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Doc 97-4280  
(2 pages)

For the year Jan. 1 - Dec. 31, 1994, or other tax year beginning 1994, ending 19

**Label** (See instructions on page 12.) Use the IRS label. Otherwise, please print or type.

L A B E L  H E R E	Your first name and initial <b>William J. Clinton</b>	Last name <b>Clinton</b>	Your social security number <b>[REDACTED]</b>
	If a joint return, spouse's first name and initial <b>Hillary Rodham Clinton</b>	Last name <b>Clinton</b>	Spouse's social security number <b>[REDACTED]</b>
Home address (number and street). If you have a P.O. box, see page 12. <b>1600 Pennsylvania Avenue, N.W.</b>			For Privacy Act and Paperwork Reduction Act Notice, see page 4.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. <b>Washington, DC 20500</b>			

**Presidential Election Campaign** (See page 12.)

Do you want \$3 to go to this fund? .....	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Note: Checking "Yes" will not change your tax or reduce your refund.
If a joint return, does your spouse want \$3 to go to this fund? .....	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Filing Status** (See page 12.) Check only one box.

1	<input type="checkbox"/> Single
2	<input checked="" type="checkbox"/> Married filing joint return (even if only one had income)
3	<input type="checkbox"/> Married filing separate return. Enter spouse's soc. sec. no. above & full name here ▶
4	<input type="checkbox"/> Head of household (with qualifying person). (See page 13.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
5	<input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died ▶ 19 ). (See page 13.)

**Exemptions** (See page 13.)

6a  Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 330 on page 2.... } No. of boxes checked on 6a and 6b **2**

b  Spouse

c Dependents:	(1) Check if under age 1	(2) If age 1 or older, dependent's social security number	(3) Dependent's relationship to you	(4) No. of months lived in home in '94	(5) No. of your children or dependent children on whom you did not file a return (see page 14)
<b>Chelsea V. Clinton</b>	<input type="checkbox"/>	<b>[REDACTED]</b>	<b>Daughter</b>	<b>12</b>	<b>1</b>
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

d If your child didn't live with you but is claimed as your dep. under pre-1985 agreement, check...

e Total number of exemptions claimed..... **3**

**Income**

Attach Copy B of your Forms W-2, W-2G, and 1099-A here. If you did not get a W-2, see page 15. For loss, but do not attach any payment with your return.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.....	7	<b>201,421</b>
8a	Taxable interest income (see page 15). Attach Schedule B if over \$400.....	8a	<b>17,140</b>
b	Tax-exempt interest (see page 16). DON'T include on line 8a.....	8b	<b>5,956</b>
9	Dividend income. Attach Schedule B if over \$400.....	9	<b>4,119</b>
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 16).....	10	<b>2,946</b>
11	Alimony received.....	11	
12	Business income or (loss). Attach Schedule C or C-EZ.....	12	
13	Capital gain or (loss). If required, attach Schedule D.....	13	<b>38,014</b>
14	Other gains or (losses). Attach Form 4797.....	14	
15a	Total IRA distributions.....	15a	
b	Taxable amount (pg. 17)	15b	
16a	Total pensions and annuities.....	16a	
b	Taxable amount (pg. 17)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.....	17	<b>1</b>
18	Farm income or (loss). Attach Schedule F.....	18	
19	Unemployment compensation (see page 18).....	19	
20a	Social security benefits.....	20a	
b	Taxable amount (pg. 18)	20b	
21	Other income. <b>Harvard University (Royalty Income)</b>	21	<b>259</b>
22	Add the amounts in the far right column for lines 7 through 21. This is your total income.....▶	22	<b>263,900</b>

**Adjustments to Income**

23a	Your IRA deduction (see page 19).....	23a	
b	Spouse's IRA deduction (see page 19).....	23b	
24	Moving expenses. Attach Form 3903 or 3903-F.....	24	
25	One-half of self-employment tax.....	25	
26	Self-employed health insurance deduction (see page 21).....	26	
27	Keogh retirement plan and self-employed SEP deduction.....	27	
28	Penalty on early withdrawal of savings.....	28	
29	Alimony paid. Recipient's SSN ▶	29	
30	Add lines 23a through 29. These are your total adjustments.....▶	30	<b>0</b>

**Adjusted Gross Income**

31	Subtract line 30 from line 22. This is your adjusted gross income. If less than \$25,296 and a child lived with you (less than \$9,000 if child didn't live with you), see "Earned Income Credit" on pg. 27.▶	31	<b>263,900</b>
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	32 Amount from line 31 (adjusted gross income).....	32		263,900
	33 a Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here..... ▶ 33a			
	b If your parent (or someone else) can claim you as a dependent, check here..... ▶ 33b			
	c If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 23 and check here..... ▶ 33c			
	34 Enter the larger of your: Itemized deductions from Schedule A, line 29, OR Standard deduction shown below for your filing status. But if you checked any box on line 33a or b, go to page 23 to find your standard deduction. If you checked box 33c, your standard deduction is zero. • Single - \$3,800 • Head of household - \$5,600 • Married filing jointly or Qualifying widow(er) - \$6,350 • Married filing separately - \$3,175			62,158
	35 Subtract line 34 from line 32.....			201,742
	36 If line 32 is \$60,850 or less, multiply \$2,450 by the total number of exemptions claimed on line 6a. If line 32 is over \$60,850, see the worksheet on page 24 for the amount to enter.....			1,617
	37 Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-			200,125
	38 Tax. Check if from: a <input type="checkbox"/> Tax Table, b <input type="checkbox"/> Tax Rate Schedules, c <input checked="" type="checkbox"/> Capital Gain Tax Worksheet, or d <input type="checkbox"/> Form 8815 (see page 24). Amount from Form(s) 8814..... ▶ a			55,313
	39 Additional taxes. Check if from: a <input type="checkbox"/> Form 4970 b <input type="checkbox"/> Form 4972.....			
	40 Add lines 38 and 39..... ▶			55,313
Credits	41 Credit for child and dependent care expenses. Att. Form 2441.....	41		
	42 Credit for the elderly or the disabled. Attach Schedule R.....	42		
	43 Foreign tax credit. Attach Form 1116.....	43		
	44 Other credits (see page 25). Check if from: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8001 d <input type="checkbox"/> Form.....	44		
	45 Add lines 41 through 44.....			
	46 Subtract line 45 from line 40. If line 45 is more than line 40, enter -0-..... ▶			55,313
Other Taxes	47 Self-employment tax. Att. Sch. SE.....			
	48 Alternative minimum tax. Attach Form 6251.....			
	49 Recapture taxes. Check if from: a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 6611 c <input type="checkbox"/> Form 6628.....			
	50 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137.....			
	51 Tax on qualified retirement plans, including IRAs. If required, attach Form 5329.....			
	52 Advance earned income credit payments from Form W-2.....			
	53 Add lines 46 through 52. This is your total tax..... ▶			55,313
Payments	54 Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/> .....	54	53,679	
	55 1994 estimated tax payments and amount applied from 1993 return.....	55	15,982	
	56 Earned income credit. If required, attach Schedule EIC (see page 27). Nontaxable earned income amount..... ▶	56		
	57 Amount paid with Form 4868 (extension request).....	57		
	58 Excess social security and RRTA tax withheld (see page 32).....	58	70	
	59 Other payments. Check if from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136.....	59		
	60 Add lines 54 through 59. These are your total payments..... ▶			69,731
Refund or Amount You Owe	61 If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID..... ▶			14,418
	62 Amount of line 61 you want REFUNDED TO YOU..... ▶			6,918
	63 Amount of line 61 you want APPLIED TO 1994 ESTIMATED TAX... ▶	63	7,500	
	64 If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE. For details on how to pay, including what to write on your payment, see page 32.....			
	65 Estimated tax penalty (see page 33). Also include on line 64.....	65		

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.

Sign Here	Your signature <i>William J. Clinton</i>	Date 4/3/95	Your occupation U.S. President
	Spouse's signature. If a joint return, BOTH must sign. <i>Hillary Rodham Clinton</i>	Date 4.13.95	Spouse's occupation Attorney
Paid Preparer's Use Only	Preparer's signature <i>Robert L. Jones, CPA</i>	Date 4/12/95	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address Hariton, Mancuso & Jones, P.C. 11140 Rockville Pike Rockville, MD	Preparer's social security no. [REDACTED]	EIN no. [REDACTED] ZIP code 20852