

Label (See instructions on page 14) Use the IRS label. Otherwise, please print or type

For the year Jan. 1-Dec. 31, 2009, or other tax year beginning 2009 ending
Your first name and initial: WILLIAM J, Last name: CLINTON
Your social security number: [redacted]
Spouse's social security number: [redacted]
Home address (number and street): [redacted], Apt. no.: [redacted]
City, town or post office, state, and ZIP code: CHAPPAQUA NY 10514

Your social security number [redacted]
Spouse's social security number [redacted]
You must enter your SSN(s) above.
Checking a box below will not change your tax or refund.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) X You X Spouse

Filing Status 1 Single 4 Head of household (with qualifying person)
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above and full name here.
5 Qualifying widow(er) with dependent child (see page 16)

Exemptions 6a X Yourself. If someone can claim you as a dependent, do not check box 6a
b X Spouse
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If qualifying child for child tax credit (see page 17)
d Total number of exemptions claimed 2

Income table with 22 rows: 7 Wages, salaries, tips, etc. Attach Form(s) W-2. STMT 1 7 156,202. 8a Taxable interest. Attach Schedule B if required. 8a 9,131. 9a Ordinary dividends. Attach Schedule B if required. 9a 12,286. 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23). 10 12,662. 12 Business income or (loss). Attach Schedule C or C-EZ. 12 9,839,237. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 13 -3,000. 15a IRA distributions. 15a 3,032. b Taxable amount (see page 24). 15b NONE. 16a Pensions and annuities. 16a [redacted] b Taxable amount (see page 25). 16b 196,700. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17 [redacted] 18 Farm income or (loss). Attach Schedule F. 18 [redacted] 19 Unemployment compensation in excess of \$2,400 per recipient (see page 27). 19 [redacted] 20a Social security benefits. 20a [redacted] b Taxable amount (see page 27). 20b [redacted] 21 Other income. List type and amount (see page 29). 21 [redacted] 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 22 10,223,218.

Adjusted Gross Income table with 10 rows: 23 Educator expenses (see page 29). 23 [redacted] 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24 [redacted] 25 Health savings account deduction. Attach Form 8889. 25 [redacted] 26 Moving expenses. Attach Form 3903. 26 [redacted] 27 One-half of self-employment tax. Attach Schedule SE. 27 138,375. 28 Self-employed SEP, SIMPLE, and qualified plans. 28 [redacted] 29 Self-employed health insurance deduction (see page 30). 29 [redacted] 30 Penalty on early withdrawal of savings. 30 [redacted] 31a Alimony paid b Recipient's SSN. 31a [redacted] 32 IRA deduction (see page 31). 32 [redacted] 33 Student loan interest deduction (see page 34). 33 [redacted] 34 Tuition and fees deduction. Attach Form 8917. 34 [redacted] 35 Domestic production activities deduction. Attach Form 8903. 35 [redacted] 36 Add lines 23 through 31a and 32 through 35. 36 138,375. 37 Subtract line 36 from line 22. This is your adjusted gross income. 37 10,084,843.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 10,084,843

39a Check You were born before January 2, 1945 Blind Total boxes checked 39a

if Spouse was born before January 2, 1945 Blind Blind checked 39b

Standard Deduction for: b If your spouse itemizes on a separate return or you were a dual-status alien, see page 15 and check here 39b

40a Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40a 2,008,321

b If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) 40b

41 Subtract line 40a from line 38 41 8,076,522

42 Exemptions. If line 38 is \$125,000 or less and you did not provide housing to a Midwestern displaced individual, multiply 53,650 by the number on line 6d. Otherwise, see page 37. SEE STMT 4
42 4,866

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 8,071,656

44 Tax (see page 37). Check if any tax is from: a Forms 8614 b Form 4972 44 2,795,442

45 Alternative minimum tax (see page 40). Attach Form 6251 45 NONE

46 Add lines 44 and 45 46 2,795,442

47 Foreign tax credit. Attach Form 1116 if required. 47 NONE

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Education credits from Form 8863, line 29 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit (see page 42) 51

52 Credits from Form: a 8396 b 8839 c 5695 52

53 Other credits from Form: a 3800 b 8801 c 53 53

54 Add lines 47 through 53. These are your total credits 54 NONE

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 2,795,442

Other Taxes

56 Self-employment tax. Attach Schedule SE 56

57 Unreported social security and Medicare tax from Form: a 4137 b 8919 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required. 58

59 Additional taxes: a AEIC payments b Household employment taxes. Attach Schedule H. 59

60 Add lines 56 through 59. This is your total tax 60 3,072,192

Payments

61 Federal income tax withheld from Forms W-2 and 1099 61 71,006

62 2009 estimated tax payments and amount applied from 2008 return 62 1,793,299

63 Making work pay and government retiree credits. Attach Schedule M 63

64a Earned income credit (EIC) 64a

b Nontaxable combat pay election 64b

65 Additional child tax credit. Attach Form 8812 65

66 Refundable education credit from Form 8863, line 16 66

67 First-time homebuyer credit. Attach Form 5405 67

68 Amount paid with request for extension to file (see page 72) 68

69 Excess social security and tier 1 RRTA tax withheld (see page 72) 69

70 Credits from Form: a 2439 b 4136 c 8801 d 2885 70

71 Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments 71 1,864,305

Refund

72 If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid 72

73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here 73a

b Routing number c Type Checking Savings

d Account number

74 Amount of line 72 you want applied to your 2010 estimated tax 74

75 Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74 75 1,207,887

76 Estimated tax penalty (see page 74) 76

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 75)? Yes. Complete the following No

Designee's name HOWARD M. TOPAZ Phone 212-918-3000 Personal ID number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date 4/14/10 Your occupation

Spouse's signature (if a joint return, both must sign) Date 04/14/10 Spouse's occupation SECRETARY OF STATE

Preparer's signature HOWARD M. TOPAZ Date 4/8/10 Check if self-employed Preparer's SSN or PTIN

Paid Preparer's Use Only

Firm's name (or yours if self-employed) HOGAN & HARTSON LLP EIN

address and ZIP code 875 THIRD AVENUE NY 10022

Phone no 212-918-3000

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2009

Attachment
Sequence No. 07

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040.

▶ See Instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

WILLIAM J CLINTON & HILLARY RODHAM CLINTON

Medical and Dental Expenses

Caution. Do not include expenses reimbursed or paid by others

- 1 Medical and dental expenses (see page A-1) 1
- 2 Enter amount from Form 1040, line 38 2
- 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 -0- 4

Taxes You Paid

(See page A-2.)

- 5 State and local (check only one box):
 - a Income taxes, or STMT 5
 - b General sales taxes
- 6 Real estate taxes (see page A-5) 6
- 7 New motor vehicle taxes from line 11 of the worksheet on back. Skip this line if you checked box 5b 7
- 8 Other taxes. List type and amount ▶ 8
- 9 Add lines 5 through 8 9

953,012.
90,334.
1,043,346.

Interest You Paid

(See page A-6.)

Note. Personal interest is not deductible

- 10 Home mortgage interest and points reported to you on Form 1098 10
- 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-7 and show that person's name, identifying no., and address ▶ 11
- 12 Points not reported to you on Form 1098. See page A-7 for special rules 12
- 13 Qualified mortgage insurance premiums (see page A-7) 13
- 14 Investment interest. Attach Form 4952 if required. (See page A-8.) 14
- 15 Add lines 10 through 14 15

64,155.
64,155.

Gifts to Charity

If you made a gift and got a benefit for it, see page A-8.

- 16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-8. SEE STATEMENT 5
- 17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500 17
- 18 Carryover from prior year 18
- 19 Add lines 16 through 18 19

1,000,000.
1,000,000.

Casualty and Theft Losses

- 20 Casualty or theft loss(es). Attach Form 4684. (See page A-10.) 20

Job Expenses and Certain Miscellaneous Deductions

(See page A-10.)

- 21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-10.) ▶ 21
- 22 Tax preparation fees 22
- 23 Other expenses - investment, safe deposit box, etc. List type and amount ▶ SEE STATEMENT 5
- 24 Add lines 21 through 23 24
- 25 Enter amount from Form 1040, line 38 25
- 26 Multiply line 25 by 2% (.02) 26
- 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- 27

7,701.
7,701.
201,697.

Other Miscellaneous Deductions

- 28 Other - from list on page A-11. List type and amount ▶ 28

Total Itemized Deductions

- 29 Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)?
 - No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a.
 - Yes. Your deduction may be limited. See page A-11 for the amount to enter.
- 30 If you elect to itemize deductions even though they are less than your standard deduction, check here

SEE STMT 7
2,008,321.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2009

**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

2009

Attachment
Sequence No **09**

Department of the Treasury
Internal Revenue Service (99)

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

Name of proprietor
HILLARY RODHAM CLINTON

Social security number (SSN)
[REDACTED]

A Principal business or profession, including product or service (see page C-2 of the instructions)
AUTHOR

B Enter code from pages C-9, 10, & 11
▶ **711510**

C Business name. If no separate business name, leave blank.
HILLARY RODHAM CLINTON

D Employer ID number (EIN), if any
[REDACTED]

E Business address (including suite or room no.) ▶ [REDACTED]
City, town or post office, state, and ZIP code **CHAPPAQUA, NY 10514**

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

G Did you "materially participate" in the operation of this business during 2009? If "No," see page C-3 for limit on losses Yes No

H If you started or acquired this business during 2009, check here ▶

Part I Income

| | | | |
|--|--------------------------|----------|----------------|
| 1 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 on that form was checked, or • You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see page C-3 for limit on losses. | <input type="checkbox"/> | 1 | 52,695. |
| 2 Returns and allowances | | 2 | |
| 3 Subtract line 2 from line 1 | | 3 | 52,695. |
| 4 Cost of goods sold (from line 42 on page 2) | | 4 | |
| 5 Gross profit. Subtract line 4 from line 3 | | 5 | 52,695. |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4) | | 6 | |
| 7 Gross income. Add lines 5 and 6 | | 7 | 52,695. |

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

| | | | |
|--|------------|--|---------------------------------|
| 8 Advertising | 8 | 18 Office expense | 18 |
| 9 Car and truck expenses (see page C-4) | 9 | 19 Pension and profit-sharing plans | 19 |
| 10 Commissions and fees | 10 | 20 Rent or lease (see page C-6): | |
| 11 Contract labor (see page C-4) | 11 | a Vehicles, machinery, and equipment | 20a |
| 12 Depletion | 12 | b Other business property | 20b |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-5) | 13 | 21 Repairs and maintenance | 21 |
| 14 Employee benefit programs (other than on line 19) | 14 | 22 Supplies (not included in Part III) | 22 |
| 15 Insurance (other than health) | 15 | 23 Taxes and licenses | 23 |
| 16 Interest: | | 24 Travel, meals, and entertainment: | |
| a Mortgage (paid to banks, etc.) | 16a | a Travel | 24a |
| b Other | 16b | b Deductible meals and entertainment (see page C-6) | 24b |
| 17 Legal and professional services | 17 | 25 Utilities | 25 |
| | | 26 Wages (less employment credits) | 26 |
| | | 27 Other expenses (from line 48 on page 2) | 27 |
| | | | 9,222. |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27 | | 28 | 9,222. |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | | 29 | 43,473. |
| 30 Expenses for business use of your home. Attach Form 8829 | | 30 | |
| 31 Net profit or (loss). Subtract line 30 from line 29 | | 31 | 43,473. |
| • 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 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-7): | | 32a <input type="checkbox"/> | All investment is at risk |
| • 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 <input type="checkbox"/> | Some investment is not at risk. |
| • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | | | |

For Paperwork Reduction Act Notice, see page C-9 of the instructions.

Schedule C (Form 1040) 2009

JSA

9XC110 1 000

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2009

Attachment
Sequence No **09**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name of proprietor

WILLIAM J CLINTON

Social security number (SSN)

A Principal business or profession including product or service (see page C-2 of the instructions)

SPEAKING

B Enter code from pages C-9, 10, & 11

711510

C Business name. If no separate business name, leave blank.

WILLIAM J. CLINTON

D Employer ID number (EIN), if any

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code **CHAPPAQUA, NY 10514**

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

G Did you "materially participate" in the operation of this business during 2009? If "No," see page C-3 for limit on losses Yes No

H If you started or acquired this business during 2009, check here

Part I Income

1 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 on that form was checked, or
- You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see page C-3 for limit on losses.

SEE STATEMENT 9

1 7,359,592.

2 Returns and allowances

2

3 Subtract line 2 from line 1

3 7,359,592.

4 Cost of goods sold (from line 42 on page 2)

4

5 Gross profit. Subtract line 4 from line 3

5 7,359,592.

6 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4)

6

7 Gross income. Add lines 5 and 6

7 7,359,592.

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

| | | | | | |
|--|------------|----------|--|------------|----------|
| 8 Advertising | 8 | | 18 Office expense | 18 | |
| 9 Car and truck expenses (see page C-4) | 9 | | 19 Pension and profit-sharing plans | 19 | |
| 10 Commissions and fees | 10 | 635,670. | 20 Rent or lease (see page C-6): | | |
| 11 Contract labor (see page C-4) | 11 | | a Vehicles, machinery, and equipment | 20a | |
| 12 Depletion | 12 | | b Other business property | 20b | |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-5) | 13 | | 21 Repairs and maintenance | 21 | |
| 14 Employee benefit programs (other than on line 19) | 14 | | 22 Supplies (not included in Part III) | 22 | |
| 15 Insurance (other than health) | 15 | | 23 Taxes and licenses | 23 | 248,013. |
| 16 Interest: | | | 24 Travel, meals, and entertainment: | | |
| a Mortgage (paid to banks, etc.) | 16a | | a Travel | 24a | 116,197. |
| b Other | 16b | | b Deductible meals and entertainment (see page C-6) | 24b | |
| 17 Legal and professional services | 17 | | 25 Utilities | 25 | |
| | | | 26 Wages (less employment credits) | 26 | 246,864. |
| | | | 27 Other expenses (from line 48 on page 2) | 27 | 85,027. |

28 Total expenses before expenses for business use of home. Add lines 8 through 27 **28** 1,331,771.

29 Tentative profit or (loss). Subtract line 28 from line 7 **29** 6,027,821.

30 Expenses for business use of your home. Attach Form 8829 **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 1040NR, line 13 (if you checked the box on line 1, see page C-7). Estates and trusts, enter on Form 1041, line 3.
- If a loss, you must go to line 32

31 6,026,876.

32 If you have a loss, check the box that describes your investment in this activity (see page C-7).

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

32a All investment is at risk
32b Some investment is not at risk.

For Paperwork Reduction Act Notice, see page C-9 of the instructions.

Schedule C (Form 1040) 2009

JSA

Part III Cost of Goods Sold (see page C-8)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

| | | |
|----|---|----|
| 35 | 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 |
| 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 |

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-5 to find out if you must file Form 4562.

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 2009, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

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 Do you have evidence to support your deduction? Yes No
 b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

| | |
|--|---------|
| EXPENSES PAID BY FUNDS WITHHELD BY AGENCY | 28,899. |
| SATELLITE FEE | 10,000. |
| COMPUTER/PHONE | 6,388. |
| TELEPHONE | 27,766. |
| STATIONERY, POSTAGE | 11,974. |
| 48 Total other expenses. Enter here and on page 1, line 27 | 85,027. |

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

OMB No. 1545-0074

2009

Department of the Treasury
Internal Revenue Service (99)

(Sole Proprietorship)

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

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

Attachment
Sequence No. **09**

Name of proprietor

WILLIAM J CLINTON

Social security number (SSN)

[REDACTED]

A Principal business or profession, including product or service (see page C-2 of the instructions)

AUTHOR

B Enter code from pages C-9, 10, & 11

711510

C Business name. If no separate business name, leave blank.

WILLIAM J. CLINTON

D Employer ID number (EIN), if any

[REDACTED]

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code **CHAPPAQUA, NY 10514**

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

G Did you "materially participate" in the operation of this business during 2009? If "No," see page C-3 for limit on losses. Yes No

H If you started or acquired this business during 2009, check here

Part I Income

| | | | |
|---|--------------------------|----------|----------------|
| 1 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 on that form was checked, or • You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see page C-3 for limit on losses | <input type="checkbox"/> | 1 | 32,611. |
| 2 Returns and allowances | | 2 | |
| 3 Subtract line 2 from line 1 | | 3 | 32,611. |
| 4 Cost of goods sold (from line 42 on page 2) | | 4 | |
| 5 Gross profit. Subtract line 4 from line 3 | | 5 | 32,611. |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4) | | 6 | |
| 7 Gross income. Add lines 5 and 6 | | 7 | 32,611. |

SEE STATEMENT 10

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

| | | | |
|--|------------|--|---------------------------------|
| 8 Advertising | 8 | 18 Office expense | 18 |
| 9 Car and truck expenses (see page C-4) | 9 | 19 Pension and profit-sharing plans | 19 |
| 10 Commissions and fees | 10 | 20 Rent or lease (see page C-6): | |
| 11 Contract labor (see page C-4) | 11 | a Vehicles, machinery, and equipment | 20a |
| 12 Depreciation | 12 | b Other business property | 20b |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-5) | 13 | 21 Repairs and maintenance | 21 |
| 14 Employee benefit programs (other than on line 19) | 14 | 22 Supplies (not included in Part III) | 22 |
| 15 Insurance (other than health) | 15 | 23 Taxes and licenses | 23 |
| 16 Interest: | | 24 Travel, meals, and entertainment: | |
| a Mortgage (paid to banks, etc.) | 16a | a Travel | 24a |
| b Other | 16b | b Deductible meals and entertainment (see page C-6) | 24b |
| 17 Legal and professional services | 17 | 25 Utilities | 25 |
| | | 26 Wages (less employment credits) | 26 |
| | | 27 Other expenses (from line 48 on page 2) | 27 |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27 | | 28 | |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | | 29 | 32,611. |
| 30 Expenses for business use of your home. Attach Form 8829 | | 30 | |
| 31 Net profit or (loss). Subtract line 30 from line 29. | | 31 | 32,611. |
| • 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 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-7). | | | |
| • 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. | | 32a <input type="checkbox"/> | All investment is at risk. |
| • If you checked 32b, you must attach Form 6198. Your loss may be limited. | | 32b <input type="checkbox"/> | Some investment is not at risk. |

For Paperwork Reduction Act Notice, see page C-9 of the instructions.

Schedule C (Form 1040) 2009

JSA

9X0110 1 000



**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

OMB No. 1545-0074

2009

(Sole Proprietorship)

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

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

Name of proprietor
WILLIAM J CLINTON

Social security number (SSN) [REDACTED]

A Principal business or profession, including product or service (see page C-2 of the instructions)
CONSULTING

B Enter code from pages C-9, 10, & 11
711510

C Business name. If no separate business name, leave blank.
WJC, LLC

D Employer ID number (EIN), if any [REDACTED]

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code **CHAPPAQUA, NY 10514**

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

G Did you "materially participate" in the operation of this business during 2009? If "No," see page C-3 for limit on losses Yes No

H If you started or acquired this business during 2009, check here

Part I Income

| | | | |
|--|-------------------------------------|----------|-------------------|
| 1 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 on that form was checked, or • You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see page C-3 for limit on losses. | <input checked="" type="checkbox"/> | 1 | 3,750,000. |
| 2 Returns and allowances | | 2 | |
| 3 Subtract line 2 from line 1 | | 3 | 3,750,000. |
| 4 Cost of goods sold (from line 42 on page 2) | | 4 | |
| 5 Gross profit. Subtract line 4 from line 3 | | 5 | 3,750,000. |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4) | | 6 | |
| 7 Gross income. Add lines 5 and 6 | | 7 | 3,750,000. |

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

| | | | |
|--|----------------|--|---|
| 8 Advertising | 8 | 18 Office expense | 18 |
| 9 Car and truck expenses (see page C-4) | 9 | 19 Pension and profit-sharing plans | 19 |
| 10 Commissions and fees | 10 | 20 Rent or lease (see page C-6): | |
| 11 Contract labor (see page C-4) | 11 | a Vehicles, machinery, and equipment | 20a |
| 12 Depletion | 12 | b Other business property | 20b |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-5) | 13 | 21 Repairs and maintenance | 21 |
| 14 Employee benefit programs (other than on line 19) | 14 | 22 Supplies (not included in Part III) | 22 |
| 15 Insurance (other than health) | 15 | 23 Taxes and licenses | 23 |
| 16 Interest: | | 24 Travel, meals, and entertainment: | |
| a Mortgage (paid to banks, etc.) | 16a | a Travel | 24a |
| b Other | 16b | b Deductible meals and entertainment (see page C-6) | 24b |
| 17 Legal and professional services | 17 | 25 Utilities | 25 |
| | | 26 Wages (less employment credits) | 26 |
| | | 27 Other expenses (from line 48 on page 2) | 27 |
| | 13,723. | | |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27 | | 28 | 13,723. |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | | 29 | 3,736,277. |
| 30 Expenses for business use of your home. Attach Form 8829 | | 30 | |
| 31 Net profit or (loss). Subtract line 30 from line 29 | | 31 | 3,736,277. |
| • 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 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-7). | | 32a | <input type="checkbox"/> All investment is at risk |
| • 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 | <input type="checkbox"/> Some investment is not at risk |
| • If you checked 32b, you must attach Form 6198. Your loss may be limited. | | | |

For Paperwork Reduction Act Notice, see page C-9 of the instructions.

Schedule C (Form 1040) 2009

JSA

9X0110 1 000

Part III Cost of Goods Sold (see page C-8)

33 Method(s) used to value closing inventory. a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? if "Yes," attach explanation Yes No

35 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

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

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-5 to find out if you must file Form 4562.

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 2009, enter the number of miles you used your vehicle for:
 a Business b Commuting (see instructions) c Other

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 Do you have evidence to support your deduction? Yes No
 b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

48 Total other expenses. Enter here and on page 1, line 27 48

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

▶ See instructions for Schedule D (Form 1040).

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

OMB No 1545-0074

2009
Attachment
Sequence No 12

Name(s) shown on return

Your social security number

WILLIAM J CLINTON & HILLARY RODHAM CLINTON

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

| (a) Description of property (Example 100 sh XYZ Co) | (b) Date acquired (Mo., 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) |
|--|--|---------------------------------|--|--|---|
| 1 | | | | | |
| 2 | Enter your short-term totals, if any, from Schedule D-1, line 2 | | | | 2 |
| 3 | Total short-term sales price amounts. Add lines 1 and 2 in column (d) | | | | 3 |
| 4 | Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 | Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 | Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet on page D-7 of the instructions | | | | 6 () |
| 7 | Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) | | | | 7 |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

| (a) Description of property (Example 100 sh XYZ Co) | (b) Date acquired (Mo., 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 | | | | | |
| 9 | Enter your long-term totals, if any, from Schedule D-1, line 9 | | | | 9 |
| 10 | Total long-term sales price amounts. Add lines 8 and 9 in column (d) | | | | 10 |
| 11 | Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 | Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 | Capital gain distributions. See page D-2 of the instructions | | | | 13 |
| 14 | Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet on page D-7 of the instructions | | | | 14 (723,761) |
| 15 | Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on the back | | | | 15 -723,396. |

For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

Schedule D (Form 1040) 2009

Part III Summary

| | | | |
|--|--|----|-----------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | -723,396. |
| <p>If line 16 is:</p> <ul style="list-style-type: none"> • 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. | | | |
| 17 | Are lines 15 and 16 both gains? | | |
| <input type="checkbox"/> Yes. Go to line 18 <input type="checkbox"/> 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? | | |
| <input type="checkbox"/> 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 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. <input type="checkbox"/> 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. | | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of | | |
| <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) } | | | |
| 21 | (3,000.) | | |
| 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? | | |
| <input type="checkbox"/> 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 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). <input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR. | | | |

Name of person with self-employment income (as shown on Form 1040):

WILLIAM J CLINTON

Social security number of person with self-employment income ▶



Section B - Long Schedule SE

Part I Self-Employment Tax

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

| | |
|---|--|
| <p>A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I <input type="checkbox"/></p> | |
| 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) |
| 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 Y |
| 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-3 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-4). SEE STATEMENT 13. |
| 3 | Combine lines 1a, 1b, and 2 |
| 4 a | If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 |
| 4 b | If you elect one or both of the optional methods, enter the total of lines 15 and 17 here |
| 4 c | 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. |
| 5 a | Enter your church employee income from Form W-2. See page SE-1 for definition of church employee income |
| 5 b | Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0- |
| 6 | Net earnings from self-employment. Add lines 4c and 5b |
| 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 2009 |
| 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 |
| 8 b | Unreported tips subject to social security tax (from Form 4137, line 10) |
| 8 c | Wages subject to social security tax (from Form 8919, line 10) |
| 8 d | Add lines 8a, 8b, and 8c |
| 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) |
| 11 | Multiply line 6 by 2.9% (.029) |
| 12 | Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56 |
| 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 |

Part II Optional Methods To Figure Net Earnings (see page SE-4)

| | |
|--|--|
| <p>Farm Optional Method. You may use this method only if (a) your gross farm income¹ was not more than \$6,540, or (b) your net farm profits² were less than \$4,721.</p> | |
| 14 | Maximum income for optional methods |
| 15 | Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,360. Also include this amount on line 4b above |
| <p>Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$4,721 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times</p> | |
| 16 | Subtract line 15 from line 14 |
| 17 | Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above |

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, 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.

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

Social security number of person with self-employment income ▶ XXXXXXXXXX

Section B - Long Schedule SE

Part I Self-Employment Tax

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

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

| | | |
|---|------------|------------|
| 1 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) | 1 a | |
| 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 Y | 1 b | () |
| 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-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 | 43,473. |
| 3 Combine lines 1a, 1b, and 2 | 3 | 43,473. |
| 4 a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 | 4 a | 40,147. |
| b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here | 4 b | |
| c 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. ▶ | 4 c | 40,147. |
| 5 a Enter your church employee income from Form W-2. See page SE-1 for definition of church employee income | 5 a | |
| b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0- | 5 b | |
| 6 Net earnings from self-employment. Add lines 4c and 5b | 6 | 40,147. |
| 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 2009 | 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. | 8 a | 106,800. |
| b Unreported tips subject to social security tax (from Form 4137, line 10) | 8 b | |
| c Wages subject to social security tax (from Form 8919, line 10) | 8 c | |
| d Add lines 8a, 8b, and 8c | 8 d | 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 | 1,164. |
| 12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56 | 12 | 1,164. |
| 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 | 13 | 582. |

Part II Optional Methods To Figure Net Earnings (see page SE-4)

| | | |
|--|-----------|----------|
| Farm Optional Method. You may use this method only if (a) your gross farm income ¹ was not more than \$6,540, or (b) your net farm profits ² were less than \$4,721. | 14 | 4,360.00 |
| 14 Maximum income for optional methods | | |
| 15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,360. Also include this amount on line 4b above | 15 | |
| Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$4,721 and also less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times. | | |
| 16 Subtract line 15 from line 14 | 16 | |
| 17 Enter the smaller of two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above | 17 | |

¹ From Sch. F, line 11, and Sch. K-1 (Form 1065), 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, 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.

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.
 ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service (99)

Name(s) of proprietor(s) **WILLIAM J CLINTON** Your social security number XXXXXXXXXX

Part I Part of Your Home Used for Business

| | | | |
|---|--|----------|-----------|
| 1 | Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions) | 1 | |
| 2 | Total area of home | 2 | |
| 3 | Divide line 1 by line 2. Enter the result as a percentage | 3 | 25.00% |
| For daycare facilities 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 | hr |
| 5 | Total hours available for use during the year (365 days x 24 hours) (see instructions) | 5 | 8,760 hr. |
| 6 | Divide line 4 by line 5. Enter the result as a decimal amount | 6 | |
| 7 | 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. ▶ | 7 | 25.00% |

Part II Figure Your Allowable Deduction

| | | | |
|-----------|--|-----------|------------|
| 8 | 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. See instructions for columns (a) and (b) before completing lines 9-21. | 8 | 6,027,821. |
| 9 | Casualty losses (see instructions) | 9 | |
| 10 | Deductible mortgage interest (see instructions) | 10 | |
| 11 | Real estate taxes (see instructions) | 11 | |
| 12 | Add lines 9, 10, and 11 | 12 | |
| 13 | Multiply line 12, column (b) by line 7 | 13 | |
| 14 | Add line 12, column (a) and line 13 | 14 | |
| 15 | Subtract line 14 from line 8. If zero or less, enter -0- | 15 | 6,027,821. |
| 16 | Excess mortgage interest (see instructions) | 16 | |
| 17 | Insurance | 17 | |
| 18 | Rent | 18 | |
| 19 | Repairs and maintenance | 19 | |
| 20 | Utilities | 20 | |
| 21 | Other expenses (see instructions) | 21 | |
| 22 | Add lines 16 through 21 | 22 | |
| 23 | Multiply line 22, column (b) by line 7 | 23 | |
| 24 | Carryover of operating expenses from 2008 Form 8829, line 42 | 24 | |
| 25 | Add line 22 column (a), line 23, and line 24 | 25 | |
| 26 | Allowable operating expenses. Enter the smaller of line 15 or line 25 | 26 | |
| 27 | Limit on excess casualty losses and depreciation. Subtract line 26 from line 15 | 27 | 6,027,821. |
| 28 | Excess casualty losses (see instructions) | 28 | |
| 29 | Depreciation of your home from line 41 below | 29 | 945. |
| 30 | Carryover of excess casualty losses and depreciation from 2008 Form 8829, line 43 | 30 | |
| 31 | Add lines 28 through 30 | 31 | 945. |
| 32 | Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31 | 32 | 945. |
| 33 | Add lines 14, 26, and 32 | 33 | 945. |
| 34 | Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions) | 34 | |
| 35 | 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 ▶ | 35 | 945. |

Part III Depreciation of Your Home

| | | | |
|-----------|---|-----------|----------|
| 36 | Enter the smaller of your home's adjusted basis or its fair market value (see instructions) | 36 | 147,500. |
| 37 | Value of land included on line 36 | 37 | |
| 38 | Basis of building. Subtract line 37 from line 36 | 38 | 147,500. |
| 39 | Business basis of building. Multiply line 38 by line 7 | 39 | 36,875. |
| 40 | Depreciation percentage (see instructions) | 40 | 2.5640% |
| 41 | Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above | 41 | 945. |

Part IV Carryover of Unallowed Expenses to 2010

| | | | |
|-----------|--|-----------|--|
| 42 | Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0- | 42 | |
| 43 | 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.



SUPPLEMENT TO FORM 1040



SOURCES OF COMPENSATION

| OWNER-SHIP | DESCRIPTION | TOTAL WAGES | FEDERAL WITHHELD | SOC. SEC. WITHHELD | MEDICARE WITHHELD |
|---------------------------------------|--------------------------------|-------------|------------------|--------------------|-------------------|
| WAGES | | | | | |
| T | GEP TALENT SERVICES, LLC | 17. | 4. | 1. | |
| S | U.S. DEPARTMENT OF STATE | 146,910. | 28,308. | 5,992. | 2,422. |
| S | UNITED STATES SENATE | 9,275. | 1,524. | 629. | 147. |
| TOTAL - WAGES | | 156,202. | 29,836. | 6,622. | 2,569. |
| WITHHOLDING FROM 1099-R DISTRIBUTIONS | | | | | |
| T | GENERAL SERVICES ADMINISTRATIO | | 41,170. | | |
| TOTAL | | | 41,170. | | |
| GRAND TOTAL | | 156,202. | 71,006. | 6,622. | 2,569. |

| OWNER-SHIP | WITHHOLDING FROM WAGES | STATE WITHHELD | CITY/LOCAL WITHHELD |
|------------------------------|--------------------------|----------------|---------------------|
| T | GEP TALENT SERVICES, LLC | | 1. |
| S | U.S. DEPARTMENT OF STATE | 11,289. | |
| S | UNITED STATES SENATE | 584. | |
| TOTAL WITHHOLDING FROM WAGES | | 11,874. | |





SUPPLEMENT TO FORM 1040

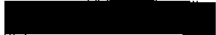
| OWNER-SHIP | OTHER WITHHOLDING | STATE WITHHELD | CITY/LOCAL WITHHELD |
|------------|----------------------------|----------------|---------------------|
| T | CALIFORNIA W/H FROM SPEECH | 24,850. | |
| | TOTAL OTHER WITHHOLDING | 24,850. | |

| OWNER-SHIP | WITHHOLDING FROM 1099-R DISTRIBUTIONS | STATE WITHHELD | CITY/LOCAL WITHHELD |
|------------|---------------------------------------|----------------|---------------------|
| T | GENERAL SERVICES ADMINISTRATIO | 13,488. | |
| | TOTAL | 13,488. | |

IRA DISTRIBUTIONS

| OWNER-SHIP | DESCRIPTION | TOTAL RECEIVED | TAXABLE PORTION |
|------------|------------------------------------|----------------|-----------------|
| T | ROLLOVER SHAREHOLDER SERVICES LLC | 3,032. | NONE |
| | TOTAL (FORM 1040, PAGE 1, LINE 15) | 3,032. | NONE |





SUPPLEMENT TO FORM 1040

IRA DISTRIBUTIONS DETAIL

NAME OF PAYER: ROLLOVER SHAREHOLDER SERVICES LLC

| | |
|---|--------|
| AMOUNT DISTRIBUTED FROM IRA DURING THE YEAR | 3,032. |
| LESS: TAX-FREE ROLLOVERS | 3,032. |
| LESS: QUALIFIED CHARITABLE DISTRIBUTION (QCD) | |
| LESS: HSA FUNDING DISTRIBUTION (HFD) | |
| LESS: ESP FUNDING DISTRIBUTION (ESP) | |

| | |
|--------------------------------|------|
| TAXABLE AMOUNT OF DISTRIBUTION | NONE |
|--------------------------------|------|

PENSIONS AND ANNUITIES

| OWNER- SHIP | DESCRIPTION | TOTAL RECEIVED | TAXABLE PORTION |
|----------------|------------------------------------|-------------------|--------------------|
| T | GENERAL SERVICES ADMINISTRATION | 196,700. | 196,700. |
| | TOTAL (FORM 1040, PAGE 1, LINE 16) | 196,700. | 196,700. |





SUPPLEMENT TO FORM 1040

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 \$ 3,650 7,300.
- 3. ENTER THE AMOUNT FROM FORM 1040, LINE 38 10084843.
- 4. FILING STATUS INCOME LIMIT 250,200.
- 5. SUBTRACT LINE 4 FROM LINE 3 9,834,643.
- 6. IS LINE 5 GREATER THAN \$122,500 (\$61,250 FOR MFS)?
- X YES MULTIPLY \$2,433 BY THE TOTAL NUMBER OF EXEMPTIONS. ENTER THE RESULT ON FORM 1040, LINE 42. 4866
- 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) 4,866.





SUPPLEMENT TO SCHEDULE A

STATE INCOME TAXES

| | |
|---|----------|
| ----- | |
| TAXES WITHHELD | 11,874. |
| OTHER WITHHELD | 24,850. |
| IRA DISTRIBUTIONS, PENSIONS & ANNUITIES | 13,488. |
| ESTIMATED TAX AND EXTENSION PAYMENTS | 902,800. |
| LESS: STATE REFUNDS FROM TAXES PAID IN CY | NONE |
| ----- | |
| TOTAL TO SCHEDULE A, LINE 5 | 953,012. |
| ===== | |

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. |
| ===== | |

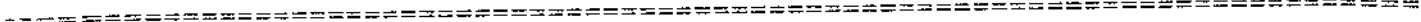
OTHER MISC. DEDUCTIONS SUBJECT TO 2% LIMIT

| | |
|-------------------------------------|--------|
| ----- | |
| GRANTOR TRUST-TRUSTEE FEES | 1,149. |
| GRANTOR TRUST-TRUSTEE FEES | 1,148. |
| JPMORGAN CHASE BANK-INVESTMENT FEES | 5,404. |
| ----- | |
| TOTAL TO SCHEDULE A, LINE 23 | 7,701. |
| ===== | |





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 | 1,209,444. |
| 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 | 1,209,444. |
| 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 | 1,209,444. |
| 10. | TOTAL AMOUNT OF INTEREST PAID | 70,500. |
| 11. | DIVIDE LINE 8 BY LINE 9 | 0.910 |
| 12. | DEDUCTIBLE HOME MORTGAGE INTEREST | 64,155. |
| 13. | NON DEDUCTIBLE HOME MORTGAGE INTEREST | 6,345. |





SUPPLEMENT TO SCHEDULE A

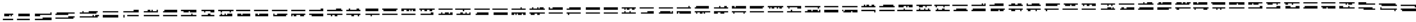
ITEMIZED DEDUCTION WORKSHEET

| | | |
|-----|--|-------------|
| 1. | SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28 | 2,107,501. |
| 2. | SCHEDULE A, LINES 4, 14, 20, AND GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28 | |
| 3. | LINE 1 LESS LINE 2 | 2,107,501. |
| 4. | LINE 3 MULTIPLIED BY 80% | 1,686,001. |
| 5. | ADJUSTED GROSS INCOME | 10,084,843. |
| 6. | \$166,800 (\$83,400/MARRIED FILING SEP.).. | 166,800. |
| 7. | LINE 5 LESS LINE 6 | 9,918,043. |
| 8. | LINE 7 MULTIPLIED BY 3% | 297,541. |
| 9. | SMALLER OF AMOUNTS ON LINES 4 OR 8 | 297,541. |
| 10. | LINE 9 DIVIDED BY 1.5 | 198,361. |
| 11. | LINE 9 LESS LINE 10 | 99,180. |
| 12. | TOTAL ITEMIZED DEDUCTIONS (LINE 1 LESS LINE 11) | 2,008,321. |





SUPPLEMENT TO SCHEDULE C



GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1



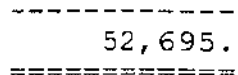
BUSINESS NAME: HILLARY RODHAM CLINTON

SIMON & SCHUSTER INC.-ROYALTIES

52,695.

TOTAL TO SCHEDULE C, LINE 1

52,695.





SUPPLEMENT TO SCHEDULE C

=====

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1

=====

BUSINESS NAME: WILLIAM J. CLINTON

THE HARRY WALKER AGENCY, INC.

7,359,592.

TOTAL TO SCHEDULE C, LINE 1

7,359,592.
=====





SUPPLEMENT TO SCHEDULE C

=====

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1

=====

BUSINESS NAME: WILLIAM J. CLINTON

RANDOM HOUSE, INC.-ROYALTIES
COPYRIGHT CLEARANCE CENTER

32,492.
119.

TOTAL TO SCHEDULE C, LINE 1

32,611.
=====





SUPPLEMENT TO SCHEDULE C

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1

BUSINESS NAME: WJC, LLC

SHANGRI-LA INDUSTRIES, LLC
WASSERMAN INVESTMENTS, GP

1,875,000.
1,875,000.

TOTAL TO SCHEDULE C, LINE 1

3,750,000.
=====





SUPPLEMENT TO SCHEDULE D

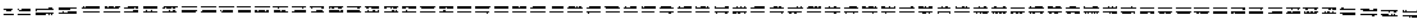
PART II LONG-TERM CAPITAL GAINS AND LOSSES
LINE 13 CAPITAL GAIN DISTRIBUTIONS

| NAME OF PAYER | CAPITAL GAINS |
|------------------------------|------------------|
| GRANTOR TRUST-CITIBANK N.A. | 183. |
| GRANTOR TRUST-CITIBANK N.A. | 182. |
| | ----- |
| SUBTOTAL FROM 1099-DIV | 365. |
| | ----- |
| TOTAL TO SCHEDULE D, LINE 13 | 365. |
| | ===== |

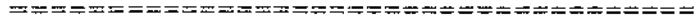




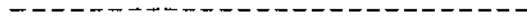
SUPPLEMENT TO SCHEDULE SE



TAXPAYER'S NET SELF-EMPLOYMENT INCOME



NET NONFARM PROFIT OR (LOSS)

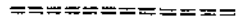


SCHEDULE C

9,795,764.

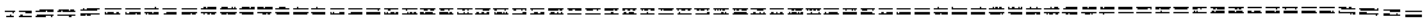
TOTAL NET NONFARM PROFIT OR (LOSS), SECTION B, LINE 2

9,795,764.





SUPPLEMENT TO SCHEDULE SE



SPOUSE'S NET SELF-EMPLOYMENT INCOME



NET NONFARM PROFIT OR (LOSS)



SCHEDULE C

43,473.

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

43,473.

