

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning \_\_\_\_\_, 2015, ending \_\_\_\_\_, 20

See separate instructions.

Your first name and initial: **WILLIAM J** Last name: **CLINTON** Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: **HILLARY** Last name: **RODHAM CLINTON** Spouse's social security number: [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apt. no. \_\_\_\_\_

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **CHAPPAQUA NY 10514**

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

Presidential Election Campaign  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status**

1  Single 4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ \_\_\_\_\_

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above and full name here. ▶ \_\_\_\_\_

5  Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .

6b  Spouse . . . . .

**Boxes checked on 6a and 6b** 2

**No. of children on 6c who:**

- lived with you \_\_\_\_\_
- did not live with you due to divorce or separation (see instructions) \_\_\_\_\_

**Dependents on 6c not entered above** \_\_\_\_\_

**Add numbers on lines above** ▶ 2

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			

If more than four dependents, see instructions and check here

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	STMT. 1.	7	100.
8a	Taxable interest. Attach Schedule B if required . . . . .		8a	24,932.
b	Tax-exempt interest. Do not include on line 8a . . . . .	8b		
9a	Ordinary dividends. Attach Schedule B if required . . . . .		9a	84,358.
b	Qualified dividends . . . . .	STMT. 2. 9b 84,358.		
10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		10	244,419.
11	Alimony received . . . . .		11	
12	Business income or (loss). Attach Schedule C or C-EZ . . . . .		12	10,168,272.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		13	-3,000.
14	Other gains or (losses). Attach Form 4797. . . . .		14	
15a	IRA distributions . . . . .	15a	b Taxable amount	15b
16a	Pensions and annuities . . . . .	16a	b Taxable amount	16b 226,297.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		17	NONE
18	Farm income or (loss). Attach Schedule F . . . . .		18	
19	Unemployment compensation . . . . .		19	
20a	Social security benefits . . . . .	20a	b Taxable amount	20b
21	Other income. List type and amount _____		21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶		22	10,745,378.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

**Adjusted Gross Income**

23	Educator expenses . . . . .	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .	24	
25	Health savings account deduction. Attach Form 8889 . . . . .	25	
26	Moving expenses. Attach Form 3903 . . . . .	26	
27	Deductible part of self-employment tax. Attach Schedule SE . . . . .	27	150,849.
28	Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	
29	Self-employed health insurance deduction . . . . .	29	
30	Penalty on early withdrawal of savings . . . . .	30	
31a	Alimony paid b Recipient's SSN ▶ _____	31a	
32	IRA deduction . . . . .	32	
33	Student loan interest deduction . . . . .	33	
34	Tuition and fees. Attach Form 8917 . . . . .	34	
35	Domestic production activities deduction. Attach Form 8903. . . . .	35	
36	Add lines 23 through 35 . . . . .	36	150,849.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	10,594,529.

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include 38 (10,594,529), 39a (Total boxes checked 2), 40 (2,242,022), 41 (8,352,507), 42 (NONE), 43 (8,352,507), 44 (3,236,975), 45 (NONE), 46, 47 (3,236,975), 48 (NONE), 49, 50, 51, 52, 53, 54, 55 (NONE), 56 (3,236,975), 57 (301,698).

Other Taxes

Table with 2 columns: Line number and Amount. Rows include 58, 59, 60a, 60b, 61, 62 (85,782), 63 (3,624,455).

Payments

Table with 2 columns: Line number and Amount. Rows include 64 (43,115), 65 (4,621,130), 66a, 66b, 67, 68, 69, 70, 71, 72, 73, 74 (4,664,245).

Refund

Table with 2 columns: Line number and Amount. Rows include 75 (1,039,790), 76a, 77 (1,039,790).

Amount You Owe

Table with 2 columns: Line number and Amount. Rows include 78, 79.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [ ] No. Designee's name: HOWARD M TOPAZ. Phone no: 212-918-3000. Personal identification number (PIN): [REDACTED]

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature: William J Clinton, Date: 3-27-16, Your occupation: SPEAKING & WRITING. Spouse's signature: [Signature], Date: 3/27/16, Spouse's occupation: SPEAKING & WRITING.

Paid Preparer Use Only

Print/Type preparer's name: HOWARD M TOPAZ. Preparer's signature: Howard M. Topaz. Date: 03/24/2016. Check self-employed: [ ] PTIN: [REDACTED]. Firm's name: HOGAN LOVELLS US LLP. Firm's EIN: [REDACTED]. Firm's address: 875 THIRD AVENUE, NEW YORK, NY 10022. Phone no: 212-918-3000.

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

► Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).

► Attach to Form 1040.

Name(s) shown on Form 1040		Your social security number		
WILLIAM J CLINTON & HILLARY RODHAM CLINTON		[REDACTED]		
<b>Medical and Dental Expenses</b>	<b>Caution.</b> 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 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead . . . . .	3		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .	4		4	
<b>Taxes You Paid</b>	5 State and local (check only one box):			
	a <input checked="" type="checkbox"/> Income taxes, or	} . . . . . STMT. 4.	5	1,369,277.
	b <input type="checkbox"/> General sales taxes			
	6 Real estate taxes (see instructions) . . . . .	6	98,244.	
	7 Personal property taxes . . . . .	7		
	8 Other taxes. List type and amount ►	8		
	9 Add lines 5 through 8 . . . . .	9		1,467,521.
	<b>Interest You Paid</b>	10 Home mortgage interest and points reported to you on Form 1098	10	41,040.
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		41,040.
<b>Gifts to Charity</b>	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	16	1,042,000.	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	17		
	18 Carryover from prior year . . . . .	18		
	19 Add lines 16 through 18 . . . . .	19		1,042,000.
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	20		
<b>Job Expenses and Certain Miscellaneous Deductions</b>	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 ►	23		
	24 Add lines 21 through 23 . . . . .	24		
	25 Enter amount from Form 1040, line 38 . . . . .	25		
	26 Multiply line 25 by 2% (.02) . . . . .	26		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .	27		
<b>Other Miscellaneous Deductions</b>	28 Other - from list in instructions. List type and amount ►	28		
<b>Total Itemized Deductions</b>	29 Is Form 1040, line 38, over \$154,950? <b>SEE STMT 5</b>			
	<input type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. } . . . . .	29		2,242,022.
	<input checked="" type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. }			
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .			

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

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2015**

Attachment  
Sequence No. 08

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at [www.irs.gov/scheduleb](http://www.irs.gov/scheduleb).

Name(s) shown on return

Your social security number

WILLIAM J CLINTON & HILLARY RODHAM CLINTON

**Part I**

**Interest**

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

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

	Amount
1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶	
J INTEREST FROM TAX REFUNDS	1,372.
J JPMORGAN CHASE BANK, N.A.	3,034.
J JPMORGAN CHASE BANK, N.A.	3,967.
J JPMORGAN CHASE BANK, N.A.	76.
J JPMORGAN CHASE BANK, N.A.	11,807.
S JPMORGAN CHASE BANK, N.A.	5.
S JPMORGAN CHASE BANK, N.A.	4,671.

2 Add the amounts on line 1 . . . . .	24,932.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a . . . . . ▶	24,932.

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

**Part II**

**Ordinary Dividends**

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

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

5 List name of payer ▶	
J VANGUARD 500 INDEX FUND ADM	84,358.
6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a . . . . . ▶	84,358.

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

**Part III  
Foreign  
Accounts  
and Trusts**

(See instructions on back.)

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

	Yes	No
7a At any time during 2015, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. . . . .		X
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 Form 114 and its instructions for filing requirements and exceptions to those requirements. . . . .		
b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8 During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back . . . . .		X

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **09**

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

Name of proprietor  
**HILLARY RODHAM CLINTON**

**A** Principal business or profession, including product or service (see instructions)  
**AUTHOR**

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

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

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

**G** Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses . . . . .  Yes  No

**H** If you started or acquired this business during 2015, check here . . . . .

**I** Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions). . . . . Yes  No

**J** If "Yes," did you or will you file all required Forms 1099? . . . . . Yes  No

Social security number (SSN)  
[REDACTED]

**B** Enter code from instructions  
► **711510**

**D** Employer ID number (EIN), (see instr.)

**Part I Income**

<b>1</b>	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 <b>STMT. 6</b> . . . . . <input type="checkbox"/>	<b>1</b>	<b>28,296.</b>
<b>2</b>	Returns and allowances . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>28,296.</b>
<b>4</b>	Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b>	<b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	<b>28,296.</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>28,296.</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 (see instructions) . . . . .	<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>18</b>				<b>26</b>	Wages (less employment credits) . . . . .	<b>26</b>	
<b>19</b>				<b>27 a</b>	Other expenses (from line 48) . . . . .	<b>27a</b>	<b>4,214.</b>
<b>20</b>				<b>b</b>	<b>Reserved for future use.</b> . . . . .	<b>27b</b>	
<b>28</b>	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	<b>28</b>	<b>4,214.</b>	<b>28</b>		<b>28</b>	<b>4,214.</b>
<b>29</b>	Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>	<b>24,082.</b>	<b>29</b>		<b>29</b>	<b>24,082.</b>
<b>30</b>	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30. . . . .	<b>30</b>		<b>30</b>		<b>30</b>	
<b>31</b>	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	<b>24,082.</b>	<b>31</b>		<b>31</b>	<b>24,082.</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 <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.	<b>32a</b>	<input type="checkbox"/>	<b>32a</b>	All investment is at risk.	<b>32b</b>	<input type="checkbox"/>
		<b>32b</b>	<input type="checkbox"/>	<b>32b</b>	Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

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 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 2015, 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 of expense and Amount. Row 1: COLLABORATION FEES AND EXPENSES, 4,214.

48 Total other expenses. Enter here and on line 27a 48 4,214.

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **09**

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

Name of proprietor  
**WILLIAM J CLINTON**

**A** Principal business or profession, including product or service (see instructions)  
**SPEAKING**

**C** Business name. If no separate business name, leave blank.  
**WILLIAM J. CLINTON**

**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 2015? If "No," see instructions for limit on losses . . . . .  Yes  No

**H** If you started or acquired this business during 2015, check here . . . . .

**I** Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions). . . . . Yes  No

**J** If "Yes," did you or will you file all required Forms 1099? . . . . . Yes  No

Social security number (SSN)  
[REDACTED]

**B** Enter code from instructions  
► **711510**

**D** Employer ID number (EIN), (see instr.)

**Part I Income**

<b>1</b>	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 <b>STMT. 7</b> . . . . . <input type="checkbox"/>	<b>1</b>	<b>5,250,000.</b>
<b>2</b>	Returns and allowances . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>5,250,000.</b>
<b>4</b>	Cost of goods sold (from line 42). . . . .	<b>4</b>	
<b>5</b>	<b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	<b>5,250,000.</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>5,250,000.</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 (see instructions) . . . . .	<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>359,703.</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>25,000.</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>445,654.</b>
<b>b</b>	Other . . . . .	<b>16b</b>		<b>b</b>	Deductible meals and entertainment (see instructions) . . . . .	<b>24b</b>	<b>4,155.</b>
<b>17</b>	Legal and professional services . . . . .	<b>17</b>		<b>25</b>	Utilities . . . . .	<b>25</b>	
<b>28</b>	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	<b>28</b>		<b>26</b>	Wages (less employment credits). . . . .	<b>26</b>	
<b>29</b>	Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>		<b>27a</b>	Other expenses (from line 48) . . . . .	<b>27a</b>	
<b>30</b>	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30. . . . .	<b>30</b>		<b>b</b>	<b>Reserved for future use.</b> . . . . .	<b>27b</b>	
<b>31</b>	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>					<b>4,415,488.</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 <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.	<b>32a</b>	<input type="checkbox"/>	<b>32b</b>	<input type="checkbox"/>	All investment is at risk. Some investment is not at risk.	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

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 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 2015, 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 of expenses, Amount. Row 48: Total other expenses. Enter here and on line 27a 48



**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **09**

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

Name of proprietor <b>WILLIAM J CLINTON</b>		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) <b>AUTHOR</b>		B Enter code from instructions ▶ <b>711510</b>
C Business name. If no separate business name, leave blank. <b>WILLIAM J. CLINTON</b>		D Employer ID number (EIN), (see instr.)
E Business address (including suite or room no.) ▶ [REDACTED] City, town or post office, state, and ZIP code <b>CHAPPAQUA, NY 10514</b>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses . . . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2015, check here . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions), . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file all required Forms 1099? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part I Income**

<b>1</b>	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 <b>STMT. 8</b> . . . . .	<input type="checkbox"/>	<b>1</b>	<b>29,118.</b>
<b>2</b>	Returns and allowances . . . . .		<b>2</b>	
<b>3</b>	Subtract line 2 from line 1 . . . . .		<b>3</b>	<b>29,118.</b>
<b>4</b>	Cost of goods sold (from line 42) . . . . .		<b>4</b>	
<b>5</b>	<b>Gross profit.</b> Subtract line 4 from line 3 . . . . .		<b>5</b>	<b>29,118.</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>29,118.</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 (see instructions) . . . . .	<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>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	
				<b>b</b> Reserved for future use . . . . .	<b>27b</b>	
<b>28</b>	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .			<b>28</b>		
<b>29</b>	Tentative profit or (loss). Subtract line 28 from line 7 . . . . .			<b>29</b>	<b>29,118.</b>	
<b>30</b>	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .			<b>30</b>		
<b>31</b>	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.			<b>31</b>	<b>29,118.</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 <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . 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 the separate instructions.

Schedule C (Form 1040) 2015



**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

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

Name of proprietor  
**WILLIAM J CLINTON**

**A** Principal business or profession, including product or service (see instructions)  
**CONSULTING**

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

**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 2015? If "No," see instructions for limit on losses . . . . .  Yes  No

**H** If you started or acquired this business during 2015, check here . . . . .

**I** Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions). . . . .  Yes  No

**J** If "Yes," did you or will you file all required Forms 1099? . . . . .  Yes  No

Social security number (SSN)  
[REDACTED]

**B** Enter code from instructions  
▶ **711510**

**D** Employer ID number (EIN), (see instr.)  
[REDACTED]

**Part I Income**

<b>1</b>	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 <b>STMT. 9</b> . . . . . <input type="checkbox"/>	<b>1</b>	<b>1,660,575.</b>
<b>2</b>	Returns and allowances . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>1,660,575.</b>
<b>4</b>	Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b>	<b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	<b>1,660,575.</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>1,660,575.</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 (see instructions) . . . . .	<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>20a</b>	Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b>	Depletion . . . . .	<b>12</b>		<b>20b</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>902.</b>
<b>16</b>	Interest:			<b>24</b>	Travel, meals, and entertainment:		
<b>16a</b>	Mortgage (paid to banks, etc.) . . . . .	<b>16a</b>		<b>24a</b>	Travel . . . . .	<b>24a</b>	
<b>16b</b>	Other . . . . .	<b>16b</b>		<b>24b</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>27a</b>	Other expenses (from line 48) . . . . .	<b>27a</b>	<b>83,332.</b>
				<b>27b</b>	<b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>28</b>	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ▶	<b>28</b>	<b>84,234.</b>	<b>28</b>	<b>84,234.</b>		
<b>29</b>	Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>	<b>1,576,341.</b>	<b>29</b>	<b>1,576,341.</b>		
<b>30</b>	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>30</b>		<b>30</b>			
<b>31</b>	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	<b>1,576,341.</b>	<b>31</b>	<b>1,576,341.</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 <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . 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 the separate instructions.

Schedule C (Form 1040) 2015

**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 <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on 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 2015, 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.

CONSULTING	83,332.
48 <b>Total other expenses.</b> Enter here and on line 27a . . . . .	48 83,332.

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

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

Name of proprietor <b>HILLARY RODHAM CLINTON</b>		Social security number (SSN) [REDACTED]
<b>A</b> Principal business or profession, including product or service (see instructions) <b>SPEAKING</b>	<b>B</b> Enter code from instructions 711510	
<b>C</b> Business name. If no separate business name, leave blank. <b>ZFS HOLDINGS, LLC</b>	<b>D</b> Employer ID number (EIN), (see instr.) [REDACTED]	
<b>E</b> Business address (including suite or room no.) ► [REDACTED] City, town or post office, state, and ZIP code <b>CHAPPAQUA, NY 10514</b>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
<b>G</b> Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>H</b> If you started or acquired this business during 2015, check here . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>I</b> Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions). . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>J</b> If "Yes," did you or will you file all required Forms 1099? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part I Income**

<b>1</b> 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 <b>STMT. 10.</b> . . . . .	<input type="checkbox"/>	<b>1</b>	<b>1,475,500.</b>
<b>2</b> Returns and allowances . . . . .		<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .		<b>3</b>	<b>1,475,500.</b>
<b>4</b> Cost of goods sold (from line 42) . . . . .		<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .		<b>5</b>	<b>1,475,500.</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>1,475,500.</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 (see instructions) . . . . .	<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>93,073.</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>25,945.</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>231,498.</b>
<b>b</b> Other . . . . .	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions) . . . . .	<b>24b</b>	<b>1,281.</b>
<b>17</b> Legal and professional services . . . . .	<b>17</b>		<b>25</b> Utilities . . . . .	<b>25</b>	<b>460.</b>
			<b>26</b> Wages (less employment credits). . . . .	<b>26</b>	
			<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	
			<b>b</b> <b>Reserved for future use.</b> . . . . .	<b>27b</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .			<b>28</b>		<b>352,257.</b>
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .			<b>29</b>		<b>1,123,243.</b>
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30. . . . .			<b>30</b>		
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.			<b>31</b>		<b>1,123,243.</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 <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . 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 the separate instructions.

Schedule C (Form 1040) 2015



**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

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

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **09**

Name of proprietor <b>HILLARY RODHAM CLINTON</b>		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) <b>AUTHOR</b>		B Enter code from instructions 711510
C Business name. If no separate business name, leave blank. <b>ZFS HOLDINGS, LLC</b>		D Employer ID number (EIN), (see instr.) [REDACTED]
E Business address (including suite or room no.) ► [REDACTED]		
City, town or post office, state, and ZIP code <b>CHAPPAQUA, NY 10514</b>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2015, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file all required Forms 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part I Income**

<b>1</b>	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 <b>STMT. 11</b> . . . . . <input type="checkbox"/>	<b>1</b>	<b>3,000,000.</b>
<b>2</b>	Returns and allowances . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>3,000,000.</b>
<b>4</b>	Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b>	<b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	<b>3,000,000.</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>3,000,000.</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 (see instructions) . . . . .	<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>20a</b>	Vehicles, machinery, and equipment . . . . .		
<b>12</b>	Depletion . . . . .	<b>12</b>		<b>20b</b>	Other business property . . . . .		
<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>27a</b>	Other expenses (from line 48) . . . . .	<b>27a</b>	
				<b>b</b>	<b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>28</b>	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	<b>28</b>		<b>28</b>		<b>28</b>	
<b>29</b>	Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>		<b>29</b>		<b>3,000,000.</b>	
<b>30</b>	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>30</b>		<b>30</b>			
<b>31</b>	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>		<b>31</b>		<b>3,000,000.</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 <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . 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 the separate instructions.

Schedule C (Form 1040) 2015

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 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 2015, 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 of expenses and Amount. Row 48: Total other expenses. Enter here and on line 27a. 48



**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2015**

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](http://www.irs.gov/scheduled).  
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

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**

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 (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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. . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked. . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked. . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked. . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b>

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

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 (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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. . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked. . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked. . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked. . . . .				
<b>11</b> 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 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( 699,540 )
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .				<b>15</b> -699,540

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

Schedule D (Form 1040) 2015

**Part III Summary**

16	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	-699,540.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
17	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions . . . . . ▶	<b>18</b>	
19	Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions . . . . . ▶	<b>19</b>	
20	Are lines 18 and 19 <b>both</b> zero or blank? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below. <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> 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 <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>	<b>21</b>	( 3,000.)
	<b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.		

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2015**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at [www.irs.gov/schedulee](http://www.irs.gov/schedulee).

Name(s) shown on return

Your social security number

WILLIAM J CLINTON & HILLARY RODHAM CLINTON

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

<b>A</b> Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions)	Yes	No
<b>B</b> If "Yes," did you or will you file required Forms 1099?	Yes	No

<b>1a</b> Physical address of each property (street, city, state, ZIP code)					
<b>A</b>					
<b>B</b>					
<b>C</b>					
<b>1b</b> Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>	
<b>A</b>		<b>A</b>			
<b>B</b>		<b>B</b>			
<b>C</b>		<b>C</b>			

**Type of Property:**

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

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

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

Your social security number

WILLIAM J CLINTON & HILLARY RODHAM CLINTON

[Redacted Social Security Number]

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

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

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

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows A, B, C, D.

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Rows A, B, C, D, 29a Totals, 29b Totals, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Row A: ARTICLE 4 TRUST.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows A, B, 34a Totals, 34b Totals, 35, 36, 37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 38, 39.

Part V Summary

Table with 2 columns: Description, Amount. Rows 40, 41, 42, 43.



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

Social security number of person with self-employment income

WILLIAM J 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 instructions. Also see instructions for the definition of church employee income.

<b>A</b>	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I . . . . .	<input type="checkbox"/>
<b>1 a</b>	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. <b>Note.</b> Skip lines 1a and 1b if you use the farm optional method (see instructions). . . . .	1 a
<b>b</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 . . . . .	1 b ( )
<b>2</b>	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. <b>Note.</b> Skip this line if you use the nonfarm optional method (see instructions). . . . . SEE STATEMENT. 12. . . . .	2 6,020,947.
<b>3</b>	Combine lines 1a, 1b, and 2 . . . . .	3 6,020,947.
<b>4 a</b>	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 <b>Note.</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. . . . .	4 a 5,560,345.
<b>b</b>	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . . . . .	4 b
<b>c</b>	Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you do not owe self-employment tax. <b>Exception.</b> If less than \$400 and you had church employee income, enter -0- and continue . . . . .	4 c 5,560,345.
<b>5 a</b>	Enter your church employee income from Form W-2. See instructions for definition of church employee income . . . . .	5 a
<b>b</b>	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0- . . . . .	5 b
<b>6</b>	Add lines 4c and 5b . . . . .	6 5,560,345.
<b>7</b>	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2015 . . . . .	7 118,500.00
<b>8 a</b>	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$118,500 or more, skip lines 8b through 10, and go to line 11 . . . . .	8 a 100.
<b>b</b>	Unreported tips subject to social security tax (from Form 4137, line 10) . . . . .	8 b
<b>c</b>	Wages subject to social security tax (from Form 8919, line 10) . . . . .	8 c
<b>d</b>	Add lines 8a, 8b, and 8c . . . . .	8 d 100.
<b>9</b>	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11. . . . .	9 118,400.
<b>10</b>	Multiply the smaller of line 6 or line 9 by 12.4% (.124). . . . .	10 14,682.
<b>11</b>	Multiply line 6 by 2.9% (.029) . . . . .	11 161,250.
<b>12</b>	<b>Self-employment tax.</b> Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55 . . . . .	12 175,932.
<b>13</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 . . . . .	13 87,966.

Part II Optional Methods To Figure Net Earnings (see instructions)

<b>Farm Optional Method.</b> You may use this method only if (a) your gross farm income <sup>1</sup> was not more than \$7,320, or (b) your net farm profits <sup>2</sup> were less than \$5,284.		
<b>14</b>	Maximum income for optional methods . . . . .	14 4,880.00
<b>15</b>	Enter the smaller of: two-thirds (2/3) of gross farm income <sup>1</sup> (not less than zero) or \$4,880. Also include this amount on line 4b above . . . . .	15
<b>Nonfarm Optional Method.</b> You may use this method only if (a) your net nonfarm profits <sup>3</sup> were less than \$5,284 and also less than 72.189% of your gross nonfarm income, <sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. <b>Caution.</b> You may use this method no more than five times.		
<b>16</b>	Subtract line 15 from line 14, . . . . .	16
<b>17</b>	Enter the smaller of: two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less than zero) or the amount on line 16. Also include this amount on line 4b above . . . . .	17

<sup>1</sup> From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> From Sch. F, line 34, 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.

<sup>3</sup> 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.

<sup>4</sup> From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

► Information about Schedule SE and its separate instructions is at [www.irs.gov/schedulese](http://www.irs.gov/schedulese).  
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **17**

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

HILLARY RODHAM CLINTON

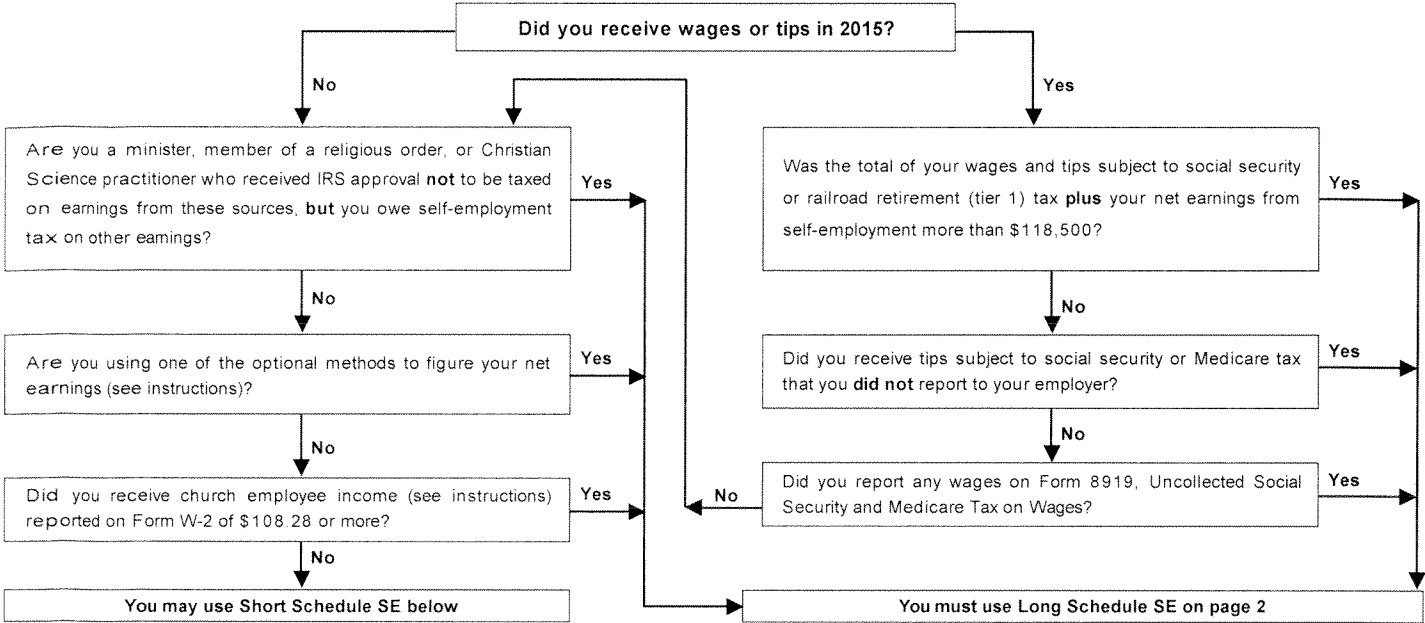
Social security number of person with self-employment income ►



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

**May I Use Short Schedule SE or Must I 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.

<b>1a</b>	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</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 . . . . .	<b>1b</b>	( )
<b>2</b>	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. . . . . SEE. STATEMENT. 13. . . . .	<b>2</b>	4,147,325.
<b>3</b>	Combine lines 1a, 1b, and 2. . . . .	<b>3</b>	4,147,325.
<b>4</b>	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 . . . . . ► <b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	<b>4</b>	3,830,055.
<b>5</b>	<b>Self-employment tax.</b> If the amount on line 4 is: • \$118,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on <b>Form 1040, line 57</b> , or <b>Form 1040NR, line 55</b> • More than \$118,500, multiply line 4 by 2.9% (.029). Then, add \$14,694 to the result. Enter the total here and on <b>Form 1040, line 57</b> , or <b>Form 1040NR, line 55</b> . . . . .	<b>5</b>	125,766.
<b>6</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (.50). Enter the result here and on <b>Form 1040, line 27</b> , or <b>Form 1040NR, line 27</b> . . . . .	<b>6</b>	62,883.

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

Schedule SE (Form 1040) 2015

### 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](http://www.irs.gov/form8959).

Name(s) shown on return: **WILLIAM J CLINTON & HILLARY RODHAM CLINTON**  
 Your social security number: XXXXXXXXXX

**Part I Additional Medicare Tax on Medicare Wages**

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	1	100.		
2	Unreported tips from Form 4137, line 6 . . . . .	2			
3	Wages from Form 8919, line 6 . . . . .	3			
4	Add lines 1 through 3 . . . . .	4	100.		
5	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	6			NONE
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go to Part II. . . . .	7			NONE

**Part II Additional Medicare Tax on Self-Employment Income**

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8	9,390,400.		
9	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9	250,000.		
10	Enter the amount from line 4 . . . . .	10	100.		
11	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	11	249,900.		
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12			9,140,500.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter here and go to Part III . . . . .	13			82,265.

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RTA) Compensation**

14	Railroad retirement (RTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	14			
15	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	16			
17	Additional Medicare Tax on railroad retirement (RTA) compensation. Multiply line 16 by 0.9% (.009). Enter here and go to Part IV . . . . .	17			

**Part IV Total Additional Medicare Tax**

18	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V. . . . .	18			82,265.
----	---	----	--	--	---------

**Part V Withholding Reconciliation**

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	19	1.		
20	Enter the amount from line 1 . . . . .	20	100.		
21	Multiply line 20 by 1.45% (.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	21	1.		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	22			NONE
23	Additional Medicare Tax withholding on railroad retirement (RTA) compensation from Form W-2, box 14 (see instructions) . . . . .	23			
24	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) . . . . .	24			NONE



**Net Investment Income Tax-  
Individuals, Estates, and Trusts**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 8960 and its separate instructions is at [www.irs.gov/form8960](http://www.irs.gov/form8960).

Attachment  
Sequence No. **72**

Name(s) shown on your tax return

Your social security number or EIN

WILLIAM J CLINTON & HILLARY RODHAM CLINTON

**Part I Investment Income**

Section 6013(g) election (see instructions)  
Section 6013(h) election (see instructions)  
Regulations section 1.1411-10(g) election (see instructions)

<b>1</b>	Taxable interest (see instructions) . . . . .	<b>1</b>	24,932.
<b>2</b>	Ordinary dividends (see instructions). . . . .	<b>2</b>	84,358.
<b>3</b>	Annuities (see instructions). . . . .	<b>3</b>	
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) . . . . .	<b>4a</b>	NONE
<b>b</b>	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) . . . . .	<b>4b</b>	
<b>c</b>	Combine lines 4a and 4b. . . . .	<b>4c</b>	NONE
<b>5a</b>	Net gain or loss from disposition of property (see instructions). . . . .	<b>5a</b>	-3,000.
<b>b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) . . . . .	<b>5b</b>	
<b>c</b>	Adjustment from disposition of partnership interest or S corporation stock (see instructions) . . . . .	<b>5c</b>	
<b>d</b>	Combine lines 5a through 5c. . . . .	<b>5d</b>	-3,000.
<b>6</b>	Adjustments to investment income for certain CFCs and PFICs (see instructions). . . . .	<b>6</b>	
<b>7</b>	Other modifications to investment income (see instructions). . . . .	<b>7</b>	
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 . . . . .	<b>8</b>	106,290.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

<b>9a</b>	Investment interest expenses (see instructions). . . . .	<b>9a</b>	
<b>b</b>	State, local, and foreign income tax (see instructions). . . STMT. 14.	<b>9b</b>	13,737.
<b>c</b>	Miscellaneous investment expenses (see instructions) . . . . .	<b>9c</b>	
<b>d</b>	Add lines 9a, 9b, and 9c . . . . .	<b>9d</b>	13,737.
<b>10</b>	Additional modifications (see instructions) . . . . .	<b>10</b>	
<b>11</b>	Total deductions and modifications. Add lines 9d and 10 . . . . .	<b>11</b>	13,737.

**Part III Tax Computation**

<b>12</b>	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- . . . . .	<b>12</b>	92,553.
<b>Individuals:</b>			
<b>13</b>	Modified adjusted gross income (see instructions) . . . . STMT. 15.	<b>13</b>	10,594,529.
<b>14</b>	Threshold based on filing status (see instructions) . . . . .	<b>14</b>	250,000.
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0- . . . . .	<b>15</b>	10,344,529.
<b>16</b>	Enter the smaller of line 12 or line 15 . . . . .	<b>16</b>	92,553.
<b>17</b>	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). <b>Enter here and include on your tax return</b> (see instructions) . . . . .	<b>17</b>	3,517.
<b>Estates and Trusts:</b>			
<b>18a</b>	Net investment income (line 12 above) . . . . .	<b>18a</b>	
<b>b</b>	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) . . . . .	<b>18b</b>	
<b>c</b>	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0- . . . . .	<b>18c</b>	
<b>19a</b>	Adjusted gross income (see instructions) . . . . .	<b>19a</b>	
<b>b</b>	Highest tax bracket for estates and trusts for the year (see instructions). . . . .	<b>19b</b>	
<b>c</b>	Subtract line 19b from line 19a. If zero or less, enter -0- . . . . .	<b>19c</b>	
<b>20</b>	Enter the smaller of line 18c or line 19c. . . . .	<b>20</b>	
<b>21</b>	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). <b>Enter here and include on your tax return</b> (see instructions). . . . .	<b>21</b>	

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	100.	25.	6.	1.
	TOTAL - WAGES	100.	25.	6.	1.
WITHHOLDING FROM 1099-R DISTRIBUTIONS					
T	GENERAL SERVICES ADMINISTRATIO		41,680.		
T	ARK PUBLIC EMPLOYEES RETIREMEN		1,410.		
	TOTAL		43,090.		
	GRAND TOTAL	100.	43,115.	6.	1.

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

SUPPLEMENT TO FORM 1040

OWNER-SHIP	OTHER WITHHOLDING	STATE WITHHELD	CITY/LOCAL WITHHELD
T	W/H FROM FORM 592-B	15,750.	
T	W/H FROM FORM 592-B	50,750.	
T	W/H FROM FORM 592-B	21,000.	
S	W/H FROM FORM 592-B	22,050.	
TOTAL OTHER WITHHOLDING		109,550.	

OWNER-SHIP	WITHHOLDING FROM 1099-R DISTRIBUTIONS	STATE WITHHELD	CITY/LOCAL WITHHELD
T	GENERAL SERVICES ADMINISTRATIO	13,720.	
TOTAL		13,720.	

QUALIFIED DIVIDENDS

QUALIFIED DIVIDENDS FROM FORM 1099

J VANGUARD 500 INDEX FUND ADM	84,358.	
TOTAL FORM 1099 QUALIFIED DIVIDENDS		84,358.
TOTAL TO 1040, LINE 9B		84,358.

SUPPLEMENT TO FORM 1040

PENSIONS AND ANNUITIES

OWNER- SHIP	DESCRIPTION	TOTAL RECEIVED	TAXABLE 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.

SUPPLEMENT TO SCHEDULE A

=====

STATE INCOME TAXES

-----

TAXES WITHHELD FROM WAGES	7.
OTHER WITHHELD	109,550.
IRA DISTRIBUTIONS, PENSIONS & ANNUITIES	13,720.
ESTIMATED TAX AND EXTENSION PAYMENTS	1,245,741.
OTHER TAXES PAID AND BALANCE DUE	259.
	-----
TOTAL TO SCHEDULE A, LINE 5	1,369,277.
	=====

CASH CONTRIBUTIONS

-----

OTHER CASH CONTRIBUTIONS

-----

50% ORGANIZATION(S)	
DESERT CLASSIC CHARITIES	42,000.
30% ORGANIZATION(S)	
THE CLINTON FAMILY FOUNDATION	1,000,000.
	-----
TOTAL CASH CONTRIBUTIONS BEFORE LIMITATION	1,042,000.
CASH CONTRIBUTION LIMITATION	NONE
	-----
TOTAL TO SCHEDULE A, LINE 16	1,042,000.
	=====

SUPPLEMENT TO SCHEDULE A

ITEMIZED DEDUCTION WORKSHEET

1. SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28 ..... 2,550,561.

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.  
=====

5. ENTER THE AMOUNT FROM FORM 1040, LINE 38 10,594,529.

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.  
=====

8. LINE 7 MULTIPLIED BY 3% (.03) ..... 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.  
=====

SUPPLEMENT TO SCHEDULE C

=====

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1

=====

BUSINESS NAME: HILLARY RODHAM CLINTON

SIMON & SCHUSTER INC.-ROYALTIES 28,296.

TOTAL TO SCHEDULE C, LINE 1 28,296.

=====

SUPPLEMENT TO SCHEDULE C

=====

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1

=====

BUSINESS NAME: WILLIAM J. CLINTON

THE HARRY WALKER AGENCY, INC.

5,250,000.

TOTAL TO SCHEDULE C, LINE 1

-----  
5,250,000.  
=====



SUPPLEMENT TO SCHEDULE C

=====

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1

=====

BUSINESS NAME: WILLIAM J. CLINTON

RANDOM HOUSE, INC.-ROYALTIES 29,118.

TOTAL TO SCHEDULE C, LINE 1 29,118.

=====

SUPPLEMENT TO SCHEDULE C

=====

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1

=====

BUSINESS NAME: WJC, LLC

GEMS EDUCATION	562,500.
LAUREATE EDUCATION, INC.	1,098,075.

TOTAL TO SCHEDULE C, LINE 1	----- 1,660,575. =====
-----------------------------	------------------------------

SUPPLEMENT TO SCHEDULE C

=====

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1

=====

BUSINESS NAME: ZFS HOLDINGS, LLC

THE HARRY WALKER AGENCY, INC.

1,475,500.

TOTAL TO SCHEDULE C, LINE 1

-----  
1,475,500.  
=====

SUPPLEMENT TO SCHEDULE C

=====

GROSS RECEIPTS OR SALES - SCHEDULE C, LINE 1

=====

BUSINESS NAME: ZFS HOLDINGS, LLC

SIMON & SCHUSTER, INC 3,000,000.

TOTAL TO SCHEDULE C, LINE 1 3,000,000.

=====

SUPPLEMENT TO SCHEDULE SE

=====

TAXPAYER'S NET SELF-EMPLOYMENT INCOME  
=====

NET NONFARM PROFIT OR (LOSS)  
-----

SCHEDULE C

6,020,947.

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

-----  
6,020,947.  
=====

SUPPLEMENT TO SCHEDULE SE

=====

SPOUSE'S NET SELF-EMPLOYMENT INCOME  
=====

NET NONFARM PROFIT OR (LOSS)  
-----

SCHEDULE C

4,147,325.  
-----

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

4,147,325.  
=====

SUPPLEMENT TO FORM 8960

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PART II INVESTMENT EXPENSES ALLOCABLE TO INVESTMENT INCOME AND  
MODIFICATIONS  
LINE 9B STATE, LOCAL, AND FOREIGN INCOME TAX  
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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	1.00000000
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

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PART III TAX COMPUTATION  
LINE 13 MODIFIED ADJUSTED GROSS INCOME  
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- 1. ENTER YOUR ADJUSTED GROSS INCOME 10,594,529.
- 2. FOREIGN EARNED INCOME EXCLUSION:
  - (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.  
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