,851.		
4	Maximum income for optional methods	14	4,480.00
5	Enter the smaller of two-thirds (2/3) of gross farm income <sup>1</sup> (not less than zero) or \$4,480 Also	l	
	include this amount on line 4b above	15	<u> </u>
lonf	arm Optional Method. You may use this method only if (a) your net nonfarm profits were less		ļ
han	\$4,851 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. Caution, You may use this method no		İ
nore	than five times.		
6	Subtract line 15 from line 14	16	<u> </u>
	Enter the smaller of: two-thirds (2/3) of gross nonfarm income4 (not less than zero) or the		
	amount on line 16. Also include this amount on line 40 above	17	<u> </u>
<sup>1</sup> Fro	m Sch. F, fine 11, and Sch. K-1 (Form 1065), box 14, code B.	(-1 (Fo	rm 1065), box 14, code

<sup>&</sup>lt;sup>2</sup> 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

A, and Sch. K-1 (Form 1065-B), box 9, code J1.

<sup>&</sup>lt;sup>4</sup> 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
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	Self-Employment Tax		
Note	e. If your only income subject to self-employment tax is church employee income, see page SE-3 fo	r speci	fic instructions. Also
see	page SE-1 for the definition of church employee income.		
Α	If you are a minister, member of a religious order, or Christian Science practitioner and you filed	Form 4	1361, but you
	had \$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-5)	1a	
ь	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 Y	1b (	)
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 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-4 for other income to report Note. Skip this line if you use the nonfarm optional method (see page SE-5).  SEE STATEMENT, 11.	2	2,694.
3	Combine lines 1a 1b, and 2. Subtract from that total the amount on Form 1040, line 29, or	!	
	Form 1040NR, line 29, and enter the result (see page SE-3)	3	2,694.
4 a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4 a	2,488.
	Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see page SE-3		
ь	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 ]	2,488.
5a	Enter your church employee income from Form W-2. See page		
	SE-1 for definition of church employee income		
ь	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5 b	
6	Add lines 4c and 5b	6	2,488.
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 2010	7	106,800.00
8 a	Total social security wages and tips (total of boxes 3 and 7 on		
	Form(s) W-2) and railroad retirement (tier 1) compensation.		
	If \$106,800 or more, skip lines 8b through 10, and go to line 11 8a 106,800 .		
b	Unreported tips subject to social security tax (from Form 4137, line 10) 8b	1	
	Wages subject to social security tax (from Form 8919, line 10) 8c	1 !	
	Add lines 8a, 8b, and 8c	84	106,800.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	
10	Multiply the smaller of line 6 or line 9 by 12 4% (124)	10	
11	Multiply line 6 by 2 9% ( 029)	11	72.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54	12	72.
13	Deduction for one-half of self-employment tax, Multiply line 12 by 50% (.50).		
	Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27   13   36.		
Par	Optional Methods To Figure Net Earnings (see page SE-4)	<u> </u>	
	Optional Method. You may use this method only if (a) your gross farm income was not more	T	
	\$6,720, or (b) your net farm profits <sup>2</sup> were less than \$4,851.		
14	Maximum income for optional methods	14	4,480 00
15	Enter the smaller of: two-thirds (2/3) of gross farm income <sup>1</sup> (not less than zero) or \$4,480. Also		
	include this amount on line 4b above	15	
Nont	arm Optional Method. You may use this method only if (a) your net nonfarm profits were less		
	\$4,851 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. Caution. You may use this method no		
	than five times.		
	Subtract line 15 from line 14	16	
17	Enter the smaller of two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less than zero) or the		
	amount on line 16. Also include this amount on line 4b above	17	
1 6	m Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B   3 From Sch. C, line 31; Sch. C-EZ, line 3; Sch. H		n 1065) hox 14 code
110	Tribin ben. O, and oor, 651 tribin 1909), box 14, 6006 b		

<sup>&</sup>lt;sup>2</sup> 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.

A; and Sch. K-1 (Form 1065-B), box 9, code J1.

<sup>&</sup>lt;sup>4</sup> 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.

CLINTON	
RODBAM	
HILLARY RODBAM CLIN	
CLINTON &	
~	
WILLIAM J	

No.   Paire	Description of Property													NOTHITT
Particle   Particle	DEPRECIATION		F		Sc	ပ	PRECIATION AND	AMORTIZATION						
19	Assel description	Date placed in service	: Unadjusted Cost or basis		179 exp. reduction in basis	Basis	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated degreciation	Me-		ACRS CH	A Current-year	Current-year depreciation
147,500		10/07/2002		25.0000				19,698.	20,643.			66		945.
TON  Date Cost placed in or service basis  Scription Parker basis Accumulated	ess: Retired Assets					1				_				
Scription Service basis Scription Service basis	ubtotals						36,875.		20,643.		į			945
	ω <sub>0</sub>	Date placed in service					:	Accumulated	Ending Accumulated amortization		<u>a</u>			Current-year
			i ! !											100 100 100 100 100 100 100 100 100 100
1	*Assets Retired												- H	- ROME DEPRECIATION

2010

Description of Property					ALTER	4 SYLLO	STATESON TO BE AND THE PARTY.				
MORNING T. MALLEY											
i	:	1		SCKEDU	E C DE	PRECIAT	SCHEDULE C DEPRECIATION AND AMORTIZATION	TION			
Asset description	Dale placed In service	AMT Basis for depreciation	AMT accumulated degreciation	AMT me- thod	AMT /	AMT	AMT depreciation deduction	Regular depreciation deduction	Post-86 depreciation adjustment	Leased pers prop preference	Real property preference
CONVERTED BARN	2	36,875.	19, 698.	: : !		39.000	945.	945.			
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Less: Retired Assets											
TOTALS		36,875.	19,698.				945.	945.			

## 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 20 1 Attachment Sequence No

Department of the Treasury Internal Revenue Service (99) Name(s) of proprietor(s)

➤ See separate instructions.

176 Your social security number

Add lines 28 through 30  Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31  Add lines 14, 26, and 32  Add lines 14, 26, and 32  Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)  Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C. line 30. If your home was used for more than one business, see instructions  Part III Depreciation of Your Home  Enter the smaller of your home's adjusted basis or its fair market value (see instructions)  36  47, 500.  Basis of building Subtract line 37 from line 36  Business basis of building. Multiply line 38 by line 7  Depreciation percentage (see instructions)  Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above 41  Part IV Carryover of Unallowed Expenses to 2011  Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-  42  Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	*** T	TTAM T CITNEON	<u> </u>	
Total area of nome  Total area of nome of nome area of now area of now now now now now now now now now now		The Annual Land for Ducinose		
25.00%  Doubted into 1 by line 2. Enter the result as a percentage For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.  Multiply oays used for daycare during year by hours used per day  The form hours evaluate for use during the set 1858 style x 24 hours (see instructions)  Divide fine 4 by line 5. Enter the result as a decimal amount.  Divide fine 4 by line 5. Enter the result as a decimal amount.  Business percentage. For daycare facilities not used exclusively for business, multiply line 8 by  The set of the amount form Schedule Cline 25, plus any net gain or dass) derived from the business use of your home and shown on Schedule D of form 4791 interest than one place of business, see instructions  Better the amount form Schedule Cline 25, plus any net gain or dass) derived from the business use of your home and shown on Schedule D of form 4791 interest than one place of business, see instructions  Casualty losses (see instructions)  Deductible mortgage interest (see instructions)  Deductible mortgage interest (see instructions)  Deductible mortgage interest (see instructions)  Add line 12, column (a) and line 13  Subtract for 41 from line 6 if zero or loss, either the smaller of line 15 or line 25  Add lines 19 through 21  Casualty losses (see instructions)  Deductible mortgage interest (see instructions)  Deductible mortgage interest (see instructions)  Deductible mortgage interest (see instructions)  Deductible mortgage interest (see instructions)  Deductible mortgage interest (see instructions)  Deductible mortgage interest (see instructions)  Deductible mortgage interest (see instructions)  Deductible mortgage interest (see instructions)  Deductible mortgage interest (see instructions)  Deductible mortgage interest (see instructions)  Deductible mortgage interest (see instructions)  Deductible mortgage interest (see instructions)  Deductible mortgage interest (see instructions)  Deductible mortgage interest (see instructions)  Deductible mortgage interest (see		Area used regularly and axclusively for business, regularly for daycare, or for storage of	1	
3 Divide line 1 by line 2. Enter the result as a percentage. For daycref racillities not used exclusively for business, go to line 4. All others go to line 7.  4 Multiply days used for daycare during year by hours used per day. 4 S. R. R. R. R. R. R. R. R. R. R. R. R. R.		Total area of home	2	
For daystare 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 por day 4		Divide line 1 by line 2. Enter the result as a nercentage	3	25.00%
Total hors saidable five set organize variety 6 sizes 2 shorts (see mistructions)  Divide line 4 by line 5. Enter the result as a decimal amount,  Business percentage. For daycare facilities not used exclusively for business, multiply line 3 by line 3 lenter the result as a poincariage). All others, enter the amount from Schedide. C line 29, lips any not gain or (less) perved from the business use of your home and shown on Schedide C line 29, lips any not gain or (less) perved from the business use of your home and shown on Schedide C line 29, lips any not gain or (less) perved from the business use of your home and shown on Schedide C line 29, lips any not gain or (less) perved from the business use of your home and shown on Schedide C line 29, lips any not gain or (less) perved from the business use of your home and shown on Schedide C line 29, lips any not gain or (less) perved from the business use of your home and shown on Schedide C line 29, lips any not gain or (less) perved from the business use of your home and shown on Schedide C line 29, lips any not gain or lips and lips (lips) and your home and shown on Schedide C line 29, lips and your lips (lips) and your home for lips (lips) and your home and shown on Schedide C line 29, lips and your lips (lips) and your home for lips (lips) and your lips (lips) and your home for lips (lips) and your lips) and your lips (lips) and your lips (lips) and your lips) and your lips) and your lips (lips) and your lips) and your lips) and your lips (lips) and your lips) and	3	For devices fracilities not used exclusively for business, go to line 4. All others go to line 7.		
5 Total bours available for use during the year (365 days 24 hours) (see minutions) 5 8,760 hr.  6 Divide fine 4 by line 5. Enter the result as a optimal amount) 6 1		hr.	į	
Divide line 4 by line 5   Enter the result as a decimal amount	-			
## Sumess percentage. For daycare facilities not used exclusively for business, multiply line 8 by into 3 (enter the result as a percentage.) All others, enter the amount from line 3	_	Total hours available for use during the year (300 days x 24 hours) (300 matter).	1	
Figure Your Allowable Deduction   Street the result as a percentage). All others, enter the amount from line 3.	-	Divide line 4 by line 5. Enter the result as a document amount, 1.1.1. Lines, multiply line 6 by		
Some time amount from Schedule C line 29, plus any net gain or foss) derived from the business use of your home and shown on Schedule C line 29, plus any net gain or foss) derived from the business. See instructions of columns (a) and (b) before completing lines 9-21.  Casualty losses (see instructions)  Deductible mortgage interest (see instructions)  10 Deductible mortgage interest (see instructions)  11 Real estate taxes (see instructions)  12 Add lines 9, 10, and 11.  13 Multiply line 12, column (b) by line 7  14 Add line 12, column (a) and line 13.  15 Subtract line 14 from line 8, if zero or less, enter -0.  16 Excess mortgage interest (see instructions)  17 Insurance.  17 Insurance.  18 Rent.  19 Repairs and maintenance.  19 Utilities  20 Utilities  21 Other expenses (see instructions)  22 Add lines 18 through 21  23 Multiply line 22, column (b) by line 7  24 Carryover of operating axpenses from 2009 Form 8829, line 42  25 Add line 22 column (a), line 23, and line 24  6 Allowable operating expenses Enter the smaller of line 15 or line 25  28 Excess casualty losses (see instructions)  29 Depreciation of your home from line 41 below  29 Depreciation of your home from line 41 below  20 Add lines 14, 26, and 32  Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31  30 Add lines 28 through 30  31 945_  32 Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31  31 945_  32 Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C line 30. If your home was used for more than one business, see instructions by 36 147, 500_  39 Business basis of building Multiply line 39 by line 40. Enter here and on line 29 above 41  29 Depreciation allowable (see instructions) Multiply line 39 by line 40. Enter here and on line 29 above 41  29 Depreciation prover home 5 adjusted basis or its fair market value (see instructions) 41  20 Excess cessuality losses and depreciation. Subtract line 31 fines than	7	Business percentage. For daybare facilities not used exclusion, for line 3	7	25.00%
State 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 C. In more than one place of business, see instructions for columns (a) and (b) before completing lines 9-17.				
and shown on Schedule D or Form 4797. If more than one place of business, see instructions of contents (a) and (b) before completing lines 9-21.  9 Casuality losses (see instructions)  10 Deductible mortgage interest (see instructions)  11 Real estate traves (see instructions)  11 Add lines 9, 10, and 11,  12 Add lines 9, 10, and 11,  13 Multiply line 12, column (b) by line 7  14 Add line 12, column (b) by line 7  15 Subtract line 14 from line 8, if zero or less, enter-0.  16 Excess mortgage interest (see instructions)  17 Insurance.  17 Insurance.  17 Insurance.  18 Rent.  19 Repairs and maintenance.  19 Utilities.  20 Utilities.  21 Other expenses (see instructions)  22 Add lines (see instructions)  23 Add lines 22 column (a), line 23, and line 24.  24 Allowable operating expenses from 2009 Form 8829, line 42.  25 Add line 22 column (a), line 23, and line 24.  26 Allowable operating expenses Enter the smaller of line 15 or line 25 and Carryover of operating expenses from 2009 Form 8829, line 42.  27 Limit on excess casualty losses and depreciation. Subtract line 26 from line 15 and line 27 or line 31.  28 Excess casualty losses (see instructions)  29 Depreciation of your home from line 41 bellow.  29 Depreciation of your home from lines 14 and 32. Carry amount to Form 4684 (see instructions).  30 Carryover of excess casualty losses and depreciation. Enter the smaller of line 27 or line 31.  31 Add lines 28 through 30.  32 Allowable expenses crown because of your home. Subtract line 34 from line 33. Enter here and on Schedule C. line 30. If your home was used for more than one business, see instructions.  28 Losses and preciation of Your home adjusted basis or its fair market value (see instructions)  30 Add lines 29 through 30.  31 Add lines 40. Enter the smaller of line 31.  32 Add lines 40. Enter the smaller of your home adjusted basis or its fair market value (see instructions)  35 Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C. line 30. If you		Figure Four Anowable Deduction		
See instructions for columns (a) and (b) before completing lines 9-2.7   Casualty losses (see instructions)   9	8	and shown on Schedule D or Form 4797. If more than one place of business, see instructions	8	8,606,058.
Completing fines 9-21.    Casuality losses (see instructions)   9   10   11   12   11   11   11   11   11		See instructions for columns (a) and (b) before (a) Direct expenses (b) Indirect expenses		
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Depreciation percentage (see instructions)  40				
Depreciation allowable (see instructions). Multiply fine 39 by line 40. Enter here and on line 29 above 41 945.  Part IV Carryover of Unallowed Expenses to 2011  42 Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0- 42  Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0- 43				
Part IV Carryover of Unallowed Expenses to 2011  42 Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-  43 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-  43		Depreciation percentage (see instructions) Multiply line 39 by line 40. Enter here and on line 29 above	41	
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	_			
43 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0 43		Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	
For Pagerwork Reduction Act Notice, see your tax return instructions.		Excess casualty losses and depreciation. Subtract line 32 from line 31, If less than zero, enter -0-		
		Panerwork Reduction Act Notice, see your tax return instructions.		Form 8829 (2010

OWNER	DESCRIPTION	TOTAL WAGES	FEDERAL WITHHELD	SOC. SEC. WITHHELD	MEDICARE WITHHELD
	WAGES				
T S	GEP TALENT SERVICES, LLC U.S. DEPARTMENT OF STATE	21. 161,383.	5. 31,561.	1. 6,622.	2,659.
	TOTAL - WAGES		31,566.		
	WITHHOLDING FROM 1099-R DISTRIBUTIONS				
Т	GENERAL SERVICES ADMINISTR	ATIO	42,010.		
	TOTAL	-	42,010.		
	GRAND TOTAL =	161,404. ===================================	73,576. ========	6,623.	2,659. 
OWNER SHIP	WITHHOLDING FROM WAGES			CITY/LOCAL WITHHELD	
T S	GEP TALENT SERVICES, LLC U.S. DEPARTMENT OF STATE		_		
	TOTAL WITHHOLDING FROM W	AGES	0,422.		

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#### SUPPLEMENT TO FORM 1040

OWNER-	WITHHOLDING FROM 1099-R	 CITY/LOCAL
SHIP	DISTRIBUTIONS	WITHHELD

\_\_\_\_\_\_ 13,708. T GENERAL SERVICES ADMINISTRATIO \_\_\_\_\_ 13,708. TOTAL

PENSIONS AND ANNUITIES

 OWNER- SHIP	DESCRIPTION	TOTAL RECEIVED	TAXABLE PORTION
 Т	GENERAL SERVICES ADMINISTRATION	199,700.	199,700.
	TOTAL (FORM 1040, PAGE 1, LINE 16)	199,700.	199,700.

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#### SUPPLEMENT TO SCHEDULE A

STATE INCOME TAXES	
TAXES WITHHELD  IRA DISTRIBUTIONS, PENSIONS & ANNUITIES ESTIMATED TAX AND EXTENSION PAYMENTS	6,422. 13,708. 1,172,047.
TOTAL TO SCHEDULE A, LINE 5	1,192,177.
CASH CONTRIBUTIONS	
OTHER CASH CONTRIBUTIONS	
50% ORGANIZATION(S) THE CLINTON FAMILY FOUNDATION	1,000,000.
TOTAL CASH CONTRIBUTIONS BEFORE LIMITATION	1,000,000.
CASH CONTRIBUTION LIMITATION	NONE
TOTAL TO SCHEDULE A, LINE 16	1,000,000.
OTHER MISC. DEDUCTIONS SUBJECT TO 2% LIMIT	
JPMORGAN CHASE BANK-INVESTMENT FEES	6,565.
TOTAL TO SCHEDULE A, LINE 23	6,565.

#### SUPPLEMENT TO SCHEDULE A

## QUALIFIED LOAN LIMIT AND DEDUCTIBLE MORTGAGE INTEREST WORKSHEET

1.	AVERAGE BALANCE OF ALL GRANDFATHERED DEBT	
2.	AVERAGE BALANCE OF ALL HOME ACQUISITION DEBT	1,179,889.
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	1,179,889.
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	1,179,889.
10.	TOTAL AMOUNT OF INTEREST PAID	63,491.
11.	DIVIDE LINE 8 BY LINE 9	0.932
12.	DEDUCTIBLE HOME MORTGAGE INTEREST	59,174.
13.	NON DEDUCTIBLE HOME MORTGAGE INTEREST	4,317.

#### WILLIAM J CLINTON & HILLARY RODHAM CLINTON

SUPPLEMENT TO SCHEDULE C

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1

BUSINESS NAME: HILLARY RODHAM CLINTON

SIMON & SCHUSTER INC.-ROYALTIES

TOTAL TO SCHEDULE C, LINE 1

3,612.

3,612.

\_\_\_\_\_

#### SUPPLEMENT TO SCHEDULE C

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1 

BUSINESS NAME: WILLIAM J. CLINTON

THE HARRY WALKER AGENCY, INC.

TOTAL TO SCHEDULE C, LINE 1

10,741,000. \_\_\_\_\_\_ 10,741,000.

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#### WILLIAM J CLINTON & HILLARY RODHAM CLINTON

SUPPLEMENT TO SCHEDULE C

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1 

BUSINESS NAME:

WILLIAM J. CLINTON

RANDOM HOUSE, INC.-ROYALTIES COPYRIGHT CLEARANCE CENTER

50,037. 4,881.

TOTAL TO SCHEDULE C, LINE 1

\_\_\_\_\_\_ 54,918. -----

#### WILLIAM J CLINTON & HILLARY RODHAM CLINTON

#### SUPPLEMENT TO SCHEDULE C

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1 

BUSINESS NAME:

WJC, LLC

SHANGRI-LA INDUSTRIES, LLC WASSERMAN INVESTMENTS, GP LAUREATE EDUCATION, INC.

TOTAL TO SCHEDULE C, LINE 1

625,000. 1,250,000. 2,250,000.

4,125,000. ==========

#### SUPPLEMENT TO SCHEDULE D PART II LONG-TERM CAPITAL GAINS AND LOSSES LINE 13 CAPITAL GAIN DISTRIBUTIONS CAPITAL NAME OF PAYER GAINS 993. CITIBANK N.A. 993. CITIBANK N.A. \_\_\_\_\_ SUBTOTAL FROM 1099-DIV 1,986. \_\_\_\_\_ 1,986. TOTAL TO SCHEDULE D, LINE 13

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SUPPLEMENT TO SCHEDULE SE

TAXPAYER'S NET SELF-EMPLOYMENT INCOME 

NET NONFARM PROFIT OR (LOSS)

SCHEDULE C

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

12,772,880. \_\_\_\_\_

12,772,880. --------- SUPPLEMENT TO SCHEDULE SE

SPOUSE'S NET SELF-EMPLOYMENT INCOME 

NET NONFARM PROFIT OR (LOSS) \_\_\_\_\_

SCHEDULE C

2,694.

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

2,694. -----