

Name, Address, and SSN

See separate instructions

PRINT CLEARLY For the year Jan 1-Dec 31 2010 or other tax year beginning 2010, ending
Your first name and initial WILLIAM J Last name CLINTON
If a joint return, spouse's first name and initial HILLARY Last name RODHAM CLINTON
Home address (number and street) if you have a P.O. box, see instructions. Apt no.
City, town or post office, state, and ZIP code CHAPPAQUA NY 10514

Your social security number
Spouse's social security number
Make sure the SSN(s) above and on line 6c are correct
Checking a box below will not change your tax or refund.

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

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

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

Income Table with 22 rows: 7 Wages, salaries, tips, etc. 8a Taxable interest 8b Tax-exempt interest 9a Ordinary dividends 9b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss) 13 Capital gain or (loss) 14 Other gains or (losses) 15a IRA distributions 15b Taxable amount 16a Pensions and annuities 16b Taxable amount 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 18 Farm income or (loss) 19 Unemployment compensation 20a Social security benefits 20b Taxable amount 21 Other income 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 13,244,484.

Adjusted Gross Income Table with 15 rows: 23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-basis government officials 25 Health savings account deduction 26 Moving expenses 27 One-half of self-employment tax 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid 31b Recipient's SSN 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees 35 Domestic production activities deduction 36 Add lines 23 through 31a and 32 through 35 177,695. 37 Subtract line 36 from line 22. This is your adjusted gross income 13,066,789.



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

▶ See separate instructions.

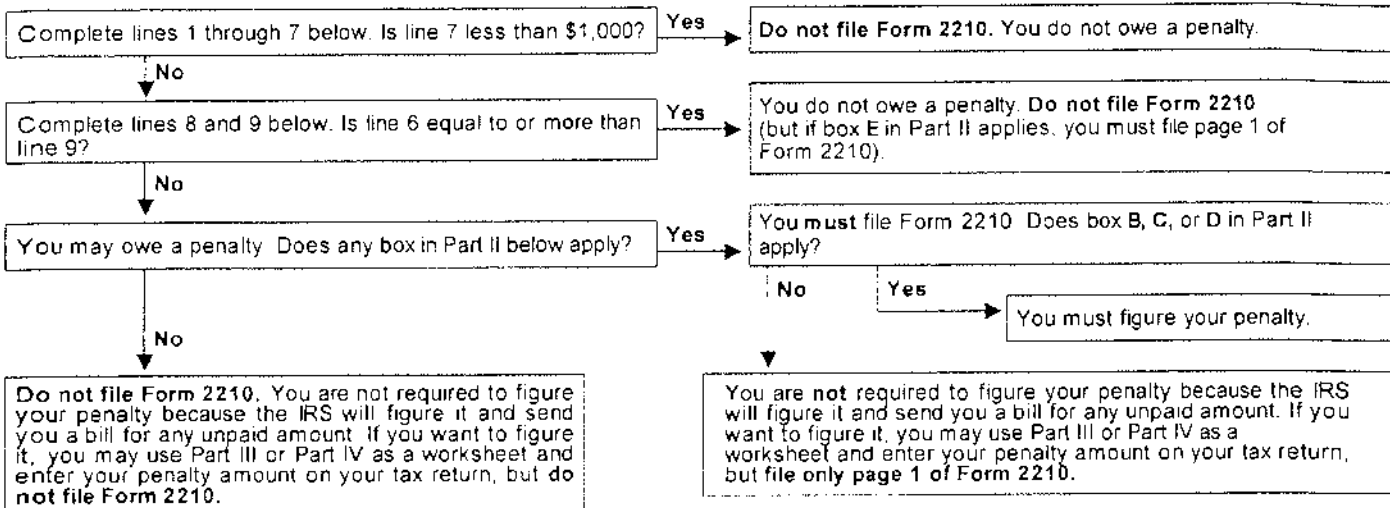
▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

Name(s) shown on tax return

**WILLIAM J CLINTON & HILLARY RODHAM CLINTON**

Identifying number

**Do You Have To File Form 2210?**



**Part I Required Annual Payment**

1	Enter your 2010 tax after credits from Form 1040, line 55 (see instructions if not filing Form 1040)	1	3,716,800.
2	Other taxes, including self-employment tax (see page 2 of the instructions)	2	355,390.
3	Refundable credits. Enter the total of your making work pay credit, earned income credit, additional child tax credit, American opportunity credit (Form 8863, line 14), first-time homebuyer credit (Form 5405, line 10) credit for federal tax paid on fuels, adoption credit, refundable credit for prior year minimum tax (Form 8801, line 27), and health coverage tax credit	3	( )
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210	4	4,072,190.
5	Multiply line 4 by 90% (.90)	5	3,664,971.
6	Withholding taxes. Do not include estimated tax payments (see page 3 of the instructions)	6	73,576.
7	Subtract line 6 from line 4. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210	7	3,998,614.
8	Maximum required annual payment based on prior year's tax (see page 3 of the instructions)	8	3,379,411.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	3,379,411.

Next: Is line 9 more than line 6?

- No. You do not owe a penalty. Do not file Form 2210 unless box E below applies.
- Yes. You may owe a penalty, but do not file Form 2210 unless one or more boxes in Part II below applies.
- If box B, C, or D applies, you must figure your penalty and file Form 2210.
  - If box A or E applies (but not B, C, or D) file only page 1 of Form 2210. You are not required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210.

**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 2009 or 2010, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you are not required to figure your penalty (unless box B, C, or D applies).

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

Form 2210 (2010)

**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) 4/15/10	(b) 6/15/10	(c) 9/15/10	(d) 1/15/11
18	<b>Required installments.</b> 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.	483,738.	1,205,968.	459,744.	1,229,961.
19	<b>Estimated tax paid and tax withheld</b> (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.	768,394.	943,394.	768,394.	918,394.
<i>Complete lines 20 through 26 of one column before going to line 20 of the next column.</i>					
20	Enter the amount, if any, from line 26 in the previous column.		284,656.	22,082.	330,732.
21	Add lines 19 and 20.		1,228,050.	790,476.	1,249,126.
22	Add the amounts on lines 24 and 25 in the previous column.				
23	Subtract line 22 from line 21. If zero or less, enter -0-. For column (a) only, enter the amount from line 19.	768,394.	1,228,050.	790,476.	1,249,126.
24	If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0-.				
25	<b>Underpayment.</b> 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.				
26	<b>Overpayment.</b> If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of the next column.	284,656.	22,082.	330,732.	

**Section B - Figure the Penalty** (Use the Worksheet for Form 2210, Part IV, Section B - Figure the Penalty on page 4 of the instructions to figure your penalty.)

27	<b>Penalty.</b> Enter the total penalty from line 8 of the worksheet for Form 2210, Part IV, Section B - Figure the Penalty. Also include this amount on Form 1040, line 77; Form 1040A, line 49; Form 1040NR, line 73; Form 1040NR-EZ, line 26, or Form 1041, line 26. Do not file Form 2210 unless you checked a box in Part II.				<b>NONE</b>
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**Schedule AI - Annualized Income Installment Method** (See pages 5 through 6 of the instructions.)

Estates and trusts do not use the period ending dates shown to the right. Instead, use the following: 2/28/10, 4/30/10, 7/31/10, and 11/30/10.

	(a) 1/1/10-3/31/10	(b) 1/1/10-5/31/10	(c) 1/1/10-8/31/10	(d) 1/1/10-12/31/10
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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	1,992,491.	5,174,000.	7,141,826.	13,066,789.
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	7,969,964.	12,417,600.	10,712,739.	13,066,789.
4 If you itemize, enter itemized deductions for the period shown in each column. All others enter -0-, and skip to line 7. <b>Exception:</b> Estates and trusts, skip to line 9 and enter amount from line 3 . . . . .	4	588,807.	981,344.	1,570,151.	2,355,226.
5 Annualization amounts . . . . .	5	4	2.4	1.5	1
6 Multiply line 4 by line 5 . . . . .	6	2,355,228.	2,355,226.	2,355,227.	2,355,226.
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-. <b>Exception:</b> Indian students and business apprentices, see instructions). . . . .	7	11,400.	11,400.	11,400.	11,400.
8 Enter the larger of line 6 or line 7 . . . . .	8	2,355,228.	2,355,226.	2,355,227.	2,355,226.
9 Subtract line 8 from line 3 . . . . .	9	5,614,736.	10,062,374.	8,357,512.	10,711,563.
10 In each column, multiply \$3.650 by the total number of exemptions claimed (Estates, trusts, and Form 1040NR or 1040NR-EZ filers, see instructions). . . . .	10	7,300.	7,300.	7,300.	7,300.
11 Subtract line 10 from line 9. If zero or less, enter -0-. . . . .	11	5,607,436.	10,055,074.	8,350,212.	10,704,263.
12 Figure your tax on the amount on line 11 (see instructions). . . . .	12	1,932,911.	3,489,584.	2,892,882.	3,716,800.
13 Self-employment tax from line 34 (complete Part II below) . . . . .	13	217,037.	337,768.	291,489.	355,390.
14 Enter other taxes for each payment period (see instructions)	14	NONE	NONE	NONE	NONE
15 Total tax. Add lines 12, 13, and 14. . . . .	15	2,149,948.	3,827,352.	3,184,371.	4,072,190.
16 For each period, enter the same type of credits as 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	2,149,948.	3,827,352.	3,184,371.	4,072,190.
18 Applicable percentage. . . . .	18	22.5%	45%	67.5%	90%
19 Multiply line 17 by line 18. . . . .	19	483,738.	1,722,308.	2,149,450.	3,664,971.
<b>Complete lines 20-25 of one column before going to line 20 of the next column.</b>					
20 Enter the total of the amounts in all previous columns of line 25 . . . . .	20		483,738.	1,689,706.	2,149,450.
21 Subtract line 20 from line 19. If zero or less, enter -0-. . . . .	21	483,738.	1,238,570.	459,744.	1,515,521.
22 Enter 25% (.25) of line 9 on page 1 of Form 2210 in each column . . . . .	22	844,853.	844,853.	844,853.	844,852.
23 Subtract line 25 of the previous column from line 24 of that column . . . . .	23		361,115.		385,109.
24 Add lines 22 and 23 . . . . .	24	844,853.	1,205,968.	844,853.	1,229,961.
25 Enter the smaller of line 21 or line 24 here and on Form 2210, Part IV, line 18. . . . .	25	483,738.	1,205,968.	459,744.	1,229,961.

**Part II Annualized Self-Employment Tax** (Form 1040 and Form 1040NR filers only) AMOUNTS

26 Net earnings from self-employment for the period (see instructions) . . . . .	26	1,756,239.	4,661,705.	6,394,856.	11,795,755.
27 Prorated social security tax limit . . . . .	27	\$26,700	\$44,500	\$71,200	\$106,800
28 Enter actual wages for the period subject to social security tax or the 52% portion of the 7.65% railroad retirement (tier 1) tax. <b>Exception:</b> If you filed Form 4137 or Form 8919, see instructions. . . . .	28	5.	9.	14.	21.
29 Subtract line 28 from line 27. If zero or less, enter -0-. . . . .	29	26,695.	44,491.	71,186.	106,779.
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	13,241.	13,241.	13,241.	13,241.
32 Annualization amounts . . . . .	32	0.116	0.0696	0.0435	0.029
33 Multiply line 26 by line 32. . . . .	33	203,724.	324,455.	278,176.	342,077.
34 Add lines 31 and 33. Enter here and on line 13 above. . . . .	34	216,965.	337,696.	291,417.	355,318.

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

Estates and trusts do not use the period ending dates shown to the right. Instead, use the following: 2/28/10, 4/30/10, 7/31/10, and 11/30/10

	(a) 1/1/10-3/31/10	(b) 1/1/10-5/31/10	(c) 1/1/10-8/31/10	(d) 1/1/10-12/31/10
<b>Part I Annualized Income Installments</b>				
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
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. <b>Exception:</b> Estates and trusts, skip to line 9 and enter amount from line 3 . . . . .	4			
5 Annualization amounts . . . . .	5	4	2.4	1.5
6 Multiply line 4 by line 5 . . . . .	6			
7 In each column, enter the full amount of your standard deduction from Form 1040, line 40, or Form 1040A, line 24. (Form 1040NR or 1040NR-EZ filers, enter -0- <b>Exception:</b> 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 \$3,650 by the total number of exemptions claimed (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%
19 Multiply line 17 by line 18 . . . . .	19			
<b>Complete lines 20-25 of one column before going to line 20 of the next column.</b>				
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, Part IV, line 18 . . . . .	25			

	(a) 1/1/10-3/31/10	(b) 1/1/10-5/31/10	(c) 1/1/10-8/31/10	(d) 1/1/10-12/31/10
<b>Part II Annualized Self-Employment Tax (Form 1040 and Form 1040NR filers only)</b>				
26 Net earnings from self-employment for the period (see instructions) . . . . .	26	622.	1,037.	1,659.
27 Prorated social security tax limit . . . . .	27	\$26,700	\$44,500	\$71,200
28 Enter actual wages for the period subject to social security tax or the 8.2% portion of the 7.65% railroad retirement (Tier 1) tax. <b>Exception:</b> if you filed Form 4137 or Form 8919, see instructions . . . . .	28	26,700.	44,500.	71,200.
29 Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	29	NONE	NONE	NONE
30 Annualization amounts . . . . .	30	0.495	0.2976	0.186
31 Multiply line 30 by the smaller of line 26 or line 29 . . . . .	31	NONE	NONE	NONE
32 Annualization amounts . . . . .	32	0.115	0.0896	0.0435
33 Multiply line 26 by line 32 . . . . .	33	72.	72.	72.
34 Add lines 31 and 33. Enter here and on line 13 above . . . . .	34	72.	72.	72.

**SCHEDULE A**  
**(Form 1040)**

**Itemized Deductions**

OMB No 1545-0074

**2010**

Attachment  
Sequence No. 07

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040.

▶ See instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

**WILLIAM J CLINTON & HILLARY RODHAM CLINTON**

**Medical and Dental Expenses**

Caution. Do not include expenses reimbursed or paid by others

1	Medical and dental expenses (see instructions)	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**

5	State and local (check only one box):	5	
a	<input checked="" type="checkbox"/> Income taxes, or	STMT 3	1,192,177.
b	<input type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions)	6	103,875.
7	New motor vehicle taxes from line 11 of the worksheet on back (for certain vehicles purchased in 2009) Skip this line if you checked box 5b	7	
8	Other taxes. List type and amount ▶	8	
9	Add lines 5 through 8	9	1,296,052.

**Interest You Paid**

10	Home mortgage interest and points reported to you on Form 1098	10	59,174.
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11	
12	Points not reported to you on Form 1098. See instructions for special rules	12	
13	Mortgage insurance premiums (see instructions)	13	
14	Investment interest. Attach Form 4952 if required. (See instructions)	14	
15	Add lines 10 through 14	15	59,174.

**Note.**  
Your mortgage interest deduction may be limited (see instructions).

**Gifts to Charity**

16	Gifts by cash or check, if you made any gift of \$250 or more, see instructions. SEE STATEMENT 3.	16	1,000,000.
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	17	
18	Carryover from prior year	18	
19	Add lines 16 through 18	19	1,000,000.

If you made a gift and got a benefit for it, see instructions.

**Casualty and Theft Losses**

20	Casualty or theft loss(es). Attach Form 4684. (See instructions)	20	
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**Job Expenses and Certain Miscellaneous Deductions**

21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions) ▶	21	
22	Tax preparation fees	22	
23	Other expenses - investment, safe deposit box, etc. List type and amount ▶ SEE STATEMENT 3	23	6,565.
24	Add lines 21 through 23	24	6,565.
25	Enter amount from Form 1040, line 38	25	13,066,789.
26	Multiply line 25 by 2% (.02)	26	261,336.
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 in instructions. List type and amount ▶	28	
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**Total Itemized Deductions**

29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29	2,355,226.
30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>		

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2010





**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business**

OMB No. 1545-0074

**2010**

(Sole Proprietorship)

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

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No **09**

Name of proprietor: HILLARY RODHAM CLINTON

Social security number (SSN): [REDACTED]

**A** Principal business or profession, including product or service (see 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 2010? If "No," see instructions for limit on losses.  Yes  No

**H** If you started or acquired this business during 2010, check here:

**Part I Income**

<b>1</b> Gross receipts or sales. <b>Caution.</b> See instructions 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 instructions for limit on losses.	<input type="checkbox"/>	<b>1</b>	<b>3,612.</b>
<b>2</b> Returns and allowances		<b>2</b>	
<b>3</b> Subtract line 2 from line 1		<b>3</b>	<b>3,612.</b>
<b>4</b> Cost of goods sold (from line 42 on page 2)		<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3		<b>5</b>	<b>3,612.</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6		<b>7</b>	<b>3,612.</b>

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

<b>8</b> Advertising	<b>8</b>	<b>18</b> Office expense	<b>18</b>
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	<b>19</b> Pension and profit-sharing plans	<b>19</b>
<b>10</b> Commissions and fees	<b>10</b>	<b>20</b> Rent or lease (see instructions):	
<b>11</b> Contract labor (see instructions)	<b>11</b>	<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>
<b>12</b> Depletion	<b>12</b>	<b>b</b> Other business property	<b>20b</b>
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>	<b>21</b> Repairs and maintenance	<b>21</b>
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>	<b>22</b> Supplies (not included in Part III)	<b>22</b>
<b>15</b> Insurance (other than health)	<b>15</b>	<b>23</b> Taxes and licenses	<b>23</b> <b>286.</b>
<b>16</b> Interest:		<b>24</b> Travel, meals, and entertainment:	
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>	<b>a</b> Travel	<b>24a</b>
<b>b</b> Other	<b>16b</b>	<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>
<b>17</b> Legal and professional services	<b>17</b>	<b>25</b> Utilities	<b>25</b>
		<b>26</b> Wages (less employment credits)	<b>26</b>
		<b>27</b> Other expenses (from line 48 on page 2)	<b>27</b> <b>632.</b>
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27		<b>28</b>	<b>918.</b>
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7		<b>29</b>	<b>2,694.</b>
<b>30</b> Expenses for business use of your home. Attach Form 8829		<b>30</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.		<b>31</b>	<b>2,694.</b>
• If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.			
• If a loss, you must go to line 32.			
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions).		<b>32a</b> <input type="checkbox"/>	All investment is at risk.
• If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.		<b>32b</b> <input type="checkbox"/>	Some investment is not at risk.
• If you checked 32b, you must attach Form 6198. Your loss may be limited.			

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

Schedule C (Form 1040) 2010

Part III Cost of Goods Sold (see instructions)

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 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 2010, 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	632.
48 Total other expenses. Enter here and on page 1, line 27	48 632.

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

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

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

OMB No. 1545-0074

**2010**

Attachment  
Sequence No. **09**

Name of proprietor  
**WILLIAM J CLINTON**

Social security number (SSN)  
[REDACTED]

**A** Principal business or profession, including product or service (see 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.)  
City, town or post office, state, and ZIP code  
**CHAPPAQUA, NY 10514**

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) **X** Yes  No

**G** Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses. **X** Yes  No

**H** If you started or acquired this business during 2010, check here

**Part I Income**

1	Gross receipts or sales. <b>Caution.</b> See instructions 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 instructions for limit on losses.	SEE STATEMENT 6	1	10,741,000.
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	10,741,000.
4	Cost of goods sold (from line 42 on page 2)		4	
5	<b>Gross profit.</b> Subtract line 4 from line 3.		5	10,741,000.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	<b>Gross income.</b> Add lines 5 and 6		7	10,741,000.

**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 instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	944,675.	20	Rent or lease (see instructions)	20a	
11	Contract labor (see instructions)	11		20b	a Vehicles, machinery, and equipment b Other business property	20b	
12	Depletion	12		21	Repairs and maintenance	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22	Supplies (not included in Part III)	22	
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	23	296,682.
15	Insurance (other than health)	15		24	Travel, meals, and entertainment:	24a	630,027.
16	Interest:	16a		24b	a Travel b Deductible meals and entertainment (see instructions)	24b	4,760.
16a	a Mortgage (paid to banks, etc.)	16b		25	Utilities	25	
16b	b Other	17		26	Wages (less employment credits)	26	216,958.
17	Legal and professional services			27	Other expenses (from line 48 on page 2)	27	41,840.
28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27	28		28		28	2,134,942.
29	Tentative profit or (loss). Subtract line 28 from line 7.	29		29		29	8,606,058.
30	Expenses for business use of your home. Attach Form 8829	30		30		30	945.
31	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31		31		31	8,605,113.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.	32a		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 your tax return instructions.

Schedule C (Form 1040) 2010

**Part III Cost of Goods Sold** (see instructions)

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 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 2010, 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.

MISCELLANEOUS	5,761.
TELEPHONE	21,835.
COMPUTER SERVICES	328.
POSTAGE	10,684.
GIFTS	3,232.
48 Total other expenses. Enter here and on page 1, line 27	41,840.

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business**

(Sole Proprietorship)

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

OMB No. 1545-0074

**2010**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

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

Name of proprietor  
**WILLIAM J CLINTON**

Social security number (SSN)  
[REDACTED]

**A** Principal business or profession, including product or service (see 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) **X** Yes  No

**G** Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses . . .  Yes  No

**H** If you started or acquired this business during 2010, check here

**Part I Income**

<b>1</b> Gross receipts or sales. <b>Caution.</b> See instructions 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 instructions for limit on losses	<b>SEE STATEMENT 7</b>	<b>1</b>	<b>54,918.</b>
<b>2</b> Returns and allowances		<b>2</b>	
<b>3</b> Subtract line 2 from line 1		<b>3</b>	<b>54,918.</b>
<b>4</b> Cost of goods sold (from line 42 on page 2)		<b>4</b>	
<b>5</b> Gross profit. Subtract line 4 from line 3		<b>5</b>	<b>54,918.</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		<b>6</b>	
<b>7</b> Gross income. Add lines 5 and 6		<b>7</b>	<b>54,918.</b>

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

<b>8</b> Advertising	<b>8</b>	<b>18</b> Office expense	<b>18</b>
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	<b>19</b> Pension and profit-sharing plans	<b>19</b>
<b>10</b> Commissions and fees	<b>10</b>	<b>20</b> Rent or lease (see instructions):	
<b>11</b> Contract labor (see instructions)	<b>11</b>	<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>
<b>12</b> Depletion	<b>12</b>	<b>b</b> Other business property	<b>20b</b>
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>	<b>21</b> Repairs and maintenance	<b>21</b>
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>	<b>22</b> Supplies (not included in Part III)	<b>22</b>
<b>15</b> Insurance (other than health)	<b>15</b>	<b>23</b> Taxes and licenses	<b>23</b>
<b>16</b> Interest:		<b>24</b> Travel, meals, and entertainment:	
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>	<b>a</b> Travel	<b>24a</b>
<b>b</b> Other	<b>16b</b>	<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>
<b>17</b> Legal and professional services	<b>17</b>	<b>25</b> Utilities	<b>25</b>
		<b>26</b> Wages (less employment credits)	<b>26</b>
		<b>27</b> Other expenses (from line 48 on page 2)	<b>27</b>
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27	<b>28</b>		
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>		<b>54,918.</b>
<b>30</b> Expenses for business use of your home. Attach Form 8829	<b>30</b>		
<b>31</b> Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions); Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32	<b>31</b>		<b>54,918.</b>
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions); Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.		<b>32a</b> <input type="checkbox"/> All investment is at risk <b>32b</b> <input type="checkbox"/> Some investment is not at risk	

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

Schedule C (Form 1040) 2010



**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2010**

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 instructions):  
**CONSULTING**

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

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

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

**E** Business address (including suite or room no.) [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 2010? If "No," see instructions for limit on losses.  Yes  No

**H** If you started or acquired this business during 2010, check here

**Part I Income**

<b>1</b> Gross receipts or sales. <b>Caution.</b> See instructions 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 instructions for limit on losses	SEE STATEMENT 8	1	4,125,000.
<b>2</b> Returns and allowances		2	
<b>3</b> Subtract line 2 from line 1		3	4,125,000.
<b>4</b> Cost of goods sold (from line 42 on page 2)		4	
<b>5</b> Gross profit. Subtract line 4 from line 3		5	4,125,000.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
<b>7</b> Gross income. Add lines 5 and 6		7	4,125,000.

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

<b>8</b> Advertising	8		<b>18</b> Office expense	18	
<b>9</b> Car and truck expenses (see instructions)	9		<b>19</b> Pension and profit-sharing plans	19	
<b>10</b> Commissions and fees	10		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	11		<b>a</b> Vehicles, machinery, and equipment	20a	
<b>12</b> Depletion	12		<b>b</b> Other business property	20b	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		<b>21</b> Repairs and maintenance	21	
<b>14</b> Employee benefit programs (other than on line 19)	14		<b>22</b> Supplies (not included in Part III)	22	
<b>15</b> Insurance (other than health)	15		<b>23</b> Taxes and licenses	23	
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	16a		<b>a</b> Travel	24a	
<b>b</b> Other	16b		<b>b</b> Deductible meals and entertainment (see instructions)	24b	
<b>17</b> Legal and professional services	17	12,151.	<b>25</b> Utilities	25	
			<b>26</b> Wages (less employment credits)	26	
			<b>27</b> Other expenses (from line 48 on page 2)	27	
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27	28	12,151.		28	12,151.
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	29			29	4,112,849.
<b>30</b> Expenses for business use of your home. Attach Form 8829	30			30	
<b>31</b> Net profit or (loss). Subtract line 30 from line 29.				31	4,112,849.
• If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.					
• If a loss, you must go to line 32.					
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions).					
• If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.				32a	<input type="checkbox"/> All investment is at risk
• If you checked 32b, you must attach Form 5198. Your loss may be limited.				32b	<input type="checkbox"/> Some investment is not at risk

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

Schedule C (Form 1040) 2010

Part III Cost of Goods Sold (see instructions)

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

Table with 2 columns: Description and Amount. Rows include: 35 Inventory at beginning of year, 36 Purchases less cost of items withdrawn for personal use, 37 Cost of labor, 38 Materials and supplies, 39 Other costs, 40 Add lines 35 through 39, 41 Inventory at end of year, 42 Cost of goods sold.

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 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 2010, 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.

Table with 2 columns: Description and Amount. Multiple rows for listing expenses.

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



**SCHEDULE D  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

▶ See Instructions for Schedule D (Form 1040).

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

OMB No. 1545-0074

**2010**  
Attachment  
Sequence No. **12**

Name(s) shown on return

Your social security number

**WILLIAM J CLINTON & HILLARY RODHAM CLINTON**

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

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

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo. day, yr.)	(c) Date sold (Mo. day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8					
9	Enter your long-term totals, if any, from Schedule D-1, line 9			9	
10	Total long-term sales price amounts. Add lines 8 and 9 in column (d)			10	
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13	Capital gain distributions. See page D-2 of the instructions STMT. 9.				13 1,986.
14	Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet on page D-7 of the instructions				14 ( 720,396 )
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 -718,410.

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

Schedule D (Form 1040) 2010

Part III Summary

16 Combine lines 7 and 15 and enter the result . . . . . 16 -718,410.

- 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 on page D-8 of the instructions . . . . . 18

19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions . . . . . 19

20 Are lines 18 and 19 both zero or blank?
 Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then 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 Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:
• The loss on line 16 or
• (\$3,000), or if married filing separately, (\$1,500) } . . . . . 21 ( 3,000.)

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?
 Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR, line 42).
 No. Complete the rest of Form 1040 or Form 1040NR.

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

WILLIAM J CLINTON

Social security number of person with self-employment income

Section B - Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, see page SE-3 for specific instructions. Also see page SE-1 for the definition of church employee income.

Form 1040-SE Part I Self-Employment Tax. Includes instructions and a table with 13 rows and 2 columns. Values include 12,772,880, 11,795,755, 106,800.00, 106,779, 13,241, 342,077, 355,318, and 177,659.

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

Form 1040-SE Part II Optional Methods. Includes instructions and a table with 3 rows and 2 columns. Values include 4,480.00 and 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.

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

Social security number of person with self-employment income

HILLARY RODHAM CLINTON

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 page SE-3 for specific instructions. Also see page SE-1 for the definition of church employee income.

Table with 13 rows (1a-13) and 2 columns: Description and Amount. Includes entries for net farm profit (2,694), net profit (2,488), and self-employment tax (72).

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

Table with 3 rows (14-17) and 2 columns: Description and Amount. Includes Farm Optional Method (4,480.00) and Nonfarm Optional Method.

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.

**2010**

Attachment Sequence No **176**

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%
<b>For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.</b>			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (365 days x 24 hours) (see instructions)	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3. ▶	7	25.00%

**Part II Figure Your Allowable Deduction**

8	Enter the amount from Schedule C, line 29, plus any net gain or (loss) derived from the business use of your home and shown on Schedule D or Form 4797. If more than one place of business, see instructions	8	8,606,058.
<b>See instructions for columns (a) and (b) before completing lines 9-21.</b>			
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	8,606,058.
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 2009 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	8,606,058.
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from line 41 below	29	945.
30	Carryover of excess casualty losses and depreciation from 2009 Form 8829, line 43	30	
31	Add lines 28 through 30	31	945.
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	945.
33	Add lines 14, 26, and 32	33	945.
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions ▶	35	945.

**Part III Depreciation of Your Home**

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

**Part IV Carryover of Unallowed Expenses to 2011**

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	

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



SUPPLEMENT TO FORM 1040

SOURCES OF COMPENSATION

OWNER-SHIP	DESCRIPTION	TOTAL WAGES	FEDERAL WITHHELD	SOC. SEC. WITHHELD	MEDICARE WITHHELD
WAGES					
T	GEP TALENT SERVICES, LLC	21.	5.	1.	
S	U.S. DEPARTMENT OF STATE	161,383.	31,561.	6,622.	2,659.
	TOTAL - WAGES	161,404.	31,566.	6,623.	2,659.
WITHHOLDING FROM 1099-R DISTRIBUTIONS					
T	GENERAL SERVICES ADMINISTRATIO		42,010.		
	TOTAL		42,010.		
	GRAND TOTAL	161,404.	73,576.	6,623.	2,659.

OWNER-SHIP	WITHHOLDING FROM WAGES	STATE WITHHELD	CITY/LOCAL WITHHELD
T	GEP TALENT SERVICES, LLC		1.
S	U.S. DEPARTMENT OF STATE	6,421.	
	TOTAL WITHHOLDING FROM WAGES	6,422.	







SUPPLEMENT TO FORM 1040

OWNER-SHIP	WITHHOLDING FROM 1099-R DISTRIBUTIONS	STATE WITHHELD	CITY/LOCAL WITHHELD
T	GENERAL SERVICES ADMINISTRATIO	13,708.	
	TOTAL	13,708.	

PENSIONS AND ANNUITIES

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





SUPPLEMENT TO SCHEDULE A

STATE INCOME TAXES

TAXES WITHHELD	6,422.
IRA DISTRIBUTIONS, PENSIONS & ANNUITIES	13,708.
ESTIMATED TAX AND EXTENSION PAYMENTS	1,172,047.
TOTAL TO SCHEDULE A, LINE 5	1,192,177.

CASH CONTRIBUTIONS

OTHER CASH CONTRIBUTIONS

50% ORGANIZATION(S) THE CLINTON FAMILY FOUNDATION	1,000,000.
TOTAL CASH CONTRIBUTIONS BEFORE LIMITATION	1,000,000.
CASH CONTRIBUTION LIMITATION	NONE
TOTAL TO SCHEDULE A, LINE 16	1,000,000.

OTHER MISC. DEDUCTIONS SUBJECT TO 2% LIMIT

JPMORGAN CHASE BANK-INVESTMENT FEES	6,565.
TOTAL TO SCHEDULE A, LINE 23	6,565.



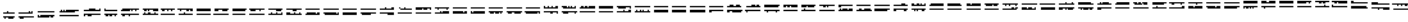
## SUPPLEMENT TO SCHEDULE A

## QUALIFIED LOAN LIMIT AND DEDUCTIBLE MORTGAGE INTEREST WORKSHEET

1.	AVERAGE BALANCE OF ALL GRANDFATHERED DEBT .....	
2.	AVERAGE BALANCE OF ALL HOME ACQUISITION DEBT .....	1,179,889.
3.	ENTER \$1,000,000 (\$500,000 IF MFS) .....	1,000,000.
4.	THE LARGER OF THE AMOUNT ON LINE 1 OR LINE 3 .....	1,000,000.
5.	ADD THE AMOUNTS ON LINES 1 AND 2 .....	1,179,889.
6.	THE SMALLER OF THE AMOUNTS ON LINE 4 OR LINE 5 .....	1,000,000.
7.	ENTER \$100,000 (\$50,000 IF MFS, OR FMV REDUCTION) ....	100,000.
8.	QUALIFIED LOAN LIMIT (LINE 6 PLUS 7) .....	1,100,000.
9.	TOTAL AVERAGE BALANCES OF ALL MORTGAGES .....	1,179,889.
10.	TOTAL AMOUNT OF INTEREST PAID .....	63,491.
11.	DIVIDE LINE 8 BY LINE 9 .....	0.932
12.	DEDUCTIBLE HOME MORTGAGE INTEREST .....	59,174.
13.	NON DEDUCTIBLE HOME MORTGAGE INTEREST .....	4,317.



SUPPLEMENT TO SCHEDULE C



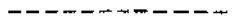
GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1



BUSINESS NAME: HILLARY RODHAM CLINTON

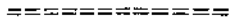
SIMON & SCHUSTER INC.-ROYALTIES

3,612.



TOTAL TO SCHEDULE C, LINE 1

3,612.





SUPPLEMENT TO SCHEDULE C

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GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1

=====

BUSINESS NAME: WILLIAM J. CLINTON

THE HARRY WALKER AGENCY, INC.

10,741,000.

TOTAL TO SCHEDULE C, LINE 1

-----  
10,741,000.  
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SUPPLEMENT TO SCHEDULE C

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GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1

=====

BUSINESS NAME: WILLIAM J. CLINTON

RANDOM HOUSE, INC.-ROYALTIES	50,037.
COPYRIGHT CLEARANCE CENTER	4,881.

TOTAL TO SCHEDULE C, LINE 1	54,918.
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SUPPLEMENT TO SCHEDULE C

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GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1

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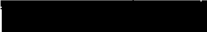
BUSINESS NAME: WJC, LLC

SHANGRI-LA INDUSTRIES, LLC	625,000.
WASSERMAN INVESTMENTS, GP	1,250,000.
LAUREATE EDUCATION, INC.	2,250,000.

TOTAL TO SCHEDULE C, LINE 1

-----  
4,125,000.  
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SUPPLEMENT TO SCHEDULE D

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

NAME OF PAYER	CAPITAL GAINS
CITIBANK N.A.	993.
CITIBANK N.A.	993.
	-----
SUBTOTAL FROM 1099-DIV	1,986.
	-----
TOTAL TO SCHEDULE D, LINE 13	1,986.
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SUPPLEMENT TO SCHEDULE SE

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TAXPAYER'S NET SELF-EMPLOYMENT INCOME

NET NONFARM PROFIT OR (LOSS)

SCHEDULE C

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

12,772,880.

12,772,880.





SUPPLEMENT TO SCHEDULE SE

SPOUSE'S NET SELF-EMPLOYMENT INCOME

NET NONFARM PROFIT OR (LOSS)

SCHEDULE C

2,694.

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

2,694.

