

Label

(See instructions on page 14)

Use the IRS label. Otherwise, please print or type

Form header section containing personal information: Name (WILLIAM J CLINTON), Spouse (HILLARY RODHAM CLINTON), Address (CHAPPAQUA NY 10514), and Social Security numbers.

Presidential Election Campaign section with checkboxes for 'You' and 'Spouse'.

Filing Status section with options: Single, Married filing jointly (selected), Married filing separately, and Qualifying widow(er).

Exemptions section including checkboxes for 'Yourself' and 'Spouse', and a table for dependents.

Income section with lines 7 through 14 detailing various income sources like wages, interest, dividends, and business income.

ROLLOVER section with lines 15a through 22 detailing pension distributions, annuities, and rental income.

Adjusted Gross Income section with lines 23 through 37 detailing deductions for educator expenses, health savings, and other adjustments.

38 Amount from line 37 (adjusted gross income) 38 5,503,158.
39a Check if: You were born before January 2, 1944. Blind. Total boxes checked 39a
if: Spouse was born before January 2, 1944. Blind. checked 39b
b If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here 39c

Standard Deduction for -
People who checked any box on line 39a, 39b or 39c or who can be claimed as a dependent, see page 34
All others
Single or Married filing separately, \$5,450
Married filing jointly or Qualifying widow(er), \$10,900
Head of household, \$8,000

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 1,021,189.
41 Subtract line 40 from line 38 41 4,481,969.
42 If line 38 is over \$119,975 or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d 42 SEE STMT 5 4,666.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 4,477,303.
44 Tax (see page 36). Check if any tax is from: a Form(s) 8814 b Form 4972 44 1,538,631.
45 Alternative minimum tax (see page 39). Attach Form 6251 45 NONE
46 Add lines 44 and 45 46 1,538,631.
47 Foreign tax credit. Attach Form 1116 if required 47 NONE
48 Credit for child and dependent care expenses. Attach Form 2441 48
49 Credit for the elderly or the disabled. Attach Schedule R 49
50 Education credits. Attach Form 8863 50
51 Retirement savings contributions credit. Attach Form 8880 51
52 Child tax credit (see page 42). Attach Form 8901 if required 52
53 Credits from Form: a 8396 b 8839 c 5695 53
54 Other credits from Form: a 3800 b 8801 c 54
55 Add lines 47 through 54. These are your total credits 55 NONE
56 Subtract line 55 from line 46. If line 55 is more than line 46, enter -0- 56 1,538,631.

Other Taxes

57 Self-employment tax. Attach Schedule SE 57 140,386.
58 Unreported social security and Medicare tax from Form: a 4137 b 8919 58
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59
60 Additional taxes: a AEIC payment b Household employment taxes. Attach Schedule H 60
61 Add lines 56 through 60. This is your total tax 61 1,679,017.

Payments

If you have a qualifying child, attach Schedule EIC

62 Federal income tax withheld from Forms W-2 and 1099 62 69,189.
63 2008 estimated tax payments and amount applied from 2007 return 63 1,720,000.
64a Earned income credit (EIC) 64a
b Nontaxable combat pay election 64b
65 Excess social security and tier 1 RRTA tax withheld (see page 61) 65
66 Additional child tax credit. Attach Form 8812 66
67 Amount paid with request for extension to file (see page 51) 67
68 Credits from Form: a 2438 b 4136 c 8801 d 8885 68
69 First-time homebuyer credit. Attach Form 5405 69
70 Recovery rebate credit (see worksheet on pages 62 and 63) 70
71 Add lines 62 through 70. These are your total payments 71 1,789,189.

Refund

Direct deposit? See page 63 and fill in 73b, 73c, and 73d, or Form 8888

72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid 72 110,172.
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 2008 estimated tax 74 110,172.

Amount You Owe

75 Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page 65 75
76 Estimated tax penalty (see page 65) 76 NONE

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 65)? [X] Yes. Complete the following. [] No
Designee's name: PREPARER Phone no: Personal identification number (PIN):

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature: [Signature] Date: 4/13/09 Your occupation: SPEAKING & WRITING
Spouse's signature: [Signature] Date: 04/13/09 Spouse's occupation: SECRETARY OF STATE

Paid Preparer's Use Only

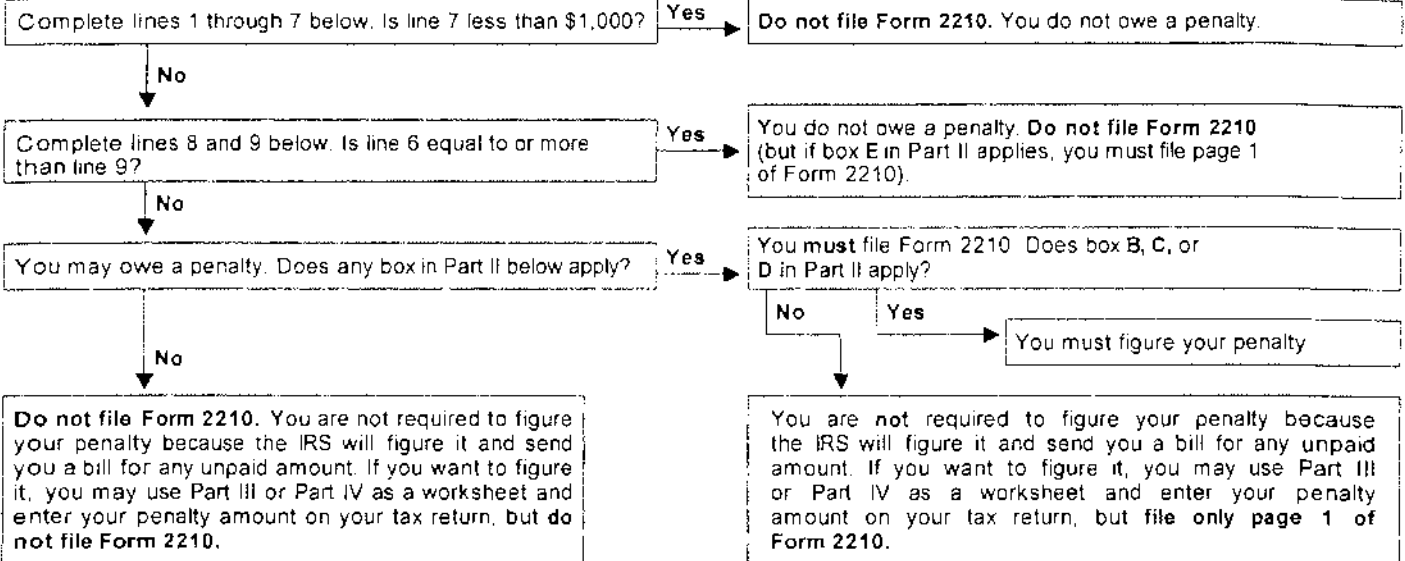
Preparer's signature: Howard M. Topaz Date: 4/11/09 Check if self-employed:
Firm's name (or yours if self-employed): HOGAN & HARTSON L.L.P. EIN:
address, and ZIP code: 875 THIRD AVENUE NEW YORK NY 10022 Phone no: 212-918-3000

Name(s) shown on tax return

identifying number
XXXXXXXXXX

WILLIAM J CLINTON & HILLARY RODHAM CLINTON

Do You Have To File Form 2210?



Part I Required Annual Payment

1	Enter your 2008 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040)	1,538,631.
2	Other taxes, including self-employment tax (see page 2 of the instructions)	140,386.
3	Refundable credits. Enter the total of your earned income credit, additional child tax credit, credit for federal tax paid on fuels, health coverage tax credit, refundable credit for prior year minimum tax, first-time homebuyer credit, and recovery rebate credit	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, you do not owe a penalty; do not file Form 2210	1,679,017.
5	Multiply line 4 by 90% (.90)	1,511,115.
6	Withholding taxes. Do not include estimated tax payments. (see page 2 of the instructions)	69,189.
7	Subtract line 6 from line 4. If less than \$1,000, you do not owe a penalty; do not file Form 2210	1,609,828.
8	Maximum required annual payment based on prior year's tax (see page 2 of the instructions)	5,760,827.
9	Required annual payment. Enter the smaller of line 5 or line 8	1,511,115.

Next: Is line 9 more than 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 only box A or E (or both) applies, file only page 1 of Form 2210. You are not required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210.

Part II Reasons for Filing. Check applicable boxes. If none apply, do not file Form 2210.

- A 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.
- B You request a **waiver** (see page 2 of the instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E You filed or are filing a joint return for either 2007 or 2008, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you are not required to figure your penalty (unless box B, C, or D applies).

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

Part IV Regular Method (See page 3 of the instructions if you are filing Form 1040NR or 1040NR-EZ)

Section A - Figure Your Underpayment		Payment Due Dates				
		(a) 4/15/08	(b) 6/15/08	(c) 9/15/08	(d) 1/15/09	
18	Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 25. Otherwise, enter 25% (25) of line 9, Form 2210, in each column.	18	54,992.	221,041.	417,700.	817,382.
19	Estimated tax paid and tax withheld (see page 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 2210 unless you checked a box in Part II. <i>Complete lines 20 through 26 of one column before going to line 20 of the next column.</i>	19	87,297.	317,297.	517,297.	867,298.
20	Enter the amount, if any, from line 26 in the previous column.	20				
21	Add lines 19 and 20.	21				
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				
24	If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0-.	24				
25	Underpayment. If line 18 is equal to or more than line 23, subtract line 23 from line 18. Then go to line 20 of the next column. Otherwise, go to line 26.	25				
26	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				

Section B - Figure the Penalty (Complete lines 27 through 34 of one column before going to the next column)

Rate Period 1	April 16, 2008 - June 30, 2008	4/15/08		6/15/08	
		Days:	Days:		
27	Number of days from the date shown above line 27 to the date the amount on line 25 was paid or 6/30/08, whichever is earlier.	27			
28	Underpayment on line 25 \times Number of days on line 27 \times .06 (see page 4 of the instructions) $\frac{\quad}{366}$	28	\$	\$	
Rate Period 2	July 1, 2008 - September 30, 2008	6/30/08		9/15/08	
		Days:	Days:	Days:	
29	Number of days from the date shown above line 29 to the date the amount on line 25 was paid or 9/30/08, whichever is earlier.	29			
30	Underpayment on line 25 \times Number of days on line 29 \times .06 (see page 4 of the instructions) $\frac{\quad}{366}$	30	\$	\$	\$
Rate Period 3	October 1, 2008 - December 31, 2008	9/30/08		9/30/08	
		Days:	Days:	Days:	
31	Number of days from the date shown above line 31 to the date the amount on line 25 was paid or 12/31/08, whichever is earlier.	31			
32	Underpayment on line 25 \times Number of days on line 31 \times .06 (see page 4 of the instructions) $\frac{\quad}{366}$	32	\$	\$	\$
Rate Period 4	January 1, 2009 - April 15, 2009	12/31/08		12/31/08	
		Days:	Days:	Days:	1/15/09
33	Number of days from the date shown above line 33 to the date the amount on line 25 was paid or 4/15/09, whichever is earlier.	33			Days:
34	Underpayment on line 25 \times Number of days on line 33 \times .05 (see page 4 of the instructions) $\frac{\quad}{365}$	34	\$	\$	\$
35	Penalty. Add all amounts on lines 28, 30, 32, and 34 in all columns. Enter the total here and on Form 1040, line 76; Form 1040A, line 48; Form 1040NR, line 74; Form 1040NR-EZ, line 26; or Form 1041, line 26. Do not file Form 2210 unless you checked a box in Part II.	35	\$		NONE

Schedule AI - Annualized Income Installment Method (See pages 5 and 6 of the instructions.)

Estates and trusts, do not use the period ending dates shown to the right. Instead, use the following 2/29/08 4/30/08, 7/31/08, and 11/30/08.

Part I Annualized Income Installments

	(a) 1/1/08-3/31/08	(b) 1/1/08-5/31/08	(c) 1/1/08-8/31/08	(d) 1/1/08-12/31/08
1 Enter your adjusted gross income for each period (see instructions) (Estates and trusts enter your taxable income without your exemption for each period)	1 360,152.	1,098,136.	2,533,716.	5,503,158.
2 Annualization amounts (Estates and trusts see instructions)	2 4	2 4	1 5	1
3 Annualized income. Multiply line 1 by line 2	3 1,440,608.	2,635,526.	3,800,574.	5,503,158.
4 If you itemize, enter itemized deductions for the period 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	4 268,655.	447,759.	716,414.	1,074,621.
5 Annualization amounts	5 4	2 4	1 5	1
6 Multiply line 4 by line 5 (see instructions if line 3 is more than \$79,975)	6 1,061,813.	1,049,866.	1,038,215.	1,021,189.
7 In each column, enter the full amount of your standard deduction from Form 1040, line 40, or Form 1040A, line 24 (Form 1040NR or 1040NR-EZ filers, enter -0- Exception: Indian students and business apprentices, see instructions)	7 11,900.	11,900.	11,900.	11,900.
8 Enter the larger of line 6 or line 7	8 1,061,813.	1,049,866.	1,038,215.	1,021,189.
9 Subtract line 8 from line 3	9 378,795.	1,585,660.	2,762,359.	4,481,969.
10 In each column, multiply \$3,500 by the total number of exemptions claimed (see instructions if line 3 is more than \$119,975). (Estates, trusts, and Form 1040NR or 1040NR-EZ filers, (see instructions)	10 4,666.	4,666.	4,666.	4,666.
11 Subtract line 10 from line 9. If zero or less, enter -0-	11 374,129.	1,580,994.	2,757,693.	4,477,303.
12 Figure your tax on the amount on line 11 (see instructions)	12 102,520.	524,923.	936,768.	1,538,631.
13 Self-employment tax from line 34 (complete Part II below)	13 23,002.	57,423.	90,984.	140,386.
14 Enter other taxes for each payment period (see instructions)	14 118,887.	31,060.	NONE	NONE
15 Total tax. Add lines 12, 13, and 14	15 244,409.	613,406.	1,027,752.	1,679,017.
16 For each period, enter the same type of credits as allowed on Form 2210, Part I lines 1 and 3 (see instructions)	16 NONE	NONE	NONE	NONE
17 Subtract line 16 from line 15. If zero or less, enter -0-	17 244,409.	613,406.	1,027,752.	1,679,017.
18 Applicable percentage	18 22.5%	45%	67.5%	80%
19 Multiply line 17 by line 18	19 54,992.	276,033.	693,733.	1,511,115.
<i>Complete lines 20-25 of one column before going to line 20 of the next column.</i>				
20 Enter the total of the amounts in all previous columns of line 25	20	54,992.	276,033.	693,733.
21 Subtract line 20 from line 19. If zero or less, enter -0-	21 54,992.	221,041.	417,700.	817,382.
22 Enter 25% (25) of line 9 on page 1 of Form 2210 in each column	22 377,779.	377,779.	377,779.	377,778.
23 Subtract line 25 of the previous column from line 24 of that column	23	322,787.	479,525.	439,604.
24 Add lines 22 and 23	24 377,779.	700,566.	857,304.	817,382.
25 Enter the smaller of line 21 or line 24 here and on Form 2210, line 18	25 54,992.	221,041.	417,700.	817,382.

Part II Annualized Self-Employment Tax (Form 1040 filers only) TAXPAYER'S AMOUNTS

26 Net earnings from self-employment for the period (see instructions)	26 77,777.	624,183.	1,770,200.	4,358,836.
27 Prorated social security tax limit	27 \$25,500	\$42,500	\$68,000	\$102,000
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	28 20.	34.	54.	81.
29 Subtract line 28 from line 27. If zero or less, enter -0-	29 25,480.	42,466.	67,946.	101,919.
30 Annualization amounts	30 0.496	0.2976	0.186	0.124
31 Multiply line 30 by the smaller of line 26 or line 29	31 12,638.	12,638.	12,638.	12,638.
32 Annualization amounts	32 0.116	0.0696	0.0435	0.029
33 Multiply line 26 by line 32	33 9,022.	43,443.	77,004.	126,406.
34 Add lines 31 and 33. Enter here and on line 13 above	34 21,660.	56,081.	89,642.	139,044.

Schedule AI - Annualized Income Installment Method (See pages 5 and 6 of the instructions.)

Estates and trusts, do not use the period ending dates shown to the right. Instead, use the following: 2/29/08, 4/30/08, 7/31/08, and 11/30/08

	(a) 1/1/08-3/31/08	(b) 1/1/08-5/31/08	(c) 1/1/08-8/31/08	(d) 1/1/08-12/31/08
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Part I Annualized Income Installments

1	Enter your adjusted gross income for each period (see instructions) (Estates and trusts, enter your taxable income without your exemption for each period)	1				
2	Annualization amounts (Estates and trusts, see instructions)	2	4	2.4	1.5	1
3	Annualized income. Multiply line 1 by line 2	3				
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 3 and enter amount from line 3	4				
5	Annualization amounts	5	4	2.4	1.5	1
6	Multiply line 4 by line 5 (see instructions if line 3 is more than \$79,975)	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				
9	Subtract line 8 from line 3	9				
10	In each column, multiply \$3,500 by the total number of exemptions claimed (see instructions if line 3 is more than \$119,975). (Estates, trusts, and Form 1040NR or 1040NR-EZ filers, (see instructions)	10				
11	Subtract line 10 from line 9. If zero or less, enter -0-	11				
12	Figure your tax on the amount on line 11 (see instructions)	12				
13	Self-employment tax from line 34 (complete Part II below)	13				
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 on Form 2210, Part I, lines 1 and 3 (see instructions)	16				
17	Subtract line 16 from line 15. If zero or less, enter -0-	17				
18	Applicable percentage	18	22.5%	45%	67.5%	90%
19	Multiply line 17 by line 18	19				
<i>Complete lines 20-25 of one column before going to line 20 of the next column.</i>						
20	Enter the total of the amounts in all previous columns of line 25	20				
21	Subtract line 20 from line 19. If zero or less, enter -0-	21				
22	Enter 25% (25) of line 9 on page 1 of Form 2210 in each column	22				
23	Subtract line 25 of the previous column from line 24 of that column	23				
24	Add lines 22 and 23	24				
25	Enter the smaller of line 21 or line 24 here and on Form 2210, line 18	25				

Part II Annualized Self-Employment Tax (Form 1040 filers only) SPOUSE'S AMOUNTS

26	Net earnings from self-employment for the period (see instructions)	26	11,573.	19,288.	30,861.	46,291.
27	Prorated social security tax limit	27	\$25,500	\$42,500	\$68,000	\$102,000
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	28	25,500.	42,500.	68,000.	102,000.
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	NONE	NONE	NONE	NONE
30	Annualization amounts	30	0.496	0.2976	0.186	0.124
31	Multiply line 30 by the smaller of line 26 or line 29	31	NONE	NONE	NONE	NONE
32	Annualization amounts	32	0.116	0.0696	0.0435	0.029
33	Multiply line 26 by line 32	33	1,342.	1,342.	1,342.	1,342.
34	Add lines 31 and 33. Enter here and on line 13 above	34	1,342.	1,342.	1,342.	1,342.

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Schedule A - Itemized Deductions

(Schedule B is on back)

OMB No. 1545-0074

2008

Attachment
Sequence No. **07**

▶ Attach to Form 1040. ▶ See instructions for Schedules A&B (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): **STMT 6**
 - a Income taxes, or
 - b General sales taxes
- 6 Real estate taxes (see page A-5) 6 392,631.
- 7 Personal property taxes 7 72,802.
- 8 Other taxes. List type and amount ▶ 8
- 9 Add lines 5 through 8 9 465,433.

Interest You Paid

(See page A-5.)

- 10 Home mortgage interest and points reported to you on Form 1098 10 59,188.
- 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-6 and show that person's name, identifying no. and address ▶ 11
- Note. Personal interest is not deductible.
- 12 Points not reported to you on Form 1098. See page A-6 for special rules 12
- 13 Qualified mortgage insurance premiums (see page A-6) 13
- 14 Investment interest. Attach Form 4952 if required. (See page A-6.) 14
- 15 Add lines 10 through 14 15 59,188.

Gifts to Charity

if you made a gift and got a benefit for it, see page A-7.

- 16 Gifts by cash or check, if you made any gift of \$250 or more, see page A-7. **SEE STATEMENT 6** 16 550,000.
- 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 19 550,000.

Casualty and Theft Losses

- 20 Casualty or theft loss(es). Attach Form 4684. (See page A-8.) 20

Job Expenses and Certain Miscellaneous Deductions

(See page A-9.)

- 21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ▶ 21
- 22 Tax preparation fees 22
- 23 Other expenses - investment, safe deposit box, etc. List type and amount ▶ **SEE STATEMENT 6** 23 10,039.
- 24 Add lines 21 through 23. Enter amount from Form 1040, line 38 25 5,503,158. 24 10,039.
- 25 Multiply line 25 by 2% (.02) 26 110,063.
- 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- 27 NONE

Other Miscellaneous Deductions

- 28 Other - from list on page A-10. List type and amount ▶ 28

Total Itemized Deductions

- 29 Is Form 1040, line 38, over \$159,950 (over \$79,975 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 40 29 **SEE STMT 8** 1,021,189.
 - Yes. Your deduction may be limited. See page A-10 for the amount to enter. } ▶
- 30 If you elect to itemize deductions even though they are less than your standard deduction, check here

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Your social security number

WILLIAM J CLINTON & HILLARY RODHAM CLINTON

Schedule B - Interest and Ordinary Dividends

Attachment Sequence No 08

Part I Interest

(See page B-1 and the instructions for Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address

- J CITIBANK
J CITIBANK
J CITIBANK, N.A.
J CITIBANK, N.A.
S GRANTOR TRUST-CITIBANK N.A.
T GRANTOR-TRUST-CITIBANK N.A.
J IMPUTED INTEREST
J INTEREST FROM TAX REFUNDS

Table with 2 columns: Amount, and rows for interest entries with values like 7,543, 60,666, 989, 224, 124,719, 124,720, 121,258, 5,677.

2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a

Table with 2 columns: Amount, and rows for summary lines 2, 3, 4 with values 445,796, 445,796.

Note. If line 4 is over \$1,500, you must complete Part III.

Part II Ordinary Dividends

(See page B-1 and the instructions for Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 5 List name of payer
S GRANTOR TRUST-CITIBANK N.A.
T GRANTOR TRUST-CITIBANK N.A.

Table with 2 columns: Amount, and rows for dividend entries with values 11,070, 11,069, and summary line 6 with value 22,139.

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a.

Note. If line 6 is over \$1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See page B-2)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2008, did you have an interest in or a signature or other authority over a financial account in a foreign country...
b If "Yes," enter the name of the foreign country
8 During 2008, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520.

Table with 2 columns: Yes, No, and rows for questions 7a, b, 8 with 'X' marks in the No column.

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No 1545-0074

2008

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
HILLARY RODHAM CLINTON

Social security number (SSN)
[REDACTED]

A Principal business or profession, including product or service (see page C-3 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 2008? If "No," see page C-4 for limit on losses . . . Yes No

H If you started or acquired this business during 2008, 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-4 for limit on losses.	STMT 9	<input type="checkbox"/>	1	60,759.
2	Returns and allowances			2	
3	Subtract line 2 from line 1			3	60,759.
4	Cost of goods sold (from line 42 on page 2)			4	
5	Gross profit. Subtract line 4 from line 3			5	60,759.
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	60,759.

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-5)	9	19	Pension and profit-sharing plans	19
10	Commissions and fees	10	20	Rent or lease (see page C-6):	20
11	Contract labor (see page C-5)	11	20a	Vehicles, machinery, and equipment	20a
12	Depletion	12	20b	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:	24
16a	Mortgage (paid to banks, etc.)	16a	24a	Travel	24a
16b	Other	16b	24b	Deductible meals and entertainment (see page C-7)	24b
17	Legal and professional services	17	25	Utilities	25
18			26	Wages (less employment credits)	26
19			27	Other expenses (from line 48 on page 2)	27
20					
21					
22					
23					
24					
25					
26					
27					
28	Total expenses before expenses for business use of home. Add lines 8 through 27	28			10,633.
29	Tentative profit (loss). Subtract line 28 from line 7	29			50,126.
30	Expenses for business use of your home. Attach Form 8829	30			
31	Net profit or (loss). Subtract line 30 from line 29 • If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040 NR, line 13 (if you checked the box on line 1 as a statutory employee, see page C-7). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31			50,126.
32	If you have a loss, check the box that describes your investment in this activity (see page C-8). • If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1 see the line 31 instructions on page C-7). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited	32a	<input type="checkbox"/>	All investment is at risk.	
		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) 2008

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

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2008, 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
47 a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

COLLABORATION FEES AND EXPENSES	10,633.
48 Total other expenses. Enter here and on page 1, line 27	48 10,633.

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business
(Sole Proprietorship)

OMB No 1545-0074

2008

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)
[REDACTED]

A Principal business or profession, including product or service (see page C-3 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
[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 2008? If "No," see page C-4 for limit on losses Yes No

H If you started or acquired this business during 2008, 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-4 for limit on losses.	STMT 10 <input type="checkbox"/>	1	5,700,000.
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	5,700,000.
4 Cost of goods sold (from line 42 on page 2)		4	
5 Gross profit. Subtract line 4 from line 3		5	5,700,000.
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	5,700,000.

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-5)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	480,440.	20 Rent or lease (see page C-6):		
11 Contract labor (see page C-5)	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	295,052.
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	11,829.
b Other	16b		b Deductible meals and entertainment (see page C-7)	24b	
17 Legal and professional services	17	7,940.	25 Utilities	25	
			26 Wages (less employment credits)	26	262,100.
			27 Other expenses (from line 48 on page 2)	27	35,598.
28 Total expenses before expenses for business use of home. Add lines 8 through 27			28	28	1,092,959.
29 Tentative profit (loss). Subtract line 28 from line 7			29	29	4,607,041.
30 Expenses for business use of your home. Attach Form 8829			30	30	945.
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040 NR, line 13 (if you checked the box on line 1 as a statutory employee, see page C-7). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.			31	31	4,606,096.
32 If you have a loss, check the box that describes your investment in this activity (see page C-8) • If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a <input type="checkbox"/>	32b <input type="checkbox"/>	All investment is at risk Some investment is not at risk

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

Schedule C (Form 1040) 2008

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? Yes No
If "Yes," attach explanation

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 2008, 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	35,598.
48 Total other expenses. Enter here and on page 1, line 27	48 35,598.

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2008

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)

[REDACTED]

A Principal business or profession, including product or service (see page C-3 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 2008? If "No," see page C-4 for limit on losses

Yes No

H If you started or acquired this business during 2008, check here

Part I Income

1 Gross receipts or sales. Caution. See page C-4 and check the box if			
<ul style="list-style-type: none"> 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-4 for limit on losses. 	STMT 11	<input type="checkbox"/>	
		1	536,313.
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	536,313.
4 Cost of goods sold (from line 42 on page 2)		4	
5 Gross profit. Subtract line 4 from line 3		5	536,313.
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	536,313.

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-5)	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-5)	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-7)	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)	27 422,500.
28 Total expenses before expenses for business use of home. Add lines 8 through 27	28		28 422,500.
29 Tentative profit (loss). Subtract line 28 from line 7	29		29 113,813.
30 Expenses for business use of your home. Attach Form 8829	30		30
31 Net profit or (loss). Subtract line 30 from line 29.			
<ul style="list-style-type: none"> If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040 NR, line 13 (if you checked the box on line 1 as a statutory employee, see page C-7). Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32. 		31	113,813.
32 If you have a loss, check the box that describes your investment in this activity (see page C-8).			
<ul style="list-style-type: none"> 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 5198. Your loss may be limited. 		32a	<input type="checkbox"/> All investment is at risk.
		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) 2008

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 2008, 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.

FEES AND EXPENSES	422,500.
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----
48 Total other expenses. Enter here and on page 1, line 27	48 422,500.

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service 499;

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

2008
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 8 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 DISPOSITION OF YUCAIPA PARTNERSHIPS	2003	2008	NONE	726,761.	-726,761.
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	NONE	
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 13 of your Capital Loss Carryover Worksheet on page D-7 of the instructions					14 ()
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 -726,761.

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

Schedule D (Form 1040) 2008

Part III Summary

16	Combine lines 7 and 15 and enter the result.	16	<u>-726,761.</u>
<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 38 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 • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) }	21	<u>(3,000.)</u>
<p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p>			
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 38 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.		

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

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

OMB No 1545-0074

2008

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

WILLIAM J CLINTON & HILLARY RODHAM CLINTON

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40

1	List the type and location of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:	
			Yes	No
A	-----	• 14 days or • 10% of the total days rented at fair rental value? (See page E-3)	A	
B	-----		B	
C	-----		C	

Income:	Properties			Totals (Add columns A, B, and C.)
	A	B	C	
3 Rents received	3			3
4 Royalties received	4			4
Expenses:				
5 Advertising	5			
6 Auto and travel (see page E-4)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see page E-5)	12			12
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Other (list) ▶	18			
19 Add lines 5 through 18	19			19
20 Depreciation expense or depletion (see page E-5)	20			20
21 Total expenses. Add lines 19 and 20	21			
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198	22			
23 Deductible rental real estate loss. Caution: Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2	23			
24 Income. Add positive amounts shown on line 22. Do not include any losses				24
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here				25
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2				26

For Paperwork Reduction Act Notice, see page E-8 of the instructions.

Schedule E (Form 1040) 2008

Name(s) shown on return. Do not enter name and social security number if shown on other side

Your social security number

WILLIAM J CLINTON & HILLARY RODHAM CLINTON

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See page E-1.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? Yes No
If you answered "Yes," see page E-7 before completing this section.

28	(a) Name	(b) Enter P for partnership, S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	LEGAL FEES-YUCAIPA PARTNERSHIPS	P			
B					
C					
D					

Passive Income and Loss		STMT 12	Nonpassive Income and Loss	
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A		35,482.		
B				
C				
D				
29a Totals				
b Totals		35,482.		
30 Add columns (g) and (j) of line 29a				30
31 Add columns (f), (h), and (i) of line 29b				31 (35,482.)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				32 -35,482.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see page E-7)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41 -35,482.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7, Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code T; and Schedule K-1 (Form 1041), line 14, code F (see page E-8)	42
43	Reconciliation for real estate professionals. If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43

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.

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"/>
1a	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)	
1b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, Line 6b, or listed on Schedule K-1 (Form 1065), box 20, code X	
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	4,719,909.
3	Combine lines 1a, 1b, and 2	4,719,909.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4,358,836.
4b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	
4c	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	4,358,836.
5a	Enter your church employee income from Form W-2. See page SE-1 for definition of church employee income	5a
5b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b
6	Net earnings from self-employment. Add lines 4c and 5b	4,358,836.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2008	102,000.00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$102,000 or more, skip lines 8b through 10, and go to line 11	8a 81.
8b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b
8c	Wages subject to social security tax (from Form 8919, line 10)	8c
8d	Add lines 8a, 8b, and 8c	8d 81.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9 101,919.
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10 12,638.
11	Multiply line 6 by 2.9% (.029)	11 126,406.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57	12 139,044.
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 27	13 69,522.

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 \$6,300, or (b) your net farm profits ² were less than \$4,548.		
14	Maximum income for optional methods	4,200.00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,200. Also include this amount on line 4b above	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$4,548 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	
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

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 a	
1 b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, Line 6b, or listed on Schedule K-1 (Form 1065), box 20, code X	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	50,126.
3	Combine lines 1a, 1b, and 2	3	50,126.
4 a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4 a	46,291.
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	46,291.
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	46,291.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2008	7	102,000.00
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 \$102,000 or more, skip lines 8b through 10, and go to line 11	8 a	102,000.
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	102,000.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	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	1,342.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57	12	1,342.
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 27	13	671.

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 \$6,300, or (b) your net farm profits² were less than \$4,548</p>			
14	Maximum income for optional methods	14	4,200.00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,200. Also include this amount on line 4b above	15	
<p>Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$4,548 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.</p> <p>Caution. You may use this method no more than five times.</p>			
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.

2008

Attachment Sequence No **66**

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

Name(s) of proprietor(s)

Your social security number

WILLIAM J CLINTON

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 (366 days x 24 hours) (see instructions)	5	8,784 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	4,607,041.
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	4,607,041.
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 2007 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	4,607,041.
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from Part III below	29	945.
30	Carryover of excess casualty losses and depreciation from 2007 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, Section B	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 2009

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	

2008

SCHEDULE C DEPRECIATION AND AMORTIZATION

WILLIAM J. CLINTON

DEPRECIATION

Description of Property	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
ASSET DESCRIPTION	10/01/2002	147,500.	25.0000			36,875.	17,808.	18,753.	SL	MM			39		945
CONVERTED BARN															
Less: Retired Assets															
Subtotals		147,500.				36,875.	17,808.	18,753.							945
Listed Property															
Less: Retired Assets															
Subtotals															
TOTALS		147,500.				36,875.	17,808.	18,753.							945

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

SUPPLEMENT TO FORM 1040

SOURCES OF COMPENSATION

OWNER-SHIP	DESCRIPTION	TOTAL WAGES	FEDERAL WITHHELD	SOC. SEC. WITHHELD	MEDICARE WITHHELD
<u>WAGES</u>					
T	GEP ATL, LLC	81.	20.	5.	1.
S	UNITED STATES SENATE	154,300.	28,896.	6,324.	2,455.
TOTAL - WAGES		154,381.	28,916.	6,329.	2,456.
<u>OTHER WITHHOLDING</u>					
T	COPYRIGHT CLEARANCE CENTER		37.		
TOTAL OTHER W/H			37.		
<u>WITHHOLDING FROM 1099-R DISTRIBUTIONS</u>					
T	GENERAL SERVICES ADMINISTRATIO		40,236.		
TOTAL			40,236.		
GRAND TOTAL		154,381.	69,189.	6,329.	2,456.

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

SUPPLEMENT TO FORM 1040

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

PENSIONS AND ANNUITIES

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

SUPPLEMENT TO FORM 1040

=====

PENSION/ANNUITY DETAIL

NAME OF PAYER: JPMORGAN CHASE BANK

PENSION/ANNUITY DISTRIBUTION	3,027.
LESS: TAX-FREE ROLLOVERS	3,027.
LESS: CAPITAL GAIN PORTION OF DISTRIBUTION	
LESS: TAX-FREE EXCHANGE	
LESS: EMPLOYEE CONTRIBUTION	

TAXABLE AMOUNT OF DISTRIBUTION	NONE
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SUPPLEMENT TO FORM 1040

TAXABLE STATE/LOCAL TAX REFUNDS

ALLOCATION OF STATE/LOCAL TAX REFUND PAID OVER TWO YEARS:

1	TAXES PAID IN 2007	1,328,433.
2	TAXES PAID IN 2008	9,378.
3	TOTAL STATE AND LOCAL TAX PAYMENTS ON 2007 RETURN	1,337,811.
4	TOTAL REFUND RECEIVED IN 2008	14,813.
5	PERCENTAGE OF TAXES PAID IN 2007 (LINE 1/LINE 3)	99.30%
6	REFUND ATTRIBUTABLE TO TAXES PAID IN 2007	14,709.
7	PERCENTAGE OF TAXES PAID IN 2008 (LINE 2/LINE 3)	0.70%
8	REFUND ATTRIBUTABLE TO TAXES PAID IN 2008	104.

TAXABLE REFUND:

1	REFUND ATTRIBUTABLE TO TAXES PAID IN 2007	14,709.
2	2007 ALLOWABLE ITEMIZED DEDUCTIONS	5,275,815.
3	2007 BASIC STANDARD DEDUCTION:	
	\$5,350, IF SINGLE	
	\$10,700, IF MFJ OR QUALIFYING WIDOW(ER)	
	\$5,350, IF MARRIED FILING SEPARATELY	10,700.
	\$7,850, IF HEAD OF HOUSEHOLD	
4	2007 ADDITIONAL STANDARD DEDUCTION(S)	
5	ADD LINES 3 AND 4	10,700.
6	SUBTRACT LINE 5 FROM LINE 2	5,265,115.
7	TAXABLE TAX REFUNDS (SMALLER OF LINES 1 OR 6)	14,709.
PLUS:	TAX REFUNDS RECEIVED FROM PRIOR YEARS	13,473.
	TOTAL TAXABLE REFUND TO FORM 1040, LINE 10	28,182.

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 \$ 3,500 7,000.

3. ENTER THE AMOUNT FROM FORM 1040, LINE 38 5,503,158.

4. FILING STATUS INCOME LIMIT 239,950.

5. SUBTRACT LINE 4 FROM LINE 3 5,263,208.

6. IS LINE 5 GREATER THAN \$122,500 (\$61,250 FOR MFS)?

X YES MULTIPLY \$2,333 BY THE TOTAL NUMBER OF EXEMPTIONS.
ENTER THE RESULT ON FORM 1040, LINE 42.

4666

NO DIVIDE LINE 5 BY 2,500 (1,250 IF MFS). IF THE RESULT IS NOT A WHOLE NUMBER, INCREASE TO THE NEXT WHOLE NUMBER.

7. LINE 6 X 0.02

8. LINE 2 MULTIPLIED BY LINE 7

9. DIVIDE LINE 8 BY 3.0

10. DEDUCTION FOR EXEMPTIONS (LINE 2 LESS LINE 9) 4,666.

SUPPLEMENT TO SCHEDULE A

STATE INCOME TAXES

TAXES WITHHELD	10,267.
IRA DISTRIBUTIONS, PENSIONS & ANNUITIES	13,090.
ESTIMATED TAX AND EXTENSION PAYMENTS	360,000.
OTHER TAXES PAID AND BALANCE DUE	9,378.
LESS: STATE REFUNDS FROM TAXES PAID IN CY	104.
	<hr/>
TOTAL TO SCHEDULE A, LINE 5	392,631.
	<hr/>

CASH CONTRIBUTIONS

OTHER CASH CONTRIBUTIONS

50% ORGANIZATION(S)	
THE CLINTON FAMILY FOUNDATION	550,000.
	<hr/>
TOTAL CASH CONTRIBUTIONS BEFORE LIMITATION	550,000.
CASH CONTRIBUTION LIMITATION	NONE
	<hr/>
TOTAL TO SCHEDULE A, LINE 16	550,000.
	<hr/>

OTHER MISC. DEDUCTIONS SUBJECT TO 2% LIMIT

GRANTOR TRUST-TRUSTEE FEES	5,020.
GRANTOR TRUST-TRUSTEE FEES	5,019.
	<hr/>
TOTAL TO SCHEDULE A, LINE 23	10,039.
	<hr/>

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

SUPPLEMENT TO SCHEDULE A

ITEMIZED DEDUCTION WORKSHEET

1.	SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28	1,074,621.
2.	SCHEDULE A, LINES 4, 14, 20, AND GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28	
3.	LINE 1 LESS LINE 2	1,074,621.
4.	LINE 3 MULTIPLIED BY 80%	859,697.
5.	ADJUSTED GROSS INCOME	5,503,158.
6.	\$159,950 (\$79,975/MARRIED FILING SEP.)..	159,950.
7.	LINE 5 LESS LINE 6	5,343,208.
8.	LINE 7 MULTIPLIED BY 3%	160,296.
9.	SMALLER OF AMOUNTS ON LINES 4 OR 8	160,296.
10.	LINE 9 DIVIDED BY 1.5	106,864.
11.	LINE 9 LESS LINE 10	53,432.
12.	TOTAL ITEMIZED DEDUCTIONS (LINE 1 LESS LINE 11)	1,021,189.

SUPPLEMENT TO SCHEDULE C

=====

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1

=====

BUSINESS NAME: HILLARY RODHAM CLINTON

SIMON & SCHUSTER INC.-ROYALTIES

60,759.

TOTAL TO SCHEDULE C, LINE 1

60,759.
=====

SUPPLEMENT TO SCHEDULE C

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1

=====

BUSINESS NAME: WILLIAM J. CLINTON

THE HARRY WALKER AGENCY, INC.

5,700,000.

TOTAL TO SCHEDULE C, LINE 1

5,700,000.
=====

SUPPLEMENT TO SCHEDULE C

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1

BUSINESS NAME: WILLIAM J. CLINTON

RANDOM HOUSE, INC.-ROYALTIES
COPYRIGHT CLEARANCE CENTER

536,182.
131.

TOTAL TO SCHEDULE C, LINE 1

536,313.
=====

SUPPLEMENT TO SCHEDULE E

=====

PART II, INCOME OR LOSS FROM PARTNERSHIPS AND S CORPORATIONS

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COLUMNS (H) & (J) - NONPASSIVE INCOME OR LOSS

K-1 NAME: LEGAL FEES-YUCAIPA PARTNERSHIPS
ID NUMBER:

DESCRIPTION	INCOME/LOSS
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LESS:	
LEGAL FEES	35,482.

INCOME/LOSS AFTER AT-RISK ADJ.	-35,482.

ALLOWABLE INCOME/LOSS	-35,482.
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SUPPLEMENT TO SCHEDULE SE

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TAXPAYER'S NET SELF-EMPLOYMENT INCOME

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NET NONFARM PROFIT OR (LOSS)

SCHEDULE C

4,719,909.

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

4,719,909.

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SUPPLEMENT TO SCHEDULE SE

=====

SPOUSE'S NET SELF-EMPLOYMENT INCOME

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NET NONFARM PROFIT OR (LOSS)

SCHEDULE C

50,126.

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

50,126.

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