Your first name		1, 2015, or other tax year beginning		, 2015, e	nung		20			e separate instruct	
			name						You	ur social security nu	mbei
WILLIA			<u>CLINTON</u> name								
HILLAR									Spc	ouse's social securit	ty nu
		and street). If you have a P.O. box, see i	RODHAM CL	INTON			Δ	ot. no.			
	•							A. 110,		Make sure the SSI and on line 6c ar	
City, town or p	ost office	, state, and ZIP code. If you have a fore	ign address, also con	nplete spaces b	elow (see in	structions)		<u> </u>	Presidential Election Car	
СНАРРА		NY		105						ck here if you, or your spouse	
Foreign country		141	Foreign pr	ovince/state/co		Foreig	n postal co	de	- jointl	iy, want \$3 to go to this fund	nd. Che
					·				a bo: refur	nd. X You X	
Filing Stat	us ¹	Single		4	Head	of house	hold (with	qualifying	1 pers	son). (See instructions	
i iiiig otat	2	X Married filing jointly (even i	f only one had inco	ome)						your dependent, enter	
Check only one	e 3	Married filing separately. Er				name he					
box.		and full name here. 🕨	·	5	Quali	fying wid	dow(er) v	vith depe	ende	ent child	
Exemption	6a	X Yourself. If someone can cl	aim you as a depe	ndent, do not	t check bo	(6a.,]	Boxes checked on 6a and 6b	
	b	X Spouse	<u></u>		<u></u>				.]	No. of children on 6c who:	
	c	Dependents:	(2) Depender	nt's	(3) Depende	ent's	(4) √ if a	hild under a for child tax o	ge 17	 lived with you 	
	(1) Fire	t name Last name	social security n	umber r	elationship I	o you		instructions)		 did not live with you due to divorce 	
If more than four										or separation	
dependients, see							_			 (see instructions) Dependents on 66 	
instructions and check										not entered above	
here										Add numbers on	Г
		Total number of exemptions clain	ned	<u>····</u>	<u></u>	<u>••••</u>		• • • •	<u></u>	lines above 🕨	L
Income	7	Wages, salaries, tips, etc. Attach F							7		1(
		Taxable interest. Attach Schedul							8a	24,	93
Attach Form(s)	đ	Tax-exempt interest. Do not inclu	ide on line 8a		8b						
N-2 here. Also attach Forms		Ordinary dividends. Attach Sched				1			9a	84,	35
N-2G and							84,3				
1099-R if tax was withheld.	10	Taxable refunds, credits, or offse							10	244,	41
was wruneid.	11	Alimony received		• • • • • •				•••	11		
f you did not	12	Business income or (loss). Attach						•••••••	12	10,168,	
et a W-2, see instructions.	13	Capital gain or (loss). Attach Sch							13	-3,	00
inatructions.	14	Other gains or (losses). Attach Fo		••••	1			paras a	14		
	15a		15a		b Taxabl				15b		
		Pensions and annuities			b Taxabl				16b	226,	
	17	Rental real estate, royalties, part							17		NC
	18	Farm income or (loss). Attach Sch							18		
	19	Unemployment compensation .	1		1				19		
	20 a 21	Social security benefits 2			b Taxabl	e amour	nt		20b		
	21 22	Other income. List type and amou			04 70			interest interests	21	10	~ -
		Combine the amounts in the far r				your tot	al incom	e 🕨 🗄	22	10,745,	37
Adjusted	23 24	Educator expenses			23					1	
Gross	24	Certain business expenses of rese		,							
ncome	25	fee-basis government officials. At Health savings account deduction			1						
	26	Moving expenses. Attach Form 3									
	27	Deductible part of self-employme				1	50,8	10			
	28	Self-employed SEP, SIMPLE, and				<u>⊥</u>	50,0	17.			
	29	Self-employed health insurance d									
	30	Penalty on early withdrawal of sav									
		Alimony paid b Recipient's SSN									
	32	IRA deduction									
		Student loan interest deduction.									
		Tuition and fees. Attach Form 891									
		Domestic production activities de									
		Add lines 23 through 35							20	150 (Q /
		Subtract line 36 from line 22. This							36 37	<u> </u>	
			ie vour adimate -								

Form 1040 (20	15) 🚺	VILLIAM J CLINTON & HILLARY RODHAM CLINTON			Page 2
	38	Amount from line 37 (adjusted gross income)	·	38	10,594,529.
Tax and	39a	Check You were born before January 2, 1951, Blind. Total boxes			
Credits		if: 🛛 🗌 X Spouse was born before January 2, 1951, 🔄 Blind. 🕽 checked 🕨 39a 💆	2		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here > 39b			
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	•	40	2,242,022.
Deduction for -	41	Subtract line 40 from line 38	•	41	8,352,507.
People who	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instruction		42	NONE
check any box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	•	43	8,352,507.
39a or 39b or who can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	ļ	44	3,236,975.
claimed as a dependent.	45	Alternative minimum tax (see instructions). Attach Form 6251	· +	45	NONE
see	46	Excess advance premium tax credit repayment. Attach Form 8962	1	46	
instructions.	47	Add lines 44, 45, and 46		47	3,236,975.
 All others: Single or 	48	Foreign tax credit. Attach Form 1116 if required	١E		
Married filing separately,	49	Credit for child and dependent care expenses. Attach Form 2441 49			
\$6,300	50	Education credits from Form 8863, line 19			
Married filing jointly or	51	Retirement savings contributions credit. Attach Form 8880 51			
Qualifying	52	Child tax credit. Attach Schedule 8812, if required			
widow(er), \$12,600	53	Residential energy credit. Attach Form 5695			
Head of	54	Other credits from Form: a 3800 b 8801 c 54		00082	NONE
household, \$9,250	55	Add lines 48 through 54. These are your total credits.	- t	55	NONE
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0		56	3,236,975.
•	57	Self-employment tax. Attach Schedule SE		57	301,698.
Other	58		ł	58 59	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		60a	
		Household employment taxes from Schedule H	- T	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage X		61	
	62	Taxes from: a X Form 8959 b X Form 8960 c Instructions; enter code(s)	•	62	85,782.
	63			63	3,624,455.
Decision	64	Federal income tax withheld from Forms W-2 and 1099. 64 43, 11			5,024,400.
Payments	65	2015 estimated tax payments and amount applied from 2014 return . $65 4, 621, 131$			
If you have a	l	Earned income credit (EIC)	· ·		
qualifying	and the second sec	Nontaxable combat pay election 66b			
child, attach Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812			
Schedule LIO.	68	American opportunity credit from Form 8863, line 8,			
	69	Net premium tax credit. Attach Form 8962			
	70	Amount paid with request for extension to file			
	71	Excess social security and tier 1 RRTA tax withheld			
	72	Credit for federal tax on fuels. Attach Form 4136			
	73	Credits from Form: a 2439 b Reserved c 8885 d 73			
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments.		74	4,664,245.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid		75	1,039,790.
	76 a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here		76a	
Direct deposit?	▶ b	Routing number			
See instructions.	► d	I Account number			
	77	Amount of line 75 you want applied to your 2016 estimated tax 77 1,039,79	Э.		
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions		78	
You Owe	79	Estimated tax penalty (see instructions)		<u>, 1997</u>	지각 승규는 것 것 같아요.
Third Party	v [[]	Do you want to allow another person to discuss this return with the IRS (see instructions)? X Yes.	Cor	nplete	below. No
Designee		Designee's Phone Phone	~ ~		rsonal identification
	r i	hame \blacktriangleright HOWARD M TOPAZ no. \triangleright 212-918-3			mber (PIN)
Sign Here	t	hey are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has an	y kno	owiedge	me phone number
Joint return? See	. 1	William The Hand Zam III		Dayn	
instructions.		Spousels signature. If a joint return, both must sign. Date Spouse's occupation		If the li	RS sent you an Identity Protection hter it here
Keep a copy for your records.				PIN, er (see in	
	r	Print/Type preparer's name Preparer's signature Date Check	1		
Paid			loyed	1	
Preparer	-	HOWARD M TOPAZ		.⊥	
Use Only	-	Firm's name ► HOGAN LOVELLS US LLP Firm's Firm's address ► 875 THIRD AVENUE Phone			212-918-3000
	ł	NEW YORK, NY 10022			
www.irs.gov/fe	orm104				Form 1040 (2015)

SCHEDULE	Α
(Form 1040)	

Itemized Deductions

OMB No. 1545-0074

(Form 1040) ► Information about Schedule A and its separate instructions is at www.irs.gov/sci							2015
Department of th						eaure	Attachment
Internal Revenue		·	► Attach to Fo	rm 1	940.	1.1	Sequence No. 07
			NTON & HILLARY RODHAM CLINI			YOU	ur social security number
	0		tion. Do not include expenses reimbursed or paid by others.		<u> </u>		
Medical	1		ical and dental expenses (see instructions)	1			
and Dental	2	Enter	amount from Form2			-	
Expenses	3	Multi	ply line 2 by 10% (.10). But if either you or your spouse	1			
Expenses		was (.075	born before January 2, 1951, multiply line 2 by 7.5%	3			
			ract line 3 from line 1. If line 3 is more than line 1, enter	-0		4	
Taxes You	5	State	and local (check only one box):				
Paid		a	X Income taxes, or $\sum \ldots STMT$. 4.	5	1,369,277.	_	
		b	$_$ General sales taxes \int				
	6		estate taxes (see instructions)	6	98,244.	4	
	7		onal property taxes	7		-	
	8	Othe	r taxes. List type and amount ▶				
	9	Add	lines 5 through 0	8	<u> </u>	4	1 467 501
	10		lines 5 through 8	10	41,040.	9	1,467,521.
Interest	11		e mortgage interest and points reported to you on Form 1098. If paid	10	41,040.	-	
You Paid	•••		e person from whom you bought the home, see instructions				
Note:			how that person's name, identifying no., and address				
Your mortgage			· · · · · · · · · · · · · · · · · · ·				
interest				11			
deduction may be limited (see	12	Point	s not reported to you on Form 1098. See instructions			1	
instructions).		for sp	pecial rules	12			
	13	Mortg	gage insurance premiums (see instructions)	13]	
	14	Invest	ment interest. Attach Form 4952 if required. (See instructions.)	14			
	15		ines 10 through 14	<u></u>	<u> </u>	15	41,040.
Gifts to	16		by cash or check. If you made any gift of \$250 or				
Charity	47		see instructions . SEE. STATEMENT. 4.	16	1,042,000.		
If you made a	17		r than by cash or check. If any gift of \$250 or more,				
gift and got a benefit for it.	18		nstructions. You must attach Form 8283 if over \$500				
see instructions.	19		vover from prior year			19	1,042,000.
Casualty and		/ du n		<u>· · ·</u>		13	1,042,000.
,	20	Casu	alty or theft loss(es). Attach Form 4684. (See instruction	s.) .		20	
			nbursed employee expenses - job travel, union dues, job				
and Certain		educa	tion, etc. Attach Form 2106 or 2106-EZ if required. (See				
Miscellaneous		instruc	ctions.)	21			
Deductions	22	Тах р	reparation fees	22		-	
	23	Other	expenses - investment, safe deposit box, etc. List type and				
		amour	nt 🕨				
		Addi	1000 24 through 22	23		-	
	24 25	LINCI	amount from Form	24			
	26		line 38	26		1 1 g g	
	27		bly line 25 by 2% (.02) act line 26 from line 24. If line 26 is more than line 24,		0	27	
Other	28		- from list in instructions. List type and amount	enter	-0	21	
Miscellaneous		01101					
Deductions						28	
Total	29		m 1040, line 38, over \$154,950? SEE ST	MT	5		
ltemized		1	No. Your deduction is not limited. Add the amounts in the	ne far	right column	29	2,242,022.
Deductions		······	for lines 4 through 28. Also, enter this amount on Form		>		
			Yes, Your deduction may be limited. See the Itemized D Norksheet in the instructions to figure the amount to er		ions (
	30	lf you	a elect to itemize deductions even though they a	e les	ss than your standard		
		deduc	ction, check here				

SC	H	EDL	JL	EE	3
(FO)	r m	104	0 A	or	1040

Interest and Ordinary Dividends

OMB	No.	1545-0074

Department of the Treas	ury (99)	 Attach to Form 1040A or 1040. Information about Schedule B and its instructions is at www.irs.gov/scheduleb. 			nce No	
Name(s) shown on re			Your soc	ial securit	y numi	ber
<u>WILLIAM J</u> Partl		LINTON & HILLARY RODHAM CLINTON List name of payer. If any interest is from a seller-financed mortgage and the		Am	ount	
Interest		buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ► INTEREST FROM TAX REFUNDS			1,3	
(See instructions on back and the	J	JPMORGAN CHASE BANK, N.A. JPMORGAN CHASE BANK, N.A. JPMORGAN CHASE BANK, N.A.			3,0 3,9	34
instructions for Form 1040A, or Form 1040, line 8a.)	J S	JPMORGAN CHASE BANK, N.A. JPMORGAN CHASE BANK, N.A. JPMORGAN CHASE BANK, N.A.	1		1,8 4,6	07 5
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	2	Add the amounts on line 1	2	2	4,9	32
payer and enter the total interest shown on that form.	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3			
Ī	Note	1040, line 8a	4		4 , 9 ount	
Part II Ordinary Dividends (See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)		List name of payer VANGUARD 500 INDEX FUND ADM	5	8	4,3	58.
Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, ist the firm's name as the bayer and enter the ordinary dividends shown	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form				
on that form.	Note:	1040, line 9a	6	8	4,3	58.
Ϊ	You n	nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary divide			Yes	No
Part III	7a	In account; or (c) received a distribution from, or were a grantor of, or a transferor to, a for At any time during 2015, did you have a financial interest in or signature authority over account (such as a bank account, securities account, or brokerage account) located in a	a financ foreign	ial		-
Foreign Accounts and Trusts (See instructions on		country? See instructions If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN For and its instructions for filing requirements and exceptions to those requirements If you are required to file FinCEN Form 114, enter the name of the foreign country wher	rm 114			X
back.)	8	financial account is located ►	or to, a			X

For Paperwork Reduction Act Notice, see your tax return instructions.

Profit or Loss From Business

OMB No. 1545-0074

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec. Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

20 15 Attachment Sequence No. 09

				-	ate instructions is at www.irs.gov/sch rtnerships generally must file Form			Attachmen Sequence I	t
Name	of proprietor		994994		*****			ty number (SS	and the second se
HIL	LARY RODHAM CLINTO	N							
A	Principal business or profession,		ng product or service (see	instru	ctions)	ΒE	nter cod	e from instruc	tions
AUT	HOR						►	7115	510
C	Business name. If no separate bus	iness r	ame, leave blank.			DΕ	mployer	ID number (Ell	N), (see instr.)
HIL	LARY RODHAM CLINTO	N							
E	Business address (including suite or roc	m no.)	►						
	City, town or post office, state, and ZIP	code	CHAPPAQUA	, N	Y 10514				
F	Accounting method: (1) X Cash	(2	Accrual (3)	0	ther (specify) ►				
G	Did you "materially participate" in	the op	eration of this business	during	2015? If "No," see instructions for limit	t on lo	osses .	X Yes	No
н	If you started or acquired this bus	iness o	luring 2015, check here				>	•	here a survey of
I					(s) 1099? (see instructions).				X No
J	If "Yes," did you or will you file all i	equire	d Forms 1099?		<u> </u>		<u></u>	Yes	No
Par									
1	Gross receipts or sales. See instr	uctions	for line 1 and check th	ne box	k if this income was reported to you	<u>o</u> n			
	Form W-2 and the "Statutory empl	oyee" I	oox on that form was che	cked	STMT. 6		1	28	,296.
2	Returns and allowances						2		
3	Subtract line 2 from line 1						3	28	,296.
4	Cost of goods sold (from line 42).						4		
5	Gross profit. Subtract line 4 from	line 3					5	28	,296.
6	Other income, including federal a	nd stat	e gasoline or fuel tax crea	dit or re	efund (see instructions)		6		
7					· · · · · · · · · · · · · · · · · · ·		7	28	,296.
Part	Expenses. Enter expense	s for	business use of you	r hon	ne only on line 30.				
8	Advertising	8		18	Office expense (see instructions) ,		18		
9	Car and truck expenses (see			19	Pension and profit-sharing plans		19		
	instructions)	9		20	Rent or lease (see instructions):				
10	Commissions and fees	10		а	Vehicles, machinery, and equipment	nt	20a		
11	Contract labor (see instructions).	11		b	Other business property		20b		
12	Depletion	12		21	Repairs and maintenance		21		
13	Depreciation and section 179 expense deduction (not			22	Supplies (not included in Part III).		22		
	expense deduction (not included in Part III) (see			23	Taxes and licenses		23		
	instructions),	13		24	Travel, meals, and entertainment:				
14	Employee benefit programs			а	Travel		24a		
	(other than on line 19)	14		b	Deductible meals and				
15	Insurance (other than health)	15			entertainment (see instructions)		24b		
16	Interest:			25	Utilities		25		
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits).		26		
b	Other	16b		27 a	Other expenses (from line 48)		27a	4	,214.
17	Legal and professional services	17		b	Reserved for future use		27b		
28					hrough 27a		28		,214.
29							29	24	,082.
30	•		•	ese ex	penses elsewhere. Attach Form 8	829			
	unless using the simplified method								
	Simplified method filers only: ente) your					
	and (b) the part of your home used				. Use the Simplifie				
				er on li	ne 30	•••	30		
31	Net profit or (loss). Subtract line 3								
	• If a profit, enter on both Form 1								
	(If you checked the box on line 1,	see ins	tructions). Estates and tru	sts, er	nter on Form 1041, line 3.	-	31	24	,082.
	• If a loss, you must go to line 32.)				
32	If you have a loss, check the box t								
	• If you checked 32a, enter the l							[]	
	on Schedule SE, line 2. (If you ch	ecked	the box on line 1, see t	he lin	e 31 instructions). Estates and $>$	•	32a	All investn	nent is at risk.
	trusts, enter on Form 1041, line 3.						32b	Some inve at risk.	estment is not
	 If you checked 32b, you must at 	tach F	orm 6198. Your loss may	y be lir	nited.			at tisk,	

For Paperwork Reduction Act Notice, see the separate instructions.

	dule C (Form 1040) 2015 HILLARY RODHAM CLINTON	Page 2
Pa	rt III Cost of Goods Sold (see instructions)	
33	Method(s) used to a Cost b Lower of cost or market c 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	
36	Purchases less cost of items withdrawn for personal use	
37	Cost of labor. Do not include any amounts paid to yourself	
38	Materials and supplies	
39	Other costs	
40	Add lines 35 through 39	
41	Inventory at end of year	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	
Ра	rt IV Information on Your Vehicle. Complete this part only if you are claiming car or truck exp and are not required to file Form 4562 for this business. See the instructions for line 13 t 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 2015, enter the number of miles you used your vehicle for:	
а	Businessb 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
Pa	tV Other Expenses. List below business expenses not included on lines 8-26 or line 30.	
<u>C01</u>	LABORATION FEES AND EXPENSES	4,214.
48	Total other expenses. Enter here and on line 27a 48	4,214.

Department of the Treasury

Profit or Loss From Business

OMB No. 1545-0074

(Sole Proprietorship)

Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
 Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

2015

		to ro	rm 1040, 1040NR, or 104	1; pa	rtherships generally must file Form			Sequence N	
	of proprietor					Socia	l secur	rity number (SSN	1)
WIL A	LIAM J CLINTON Principal business or profession,	includ	ing product or service (see i	instru	ictions)	ΒEI	iter co	de from instructi	ons
SPE	AKING							7115	10
C	Business name. If no separate bus	iness	name, leave blank.			D Ei	nploye	r ID number (EIN	
	LIAM J. CLINTON								
E	Business address (including suite or roo								
	City, town or post office, state, and ZIP				IY 10514				
F	Accounting method: (1) X Cash) Accrual (3)		ther (specify) >		******		1 1
G				-	2015? If "No," see instructions for lim				No
н									
1					n(s) 1099? (see instructions)				X No
Par		require	ed Forms 1099?	••		<u></u>	<u></u>	. Yes	No
1	Gross receipts or sales. See instr	uction	s for line 1 and check th	e bo	x if this income was reported to you	Jon			
					STMT. 7		1	5,250	.000.
2							2		
3							3	5,250	.000.
4							4		
5							5	5,250	.000.
6					efund (see instructions)		6		
7					· · · · · · · · · · · · · · · · · · ·		7	5,250	.000.
Part	II Expenses. Enter expense	es for	business use of your	hon	ne only on line 30.		L		<u> </u>
8	Advertising	8	1	18	Office expense (see instructions)		18		
9	Car and truck expenses (see			19	Pension and profit-sharing plans		19		
	instructions)	9		20	Rent or lease (see instructions):				
10	Commissions and fees	10	359,703.	а	Vehicles, machinery, and equipme	nt	20a		
11	Contract labor (see instructions).	11	•	b	Other business property		20b		
12	Depletion	12		21	Repairs and maintenance		21		
13	Depreciation and section 179			22	Supplies (not included in Part III).		22		
	expense deduction (not included in Part III) (see			23	Taxes and licenses		23	25	,000.
	instructions),	13		24	Travel, meals, and entertainment:				
14	Employee benefit programs			а	Travel		24a	445	,654.
	(other than on line 19)	14		b	Deductible meals and				
15	Insurance (other than health)	15			entertainment (see instructions) .		24b	4	,155.
16	Interest:			25	Utilities		25		
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits).		26		
b	Other	16b		27 a	Other expenses (from line 48)		27a		
17	Legal and professional services ,	17		b	Reserved for future use		27b		
28					through 27a		28	834	,512.
29	Tentative profit or (loss). Subtract	line 28	B from line 7				29	4,415	<u>,488.</u>
30	Expenses for business use of y	our h	ome. Do not report the	se e>	xpenses elsewhere. Attach Form 8	829			
	unless using the simplified method		,						
	Simplified method filers only: ente			your	······································				
	and (b) the part of your home used				. Use the Simplifie				
				r on li	ine 30		30		
31	Net profit or (loss). Subtract line								
	• If a profit, enter on both Form 1				· · · · · · · · · · · · · · · · · · ·				
	(If you checked the box on line 1,	see in	structions). Estates and trus	sts, er	nter on Form 1041, line 3.	>	31	4,415	488.
	• If a loss, you must go to line 32.				<u> </u>				
32	If you have a loss, check the box t				`				
	• If you checked 32a, enter the I							[]	
	on Schedule SE, line 2. (If you ch		i the box on line 1, see th	ne lin	e 31 instructions). Estates and	>	32a	All investme	ent is at risk.
	trusts, enter on Form 1041, line 3.			. L H			32b	Some inves at risk.	tment is not
Eas Dr.	 If you checked 32b, you must at 			pe lir	mited.				
ror Pa	perwork Reduction Act Notice, see	; ine s	eparate instructions.				Sch	nedule C (Form	1040) 2015

	edule C (Form 1040) 2015 WILLIAM J CLINTON Tt III Cost of Goods Sold (see instructions)				Page 2
33	Method(s) used to a Cost b Lower of cost or market c value closing inventory: a Cost b Lower of cost or market c] 0	ther (a	attach expla	anation)
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 line 4	42			
Pa	rt IV Information on Your Vehicle. Complete this part only if you are claiming car or truck and are not required to file Form 4562 for this business. See the instructions for line file Form 4562.	expe			
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 2015, enter the number of miles you used your vehicle for:				
а	Businessb Commuting (see instructions)c Other	er			
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
	rt V Other Expenses. List below business expenses not included on lines 8-26 or line 30.				
					.,

48	Total other expenses. Enter here and on line 27a	48			

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2015

Information about Schedule C and its separate instructions is at www.irs.	gov/sched	lule
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must fi	e Form 10	065.

c.

	nent of the freasury				instructions is at www.irs.gov/sch erships generally must file Form		1	Attachm	ent No, 09	4
Nameo	f proprietor					Socia	al securi	ty number (S		
WIL	LIAM J CLINTON									
A	Principal business or profession,	includi	ng product or service (see instru	tructic	ons)	ВЕ	nter cod	e from instru	ictions	
AUTI		,					► 711510 mployer ID number (EIN), (see instr.)			
С	Business name. If no separate bus	iness r	ame, leave blank.			DEI	mployer	ID number (I	EIN), (see	instr.)
	LIAM J. CLINTON									
E	Business address (including suite or roc									
	City, town or post office, state, and ZIP									
F	Accounting method: (1) X Cash	(2	termination termination termination		er (specify) ►					·
G	Did you "materially participate" in			-						No
H	If you started or acquired this bus									1
1	Did you make any payments in 20									1
Part	If "Yes," did you or will you file all i Income	equire	1 Forms 1099?	• • •		<u>· · ·</u>	<u></u>	Yes		No
		vation	for line 1 and sheet the he				1			
1	Gross receipts or sales. See instr Form W-2 and the "Statutory empl							2	0 11	0
2							1		9,11	<u>.</u> 8.
2	Returns and allowances								9,11	0
4	Subtract line 2 from line 1 Cost of goods sold (from line 42).							L	9,11	<u> </u>
5	Gross profit. Subtract line 4 from								9,11	8
6	Other income, including federal a									.0.
7	Gross income. Add lines 5 and 6						7	2	9,11	8
-	Expenses. Enter expense							<u>6</u>		<u></u> .
8	Advertising	8	18		Office expense (see instructions).		18			
9	Car and truck expenses (see	<u> </u>	19		Pension and profit-sharing plans		19			*****
	instructions).	9	20		Rent or lease (see instructions):					
10	Commissions and fees	10	а		Vehicles, machinery, and equipme	ent	20a			
11	Contract labor (see instructions)	11	b		Other business property		20b			
12	Depletion	12	21		Repairs and maintenance		1			
13	Depreciation and section 179		22		Supplies (not included in Part III)		1			
	expense deduction (not included in Part III) (see		23		Taxes and licenses					
	instructions)	13	24		Travel, meals, and entertainment:					
14	Employee benefit programs		а	a 1	Travel		24a			
	(other than on line 19)	14	b	b [Deductible meals and					
15	Insurance (other than health)	15		e	entertainment (see instructions)		24b			
16	Interest:		25	L	Utilities		25			
а	Mortgage (paid to banks, etc.)	16a	26	V	Wages (less employment credits).		26			
b	Other	16b	27 a		Other expenses (from line 48)		27a			
17	Legal and professional services .	17	b		Reserved for future use		27b			
28	Total expenses before expenses f						28			
29	Tentative profit or (loss). Subtract						29	2	9,11	<u>.8.</u>
30	Expenses for business use of y		•	expe	enses elsewhere. Attach Form 8	829				
	unless using the simplified method		,							
	Simplified method filers only: enter			ur nor						
	and (b) the part of your home used				. Use the Simplifi					
24	Method Worksheet in the instructi			n iine	30	• • •	30			
31	Net profit or (loss). Subtract line :			- 42)						
	• If a profit, enter on both Form 1						24	0	0 11	0
	(If you checked the box on line 1,	see ins	iractions). ⊂states and trusts, e	entel	a on ronn 1041, ine 3.	~	31	2	9,11	<u>.</u> • •
32	 If a loss, you must go to line 32. If you have a loss, check the box to 	hat de	ecribae vour investment in this	ie acti	ivity (see instructions)					
J 2	 If you have a loss, check the box t If you checked 32a, enter the I 		•							
	on Schedule SE, line 2. (If you ch				. ,	(32a	All laws	etmont in -	t rieb
	trusts, enter on Form 1041, line 3.		the box on mile 1, see the III	and c	o c matrudionaj. Latatea anu	7	32a 32b		stment is a nvestment i	
	 If you checked 32b, you must attach Form 6198. Your loss may be limited. 								. voati nent i	

For Paperwork Reduction Act Notice, see the separate instructions.

	rt III Cost of Goods Sold (see instructions)	Page 2
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 line 4	42
Fa	rt IV Information on Your Vehicle. Complete this part only if you are claiming car or truck and are not required to file Form 4562 for this business. See the instructions for line file Form 4562.	
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 2015, enter the number of miles you used your vehicle fo	pr:
а	Business b Commuting (see instructions) c Oth	her
45	Was your vehicle available for personal use during off-duty hours?	Yes No
46	Do you (or your spouse) have another vehicle available for personal use?	Yes No
47 a	Do you have evidence to support your deduction?	Yes No
b	If "Yes," is the evidence written?	Yes No
Pai	t V Other Expenses. List below business expenses not included on lines 8-26 or line 30.	,
18	Total other expenses. Enter here and on line 27a	48

Department of the Treasury

Profit or Loss From Business

OMB No. 1545-0074

Attachment

(Sole Proprietorship)

Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
 Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Internal Revenue Service (99) Sequence No. 09 Name of proprietor Social security number (SSN) WILLIAM J CLINTON Principal business or profession, including product or service (see instructions) B Enter code from instructions A CONSULTING 711510 Business name. If no separate business name, leave blank. D Employer ID number (EIN), (see instr.) WJC, LLC Business address (including suite or room no.) Е CHAPPAQUA, NY 10514 City, town or post office, state, and ZIP code Other (specify) 🕨 F Accounting method: (1) X Cash (2) Accrual (3) G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses X Yes No If you started or acquired this business during 2015, check here н Х Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions)...... Yes No If "Yes," did you or will you file all required Forms 1099? Х Yes No Part Income 1 Gross receipts or sales. See instructions for line 1 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 STMT. 9. \blacktriangleright 1 1,660,575. 2 2 1,660,575. 3 3 4 4 5 5 1,660,575. Other income, including federal and state gasoline or fuel tax credit or refund (see instructions), 6 6 7 7 660,575 **Part II** Expenses. Enter expenses for business use of your home only on line 30. Advertising 8 18 18 8 Office expense (see instructions) . . . 19 9 Car and truck expenses (see Pension and profit-sharing plans 19 20 instructions) 9 Rent or lease (see instructions): 10 Commissions and fees 10 Vehicles, machinery, and equipment 20a а 11 Contract labor (see instructions), 11 h Other business property 20b 12 12 21 Repairs and maintenance 21 Depreciation and section 179 13 22 Supplies (not included in Part III) 22 expense deduction (not 902. 23 Taxes and licenses 23 included in Part III) (see instructions). 24 Travel, meals, and entertainment: 13 Employee benefit programs 14 а 24a (other than on line 19) b Deductible meals and 14 Insurance (other than health) 15 15 entertainment (see instructions) 24b 16 Interest: 25 Utilities 25 а Mortgage (paid to banks, etc.) 26 Wages (less employment credits) 16a 26 b 27 a Other expenses (from line 48) 83,332 16h 27a Reserved for future use 17 Legal and professional services 17 h 27b Total expenses before expenses for business use of home. Add lines 8 through 27a 234 28 28 84. Tentative profit or (loss). Subtract line 28 from line 7 576 29 29 341 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 30 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 1,576,341. If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and 32a All investment is at risk trusts, enter on Form 1041, line 3. 32b 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 the separate instructions.

	dule C (Form 1040) 2015 WILLIAM J CLINTON					Page 2
	rt III Cost of Goods Sold (see instructions)					
33	Method(s) used to a Cost b Lower of cost or market c value closing inventory: a Cost b Lower of cost or market c)ther (a	ttach expla	anatior	1)
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	ļ			
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 line 4	42				
-	t IV Information on Your Vehicle. Complete this part only if you are claiming car or truck and are not required to file Form 4562 for this business. See the instructions for line file Form 4562.	exp				st
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 2015, enter the number of miles you used your vehicle for	r:				
а	Business b Commuting (see instructions) c Oth	ner				
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
Pa	t V Other Expenses. List below business expenses not included on lines 8-26 or line 30.		T			
<u>C01</u>	ISULTING				3,3	332.
						1499-1499-1499-1499-1499-1499-1499-1499
48	Total other expenses. Enter here and on line 27a	48		5	3,3	32.

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec. Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

2015 Attachment Sequence No. 09

	nent of the fleasury			-	ate instructions is at www.irs.gov/sch rtnerships generally must file Form		1	Attachment Sequence N	
Nameo	f proprietor					Socia	al securi	ty number (SSN	
HIL	LARY RODHAM CLINTC	N							
Ā	Principal business or profession,	includi	ng product or service (see	e instru	ctions)	ΒE	nter coc	le from instruct	ions
	AKING						>	7115	
С	Business name. If no separate bus	iness i	name, leave blank.			DE	mployer	ID number (EIN), (see instr.)
ZFS	HOLDINGS, LLC								
E	Business address (including suite or roc	m no.)							
	City, town or post office, state, and ZIP								
F	Accounting method: (1) X Cash) Accrual (3)		ther (specify) ►				
G					2015? If "No," see instructions for lim				No
H									
1					(s) 1099? (see instructions).				X No
Part		equire		<u>· · ·</u>	<u> </u>	• • •	<u></u>	Yes	No
1		etion	s for line 1 and sheek t	ha ha	x if this income was reported to you			······	
•	•				STMT. 10		1	1,475	500
2							2	1,475	, 500.
3					· · · · · · · · · · · · · · · · · · ·			1,475	500
4							4	1/1/0	1000.
5					· · · · · · · · · · · · · · · · · · ·			1,475	.500.
6					efund (see instructions)		6		1000.
7							7	1,475	.500.
Part							4		<u></u>
8	Advertising	8		18	Office expense (see instructions)		18		
9	Car and truck expenses (see			19	Pension and profit-sharing plans .		19		
	instructions)	9		20	Rent or lease (see instructions):				
10	Commissions and fees	10	93,073.	a	Vehicles, machinery, and equipme	nt	20a		
11	Contract labor (see instructions).	11		b	Other business property		20b		
12	Depletion	12		21	Repairs and maintenance		21		
13	Depreciation and section 179			22	Supplies (not included in Part III).		22		
	expense deduction (not included in Part III) (see			23	Taxes and licenses		23	25	,945.
	instructions)	13		24	Travel, meals, and entertainment:				
14	Employee benefit programs			а	Travel		24a	231	,498.
	(other than on line 19)	14		b	Deductible meals and				
15	Insurance (other than health)	15		-	entertainment (see instructions) .			1	,281.
16	Interest:			25	Utilities		25		460.
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits).		26		
b	Other	16b		27 a	Other expenses (from line 48)		27a		
<u>17</u> 28	Legal and professional services .	17 or bus	inceruse of home Add	b ince 8	Reserved for future use		27b	250	257
29							28		<u>,257.</u>
30					xpenses elsewhere. Attach Form 8		29	1,123	,243.
00	unless using the simplified method			030 0.	Apenaea elaewhere. Attach Form o	020			
	Simplified method filers only: enter	•	,	a) vour	home.				
	and (b) the part of your home used			a, your	. Use the Simplifi	ed be			
			whet there are a state or and the second state of the second state	ter on I	ine 30		30		
31	Net profit or (loss). Subtract line								
	• If a profit, enter on both Form 1			, line '	13) and on Schedule SE, line 2.				
	(If you checked the box on line 1,				,	>	31	1,123	,243.
	• If a loss, you must go to line 32.		•		j - j		·		A
32	If you have a loss, check the box t	hat de	scribes your investment	in this	activity (see instructions).				
	• If you checked 32a, enter the I		-						
	on Schedule SE, line 2. (If you ch	necked	I the box on line 1, see	the lin	e 31 instructions). Estates and	>	32a	All investm	ent is at risk.
	trusts, enter on Form 1041, line 3.				ĺ		32b		stment is not
	• If you checked 32b, you must at	tach F	orm 6198. Your loss ma	ay be li	mited.			at risk.	

	ed ule C (Form 1040) 2015 HILLARY RODHAM CLINTON		-		Page 2
	rt III Cost of Goods Sold (see instructions)				****
33	Method(s) used to a Cost b Lower of cost or market c		Other (a	ttach expl	anation)
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		39			
40	Add lines 35 through 39	40			
41	Inventory at end of year	41			
42	Cost of goods cold. Subtract line 41 from line 40. Enter the result have and an line 4				
-	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 rt IV Information on Your Vehicle. Complete this part only if you are claiming car or truc			on line (<u> </u>
	and are not required to file Form 4562 for this business. See the instructions for line 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 2015, enter the number of miles you used your vehicle f	or:			
а	Business b Commuting (see instructions) c O	ther _			
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
	rt V Other Expenses. List below business expenses not included on lines 8-26 or line 30).			

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

► Information about Schedule C and its separate instructions is at www.irs.gov/schedulec. Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

20 15 Attachment Sequence No. 09

	uncit of the neasury			-	ate instructions is at <i>www.irs.gov/sc</i> rtnerships generally must file Forr			Attachment
	of proprietor				, , , , , , , , , , , , , , , , , , , ,			Sequence No. 09 ity number (SSN)
HII	LARY RODHAM CLINT(Principal business or profession,		ing product or service (ee	ainetru	ctione)			
		niciuu	ing product or service (ser	ะแรแน	chons)			le from instructions
AUT c	HOR Business name. If no separate bus	incon	nome loove blank				<u> </u>	711510
-		siness	name, leave blank.			DE	mployer	ID number (EIN), (see instr.)
ZFS								
Е	Business address (including suite or roo							
	City, town or post office, state, and ZIP							
F	Accounting method: (1) X Cash		:) Accrual (3)		ther (specify)			
G					2015? If "No," see instructions for lin			
Н								
1					(s) 1099? (see instructions)			
Par	tl Income	require		<u>···</u>	<u></u>			Yes No
1		uction	s for line 1 and shock	the her	x if this income was reported to yo		1	
•					STMT. 11 ►	ou on		2 000 000
2					DIMT. II]	1	3,000,000.
3							2	2 000 000
4								3,000,000.
5					· · · · · · · · · · · · · · · · · · ·			2 000 000
6	Other income including federal a	nd sta	te dasoline or fuel tax cre	· · ·	efund (see instructions)	•••	6	3,000,000.
7							7	3,000,000.
Part	Expenses . Enter expense	es for	business use of you	ir hon	ne only on line 30		<u> </u>	
8	Advertising	7		18	Office expense (see instructions).		18	
9	Car and truck expenses (see			19	Pension and profit-sharing plans		19	
	instructions)	9		20	Rent or lease (see instructions):	• • •		
10	Commissions and fees			a	Vehicles, machinery, and equipme	ent	20a	
11	Contract labor (see instructions).			b	Other business property		20b	
12	Depletion	12		21	Repairs and maintenance		21	
13	Depreciation and section 179			22	Supplies (not included in Part III)		22	
	expense deduction (not included in Part III) (see			23	Taxes and licenses		23	
	instructions).	13		24	Travel, meals, and entertainment:	•••		
14	Employee benefit programs			a	Travel		24a	
	(other than on line 19)	14		b	Deductible meals and			
15	Insurance (other than health)	15		1	entertainment (see instructions) .		24b	
16	Interest:			25	Utilities		25	
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits),		26	
b	Other	16b		27 a	Other expenses (from line 48)		27a	
17	Legal and professional services	17		b	Reserved for future use		27b	
28	Total expenses before expenses f	or bus	iness use of home. Add I	ines 8 I	through 27a	, 🕨	28	
29	Tentative profit or (loss). Subtract	line 28	3 from line 7				29	3,000,000.
30				ese ex	penses elsewhere. Attach Form 8	3829		
	unless using the simplified method		,					
	Simplified method filers only: ente			a) your				
	and (b) the part of your home used				. Use the Simplifi			
				ter on li	ne 30		30	
31	Net profit or (loss). Subtract line							
	• If a profit, enter on both Form 1							
	(If you checked the box on line 1,	see ins	structions). Estates and tri	usts, er	nter on Form 1041, line 3.	\succ	31	3,000,000.
20	 If a loss, you must go to line 32. 				J			
32	If you have a loss, check the box t				-			
	• If you checked 32a, enter the I							[]
	on Schedule SE, line 2. (If you ch		i the box on line 1, see	ine lin	e 31 Instructions), Estates and	≻	32a	All investment is at risk.
	trusts, enter on Form 1041, line 3.		orm 6109 Vour loss m	who lie	nitod		32b	Some investment is not at risk.
For Par	 If you checked 32b, you must at perwork Reduction Act Notice, see 	*****		ay be ill	niteu.		6 - L	
	service neuron Act NULLE, Set	- uid S	oparate motructions.				Sche	edule C (Form 1040) 2015

	dule C (Form 1040) 2015 HILLARY RODHAM CLINTON					Page
Ра	rt III Cost of Goods Sold (see instructions)					
33	Method(s) used to a Cost b Lower of cost or market c		Other (attach exp	planatio	on)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory?			[]	Г	
	If "Yes," attach explanation	• • •		Yes	, L	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	. 3	5			
36	Purchases less cost of items withdrawn for personal use	. 3	6			
37	Cost of labor. Do not include any amounts paid to yourself	. 3	7			
38	Materials and supplies	. 3	8			
39	Other costs	3	9			
40	Add lines 35 through 39	. 4	0			
41	Inventory at end of year	4	1			
42	Cost of goods add. Subtract line (1) from line (0) Enter the result have and on line (~			
	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 Information on Your Vehicle. rt IV Information on Your Vehicle. Complete this part only if you are claiming car or true			s on line	a	
	and are not required to file Form 4562 for this business. See the instructions for I file Form 4562.					Jst
43	When did you place your vehicle in service for business purposes? (month, day, year)					
\$4	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle	e for:				
а	Businessb 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
Pa		30.				
			-			
			-			
			_			
			_			
			_			
\$8	Total other expenses. Enter here and on line 27a	. 4	8			

Capital Gains and Losses

OMB No. 1545-0074

Sequence No. 12

15

20

Attachment

Your social security number

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040 or Form 1040NR.

► Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return

WILLIAM J CLINTON & HILLARY RODHAM CLINTON

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fron	(h) Gain or (loss) Subtract column (e) n from column (d) and
		(sales price)	(or other basis)	Form(s) 8949, Part line 2, column (g)	I, combine the result with
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked				
2	Totals for all transactions reported on Form(s) 8949 with Box B checked				
3	Totals for all transactions reported on Form(s) 8949 with Box C checked				
4	Short-term gain from Form 6252 and short-ter	m gain or (loss) from	Forms 4684, 6781, a	and 8824	4
5	Net short-term gain or (loss) from part Schedule(s) K-1				5
6	Short-term capital loss carryover. Enter the an Worksheet in the instructions		6 ()		
7	Net short-term capital gain or (loss). Combin term capital gains or losses, go to Part II below.	0	• • •		7

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

	nstructions for how to figure the amounts to on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fr		(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.		(sales price)	(or other basis)	Form(s) 8949, Part II, line 2, column (g)		combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain f from Forms 4684, 6781, and 8824	-	11			
12	Net long-term gain or (loss) from partnerships	, S corporations, esta	tes, and trusts from a	Schedule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the am Worksheet in the instructions	nount, if any, from line			14	(699,540.)
15	Net long-term capital gain or (loss). Combine the back	e lines 8a through 14	in column (h). Then	go to Part III on	15	-699,540.

For Paperwork Reduction Act Notice, see your tax return instructions.

JSA 5A2011 2.000

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-6	99,540.
10				
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.			
	• If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete			
	line 22. • If line 16 is 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?			
	Yes. Go to line 18.			
	No. Skip lines 18 through 21, and go to line 22.			
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	18		
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the			
	instructions	19		
20	Are lines 18 and 19 both zero or blank?			
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.			
	No. Complete the Schedule D Tax Worksheet in 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	21	(3,000.)
	• (\$3,000), or if married filing separately, (\$1,500)			
	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?			
	X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).			
	No. Complete the rest of Form 1040 or Form 1040NR.			

Schedule D (Form 1040) 2015

SCHEDULE	E
(Form 1040)	

Supplemental Income and Loss

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return Attach to Form 1040, 1040NR, or Form 1041.

 Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

 Your setum

WILLIAM J CLINTON & HILLARY RODHAM CLINTON

REMICs, etc.) 2015 Attachment Sequence No. 13 Your social security number

Pa		From Rental Real Estate and Ro (see instructions). If you are an individu									use
A	***************************************	ents in 2015 that would require you to								Yes	No
		ou file required Forms 1099?			,	,	,			Yes	No
1:		each property (street, city, state, ZIP o	code)								
A		······································									
В											
С											
11	Type of Property	2 For each rental real estate proper	ty liste	d		Fair	Rental	Persor	nal Use		
	(from list below)	above, report the number of fair r personal use days. Check the QJV	ental a	and		D	ays	Da	ys	L Q	JV
Α		only if you meet the requirements	to file		Α						
В		a qualified joint venture. See instr	uction	S.	В						
С					С						
Тур	e of Property:										
1 S	ngle Family Residence	3 Vacation/Short-Term Rental	5 La	ind		7 Self-	Rental				
2 M	ulti-Family Residence	4 Commercial	6 R.	oyalties		8 Othe	r (describe)	ŀ			
Inco	me:	Properties:			А		E	3		С	
3	Rents received		3								
4			4								
Exp	enses:										
5	Advertising		5								
6		structions)	6								
7		nce	7								
8			8								
9			9								
10		ional fees	10								
11			11								
12		to banks, etc. (see instructions)	12								
13	Other interest		13								
14			14								
15			15								
16			16								
17			17								
18		or depletion	18								
19	Other (list) ►		19								
20	Total expenses. Add lin	es 5 through 19	20								
21		ine 3 (rents) and/or 4 (royalties). If									
- ·		nstructions to find out if you must									
		· · · · · · · · · · · · · · · · · · ·	21								
22		estate loss after limitation, if any,									
		ructions)	22	()	()()
23 a	Total of all amounts rep	oorted on line 3 for all rental propertie	es			. 23a					
b	Total of all amounts rep	oorted on line 4 for all royalty propert	ies .			. 23b					
с	Total of all amounts rep	oorted on line 12 for all properties				. 23c					
d	Total of all amounts rep	oorted on line 18 for all properties .				. 23d					
е	Total of all amounts rep	oorted on line 20 for all properties				. 23e					
24	Income. Add positive a	mounts shown on line 21. Do not in	clude	any los	sses.,			2	4		
25	Losses. Add royalty los	ses from line 21 and rental real esta	ate los	sses fro	om line 2	22. Enter	total losses h	nere. 2	5 ()
26	Total rental real estate	and royalty income or (loss). Com	bine I	ines 24	and 2	5. Enter	the result h	nere.			
		e 40 on page 2 do not apply to you,						1			
	17, or Form 1040NR, lin	ne 18. Otherwise, include this amou	nt in t	he tota	I on line	e 41 on	page 2	2	6		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2015

	edule E (Form 1040) 2015							Atta	achment Sequence				~	je 2	
Nar	n e(s) shown on return. Do not enter	r name and socia	al security numbe	r if shown on oth	er side.					Your s	social	security n	umber		
Annual and a second second	LLIAM J CLINTON														
-	ution. The IRS compares a														
P	art II Income or Loss F any amount is not a												or whic	:h	
27	Are you reporting any lo												rior v		
21	unallowed loss from a pa														
	you answered "Yes," see i							,,		•		Yes	N		
28		(a) Name			(b) Enter			heck i eign	f (d) Emp identific				heck if		
					for S cor			ership					at risk	,	
Α							<u> </u>								
В							++								
C							+								
D	Passive Income	and Loss		[No		eivo	Income and Lo	166		<u> </u>			
	(f) Passive loss allowed	1	ssive income	(h) Nonpas					on 179 expense	/33	(1)	Jannaaaiy			
	(attach Form 8582 if required)		chedule K-1	from Sched					from Form 4562			Vonpassiv om Sched i		е	
Α			****												
в															
С															
D															
	a Totals					Т		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
	b Totals			L										· · ·	
30	Add columns (g) and (j) of									30	,				
31 32	Add columns (f), (h), and (Total partnership and S	i) of line 290		\cdots	····	inos S	$\cdot \cdot \cdot$	 ad 3		31	()	
52	result here and include in t									32					
Pa	rt III Income or Loss F						<u> </u>	<u></u>	<u></u>	01					
33			(a) Na	me								Employe			
			(u) Nu								identif	cation nur	nber		
	ARTICLE 4 TRUST														
В	Dasa					1									
		ive Income a	1			+			onpassive Inc	T					
	(c) Passive deduction or loss (attach Form 8582 if requ			Passive income n Schedule K-1					ion or loss dule K-1	(f) Other income from Schedule K-1					
A													NOI	VF.	
B															
	a Totals												NOI	NE	
ł	o Totals														
35	Add columns (d) and (f) of									35			NOI	<u>NE</u>	
36	Add columns (c) and (e) of									36	()	
37	Total estate and trust i														
D	include in the total on line	41 below .	Ectate Mort		tmont C	<u></u>	te (P	 = NA14	Cc) Pocidua	37	lor		NOI	<u>NE</u>	
Fe	Income or Loss				inclusion fro				·····						
38	(a) Name	(b) Employer num		Schedul	es Q, line 20 structions)				income (net loss) dules Q, line 1b			ncome fro ules Q, lin			
				(000					*****						
39	Combine columns (d) and	(e) only. Ent	ter the result	here and inc	lude in th	ne tota	l on li	ne 41	below	39					
Pa	rt V Summary														
40	Net farm rental income or	(loss) from F	orm 4835. Al	so, complet	e line 42	below				40					
41	Total income or (loss). Combine					0, line 17	or Forn	n 1040N	IR, line 18 🔒 🕨	41			NOI	<u>NE</u>	
42	Reconciliation of farming farming and fishing income														
	(Form 1065), box 14, code	B; Schedule	K-1 (Form 1	120S), box 1	7, code					4					
43	V; and Schedule K-1 (Form 10- Reconciliation for real est	41), box 14, c	ode F (see inst	ructions)	l petato	42			••••••••••••••••••••••••••••••••••••••	1					
40	professional (see instructions), enter the	net income o	or (loss) you	reported	*****									
	anywhere on Form 1040 or I in which you materially particip					43				-					

Schedule E (Form 1040) 2015

6

or Form 1040NR, line 55

Deduction for one-half of self-employment tax.

For Paperwork Reduction Act Notice, see your tax return instructions.

SCHEDULE SE (Form 1040) Department of the Treasury

Internal Revenue Service (99)

▶ Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

Attach to Form 1040 or Form 1040NR.

Did you receive wages or tips in 2015?

Social security number of person with self-employment income

Yes

Was the total of your wages and tips subject to social security

WILLIAM J CLINTON

Before you begin: To determine if you must file Schedule SE, see the instructions.

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

No

Are you a minister, member of a religious order, or Christian

Science practitioner who received IRS approval not to be taxed

May Use Short Schedule SE or Must Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.

Yes



• \$118,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57,

• More than \$118,500, multiply line 4 by 2.9% (.029). Then, add \$14,694 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55

Multiply line 5 by 50% (.50). Enter the result here and on Form **1040**, line 27, or Form 1040NR, line 27......

OMB No. 1545-0074

Yes

5

Schedule SE (Form 1040) 2015

6

Schedule SE (Form 1040) 2015	Attachment Sequence No. 17	Page 2
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)	Social security number of person	
WILLIAM J CLINTON	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, see instructions. Also see instruction	s for the
definition of church employee income.		
A If you are a minister, member of a religious order, or Christian Scier	nce practitioner and you filed Form 4361, b	ut vou

А	If you are a minister, member of a religious order, or Ch			
	had \$400 or more of other net earnings from self-employme			
1a	Net farm profit or (loss) from Schedule F, line 34, and farm			
_	box 14, code A. Note. Skip lines 1a and 1b if you use the far		<u>1a</u>	
b	If you received social security retirement or disability benefits,			
	Program payments included on Schedule F, line 4b, or listed on		1b	()
2	Net profit or (loss) from Schedule C, line 31; Schedule C box 14, code A (other than farming); and Schedule Ministers and members of religious orders, see instruct this line. See instructions for other income to report. Not optional method (see instructions)	K-1 (Form 1065-B), box 9, code J1. tions for types of income to report on te. Skip this line if you use the nonfarm SEE. STATEMENT, 12	2	6,020,947.
3	Combine lines 1a, 1b, and 2		3	6,020,947.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.923	35). Otherwise, enter amount from line 3	4a	5,560,345.
	Note. If line 4a is less than \$400 due to Conservation Reserve P	rogram payments on line 1b, see instructions.		
b	If you elect one or both of the optional methods, enter the to	otal of lines 15 and 17 here	4b	
с	Combine lines 4a and 4b. If less than \$400, stop; you do not	t owe self-employment tax.		
	Exception. If less than \$400 and you had church employee	income, enter -0- and continue	4c	5,560,345.
5a	Enter your church employee income from Form W-2. See			
	instructions for definition of church employee income			
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -	-0	5b	
6	Add lines 4c and 5b		6	5,560,345.
7	Maximum amount of combined wages and self-employn	nent earnings subject to social security		
	tax or the 6.2% portion of the 7.65% railroad retirement (tier	1) tax for 2015	7	118,500.00
8a	Total social security wages and tips (total of boxes 3 and 7 o	n		
	Form(s) W-2) and railroad retirement (tier 1) compensation.			
	If \$118,500 or more, skip lines 8b through 10, and go to line	e 11 8a 100.		
b	Unreported tips subject to social security tax (from Form 41	37, líne 10) . 8b		
с	Wages subject to social security tax (from Form 8919, line 1	10)		
d	Add lines 8a, 8b, and 8c		8d	100.
9	Subtract line 8d from line 7. If zero or less, enter -0- here ar	nd on line 10 and go to line 11	9	118,400.
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124).		10	14,682.
11	Multiply line 6 by 2.9% (.029)		11	161,250.
12	Self-employment tax. Add lines 10 and 11. Enter here and on F		12	175,932.
13	Deduction for one-half of self-employment tax.			
	Multiply line 12 by 50% (.50). Enter the result here and on Fe	orm		
	1040, line 27, or Form 1040NR, line 27			
Par	Optional Methods To Figure Net Earnings (see	instructions)		
Farm	Optional Method. You may use this method only if (a)	your gross farm income ¹ was not more		
than	\$7,320, or (b) your net farm profits ² were less than \$5,284.			
14	Maximum income for optional methods		14	4,880.00
15	Enter the smaller of: two-thirds (2/3) of gross farm incon	ne ¹ (not less than zero) or \$4,880. Also		
	include this amount on line 4b above		15	
Nonf	arm Optional Method. You may use this method only if	(a) your net nonfarm profits ³ were less		
than	\$5,284 and also less than 72.189% of your gross nonfarm	n 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 incom	ne⁴ (not less than zero) or the		
	amount on line 16. Also include this amount on line 4b abov	e	17	
¹ Fro	m Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.	³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. F	<-1 (For	m 1065), box 14, code
	m Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus	A; and Sch. K-1 (Form 1065-B), box 9, code J		
the	amount you would have entered on line 1b had you not used the onal method.	⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K- C; and Sch. K-1 (Form 1065-B), box 9, code J2		1065), box 14, code

Self-Employment Tax

▶ Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

Department of the Treasury Internal Revenue Service (99)

HILLARY RODHAM CLINTON

Attach to Form 1040 or Form 1040NR. Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

Social security number of person with self-employment income



Before you begin: To determine if you must file Schedule SE, see the instructions.

May | Use Short Schedule SE or Must | Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

		y	
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1055) box 14, code A	1a	
	1065), box 14, code A	10	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve		
	Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	()
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065),		
	box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1.		
	Ministers and members of religious orders, see instructions for types of income to report on		
	this line. See instructions for other income to report	2	4,147,325.
3	Combine lines 1a, 1b, and 2.	3	4,147,325.
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do		
	not file this schedule unless you have an amount on line 1b	4	3,830,055.
	Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b,	•	<u> </u>
	see instructions.		
-			
5	Self-employment tax. If the amount on line 4 is:		
	• \$118,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57,		
	or Form 1040NR, line 55		
	 More than \$118,500, multiply line 4 by 2.9% (.029). Then, add \$14,694 to the result. 		
	Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	125,766.
6	Deduction for one-half of self-employment tax.		
	Multiply line 5 by 50% (.50). Enter the result here and on Form		
	1040, line 27, or Form 1040NR, line 27		
For P	a perwork Reduction Act Notice, see your tax return instructions.	Sche	dule SE (Form 1040) 2015

8959 Form

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions. ► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

▶ Information about Form 8959 and its instructions is at www.irs.gov/form8959.

20 15 Attachment Sequence No. 71

OMB No. 1545-0074

Your social security number

Partl	M J CLINTON & HILLARY RODHAM CLIN Additional Medicare Tax on Medicare Wages				
1 Medi	care wages and tips from Form W-2, box 5. If you have				
more	than one Form W-2, enter the total of the amounts				
	box 5	1	100.		
2 Unre	ported tips from Form 4137, line 6	2			
	es from Form 8919, line 6	3			
4 Add	lines 1 through 3	4	100.		
5 Enter	the following amount for your filing status:				
Marri	ied filing jointly \$250,000				
Marri	ed filing separately \$125,000				
Single	e, Head of household, or Qualifying widow(er) \$200,000	5	250,000.		
6 Subtr	act line 5 from line 4. If zero or less, enter -0			6	NO
7 Addit	ional Medicare Tax on Medicare wages. Multiply line 6 t	by 0.99	% (.009). Enter here and		
go to	Part II			7	NO
Part II	Additional Medicare Tax on Self-Employment Inco				
8 Self-e	employment income from Schedule SE (Form 1040),				
	on A, line 4, or Section B, line 6. If you had a loss, enter				
	orm 1040-PR and Form 1040-SS filers, see instructions.)	8	9,390,400.		
9 Enter	the following amount for your filing status:				
Marri	ed filing jointly \$250,000				
	ed filing separately \$125,000				
	e, Head of household, or Qualifying widow(er) \$200,000	9	250,000.		
0 Enter	the amount from line 4	10	100.	7	
	act line 10 from line 9. If zero or less, enter -0	11	249,900.	1	
2 Subtr	act line 11 from line 8. If zero or less, enter -0			12	9,140,50
	ional Medicare Tax on self-employment income. Multiply				
here a	and go to Part III			13	82,265
Part III	Additional Medicare Tax on Railroad Retirement	fax Ac	ct (RRTA) Compensatior	1	
	bad retirement (RRTA) compensation and tips from				
Form	(s) W-2, box 14 (see instructions)	14		_	
5 Enter	the following amount for your filing status:				
Marri	ed filing jointly \$250,000				
Marrie	ed filing separately \$125,000				
Single	e, Head of household, or Qualifying widow(er) \$200,000	15			
6 Subtr	act line 15 from line 14. If zero or less, enter -0			16	
7 Additi	ional Medicare Tax on railroad retirement (RRTA) comper	sation	. Multiply line 16 by		
0.9%	(.009). Enter here and go to Part IV			17	
Part IV	Total Additional Medicare Tax				
8 Add I	ines 7, 13, and 17. Also include this amount on Form	1040,	line 62, (Form 1040NR,		
	PR, and 1040-SS filers, see instructions) and go to Part V.			18	82,26
Part V	Withholding Reconciliation				
9 Medic	care tax withheld from Form W-2, box 6. If you have				
	than one Form W-2, enter the total of the amounts				
from	box 6	19	1.		
0 Enter	the amount from line 1	20	100.		
1 Multip	ly line 20 by 1.45% (.0145). This is your regular				
	care tax withholding on Medicare wages	21	1.		
	act line 21 from line 19. If zero or less, enter -0 This is y	our Ad	ditional Medicare Tax	1	
	olding on Medicare wages			22	NOI
	ional Medicare Tax withholding on railroad retirement (R				
	box 14 (see instructions)			23	
	Additional Medicare Tax withholding. Add lines 22 and 2 nt with federal income tax withholding on Form 1040, lin				
	040-SS filers, see instructions)			24	NOI
unu i	rk Reduction Act Notice, see your tax return instructions.	<u>····</u>	<u> </u>		Form 8959 (2)

8960 Form

Net Investment Income Tax-Individuals, Estates, and Trusts

OMB No. 1545-2227

5

 Attach to your tax return.
 Information about Form 8960 and its separate instructions is at www.irs.gov/form8960. Department of the Treasury Internal Revenue Service (99) Name(s) shown on your tax return

Attachment Sequence No. 72 Your social security number or EIN

2

WIL	LIAM J CLINTON & HILLARY RODHAM CLINTON		
Par	t I Investment Income Section 6013(g) election (see instructions)		
	Section 6013(h) election (see instructions)		
	Regulations section 1.1411-10(g) election (see instructions)		
1	Taxable interest (see instructions)	1	24,932.
2	Ordinary dividends (see instructions)	2	84,358.
3	Annuities (see instructions).	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts,		
	etc. (see instructions)		
b	Adjustment for net income or loss derived in the ordinary course of		
	a non-section 1411 trade or business (see instructions)		
с	Combine lines 4a and 4b	4c	NONE
5a	Net gain or loss from disposition of property (see instructions) 5a -3,000.		
b	Net gain or loss from disposition of property that is not subject to		
	net investment income tax (see instructions)		
с	Adjustment from disposition of partnership interest or S corporation		
	stock (see instructions)		
d	Combine lines 5a through 5c	5d	-3,000.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	106,290.
Par	t II Investment Expenses Allocable to Investment Income and Modifications	y	
9a	Investment interest expenses (see instructions)		
b	State, local, and foreign income tax (see instructions) STMT. 14. 9b 13,737.		
с	Miscellaneous investment expenses (see instructions)		
d	Add lines 9a, 9b, and 9c	9d	13,737.
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	13,737.
Part	III Tax Computation	1	
12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-		
	17. Estates and trusts complete lines 18a-21. If zero or less, enter -0	12	92,553.
	Individuals:		
13	Modified adjusted gross income (see instructions) STMT. 15. 13 10, 594, 529.		
14	Threshold based on filing status (see instructions)		
15	Subtract line 14 from line 13. If zero or less, enter -0 15 10, 344, 529.	-	
16	Enter the smaller of line 12 or line 15	16	92,553.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and		
	include on your tax return (see instructions)	17	3,517.
	Estates and Trusts:		
18a	Net investment income (line 12 above)		
b	Deductions for distributions of net investment income and		
	deductions under section 642(c) (see instructions)	-	
с	Undistributed net investment income. Subtract line 18b from 18a (see		
	instructions). If zero or less, enter -0		
19 a	Adjusted gross income (see instructions)		
b	Highest tax bracket for estates and trusts for the year (see		
	instructions)		
с	Subtract line 19b from line 19a. If zero or less, enter -0		
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here		
	and include on your tax return (see instructions)	21	

For Paperwork Reduction Act Notice, see your tax return instructions.

OWNEI Ship	R- DESCRIPTION	TOTAL WAGES	FEDERAL WITHHELD	SOC. SEC. WITHHELD	
	WAGES				
Т	GEP TALENT SERVICES, LLC	100.	25.	6.	1.
	TOTAL - WAGES	100.	25.	6.	1.
	WITHHOLDING FROM 1099-R DISTRIBUTIONS				
${ m T}$	GENERAL SERVICES ADMINISTRA ARK PUBLIC EMPLOYEES RETIRE		41,680. 1,410.		
	TOTAL	-	43,090.		

OWNER- SHIP WITHHOLDING FROM WA	GES	STATE WITHHELD	CITY/LOCAL WITHHELD
T GEP TALENT SERVICES,	LLC	7.	
TOTAL WITHHOLDING	FROM WAGES	7.	

SUPPLEMENT TO FORM 1040

OWNER- Ship		WITH	HOLDING	STATE WITHHELD	CITY/LOCAL WITHHELD
T T	W/H FROM W/H FROM W/H FROM W/H FROM	FORM FORM	592-В 592-В	15,750. 50,750. 21,000. 22,050.	
	TOTAL (THER	WITHHOLDING	109,550.	

OWNER Ship		HOLDING FE RIBUTIONS	ROM 1099-R	STATE WITHHELD	CITY/LOCAL WITHHELD
Т	GENERAL	SERVICES	ADMINISTRATIO	13,720.	
	TOTAL			13,720.	
					within the state which which which which which which which we

QUALIFIED DIVIDENDS

QUALIFIED DIVIDENDS FROM FORM 1099

				-		-	 			 	-				 				-				 	 -	
J	VA	N(GU	IA	R	D	5	0	0	I	Ν	D	Ε	Х	F	U	Ν	D		A	D	Μ			

84,358.

TOTAL FORM 109	9 QUALIFIED DIVIDENDS	84,358.
TOTAL TO	1040, LINE 9B	

PENSIONS AND ANNUITIES

OWNER	- DESCRIPTION	TOTAL	TAXABLE
SHIP		RECEIVED	PORTION
T	GENERAL SERVICES ADMINISTRATION	203,700.	203,700.
T	ARK PUBLIC EMPLOYEES RETIREMENT	22,597.	22,597.
	TOTAL (FORM 1040, PAGE 1, LINE 16)	226,297.	226,297.

STATE	INCOME	TAXES
· · · · · · · · · · · · · · · · · · ·	THCOID	TTTTT

TAXES WITHHELD FROM WAGES OTHER WITHHELD IRA DISTRIBUTIONS, PENSIONS & ANNUITIES ESTIMATED TAX AND EXTENSION PAYMENTS OTHER TAXES PAID AND BALANCE DUE	7. 109,550. 13,720. 1,245,741. 259.
TOTAL TO SCHEDULE A, LINE 5	1,369,277.
OTHER CASH CONTRIBUTIONS 	42,000.
30% ORGANIZATION(S) THE CLINTON FAMILY FOUNDATION	1,000,000.
TOTAL CASH CONTRIBUTIONS BEFORE LIMITATION	1,042,000.
TOTAL CASH CONTRIBUTIONS BEFORE LIMITATION CASH CONTRIBUTION LIMITATION	1,042,000. NONE

I TEMIZED DEDUCTION WORKSHEET

SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28 2,550,561. 1. 2. SCHEDULE A, LINES 4, 14, 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28 3. IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? NO. -----X YES. SUBTRACT LINE 2 FROM LINE 1 2,550,561. 4. LINE 3 MULTIPLIED BY 80% (.80)..... 2,040,449. _____ ENTER THE AMOUNT FROM FORM 1040, LINE 38 10,594,529. 5. 6. ENTER LIMIT BASED ON FILING STATUS..... 309,900. 7. IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? NO. X YES. SUBTRACT LINE 6 FROM LINE 5.. 10,284,629. LINE 7 MULTIPLIED BY 3% (.03) 8. 308,539. 9. ENTER THE SMALLER OF LINE 4 OR LINE 8 308,539.

10. TOTAL ITEMIZED DEDUCTIONS (LINE 1 LESS LINE 9) 2,242,022.

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1 BUSINESS NAME: HILLARY RODHAM CLINTON

SIMON & SCHUSTER INC.-ROYALTIES

TOTAL TO SCHEDULE C, LINE 1

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1 BUSINESS NAME: WILLIAM J. CLINTON

THE HARRY WALKER AGENCY, INC.

TOTAL TO SCHEDULE C, LINE 1

5,250,000. 5,250,000.

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1 BUSINESS NAME: WILLIAM J. CLINTON

RANDOM HOUSE, INC.-ROYALTIES

TOTAL TO SCHEDULE C, LINE 1

29,118. ______29,118.

TOTAL TO SCHEDULE C, LINE 1

562,500. 1,098,075. 1,660,575.

STATEMENT 9

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1 BUSINESS NAME: ZFS HOLDINGS, LLC

THE HARRY WALKER AGENCY, INC.

TOTAL TO SCHEDULE C, LINE 1

1,475,500. 1,475,500.

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1 BUSINESS NAME: ZFS HOLDINGS, LLC

SIMON & SCHUSTER, INC

TOTAL TO SCHEDULE C, LINE 1

3,000,000.

TAXPAYER'S NET SELF-EMPLOYMENT INCOME

NET NONFARM PROFIT OR (LOSS)

SCHEDULE C

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

6,020,947. 6,020,947.

S POUSE'S NET SELF-EMPLOYMENT INCOME

NET NONFARM PROFIT OR (LOSS)

SCHEDULE C

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

4,147,325. 4,147,325. SUPPLEMENT TO FORM 8960

PART II INVESTMENT EXPENSES ALLOCABLE TO INVESTMENT INCOME AND MODIFICATIONS LINE 9B STATE, LOCAL, AND FOREIGN INCOME TAX 1. STATE, LOCAL, AND FOREIGN INCOME TAX ALLOCABLE TO NII BEFORE SECTION 68 LIMITATION 13,737. 2. TOTAL DEDUCTIONS PROPERLY ALLOCABLE TO INVESTMENT INCOME SUBJECT TO THE SECTION 68 LIMITATION 13,737. 3. ITEMIZED DEDUCTIONS LIMITATION FOR NII 2,242,022. 4. SMALLER OF LINE 2 OR LINE 3 13,737. 5. DIVIDE LINE 4 BY LINE 2 1.0000000 6. MULTIPLY LINE 1 TIMES LINE 5 13,737. 7. AMOUNT OF ADJUSTMENT FROM ORGANIZER 8. STATE, LOCAL, AND FOREIGN INCOME TAX ATTRIBUTABLE TO NII AFTER APPLICATION OF SECTION 68 LIMITATIONS. ADD LINE 6 AND LINE 7. 13,737.

SUPPLEMENT TO FORM 8960

PART III TAX COMPUTATION LINE 13 MODIFIED ADJUSTED GROSS INCOME

ENTER YOUR ADJUSTED GROSS INCOME
 FOREIGN EARNED INCOME EXCLUSION:

10,594,529.

- (A) ENTER YOUR FOREIGN EARNED INCOME EXCLUSION (FROM LINE 42 OF FORM 2555)(B) ENTER THE DEDUCTIONS REPORTED ON
- LINE 44 OF FORM 2555 ALLOCABLE TO YOUR FOREIGN EARNED INCOME EXCLUSION
- (C) COMBINE LINES 2(A) AND 2(B)
- 3. ADJUSTMENTS FOR CERTAIN CFCS AND CERTAIN PFICS
- 4. ENTER THE SUM OF LINE 1, LINE 2(C), AND LINE 3. (ENTER THIS AMOUNT ON FORM 8960, LINE 13.)

10,594,529.