

Form 1040

COPY

2009

COPY

U.S. Individual Income Tax Return

IRS Use Only - Do not write or staple in this space.

**Label**

(See instructions on page 14.)

Use the IRS label.

Otherwise, please print or type.

Presidential

LABEL	For the year Jan. 1-Dec. 31, 2009, or other tax year beginning		, 2009, ending	, 20	OMB No. 1545-0074	
	Your first name and initial		Last name			Your social security number
	AMY J.		KLOBUCHAR			
	If a joint return, spouse's first name and initial		Last name			Spouse's social security number
JOHN D.		BESSLER				
Home address (number and street). If you have a P.O. box, see page 14.		Apt. no.		You must enter ▲ your SSN(s) above.▲		
[REDACTED]		[REDACTED]		Address, see page 14.		
				Checking a box below will not change your tax or refund.		

Election Campaign ► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ►  You  Spouse**Filing Status**

- 1  Single      4  Head of household (with qualifying person). 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 (see page 16)

Check only one box.

**Exemptions**

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6b	.....		Boxes checked on 6a and 6b	2	
b <input checked="" type="checkbox"/> Spouse	.....		No. of children on 6c who:	1	
c Dependents:	(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit (see page 17)
ABIGAIL KLOBUCHAR	.....	.....	.....	DAUGHTER	.....
BESSLER	.....	.....	.....	X	.....
.....	.....	.....	.....	.....	Dependents on 6c not entered above
.....	.....	.....	.....	.....	Add numbers on lines above ►
d Total number of exemptions claimed	.....		.....	3	268,008.
7 Wages, salaries, tips, etc. Attach Form(s) W-2	.....		7	417.	
8a Taxable interest. Attach Schedule B if required	.....		8a	.....	
b Tax-exempt interest. Do not include on line 8a	.....		8b	.....	
9a Ordinary dividends. Attach Schedule B if required	.....		9a	.....	
b Qualified dividends (see page 22)	.....		9b	.....	
10 Taxable refunds, credits, or offsets of state and local income taxes	.....		10	.....	
11 Alimony received	.....		11	.....	
12 Business income or (loss). Attach Schedule C or C-EZ	.....		12	.....	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►	.....		13	.....	
14 Other gains or (losses). Attach Form 4797	.....		14	.....	
15a IRA distributions	15a	.....	15b	.....	
16a Pensions and annuities	16a	389,583.	16b	0.	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	.....		17	1,750.	
18 Farm income or (loss). Attach Schedule F	.....		18	.....	
19 Unemployment compensation in excess of \$2,400 per recipient (see page 27)	.....		19	.....	
20a Social security benefits	20a	.....	20b	.....	
21 Other income. List type and amount (see page 29)	.....		21	.....	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ►	.....		22	270,175.	

If more than four dependents, see page 17 and check here ► **Income**

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 page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

**Adjusted Gross Income**

23 Educator expenses (see page 29) Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	23	.....
24 Health savings account deduction. Attach Form 8889	24	.....
25 Moving expenses. Attach Form 3903	25	.....
26 One-half of self-employment tax. Attach Schedule SE	26	.....
28 Self-employed SEP, SIMPLE, and qualified plans	27	.....
29 Self-employed health insurance deduction (see page 30)	28	.....
30 Penalty on early withdrawal of savings	29	.....
31a Alimony paid b Recipient's SSN ►	30	.....
32 IRA deduction (see page 31)	31a	.....
33 Student loan interest deduction (see page 34)	32	.....
34 Tuition and fees deduction. Attach Form 8917	33	.....
35 Domestic production activities deduction. Attach Form 8903	34	.....
36 Add lines 23 through 31a and 32 through 35	35	.....
37 Subtract line 36 from line 22. This is your adjusted gross income ►	36	.....
	37	270,175.

**Tax and Credits**

Standard Deduction for -

• People who check any box on line 39a, 39b, or 40b OR who can be claimed as a dependent.

• All others:

Single or Married filing separately, \$5,700

Married filing jointly or Qualifying widow(er), \$11,400

Head of household, \$8,350

38	Amount from line 37 (adjusted gross income)	38	270,175.
39a	Check { <input type="checkbox"/> You were born before January 2, 1945, <input type="checkbox"/> Blind. } Total boxes checked ... ► 39a <input type="checkbox"/>	40a	29,530.
	If: <input type="checkbox"/> Spouse was born before January 2, 1945, <input type="checkbox"/> Blind. ► 39b <input type="checkbox"/>	41	240,645.
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ► 39b <input type="checkbox"/>	42	10,366.
40a	Itemized deductions (from Schedule A) or your standard deduction (see left margin) If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) ► 40b <input type="checkbox"/>	43	230,279.
41	Subtract line 40a from line 38	44	53,813.
42	Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see page 37	45	5,887.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	46	59,700.
44	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972		
45	Alternative minimum tax. Attach Form 6251		
46	Add lines 44 and 45		
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 29	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see page 42)	51	
52	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ►	55	59,700.

**Other Taxes**

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59	Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H	59	
60	Add lines 55 through 59. This is your total tax	60	59,700.

**Payments**

61	Federal income tax withheld from Forms W-2 and 1099	61	54,348.
62	2009 estimated tax payments and amount applied from 2008 return	62	
63	Making work pay and government retiree credits. Attach Schedule M	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election	64b	
65	Additional child tax credit. Attach Form 8812	65	
66	Refundable education credit from Form 8863, line 16	66	
67	First-time homebuyer credit. Attach Form 5405	67	
68	Amount paid with request for extension to file (see page 72)	68	
69	Excess social security and tier 1 RRTA tax withheld (see page 72) STMT 4	69	1,596.
70	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	70	
71	Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments	71	55,944.

**Refund**

Direct deposit?

See page 73  
and fill in 73b,  
73c, and 73d,  
or Form 8888.

72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	72	
73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	73a	
b	Routing number <input type="checkbox"/> ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings ► d Account number <input type="checkbox"/>		

74	Amount of line 72 you want applied to your 2010 estimated tax	74	
----	---	----	--

**Amount You Owe**

75	Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74	75	3,756.
----	---	----	--------

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 75)?	<input checked="" type="checkbox"/> Yes. Complete the following.	<input type="checkbox"/> No
Designee's name ► NANCY M. HEIMER, CPA	Phone no. ► [REDACTED]	Personal identification number (PIN) ► [REDACTED]

**Sign Here**Joint return?  
See page 15.  
Keep a copy  
for your  
records.

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 ► [REDACTED] Date ► [REDACTED] Your occupation ► US SENATOR Daytime phone number ► [REDACTED]

Spouse's signature. If a joint return, both must sign. Date ► [REDACTED] Spouse's occupation ► ATTORNEY Daytime phone number ► [REDACTED]

**Paid Preparer's Use Only**

Preparer's signature ► [REDACTED] Date ► [REDACTED] Check if self-employed  Preparer's SSN or PTIN ► [REDACTED]

Firm's name (or yours if self-employed), address, and ZIP code ► HEIMER DIXON LINDSEY, LTD EIN ► [REDACTED]

91002 Phone no. ► [REDACTED] 10-20-09

**Child Tax Credit Worksheet (keep for your records)**

Name(s): First <b>AMY J. &amp; JOHN D.</b>	Last <b>KLOBUCHAR</b>	Your SSN [REDACTED]
<b>Part 1</b> <ol style="list-style-type: none"> <li>1. Number of qualifying children: <u>1</u> X \$1,000. Enter the result. <u>1</u> <u>1,000.</u></li> <li>2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 36. <u>2</u> <u>270,175.</u></li> <li>3. <b>1040 filers:</b> Enter the total of any-           <ul style="list-style-type: none"> <li>• Exclusion of income from Puerto Rico, and</li> <li>• Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.</li> </ul>             } <u>3</u> <u>0.</u> </li> <li>4. <b>1040A and 1040NR filers:</b> Enter -0-.</li> <li>5. Add lines 2 and 3. Enter the total. <u>4</u> <u>270,175.</u></li> <li>6. Enter the amount shown below for your filing status.           <ul style="list-style-type: none"> <li>• Married filing jointly - \$110,000</li> <li>• Single, head of household, or qualifying widow(er) - \$75,000</li> <li>• Married filing separately - \$55,000</li> </ul>             } <u>5</u> <u>110,000.</u> </li> <li>7. Is the amount on line 4 more than the amount on line 5?           <input type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7.           <input checked="" type="checkbox"/> Yes. Subtract line 5 from line 4. <u>6</u> <u>161,000.</u>            If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).         </li> <li>8. Multiply the amount on line 6 by 5% (.05). Enter the result. <u>7</u> <u>8,050.</u></li> <li>9. Is the amount on line 1 more than the amount on line 7?           <input checked="" type="checkbox"/> No. <b>STOP</b>            You cannot take the child tax credit on Form 1040, line 52, Form 1040A, line 33, or Form 1040NR, line 47.         </li> <li>10. Enter the amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43. <u>9</u> _____</li> <li>11. <b>1040 filers:</b> Enter the total of the amounts from lines 47 through 50.* <u>10</u> _____</li> <li>12. <b>1040A filers:</b> Enter the total of the amounts from lines 29 through 32. _____</li> <li>13. <b>1040NR filers:</b> Enter the total of the amounts from lines 44 through 46.* _____</li> <li>14. Are you claiming any of the following credits?           <ul style="list-style-type: none"> <li>• Residential energy efficient property credit, Form 5695, Part II.</li> <li>• Adoption credit, Form 8839    • Mortgage interest credit, Form 8396</li> <li>• District of Columbia first-time homebuyer credit, Form 8859</li> </ul> <input type="checkbox"/> No. Enter the amount from line 10. _____  <input type="checkbox"/> Yes. Complete the Line 11 Worksheet to figure the amount to enter here. _____         </li> <li>15. Subtract line 11 from line 9. Enter the result. <u>12</u> _____</li> <li>16. Is the amount on line 8 of this worksheet more than the amount on line 12?           <input type="checkbox"/> No. Enter the amount from line 8. _____  <input type="checkbox"/> Yes. Enter the amount from line 12. _____         </li> </ol>		

\* Also include amounts from:  
 Form 5695, line 11  
 Form 8834, line 22  
 Form 8910, line 21  
 Form 8936, line 14  
 Schedule R, line 24

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

Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on Form 1040

**Itemized Deductions**

OMB No. 1545-0074

**2009**

Attachment  
Sequence No. 07

Your social security number: [REDACTED]

AMY J. KLOBUCHAR & JOHN D. BESSLER

**Medical  
and  
Dental  
Expenses**

**Caution.** Do not include expenses reimbursed or paid by others.

- |   |   |   |
|---|---|---|
| 1 | Medical and dental expenses (See page A-1.)                           | 1 |
| 2 | Enter amount from Form 1040, line 38                                  | 2 |
| 3 | Multiply line 2 by 7.5% (.075)  | 3 |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0. | 4 |

**Taxes You  
Paid**

(See  
page A-2.)

- |   |   |                 |
|---|---|-----------------|
| 5 | State and local (check only one box):<br>a <input checked="" type="checkbox"/> Income taxes, or<br>b <input type="checkbox"/> General sales taxes | SEE STATEMENT 5 |
| 6 | Real estate taxes (See page A-5.)   | 5 18,833.       |
| 7 | New motor vehicle taxes from line 11 of the worksheet on page 2.<br>Skip this line if you checked box 5b  | 6 4,201.        |
| 8 | Other taxes. List type and amount ►   | 7               |
|   | VEHICLE LICENSES  | 8 64.           |
| 9 | Add lines 5 through 8   | 9               |

23,098.

**Interest  
You Paid**

(See  
page A-6.)

- |    |  |    |
|----|--|----|
| 10 | Home mortgage interest and points reported to you on Form 1098   | 10 |
| 11 | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-7 and show that person's name, identifying no., and address | 11 |
| 12 | Points not reported to you on Form 1098  | 12 |
| 13 | Qualified mortgage insurance premiums (See page A-7.)  | 13 |
| 14 | Investment interest. Attach Form 4952 if required. (See page A-8.)   | 14 |
| 15 | Add lines 10 through 14  | 15 |

**Gifts to  
Charity**

If you made a gift and got a benefit for it, see page A-8.

- |    |   |           |
|----|---|-----------|
| 16 | Gifts by cash or check  | 16 2,758. |
| 17 | Other than by cash or check. If any gift of \$250 or more, see page A-8.<br>You must attach Form 8283 if over \$500 | 17 84.    |
| 18 | Carryover from prior year   | 18        |
| 19 | Add lines 16 through 18   | 19        |

2,842.

**Casualty and  
Theft Losses**

- |    |  |    |
|----|--|----|
| 20 | Casualty or theft loss(es). Attach Form 4684. (See page A-10.) | 20 |
|----|--|----|

**Job Expenses  
and Certain  
Miscellaneous  
Deductions**

(See  
page A-10.)

- |    |   |             |
|----|---|-------------|
| 21 | Unreimbursed employee expenses - job travel, union dues, job education, etc.<br>Attach Form 2106 or 2106-EZ if required. (See page A-10.) | 21          |
|    | ► FROM FORM 2106  | 4,117.      |
|    | FROM FORM 2106  | 4,526.      |
| 22 | Tax preparation fees  | 22 1,385.   |
| 23 | Other expenses - investment, safe deposit box, etc. List type and amount  | 23          |
| 24 | Add lines 21 through 23   | 24 10,028.  |
| 25 | Enter amount from Form 1040, line 38  | 25 270,175. |
| 26 | Multiply line 25 by 2% (.02)  | 26 5,404.   |
| 27 | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0.   | 27          |

4,624.

**Other  
Miscellaneous  
Deductions**

- |    |  |    |
|----|--|----|
| 28 | Other - from list on page A-11. List type and amount | 28 |
|----|--|----|

**Total  
Itemized  
Deductions**

- |    |   |            |
|----|---|------------|
| 29 | Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)?   | 29         |
|    | <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a. | STMT 7 ►   |
|    | <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-11 for the amount to enter.  | 29 29,530. |
| 30 | If you elect to itemize deductions even though they are less than your standard deduction, check here ►   | □          |

LHA 919501 11-04-09 For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2009

**Worksheet Before you begin:**  You cannot take this deduction if the amount on Form 1040, line 38, is equal to or greater than \$135,000 for Line 7 - (\$260,000 if married filing jointly).  See the instructions for line 7 on page A-6.

**vehicle  
taxes**

Use this worksheet to figure the amount to enter on line 7.

(Keep a copy for your records.)

1 Enter the state or local sales or excise taxes you paid in 2009 for the purchase of any new motor vehicle(s) after February 16, 2009 (see page A-6) .....	1	
2 Enter the purchase price (before taxes) of the new motor vehicle(s) .....	2	
3 Is the amount on line 2 more than \$49,500? <input type="checkbox"/> No. Enter the amount from line 1. <input type="checkbox"/> Yes. Figure the portion of the tax from line 1 that is attributable to the first \$49,500 of the purchase price of each new motor vehicle and enter it here (see page A-6). .....	3	
4 Enter the amount from Form 1040, line 38 .....	4	
5 Enter the total of any - <ul style="list-style-type: none"> <li>• Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15, and</li> <li>• Exclusion of income from Puerto Rico</li> </ul> .....	5	
6 Add lines 4 and 5 .....	6	
7 Enter \$125,000 (\$250,000 if married filing jointly) .....	7	
8 Is the amount on line 6 more than the amount on line 7? <input type="checkbox"/> No. Enter the amount from line 3 above on Schedule A, line 7. Do not complete the rest of this worksheet. <input type="checkbox"/> Yes. Subtract line 7 from line 6 .....	8	
9 Divide the amount on line 8 by \$10,000. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000 .....	9	
10 Multiply line 3 by line 9 .....	10	
11 Deduction for new motor vehicle taxes. Subtract line 10 from line 3. Enter the result here and on Schedule A, line 7 .....	11	

Schedule A (Form 1040) 2009

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

Department of the Treasury  
Internal Revenue Service  
Name(s) shown on return

**Interest and Ordinary Dividends**

► Attach to Form 1040A or 1040.

► See instructions.

OMB No. 1545-0074

**2009**

Attachment  
Sequence No. **08**

Your social security number

**AMY J. KLOBUCHAR & JOHN D. BESSLER**

**Part I**  
**Interest**

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

**TRUSTONE FINANCIAL**

**US BANK NA**

**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**

**381.**

**36.**

**1**

- 2 Add the amounts on line 1 .....

**417.**

- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.

**3**

Attach Form 8815 .....

**417.**

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ... ►

**Amount**

**Part II**  
**Ordinary**  
**Dividends**

- 5 List name of payer ►

**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**

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

**6**

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

**Part III**  
**Foreign**  
**Accounts**  
**and**  
**Trusts**

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 2009, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1 .....


- b If "Yes," enter the name of the foreign country ►

- 8 During 2009, 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 page B-2 .....

	X

927501  
10-20-09

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

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

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**

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

► Attach to Form 1040, 1040NR, or Form 1041. ► See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

**2009**

Attachment Sequence No. 13

Name(s) shown on return

Your social security number

**AMY J. KLOBUCHAR & JOHN D. BESSLER**

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

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

Income:	Properties			Totals	
	A	B	C	(Add columns A, B, and C.)	
3 Rents received .....	3			3	
4 Royalties received .....	4	1,750 .		4	1,750 .
<b>Expenses:</b>					
5 Advertising .....	5				
6 Auto and travel (see page E-4) .....	6				
7 Cleaning and maintenance .....	7				
8 Commissions .....	8				
9 Insurance .....	9				
10 Legal and other professional fees .....	10				
11 Management fees .....	11				
12 Mortgage interest paid to banks, etc. (see page E-5) .....	12			12	
13 Other interest .....	13				
14 Repairs .....	14				
15 Supplies .....	15				
16 Taxes .....	16				
17 Utilities .....	17				
18 Other (list) ►	18				
19 Add lines 5 through 18 .....	19			19	
20 Depreciation expense or depletion (see page E-5) .....	20			20	
21 Total expenses. Add lines 19 and 20 .....	21				
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198 .....	22	1,750 .			
23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2 .....	23	)	)	)	)
24 Income. Add positive amounts shown on line 22. Do not include any losses .....	24	1,750 .			
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here .....	25	(	)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 .....	26	1,750 .			

921491 10-23-09 LHA For Paperwork Reduction Act Notice, see instructions.

Schedule E (Form 1040) 2009

Form 6251

Department of the Treasury  
Internal Revenue Service (99)

## Alternative Minimum Tax - Individuals

OMB No. 1545-0074

2009  
Attachment  
Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

AMY J. KLOBUCHAR &amp; JOHN D. BESSLER

## Part I Alternative Minimum Taxable Income

1	240,645.
2	
3	23,098.
4	
5	4,624.
6	-1,034.
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18	
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20	0.
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29	267,333.

## Part II Alternative Minimum Tax (AMT)

30	Exemption. (if you were under age 24 at the end of 2009, see instructions.) IF your filing status is ... AND line 29 is not over ... THEN enter on line 30 ... Single or head of household ..... \$112,500 ..... \$46,700 Married filing jointly or qualifying widow(er) ..... 150,000 ..... 70,950 Married filing separately ..... 75,000 ..... 35,475 } STMT 9	30	41,617.
31	If line 29 is over the amount shown above for your filing status, see instructions. Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 34 and 36 and skip the rest of Part II	31	225,716.
32	• If you are filing Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refuged for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here. • All others: If line 31 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	32	59,700.
33	Alternative minimum tax foreign tax credit (see instructions)	33	
34	Tentative minimum tax. Subtract line 33 from line 32	34	59,700.
35	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Sch J to figure your tax, the amount from line 44 of Form 1040 must be refuged without using Sch J	35	53,813.
36	AMT. Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45	36	5,887.

919481  
12-11-09 LHA For Paperwork Reduction Act Notice, see instructions.

Form 6251 (2009)

**Part III Tax Computation Using Maximum Capital Gains Rates**

- 37 Enter the amount from Form 6251, line 31. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions ..... **37**
- 38 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see the instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter ..... **38**
- 39 Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter ..... **39**
- 40 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 38. Otherwise, add lines 38 and 39, and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter ..... **40**
- 41 Enter the **smaller** of line 37 or line 40 ..... **41**
- 42 Subtract line 41 from line 37 ..... **42**
- 43 If line 42 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 42 by 26% (.26). Otherwise, multiply line 42 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result ..... ► **43**
- 44 Enter:  
  - \$67,900 if married filing jointly or qualifying widow(er),
  - \$33,950 if single or married filing separately, or
  - \$45,500 if head of household. } ..... **44**
- 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0- ..... **45**
- 46 Subtract line 45 from line 44. If zero or less, enter -0- ..... **46**
- 47 Enter the **smaller** of line 37 or line 38 ..... **47**
- 48 Enter the **smaller** of line 46 or line 47 ..... **48**
- 49 Subtract line 48 from line 47 ..... **49**
- 50 Multiply line 49 by 15% (.15) ..... ► **50**
- If line 39 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.
- 51 Subtract line 47 from line 41 ..... **51**
- 52 Multiply line 51 by 25% (.25) ..... ► **52**
- 53 Add lines 43, 50, and 52 ..... **53**
- 54 If line 37 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 37 by 26% (.26). Otherwise, multiply line 37 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result ..... **54**
- 55 Enter the **smaller** of line 53 or line 54 here and on line 32. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 32. Instead, enter it on line 4 of the worksheet in the instructions ..... **55**

## ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)	Social Security Number [REDACTED]							
AMY J. KLOBUCHAR & JOHN D. BESSLER								
Form Name	Description	Income	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251, Line 21	Adjustment	Form 6251 Other Adjustment
E- MOUTH COLLEGE * ROYALTY ADVANCE - DART * REGULAR INCOME * AMT NET INCOME		1,750. 1,750.						

## Nondeductible IRAs

OMB No. 1545-0074

2009

Attachment Sequence No. 48

► See separate instructions.

► Attach to Form 1040, Form 1040A, or Form 1040NR.

Name. If married, file a separate form for each spouse required to file Form 8606. See page 5 of the instructions.

AMY J. KLOBUCHAR

Your social security number [REDACTED]

**Fill in Your Address Only**  
**If You Are Filing This**  
**Form by Itself and Not**  
**With Your Tax Return**

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

City, town or post office, state, and ZIP code

**Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs**

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2009.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2009 and you made nondeductible contributions to a traditional IRA in 2009 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster recovery assistance distribution), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2009 (excluding any portion you recharacterized) and you made nondeductible contributions to a traditional IRA in 2009 or an earlier year.

1 Enter your nondeductible contributions to traditional IRAs for 2009, including those made for 2009 from January 1, 2010, through April 15, 2010 (see page 5 of the instructions) .....	1 2 3
2 Enter your total basis in traditional IRAs (see page 5 of the instructions) .....	19,000.
3 Add lines 1 and 2 .....	19,000.
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px; font-size: small;">In 2009, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?</div> <div style="margin: 0 10px;">No</div> <div style="margin: 0 10px;">→ Enter the amount from line 3 on line 14. Do not complete the rest of Part I.</div> <div style="margin: 0 10px;">Yes</div> <div style="margin: 0 10px;">→ Go to line 4.</div> </div>	
4 Enter those contributions included on line 1 that were made from January 1, 2010, through April 15, 2010 .....	4
5 Subtract line 4 from line 3 .....	5
6 Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2009, plus any outstanding rollovers. Subtract any repayments of qualified disaster recovery assistance distributions. If the result is zero or less, enter -0- (see page 6 of the instructions) .....	6
7 Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2009. Do not include rollovers (other than repayments of qualified disaster recovery assistance distributions), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see page 6 of the instructions) .....	7
8 Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2009. Do not include amounts converted that you later recharacterized (see pg. 6 of the instr.). Also enter this amount on line 16 .....	8
9 Add lines 6, 7, and 8 .....	9
10 Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000" .....	10 x
11 Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17 .....	11
12 Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA .....	12
13 Add lines 11 and 12. This is the nontaxable portion of all your distributions .....	13
14 Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2009 and earlier years .....	14 19,000.
15 a Subtract line 12 from line 7 .....	15a
b Amount on line 15a attributable to qualified disaster recovery assistance distributions (see page 6 of the instructions). Also enter this amount on Form 8930, line 22 .....	15b
c Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b .....	15c

**Note:** You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59 1/2 at the time of the distribution (see page 7 of the instructions).

LHA For Privacy Act and Paperwork Reduction Act Notice, see page 8 of the instructions.

Form 8606 (2009)

**Part II 2009 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs**

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2009 (excluding any portion you recharacterized).

**Caution:** If your modified adjusted gross income is over \$100,000 or you are married filing separately and you lived with your spouse at any time in 2009, you cannot convert any amount from traditional, SEP, or SIMPLE IRAs to Roth IRAs for 2009. If you erroneously made a conversion, you must recharacterize (correct) it (see page 7 of the instructions).

- |    |  |    |
|----|--|----|
| 16 | If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2009. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2009 or 2010 (see page 7 of the instructions) ..... | 16 |
| 17 | If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see page 7 of the instructions) .....  | 17 |
| 18 | <b>Taxable amount.</b> Subtract line 17 from line 16. Also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b.....   | 18 |

**Part III Distributions From Roth IRAs**

Complete this part only if you took a distribution from a Roth IRA in 2009. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster recovery assistance distribution), qualified charitable distribution, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see page 7 of the instructions).

- |     |   |     |
|-----|---|-----|
| 19  | Enter your total nonqualified distributions from Roth IRAs in 2009 including any qualified first-time homebuyer distributions (see page 7 of the instructions) .....                  | 19  |
| 20  | Qualified first-time homebuyer expenses (see page 7 of the instructions). Do not enter more than \$10,000 .....   | 20  |
| 21  | Subtract line 20 from line 19. If zero or less, enter -0- and skip lines 22 through 25 .....  | 21  |
| 22  | Enter your basis in Roth IRA contributions (see page 7 of the instructions) .....   | 22  |
| 23  | Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see page 7 of the instructions) ..... | 23  |
| 24  | Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA (see page 7 of the instructions) .....             | 24  |
| 25a | Subtract line 24 from line 23. If zero or less, enter -0- and skip lines 25b and 25c .....  | 25a |
| b   | Amount on line 25a attributable to qualified disaster recovery assistance distributions (see page 7 of the instructions). Also enter this amount on Form 8930, line 23 .....          | 25b |
| c   | <b>Taxable amount.</b> Subtract line 25b from line 25a. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b .....      | 25c |

**Sign Here Only If You Are Filing This Form by Itself and Not With Your Tax Return**

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

► \_\_\_\_\_ Your signature ► \_\_\_\_\_ Date

<b>Paid Preparer's Use Only</b>	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP code	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
			EIN	Phone no.

## Nondeductible IRAs

OMB No. 1545-0074

2009

Attachment  
Sequence No. 48

► Attach to Form 1040, Form 1040A, or Form 1040NR.

Name. If married, file a separate form for each spouse required to file Form 8606. See page 5 of the instructions.

JOHN D. BESSLER

Your social security number [REDACTED]

**Fill in Your Address Only**  
**If You Are Filing This**  
**Form by Itself and Not**  
**With Your Tax Return**

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

City, town or post office, state, and ZIP code

**Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs**

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2009.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2009 and you made nondeductible contributions to a traditional IRA in 2009 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster recovery assistance distribution), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2009 (excluding any portion you recharacterized) and you made nondeductible contributions to a traditional IRA in 2009 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2009, including those made for 2009 from January 1, 2010, through April 15, 2010 (see page 5 of the instructions) .....	1	
2	Enter your total basis in traditional IRAs (see page 5 of the instructions) .....	2	15,000.
3	Add lines 1 and 2 .....	3	15,000.
<input type="checkbox"/> In 2009, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? <span style="margin-left: 100px;">No</span> → Enter the amount from line 3 on line 14. <span style="margin-left: 100px;">Do not complete the rest of Part I.</span> <span style="margin-left: 100px;">Yes</span> → Go to line 4.		4	
4	Enter those contributions included on line 1 that were made from January 1, 2010, through April 15, 2010 .....	5	
5	Subtract line 4 from line 3 .....	6	
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2009, plus any outstanding rollovers. Subtract any repayments of qualified disaster recovery assistance distributions. If the result is zero or less, enter -0- (see page 6 of the instructions) .....	7	
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2009. Do not include rollovers (other than repayments of qualified disaster recovery assistance distributions), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see page 6 of the instructions) .....	8	
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2009. Do not include amounts converted that you later recharacterized (see pg. 6 of the instr.). Also enter this amount on line 16 .....	9	
9	Add lines 6, 7, and 8 .....	10	x
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000" .....	11	
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17 .....	12	
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA .....	13	
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions .....	14	15,000.
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2009 and earlier years .....	15a	
15a	a Subtract line 12 from line 7 .....	15b	
b	Amount on line 15a attributable to qualified disaster recovery assistance distributions (see page 6 of the instructions). Also enter this amount on Form 8930, line 22 .....	15c	
c	Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b .....		
<i>Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59 1/2 at the time of the distribution (see page 7 of the instructions).</i>			

LHA For Privacy Act and Paperwork Reduction Act Notice, see page 8 of the instructions.

Form 8606 (2009)

**Part II 2009 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs**

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2009 (excluding any portion you recharacterized).

**Caution:** If your modified adjusted gross income is over \$100,000 or you are married filing separately and you lived with your spouse at any time in 2009, you cannot convert any amount from traditional, SEP, or SIMPLE IRAs to Roth IRAs for 2009. If you erroneously made a conversion, you must recharacterize (correct) it (see page 7 of the instructions).

16	If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2009. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2009 or 2010 (see page 7 of the instructions) .....	16
17	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see page 7 of the instructions) .....	17
18	<b>Taxable amount.</b> Subtract line 17 from line 16. Also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b.....	18

**Part III Distributions From Roth IRAs**

Complete this part only if you took a distribution from a Roth IRA in 2009. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster recovery assistance distribution), qualified charitable distribution, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see page 7 of the instructions).

19	Enter your total nonqualified distributions from Roth IRAs in 2009 including any qualified first-time homebuyer distributions (see page 7 of the instructions) .....	19
20	Qualified first-time homebuyer expenses (see page 7 of the instructions). Do not enter more than \$10,000 .....	20
21	Subtract line 20 from line 19. If zero or less, enter -0- and skip lines 22 through 25 .....	21
22	Enter your basis in Roth IRA contributions (see page 7 of the instructions) .....	22
23	Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see page 7 of the instructions) .....	23
24	Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA (see page 7 of the instructions) .....	24
25a	Subtract line 24 from line 23. If zero or less, enter -0- and skip lines 25b and 25c .....	25a
b	Amount on line 25a attributable to qualified disaster recovery assistance distributions (see page 7 of the instructions). Also enter this amount on Form 8930, line 23 .....	25b
c	<b>Taxable amount.</b> Subtract line 25b from line 25a. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b .....	25c

<b>Sign Here Only If You Are Filing This Form by Itself and Not With Your Tax Return</b>	Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	 Your signature  Date		

<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code 		EIN	Phone no.

Form 8889

## Health Savings Accounts (HSAs)

OMB No. 1545-0074

2009

Attachment  
Sequence No. 53Department of the Treasury  
Internal Revenue Service

► Attach to Form 1040 or Form 1040NR.

► See separate instructions.

Name(s) shown on Form 1040 or Form 1040NR

JOHN D. BESSLER

Social security number of HSA  
beneficiary. If both spouses have  
HSAs, see page 3 of the instructions ►**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See page 3 of the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

- 1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2009 (see page 4 of the instructions) ►  Self-only  Family
  - 2 HSA contributions you made for 2009 (or those made on your behalf), including those made from January 1, 2010, through April 15, 2010, that were for 2009. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers (see page 4 of the instructions)
  - 3 If you were under age 55 at the end of 2009, and on the first day of **every** month during 2009, you were, or were considered, an eligible individual with the **same** coverage, enter \$3,000 (\$5,950 for family coverage). All others, see page 4 of the instructions for the amount to enter
  - 4 Enter the amount you and your employer contributed to your Archer MSAs for 2009 from Form 8853, lines 3 and 4. If you or your spouse had family coverage under an HDHP at any time during 2009, also include any amount contributed to your spouse's Archer MSAs
  - 5 Subtract line 4 from line 3. If zero or less, enter -0-
  - 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2009, see the instructions on page 4 for the amount to enter
  - 7 If you were age 55 or older at the end of 2009, married, and you or your spouse had family coverage under an HDHP at any time during 2009, enter your additional contribution amount (see page 5 of the instructions)
  - 8 Add lines 6 and 7
  - 9 Employer contributions made to your HSAs for 2009
  - 10 Qualified HSA funding distributions
  - 11 Add lines 9 and 10
  - 12 Subtract line 11 from line 8. If zero or less, enter -0-
  - 13 **HSA deduction.** Enter the **smaller** of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25
- Caution:** If line 2 is more than line 13, you may have to pay an additional tax (see page 5 of the instructions).

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	12
	13

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

- 14a Total distributions you received in 2009 from all HSAs (see page 6 of the instructions)
- 14b Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see page 6 of the instructions)
- 14c Subtract line 14b from line 14a
- 15 Unreimbursed qualified medical expenses (see page 6 of the instructions)
- 16 **Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount
- 17a If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 10% Tax**(see page 6 of the instructions), check here ►
- 17b Additional 10% tax(see page 6 of the instructions). Enter 10% (.10) of the distributions included on line 16 that are subject to the additional 10% tax. Also include this amount in the total on Form 1040, line 60, or Form 1040NR, line 57. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 57, enter "HSA" and the amount

14a	1,809.
14b	
14c	1,809.
15	1,809.
16	0.
17b	

LHA For Paperwork Reduction Act Notice, see page 5 of the instructions.

Form 8889 (2009)

920381 12-10-09

10290325 766837 11175

2009.03021 KLOBUCHAR, AMY J.

111751

**Part III**

**Income and Additional Tax for Failure To Maintain HDHP Coverage.** See page 6 of the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

- |  |    |
|--|----|
| 18 Qualified HSA distribution .....  | 18 |
| 19 Last-month rule .....   | 19 |
| 20 Qualified HSA funding distribution .....  | 20 |
| 21 Total income. Add lines 18, 19, and 20. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount .....                      | 21 |
| 22 Additional tax. Multiply line 21 by 10% (.10). Include this amount in the total on Form 1040, line 60, or Form 1040NR, line 57. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 57, enter "HDHP" and the amount ..... | 22 |

Form 8889 (2009)

## Passive Activity Loss Limitations

2009

Attachment Sequence No. 88

Name(s) shown on return

Identifying number

AMY J. KLOBUCHAR &amp; JOHN D. BESSLER

**Part I 2009 Passive Activity Loss** Caution: Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see

Special Allowance for Rental Real Estate Activities on page 3 of the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a)) .....

1a

b Activities with net loss (enter the amount from Worksheet 1, column (b)) .....

1b

c Prior years unallowed losses (enter the amount from Worksheet 1, column (c)) .....

1c

d Combine lines 1a, 1b, and 1c .....

1d

## Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a) .....

2a

b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) .....

2b

c Add lines 2a and 2b .....

2c

## All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a)) .....

3a

1,750.

b Activities with net loss (enter the amount from Worksheet 3, column (b)) .....

3b

c Prior years unallowed losses (enter the amount from Worksheet 3, column (c)) .....

3c

d Combine lines 3a, 3b, and 3c .....

3d

1,750.

4 Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used .....

4

1,750.

If line 4 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

Note: Enter all numbers in Part II as positive amounts. See page 8 of the instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4 .....

5

6 Enter \$150,000. If married filing separately, see the instructions .....

6

7 Enter modified adjusted gross income, but not less than zero (see the instr.) ...

7

Note: If line 7 is greater than or equal to line 6, skip lines 8 and

9, enter -0- on line 10. Otherwise, go to line 8.

8

8 Subtract line 7 from line 6 .....

9

9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see the instructions .....

10

10 Enter the smaller of line 5 or line 9 .....

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

Note: Enter all numbers in Part III as positive amounts. See the example for Part II on page 8 of the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions .....

11

12 Enter the loss from line 4 .....

12

13 Reduce line 12 by the amount on line 10 .....

13

14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 .....

14

**Part IV Total Losses Allowed**

15 Add the income, if any, on lines 1a and 3a and enter the total .....

15

16 Total losses allowed from all passive activities for 2009. Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return .....

SEE STATEMENT 11

16

LHA 919781 12-01-09 For Paperwork Reduction Act Notice, see separate instructions.

Form 8582 (2009)

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c ►					

**Worksheet 2 - For Form 8582, Lines 2a and 2b** (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b ►			

**Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 3					
Total. Enter on Form 8582, lines 3a, 3b, and 3c ►	1,750.				

**Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ►					

**Worksheet 5 - Allocation of Unallowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total ►				

**Employee Business Expenses**

OMB No. 1545-0074

**2009**Attachment  
Sequence No. 129

Your name

JOHN D. BESSLER

Occupation in which you incurred expenses

LAW PROFESSOR

Social security number

**Part I Employee Business Expenses and Reimbursements**

Step 1 Enter Your Expenses		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2 168.	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 12	4 3,949.	
5	Meals and entertainment expenses (see instructions)	5	
6	Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6 4,117.	

*Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.***Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1**

7 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)	7		
---	---	--	--

**Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)**

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8 4,117.		
<i>Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.</i>			
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	9 4,117.		
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 9). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) ►	10 4,117.		

LHA For Paperwork Reduction Act Notice, see instructions.

Form 2106 (2009)

**Part II Vehicle Expenses**

Section A - General Information (You must complete this section if you are claiming vehicle expenses.)		(a) Vehicle	(b) Vehicle
11	Enter the date the vehicle was placed in service .....	11	
12	Total miles the vehicle was driven during 2009 .....	12	miles
13	Business miles included on line 12 .....	13	miles
14	Percent of business use. Divide line 13 by line 12 .....	14	%
15	Average daily roundtrip commuting distance .....	15	miles
16	Commuting miles included on line 12 .....	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12 .....	17	miles
18	Was your vehicle available for personal use during off-duty hours? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20	Do you have evidence to support your deduction? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21	If "Yes," is the evidence written? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Section B - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)**

22	Multiply line 13 by 55¢ (.55). Enter the result here and on line 1 .....	22
----	--	----

**Section C - Actual Expenses**

	(a) Vehicle	(b) Vehicle
23		
24a		
b Inclusion amount (see instructions) .....		
c Subtract line 24b from line 24a .....		
25		
26		
27		
28		
29		

**Section D - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)**

	(a) Vehicle	(b) Vehicle
30		
31		
32		
33		
34		
35		
36		
37		
38		

## Employee Business Expenses

2009

Your name

AMY J. KLOBUCHAR

Occupation in which you incurred expenses

UNITED STATES SENATOR

Social security number

**Part I Employee Business Expenses and Reimbursements**

Step 1 Enter Your Expenses	Column A	Column B
	Other Than Meals and Entertainment	Meals and Entertainment
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) .....	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work .....	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment .....	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment .....	4	4,526.
5 Meals and entertainment expenses (see instructions) .....	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 .....	6	4,526.

**Note:** If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.**Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1**

7 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions) .....	7		
---	---	--	--

**Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)**

8 Subtract line 7 from line 6. If zero or less, enter -0. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8) .....	8	4,526.	
<b>Note:</b> If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.			
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.) .....	9	4,526.	

- 10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 9). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) ► 10 4,526.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 2106 (2009)

**Part II Vehicle Expenses**

Section A - General Information (You must complete this section if you are claiming vehicle expenses.)		(a) Vehicle	(b) Vehicle
11 Enter the date the vehicle was placed in service .....	11		
12 Total miles the vehicle was driven during 2009 .....	12	miles	miles
13 Business miles included on line 12 .....	13	miles	miles
14 Percent of business use. Divide line 13 by line 12 .....	14	%	%
15 Average daily roundtrip commuting distance .....	15	miles	miles
16 Commuting miles included on line 12 .....	16	miles	miles
17 Other miles. Add lines 13 and 16 and subtract the total from line 12 .....	17	miles	miles
18 Was your vehicle available for personal use during off-duty hours? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
19 Do you (or your spouse) have another vehicle available for personal use? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
20 Do you have evidence to support your deduction? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
21 If "Yes," is the evidence written? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Section B - Standard Mileage Rate</b> (See the instructions for Part II to find out whether to complete this section or Section C.)			
22 Multiply line 13 by 55¢ (.55). Enter the result here and on line 1 .....	22		
<b>Section C - Actual Expenses</b>			
23 Gasoline, oil, repairs, vehicle insurance, etc. ....	23		
24a Vehicle rentals .....	24a		
b Inclusion amount (see instructions) .....	24b		
c Subtract line 24b from line 24a .....	24c		
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2—see instructions) .....	25		
26 Add lines 23, 24c, and 25 .....	26		
27 Multiply line 26 by the percentage on ln 14 .....	27		
28 Depreciation (see instructions) .....	28		
29 Add lines 27 and 28. Enter total here and on line 1 .....	29		

**Section D - Depreciation of Vehicles** (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle	(b) Vehicle
30 Enter cost or other basis (see instructions) .....	30		
31 Enter section 179 deduction and special allowance (see instructions) .....	31		
32 Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance) .....	32		
33 Enter depreciation method and percentage (see instructions) .....	33		
34 Multiply line 32 by the percentage on line 33 (see instructions) .....	34		
35 Add lines 31 and 34 .....	35		
36 Enter the applicable limit explained in the line 36 instructions .....	36		
37 Multiply line 36 by the percentage on ln 14 .....	37		
38 Enter the <b>smaller</b> of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above .....	38		

FORM 1040

PENSIONS AND ANNUITIES

STATEMENT 1

## PUBLIC EMPLOYEES RETIREMENT ASSOCIATION

AMOUNT RECEIVED THIS YEAR	106,295.
NONTAXABLE AMOUNT (ROLLOVER)	106,295.
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	
	0.

## STATE STREET RETIREE SVCS FOR MRS MN

AMOUNT RECEIVED THIS YEAR	86,742.
NONTAXABLE AMOUNT (ROLLOVER)	86,742.
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	
	0.

## FIDELITY INVESTMENTS

AMOUNT RECEIVED THIS YEAR	82,698.
NONTAXABLE AMOUNT (ROLLOVER)	82,698.
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	
	0.

## CHARLES SCHWAB TRUST CO

AMOUNT RECEIVED THIS YEAR	113,848.
NONTAXABLE AMOUNT (ROLLOVER)	113,848.
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	
	0.

## TOTAL INCLUDED IN FORM 1040, LINE 16B

FORM 1040

## PERSONAL EXEMPTION WORKSHEET

STATEMENT 2

1. IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS?  
 NO. STOP. MULTIPLY \$3,650 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42.  
 YES. CONTINUE
2. MULTIPLY \$3,650 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D . . . . . 10,950.
3. ENTER THE AMOUNT FROM FORM 1040, LINE 38 : . . . . . 270,175.
4. ENTER THE AMOUNT FOR YOUR FILING STATUS : . . . . . 250,200.
- |                                     |           |
|-------------------------------------|-----------|
| SINGLE                              | \$166,800 |
| MARRIED FILING JOINTLY OR WIDOW(ER) | \$250,200 |
| MARRIED FILING SEPARATELY           | \$125,100 |
| HEAD OF HOUSEHOLD                   | \$208,500 |
5. SUBTRACT LINE 4 FROM LINE 3 . . . . . 19,975.
6. IS LINE 5 MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATELY)?  
 YES. MULTIPLY \$2,433 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D. ENTER THE RESULT HERE AND ON FORM 1040, LINE 42. DO NOT COMPLETE THE REST OF THIS WORKSHEET.  
 NO. DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MARRIED FILING SEPARATELY). IF THE RESULT IS NOT A WHOLE NUMBER, INCREASE IT TO THE NEXT WHOLE NUMBER (FOR EXAMPLE, INCREASE 0.0004 TO 1) . . . . . 8.
7. MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL . . . . . 0.16
8. MULTIPLY LINE 2 BY LINE 7 . . . . . 1,752.
9. DIVIDE LINE 8 BY 3 . . . . . 584.
- 
10. SUBTRACT LINE 9 FROM LINE 2. TOTAL TO FORM 1040, LINE 42. 10,366.

FORM 1040

## WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 3

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T UNITED STATES SENATE	150,963.	34,991.	11,135.		6,622.	2,428.
S GEORGE WASHINGTON UNIVERSITY	66,530.	10,892.	3,512.		5,086.	1,189.
S STATE OF MARYLAND CENTRAL PAYROLL BUREAU	50,515.	8,465.	2,917.		3,132.	732.
TOTALS	268,008.	54,348.	17,564.		14839.	4,350.

FORM 1040

EXCESS SOCIAL SECURITY TAX WORKSHEET

STATEMENT 4

	TAXPAYER	SPOUSE
1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN \$6,621.60 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE . . . . .	6,622.	8,218.
2. ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON FORM 1040, LINE 60 . . . . .		
3. ADD LINES 1 AND 2 . . . . .	6,622.	8,218.
4. SOCIAL SECURITY TAX LIMIT . . . . .	6,622.	6,622.
5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN FORM 1040, LINE 69. . . . .	0.	1,596.

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 5
------------	------------------------------	-------------

DESCRIPTION	AMOUNT
UNITED STATES SENATE	11,135.
GEORGE WASHINGTON UNIVERSITY	3,512.
STATE OF MARYLAND CENTRAL PAYROLL BUREAU	2,917.
MINNESOTA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	1,269.
TOTAL TO SCHEDULE A, LINE 5	18,833.

SCHEDULE A	CONTRIBUTIONS OTHER THAN CASH OR CHECK	STATEMENT 6
------------	--	-------------

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
CAPITAL AREA FOOD BANK		84.		
SUBTOTALS		84.		
TOTAL TO SCHEDULE A, LINE 17				84.

SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT
1. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28 . . . . .	30,564.	
2. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28. . . . .	0.	
3. IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 2 FROM LINE 1 . . . . .	30,564.	
4. MULTIPLY LINE 3 BY 80% (.80) . . . . .	24,451.	
5. ENTER THE AMOUNT FROM FORM 1040, LINE 38. . . . .	270,175.	
6. ENTER: \$166,800 (\$83,400 IF MARRIED FILING SEPARATELY) . . . . .	166,800.	
7. IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5 . . . . .	103,375.	
8. MULTIPLY LINE 7 BY 3% (.03) . . . . .	3,101.	
9. ENTER THE SMALLER OF LINE 4 OR LINE 8 . . . . .	3,101.	
10. DIVIDE LINE 9 BY 1.5 . . . . .	2,067.	
11. SUBTRACT LINE 10 FROM LINE 9 . . . . .	1,034.	
12. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29 . . . . .	29,530.	

FORM 6251	PASSIVE ACTIVITIES	STATEMENT		
NET INCOME (LOSS)				
NAME OF ACTIVITY	FORM	AMT	REGULAR	ADJUSTMENT
ROYALTY ADVANCE - DARTMOUTH COLLEGE	SCH E	1,750.	1,750.	
TOTAL TO FORM 6251, LINE 20				

FORM 6251

## EXEMPTION WORKSHEET

STATEMENT 9

1	ENTER: \$46,700 IF SINGLE OR HEAD OF HOUSEHOLD; \$70,950 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$35,475 IF MARRIED FILING SEPARATELY. . . . .	70,950.
2	ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FORM 6251, LINE 29 . . . . .	267,333.
3	ENTER: \$112,500 IF SINGLE OR HEAD OF HOUSEHOLD; \$150,000 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$75,000 IF MARRIED FILING SEPARATELY . . . . .	150,000.
4	SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS ENTER -0- . . . . .	117,333.
5	MULTIPLY LINE 4 BY 25% (.25). . . . .	29,333.
6	SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF ANY OF THE THREE CONDITIONS UNDER CERTAIN CHILDREN UNDER AGE 24 APPLY TO YOU, COMPLETE LINES 7 THROUGH 10. OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251, LINE 30, AND GO TO FORM 6251, LINE 31 . . . . .	41,617.
7	MINIMUM EXEMPTION AMOUNT FOR CERTAIN CHILDREN UNDER AGE 24. .	
8	ENTER YOUR EARNED INCOME, IF ANY. . . . .	
9	ADD LINES 7 AND 8 . . . . .	
10	ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251, LINE 30, AND GO TO FORM 6251, LINE 31 . . . . .	

FORM 8582

OTHER PASSIVE ACTIVITIES - WORKSHEET 3

STATEMENT 10

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
ROYALTY ADVANCE - DARTMOUTH COLLEGE	1,750.	0.		1,750.	
TOTALS	1,750.	0.		1,750.	

FORM 8582

SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 11

R R E A NAME	FORM OR SCHEDULE	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
ROYALTY ADVANCE - SCH E DARTMOUTH COLLEGE			1,750.	1,750.	
TOTALS			1,750.	1,750.	

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME \_\_\_\_\_

TOTAL TO FORM 8582, LINE 16 \_\_\_\_\_



FORM 2106/SBE

OTHER BUSINESS EXPENSES

STATEMENT 12

LAW PROFESSOR

DESCRIPTION	AMOUNT
PROFESSIONAL DUES CONTINUING EDUCATION	443. 3,506.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	<u>3,949.</u>

FORM 2106/SBE

OTHER BUSINESS EXPENSES

STATEMENT 13

UNITED STATES SENATOR

DESCRIPTION	AMOUNT
TOTAL REFLECTS \$3000 IRC 162(A) LIMIT ON DC LIVING EXPENSES PROFESSIONAL DUES	4,348. 178.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	<u>4,526.</u>

# Tentative Credit for Prior Year Minimum Tax

Name(s)	Social security number
AMY J. KLOBUCHAR & JOHN D. BESSLER	

## **Part I Net Minimum Tax on Exclusion Items**

- 1 Combine lines 1, 6, 7 and 11 of your 2009 Form 6251 .....
- 2 Enter adjustments and preferences treated as exclusion items .....
- 3 Minimum tax credit net operating loss deduction .....
- 4 Combine lines 1, 2, and 3. If more than zero OR you filed Form 2555 for 2009, go to line 5. If zero or less AND you did not file Form 2555 for 2009, enter -0- here and on line 15 and go to Part II. ....
- 5 Enter: \$70,950 if married filing jointly or qualifying widow(er) for 2009; \$46,700 if single or head of household for 2009; or \$35,475 if married filing separately for 2009 .....
- 6 Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2009; \$112,500 if single or head of household for 2009; or \$75,000 if married filing separately for 2009 .....
- 7 Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9 .....
- 8 Multiply line 7 by 25% (.25) .....
- 9 Subtract line 8 from line 5. If zero or less, enter -0- .....
- 10 Subtract line 9 from line 4. If more than zero OR you filed Form 2555 for 2009, go to line 11. If zero or less AND you did not file Form 2555 for 2009, enter -0- here and on line 15 and go to Part II .....
- 11 • If you filed Form 2555 for 2009, enter the amount from line 10 of the Foreign Earned Income Tax Worksheet.  
• If for 2009 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or had a gain on both lines 15 and 16 of Schedule D (Form 1040), complete Part III and enter the amount from line 48 here.  
• All others: If line 10 is \$175,000 or less (\$87,500 or less if married filing separately for 2009), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2009) from the result .....
- 12 Minimum tax foreign tax credit on exclusion items .....
- 13 Tentative minimum tax on exclusion items. Subtract line 12 from line 11 .....
- 14 Enter the amount from your 2009 Form 6251, line 35 .....
- 15 Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0- .....

1	239,611.
2	27,722.
3	( )
4	267,333.
5	70,950.
6	150,000.
7	117,333.
8	29,333.
9	41,617.
10	225,716.
11	59,700.
12	59,700.
13	59,700.
14	53,813.
15	5,887.

## **Part II Tentative Minimum Tax Credit**

- 16 Enter the amount from your 2009 Form 6251, line 36 .....
- 17 Enter the amount from line 15 above .....
- 18 Subtract line 17 from line 16. If less than zero, enter as a negative amount .....
- 19 2009 minimum tax credit carryforward. Enter the amount from your 2009 Form 8801, line 30 .....
- 20 Enter the 2009 unallowed qualified electric vehicle credit .....
- 24 Tentative minimum tax credit for 2010. Combine lines 18, 19, and 20 .....

16	5,887.
17	5,887.
18	5,887.
19	5,887.
20	5,887.
24	5,887.

Lines 21, 22, 23, and 25 through 31 do not apply.

**Part III Tax Computation Using Maximum Capital Gains Rates**

**31** Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2009, enter the amount from line 3 of the worksheet on page 2 of the instructions .....

31

**32** Enter the amount from line 6 of your 2009 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2009 Schedule D Tax Worksheet .....

32

**If you figured your 2009 tax using the 2009 Qualified Dividends and Capital Gain Tax Worksheet, skip line 33 and enter the amount from line 32 on line 34. Otherwise, go to line 33.**

33

**33** Enter the amount from line 19 of your 2009 Schedule D (Form 1040), or line 14b, column (2), of the 2009 Schedule D (Form 1041) .....

34

**34** Add lines 32 and 33, and enter the **smaller** of that result or the amount from line 10 of your 2009 Schedule D Tax Worksheet .....

35

**35** Enter the **smaller** of line 31 or line 34 .....

36

**36** Subtract line 35 from line 31 .....

35

36

**37** If line 36 is \$175,000 or less (\$87,500 or less if married filing separately for 2009), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2009) from the result. ► **37**

**38** Enter:

- \$67,900 if married filing jointly or qualifying widow(er),
- \$33,950 if single or married filing separately, or
- \$45,500 if head of household. .....

38

**39** Enter the amount from line 7 of your 2009 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2009 Schedule D Tax Worksheet, or the amount from line 23 of the 2009 Schedule D (Form 1041), whichever applies. If you did not complete either worksheet or Part V of the 2009 Schedule D (Form 1041), enter -0-.

39

**40** Subtract line 39 from line 38. If zero or less, enter -0- .....

40

**41** Enter the **smaller** of line 31 or line 32 .....

41

**42** Enter the **smaller** of line 40 or line 41 .....

42

**43** Subtract line 42 from line 41 .....

43

**44** Multiply line 43 by 15% (.15) ► **44**

**If line 33 is zero or blank, skip lines 45 and 46 and go to line 47. Otherwise, go to line 45.**

45

**45** Subtract line 41 from line 35 .....

**46** Multiply line 46 by 25% (.25) ► **46**

**47** Add lines 37, 44, and 46 .....

**48** If line 31 is \$175,000 or less (\$87,500 or less if married filing separately for 2009), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2009) from the result. ► **48**

**49** Enter the **smaller** of line 47 or line 48 here and on line 11. If you filed Form 2555 or 2555-EZ for 2009, do not enter this amount on line 11. Instead, enter it on line 4 of the worksheet .....

44

46

47

48

49

**2009****Form 1040-V**Department of the Treasury  
Internal Revenue Service**Paperwork Reduction Act Notice.**

We ask for the information on Form 1040-V to help us carry out the Internal Revenue laws of the United States. If you use Form 1040-V, you must provide the requested information. Your cooperation will help us ensure that we are collecting the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return. If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

910681 09-30-09

LHA

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

▼ DETACH HERE ▼

Form 1040-V (2009)

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0074

**2009****Form 1040-V Payment Voucher**

- Use this voucher when making a payment with Form 1040
- Do not staple this voucher or your payment to Form 1040
- Make your check or money order payable to the "United States Treasury."
- Write your social security number (SSN) on your check or money order.

Enter the amount  
of your payment ►Dollars  
3,756

Cents

1019

AMY J. KLOBUCHAR &amp; JOHN D. BESSLER

VW KLOB 30 0 200912 610

**Please print. Leave unused boxes blank. Do not use staples on anything you submit.**

**AMY J. KLOBUCHAR**

Place an  
X if a  
foreign  
address:

JOHN D BESSLER

— 27 —

BESSLER

**State Elections Campaign Fund**  
If you want \$5 to go to help candidates for state offices pay campaign expenses, you may each enter the code number for the party of your choice. This will not increase your tax or reduce your refund.

**Political party and code number:**

Democratic Farmer-Labor	11	Green	.....	14
Independence	.....	12	General Campaign	
Republican	.....	13	Fund	.....

Your code: Spouse's code:

11

**From your federal return** (for line references see instructions, page 9), enter the amount of:

A Wages, salaries, tips, etc.: 268008	B IRA, Pensions and annuities:	C Unemployment:	D Federal adjusted gross income: 270175
--	--------------------------------	-----------------	--

<b>1</b>	<b>Federal taxable income (from line 43 of federal Form 1040, line 27 of Form 1040A or line 6 of Form 1040EZ)</b>	1 ■	230279
<b>2</b>	<b>State income tax or sales tax addition. If you itemized deductions on federal Form 1040, complete the worksheet on page 9 of the instructions</b>	STMT 1 2 ■	18130
<b>3</b>	<b>Other additions to income, including non-Minnesota bond interest, standard deductions for real estate taxes and motor vehicle sales tax and excluded unemployment compensation (see <i>instructions, page 10</i>, enclose Schedule M1M)</b>	3 ■	
<b>4</b>	<b>Add lines 1 through 3 (if a negative number, mark an X)</b>	4	248409
<b>5</b>	<b>State income tax refund from line 10 of federal Form 1040</b>	5 ■	
<b>6</b>	<b>Net interest or mutual fund dividends from U.S. bonds (see <i>instructions, page 10</i>)</b>	6 ■	
<b>7</b>	<b>Education expenses you paid for your qualifying children in grades K-12 (see <i>instructions, page 10</i>). Enter the name and grade of each child: ABIGAIL KLOB / 9</b>	7 ■	1268
<b>8</b>	<b>Other subtractions (see <i>instructions, page 12</i>, and enclose Schedule M1M)</b>	8 ■	
<b>9</b>	<b>Total subtractions. Add lines 5 through 8</b>	9	1268
<b>10</b>	<b>Minnesota taxable income. Subtract line 9 from line 4</b>	10	247141
<b>11</b>	<b>Tax from the table on pages 22-27 of the M1 instructions</b>	11	17780
<b>12</b>	<b>Alternative minimum tax (enclose Schedule M1MT)</b>	12 ■	
<b>13</b>	<b>Add lines 11 and 12</b>	13	17780
<b>14</b>	<b>Full-year residents:</b> Enter the amount from line 13 on line 14. Skip lines 14a and 14b. <b>Part-year residents and nonresidents:</b> From Schedule M1NR, enter the tax from line 27 on line 14, from line 23 on line 14a, and from line 24 on line 14b (enclose Schedule M1NR) 14		9962
a.			
	151380 ■	270175	
<b>15</b>	<b>Tax on lump-sum distribution (enclose Schedule M1LS)</b>	15 ■	
<b>16</b>	<b>Tax before credits. Add lines 14 and 15</b>	16	9962

**Do not send in W-2s. Enclose Schedule M1W to claim Minnesota withholding.**

17 Tax before credits. Amount from line 16 .....	17	9962
18 Marriage credit for joint return when both spouses have taxable earned income or taxable retirement income ( <i>determine from instructions, page 14</i> ) .....	18 ■	194
19 Credit for taxes paid to another state ( <i>enclose Schedule M1CR</i> ) .....	19 ■	
20 Other nonrefundable credits ( <i>enclose Schedule M1C</i> ) .....	20 ■	
21 Total nonrefundable credits. Add lines 18 through 20 .....	21	194
22 Subtract line 21 from line 17 ( <i>if result is zero or less, leave blank</i> ) .....	22	9768
23 Nongame Wildlife Fund contribution ( <i>see instructions, page 15</i> ) This will reduce your refund or increase amount owed .....	23 ■	
24 Add lines 22 and 23 .....	24	9768
25 Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minnesota withholding from W-2, 1099 and W-2G forms ( <i>do not send in W-2s, 1099s, W-2Gs</i> ) .....	25 ■	11135
26 Minnesota estimated tax and extension (Form M13) payments made for 2009 .....	26 ■	
27 Child and dependent care credit ( <i>enclose Schedule M1CD</i> ). Enter number of qualifying persons here: .....	27 ■	
28 Minnesota working family credit ( <i>enclose Schedule M1WFC</i> ). Enter number of qualifying children here: .....	28 ■	
29 K-12 education credit ( <i>enclose Schedule M1ED</i> ). Enter number of qualifying children here: .....	29 ■	
30 Lower income motor fuels tax credit ( <i>see instructions, page 17; cannot exceed \$25</i> ) .....	30 ■	
31 Job Opportunity Building Zone (JOBZ) jobs credit ( <i>enclose Schedule JOBZ</i> ) .....	31 ■	
32 Credit for tuberculosis testing on cattle. If you own cattle and had your cattle tested for bovine tuberculosis, see instructions, page 17 .....	32 ■	
33 Total payments. Add lines 25 through 32 .....	33	11135
34 REFUND. If line 33 is more than line 24, subtract line 24 from line 33 ( <i>see instructions, page 17</i> ). For direct deposit, complete line 35 .....	34 ■	1367
35 FAST REFUNDS! For direct deposit of the full refund on line 34, enter:		

Checking       Savings [REDACTED]

36 AMOUNT YOU OWE. If line 24 is more than line 33, subtract line 33 from line 24 (*see instructions, page 18*) .....

Make check out to Minnesota

Revenue and send with Form M60

36 ■

37 Penalty amount from Schedule M15 (*see instructions, page 18*). Also subtract this amount from line 34 or add it to line 36 (*enclose Schedule M15*) .....

37 ■

IF YOU PAY ESTIMATED TAX and you want part of your refund credited to estimated tax, enter lines 38 and 39.

38 Amount from line 34 you want sent to you .....

38 ■

39 Amount from line 34 you want applied to your 2010 estimated tax .....

39 ■

I declare that this return is correct and complete to the best of my knowledge and belief.  
Your signature \_\_\_\_\_ Date \_\_\_\_\_

Paid preparer: You must sign below.

Spouse's signature (If filing jointly)

Include a copy of your 2009 federal return and schedules.

Mail to: Minnesota Individual Income Tax

St. Paul, MN 55145-0010

To check on the status of your refund, visit [www.taxes.state.mn.us](http://www.taxes.state.mn.us)

X

I authorize the Minnesota Department of Revenue to discuss this return with my preparer or the third-party designee indicated on my federal return.

X

I do not want my preparer to file my return electronically.

MINNESOTA • REVENUE  
2009 Minnesota Income Tax Withheld

0931

Complete this schedule to report Minnesota income tax withheld.  
Include this schedule when you file your return.

AMY	J	KLOBUCHAR
JOHN	D	BESSLER

If you received a W-2, 1099, W-2G, Schedule KPI, KS or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 25 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your W-2, 1099 or W-2G forms; keep them with your tax records. All instructions are included on this schedule.

**1** Minnesota wages and tax withheld from W-2s, other than from W-2G. If you have more than five W-2s, complete line 5 on page 2.

A If the W-2 is for: • you, enter 1 • spouse, enter 2	B - Box 13 If Retirement Plan box is checked, mark an X below.	C - Box 15 Employer's 7-digit Minnesota state tax ID number	D - Box 16 State wages, tips, etc. (round to nearest whole dollar)	E - Box 17 Minnesota tax withheld (round to nearest whole dollar)
--	---	---	--	---

1	X		150963	11135
---	---	--	--------	-------

Subtotal for additional W-2s (from line 5 on page 2) .....

Total Minnesota tax withheld from all W-2 forms (add amounts in line 1, column E) ..... 1 11135

**2** Minnesota tax withheld from 1099 and W-2G forms. If you have more than four forms, complete line 6 on page 2.

A If the 1099 or W-2G is for: • you, enter 1 • spouse, enter 2	B Payer's 7-digit Minnesota state tax ID number (if unknown, contact the payer)	C Income amount	D Minnesota tax withheld (round to nearest whole dollar)
---	---	--------------------	--

Subtotal for additional 1099 and W-2G forms (from line 6 on page 2) .....

Total Minnesota tax withheld from all 1099 and W-2G forms (add amounts in line 2, column D) ..... 2

**3** Total Minnesota tax withheld from partnerships, S corporations and fiduciaries ..... 3  
(from line 3a on page 2)

**4 Total.** Add the Minnesota tax withheld on lines 1, 2 and 3.

Enter the total here and on line 25 of Form M1 ..... 4

11135

You must include this schedule with your Form M1.  
If required, also include a copy of Schedules KPI, KS and/or KF.

**MINNESOTA • REVENUE  
2009 Nonresidents/Part-Year Residents**

**Schedule M1NR**

Sequence #7

Your last name <b>KLOBUCHAR</b>	Social Security number [REDACTED]	Your residency status in 2009: <input type="checkbox"/> Nonresident of Minnesota; Resident of <b>MINNESOTA</b> (state) <input type="checkbox"/> Minnesota resident from [REDACTED] to [REDACTED] (mm/dd/yyyy)
Spouse's last name <b>BESSLER</b>	Spouse's Social Security number [REDACTED]	Spouse's 2009 residency status: <input checked="" type="checkbox"/> Nonresident of Minnesota; Resident of <b>VIRGINIA</b> (state) <input type="checkbox"/> Minnesota resident from [REDACTED] to [REDACTED] (mm/dd/yyyy)

Read the instructions for this schedule, which are on a separate sheet. Before you can complete this schedule, you must complete lines 1 through 13 of Form M1.

**A. Total amount**      **B. Minnesota portion (see instructions)**

1 Wages, salaries, tips, etc. (from line 7 of federal Form 1040 or 1040A or line 1 of Form 1040EZ) .....	1 <u>268,008.</u>	<u>150,963.</u>
2 Taxable interest and ordinary dividend income (add lines 8a and 9a of Form 1040 or 1040A or from line 2 of Form 1040EZ) .....	2 <u>417.</u>	<u>417.</u>
3 Business income or loss (from line 12 of Form 1040) .....	3 <u>      </u>	<u>      </u>
4 Capital gain or loss (from line 13 of Form 1040 or line 10 of Form 1040A) .....	4 <u>      </u>	<u>      </u>
5 IRA distributions and pensions and annuities (add lines 15b and 16b of Form 1040, or lines 11b and 12b of Form 1040A) .....	5 <u>      </u>	<u>      </u>
6 Net income from rents, royalties, partnerships, S corporations, estates and trusts (from line 17 of Form 1040) .....	6 <u>1,750.</u>	<u>0.</u>
7 Farm income or loss (from line 18 of Form 1040) .....	7 <u>      </u>	<u>      </u>
8 Other income (add lines 10, 11, 14, 19, 20b and 21 of Form 1040, or lines 13 and 14b of Form 1040A, or from line 3 of 1040EZ) .....	8 <u>      </u>	<u>      </u>
9 Interest and dividends from non-Minnesota state or municipal bonds (add lines 1 and 2 of Schedule M1M) .....	9 <u>      </u>	<u>      </u>
10 Other additions required by Minnesota (add lines 3, 4, 7-9, 12 and 13 of Schedule M1M) .....	10 <u>      </u>	<u>      </u>
11 Add lines 1 through 10 for each column .....	11 <u>270,175.</u>	<u>151,380.</u>

If your Minnesota gross income is below the minimum filing requirement, see the instructions under "Who must file" on how to complete the rest of this schedule.

12 Certain business expenses (from line 24 of Form 1040) .....	12 <u>      </u>	<u>      </u>
13 Self-employed SEP, SIMPLE and qualified plans and IRA deduction (add lines 28 and 32 of Form 1040, or from line 17 of Form 1040A) .....	13 <u>      </u>	<u>      </u>
14 Health savings account and Archer MSA deductions (add line 25 of Form 1040 and the Archer MSA amount included on line 36 of Form 1040) .....	14 <u>      </u>	<u>      </u>
15 Moving expenses (from line 26 of Form 1040) .....	15 <u>      </u>	<u>      </u>
16 One-half of self-employment tax and self-employed health insurance (add lines 27 and 29 of Form 1040) .....	16 <u>      </u>	<u>      </u>
17 Deductions for alimony paid and student loan interest (add lines 31a and 33 of Form 1040 or from line 18 of Form 1040A) .....	17 <u>      </u>	<u>      </u>
18 Penalty on early withdrawal of savings (from line 30 of Form 1040) .....	18 <u>      </u>	<u>      </u>
19 Other subtractions required by Minnesota (from lines 18 and 19 of Schedule M1M) .....	19 <u>      </u>	<u>      </u>
20 Net U.S. bond interest (from line 6 of Form M1) and active military pay received while a nonresident (from line 26 of Schedule M1M) .....	20 <u>      </u>	<u>      </u>
21 Job Opportunity Building Zone (JOBZ) business and investment income exemptions (from line 29 of Schedule M1M) .....	21 <u>      </u>	<u>      </u>
22 Add lines 12 through 21 for each column .....	22 <u>      </u>	<u>0.</u>
23 Subtract line 22, column B, from line 11, column B. Enter here and on line 14a of Form M1. If you're below the filing requirement or the result is a negative amount, enter 0 .....	23 <u>      </u>	<u>151,380.</u>
24 Subtract line 22, column A, from line 11, column A. Enter the result here and on line 14b of Form M1 .....	24 <u>270,175.</u>	<u>      </u>
25 Divide line 23 by line 24, and enter the result as a decimal (carry to five decimal places). If line 23 is more than line 24, enter 1.0. If line 23 is zero, enter 0 .....	25 <u>      </u>	<u>.56030</u>
26 Amount from line 13 of Form M1 .....	26 <u>      </u>	<u>17,780.</u>
27 Multiply line 25 by line 26. Enter the result here and on line 14 of Form M1 .....	27 <u>      </u>	<u>9,962.</u>

You must include this schedule with Form M1. Also enter amounts from lines 23 and 24 of this schedule on lines 14a and 14b of Form M1.

**MINNESOTA • REVENUE**  
**2009 Alternative Minimum Tax**

**Schedule M1MT**  
Sequence #8

Your first name and initial

Last name

Social Security number

**AMY J. KLOBUCHAR**

Round amounts to the  
nearest whole dollar.

**Before you complete this schedule, read the instructions.**

<b>Additions</b>	1 Federal adjusted gross income (from line 37 of federal Form 1040) .....	1	270,175.
	2 Medical and dental adjustment (from line 2 of federal Form 6251) .....	2	
	3 Other adjustments and preferences (combine lines 9 through 28 of federal Form 6251) .....	3	
	4 Other additions from Schedule M1M (add lines 3, 4, 5, 7, 8, 12 and 13 of Schedule M1M) .....	4	
	5 State and municipal bond interest from outside Minnesota (determine from worksheet in instructions) .....	5	
	6 Intangible drilling costs (determine from instructions) .....	6	
	7 Depletion (determine from instructions) .....	7	
	8 Add lines 1 through 7 .....	8	270,175.
<b>Allowable federal deductions</b>	9 Medical and dental deduction (from line 4 of federal Schedule A) .....	9	
	10 Investment interest expense (from line 14 of federal Schedule A) .....	10	
	11 Charitable contributions (from line 19 of federal Schedule A) .....	11	2,842.
	12 Casualty and theft losses (determine from instructions) .....	12	
	13 Impairment-related work expenses of a disabled person (included on line 28 of federal Schedule A) .....	13	
<b>Minnesota subtractions</b>	14 State income tax refund (from line 10 of federal Form 1040) .....	14	
	15 Federal bonus depreciation subtraction (from line 18 of Schedule M1M) .....	15	
	16 Net interest from U.S. bonds (from line 6 of Form M1) .....	16	
	17 JOBZ zone business and investment income exemptions (from line 29 of Schedule M1M) .....	17	
	18 Other subtractions from Schedule M1M (add lines 17, 19, 21, 23-27 and 30 of Schedule M1M) .....	18	
	19 Add lines 9 through 18 .....	19	2,842.
<b>Determining Minnesota alternative minimum tax</b>	20 Subtract line 19 from line 8 .....	20	267,333.
	21 If married and filing a joint return, or qualifying widow(er): enter \$66,490 If married and filing a separate return: enter \$33,240 If single or head of household: enter \$49,860 .....	21	66,490.
	22 If married and filing a joint return, or qualifying widow(er): enter \$150,000 If married and filing a separate return: enter \$ 75,000 If single or head of household: enter \$112,500 .....	22	150,000.
	23 Subtract line 22 from line 20 (if result is zero or less, enter 0) .....	23	117,333.
	24 Multiply line 23 by 25% (.25) .....	24	29,333.
	25 Subtract line 24 from line 21 (if result is zero or less, enter 0) .....	25	37,157.
	26 Subtract line 25 from line 20 .....	26	230,176.
	27 Multiply line 26 by 6.4% (.064) .....	27	14,731.
	28 Tax from the table (from line 11 of Form M1) .....	28	17,780.
	29 If line 27 is more than line 28, you must pay Minnesota alternative minimum tax. Subtract line 28 from line 27. Enter the result here and on line 12 of Form M1. (If line 28 is more than line 27, see instructions on how to continue) .....	29	

If you are required to pay Minnesota alternative minimum tax, you must include this schedule and a copy of federal Form 6251 when you file your Form M1.

1116  
959141  
02-02-10

MN M1	STATE INCOME TAX OR SALES TAX	STATEMENT 1
DESCRIPTION		AMOUNT
1. TOTAL ITEMIZED DEDUCTIONS FROM FEDERAL SCHEDULE A, LINE 28		29,530.
2. TABLE AMOUNT		11,400.
3. SUBTRACT STEP 2 FROM STEP 1		18,130.
4. STATE INCOME OR SALES TAX FROM FEDERAL SCHEDULE A, LINE 5		18,833.
5. SMALLER OF STEP 3 OR STEP 4 TO FORM M1, PAGE 1, LINE 2		18,130.

FORM MARYLAND  
505 NONRESIDENT INCOME TAX RETURN  
OR FISCAL YEAR BEGINNING 2009, ENDING

2009

\$



Social Security Number [REDACTED]	Spouse's Social Security Number [REDACTED]	
Your first name JOHN	Initial D	Last name BESSLER
Spouse's first name	Initial	Last name
Present Address (No. and street) 6541 WILLIAMSBURG BLVD		
City or Town ARLINGTON	State VA	ZIP Code 22213

Check Only  
One Box

**YOUR FILING STATUS** - See Instructions to determine if you are required to file.

1.  Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2.  Married filing joint return or spouse had no income
3.  Married filing separately ► [REDACTED]
4.  Head of household
5.  Qualifying widow(er) with dependent child
6.  Dependent taxpayer (Enter 0 in Exemption Box A) - See Instructions

SPOUSE'S SOCIAL SECURITY NUMBER

**EXEMPTIONS** - See Instructions

	Check here if you are:		Spouse is:	
(A) Yourself	<input checked="" type="checkbox"/>	Spouse <input type="checkbox"/>	(B)	► <input type="checkbox"/> 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> 65 or over <input type="checkbox"/> Blind
(A) Enter No. Checked .....	1	See Instructions	\$ 2400	
(B) Enter No. Checked .....		x \$1,000	\$	
(C) Columns 4 & 5 .....		See Instructions	\$	
(D) Enter the Total Exemptions .....	1	Total Amount	\$ 2400	

**INCOME AND ADJUSTMENTS INFORMATION** (See Instructions)

1. Wages, salaries, tips, etc. ....
2. Taxable interest income ....
3. Dividend income ....
4. Taxable refunds, credits or offsets of state and local income taxes ....
5. Alimony received ....
6. Business income or (loss) ....
7. Capital gain or (loss) ....
8. Other gains or (losses) (from federal Form 4797) ....
9. Taxable amount of pensions, IRA distributions, and annuities ....
10. Rents, royalties, partnerships, estates, trusts, etc. (Mark appropriate item) ....
11. Farm income or (loss) ....
12. Unemployment compensation (insurance) ....
13. Taxable amount of Social Security and tier 1 railroad retirement benefits ....
14. Other income (including lottery or other gambling winnings) ....
15. Total income (Add lines 1 through 14) ....
16. Total adjustments to income from federal return (IRA, alimony, etc.) ....
17. Adjusted gross income (Subtract line 16 from 15) ►

Place CHECK or MONEY ORDER on top of your W-2 wage  
and tax statements and ATTACH HERE with ONE staple.

**RESIDENCE INFORMATION** - See Instructions

Enter your state of legal residence. Were you a resident for the entire year of 2009?

VIRGINIA

Yes  No  If no, attach explanation.

Are you or your spouse a member of the military? Yes  No

Did you file a Maryland income tax return for 2008? Yes  No

If "Yes," was it a  Resident or a  Nonresident return?

Advise dates you resided within Maryland for 2009. If none, enter "NONE."

FROM NONE

TO

(1) First name	Last name	(C) Dependents:	(2) Social Security number	(3) Relationship to you	(4) Regular	(5) 65 or Over
		►				
		►				
		►				
		►				
		►				
		►				
		►				

	(1) FEDERAL INCOME (LOSS)	(2) MARYLAND INCOME (LOSS)	(3) NON-MARYLAND INCOME (LOSS)
1	117045		117045
2			
3			
4			
5			
6			
7			
8			
9			
10	1750		1750
11			
12			
13			
14			
15	118795		118795
16			
17	118795		118795

Dollars

18	
19	
20	
21	118795

22	
23	
24	
25	118795

**ADDITIONS TO INCOME** (See Instructions)

18. Non-Maryland loss and adjustments .....
19. Other (Enter code letter(s) from Instructions) .....
20. Total additions (Add lines 18 and 19) .....
21. Total federal adjusted gross income & Maryland additions (Add lines 17 (Column 1) and 20) .....

►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUBTRACTIONS FROM INCOME** (See Instructions)

22. Taxable Military Income of Nonresident .....
23. Other (Enter code letter(s) from Instructions) .....
24. Total subtractions (Add lines 22 and 23) .....
25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21) .....

►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DEDUCTION METHOD** See instructions (All taxpayers must select one method and check the appropriate box)

**STANDARD DEDUCTION METHOD** (Enter amount on line 26a) ►  26a 2000

**ITEMIZED DEDUCTION METHOD** Complete lines 26b, c and d ►  26b \_\_\_\_\_

►  26c \_\_\_\_\_

►  26d \_\_\_\_\_

Total federal itemized deductions (from line 29, federal Schedule A) .....

State and local income taxes included in federal Schedule A, line 5 .....

Net itemized deductions (Subtract line 26c from line 26b) .....

26. Deduction amount (Multiply lines 26a or 26d by the AGI factor) 26e 100.00 (from worksheet in Instructions) ► 26 2000



NAME JOHN D. BESSLE SSN [REDACTED]

	Dollars
27	116795
28	2400
29	1.0000
30	2400
31	114395

27. Net income (Subtract line 26 from line 25) .....
28. Total exemption amount (from EXEMPTIONS area, page 1) See Instructions .....
29. Enter your AGI factor (from worksheet in Instructions) .....
30. Maryland exemption allowance (Multiply line 28 by line 29) .....
31. Taxable net income (Subtract line 30 from line 27) Figure tax on Form 505NR .....

**MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING**

- 32a. Maryland tax from line 16 of Form 505NR (attach Form 505NR) .....
- 32b. Special nonresident tax from line 17 of Form 505NR (attach Form 505NR) .....
- 32c. Total Maryland tax (Add lines 32a and 32b) .....
33. Earned income credit from worksheet in Instructions ► 33
34. Poverty level credit from worksheet in Instructions ► 34
35. Other income tax credits for individuals from Part G, line 8 of Form 502CR (Attach Form 502CR) .....
36. Business tax credits (Attach Form 500CR) ► 36
37. Total credits (Add lines 33 through 36) .....
38. Maryland tax after credits (Subtract line 37 from line 32c) If less than 0, enter 0 .....
39. Contribution to Chesapeake Bay and Endangered Species Fund (See Instructions) ► 39
40. Contribution to Fair Campaign Financing Fund (See Instructions) ► 40
41. Contribution to Maryland Cancer Fund (See Instructions) ► 41
42. **Total Maryland income tax and contributions** (Add lines 38 through 41) .....
43. Total Maryland tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld) ► 43 2917
44. 2009 estimated tax payments, amount applied from 2008 return, payments made with Form 502E and Form MW506NRS .....
45. Refundable earned income credit from worksheet in Instructions ► 45
46. Nonresident tax paid by pass-through entities (Attach Schedule K-1 or other statement) ► 46
47. Refundable income tax credits from Part H, line 6 of Form 502CR (Attach Form 502CR. See Instructions) .....
48. **Total payments and credits** (Add lines 43 through 47) .....
49. Balance due (If line 42 is more than line 48, subtract line 48 from line 42) ► 49
50. Overpayment (If line 42 is less than line 48, subtract line 42 from line 48) ► 50 2917
51. Amount of overpayment TO BE APPLIED TO 2010 ESTIMATED TAX ► 51
52. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 51 from line 50) See line 55 ..... REFUND ► 52 2917
53. Interest charges from Form 502UP [REDACTED] or for late filing [REDACTED] (See Instructions) Total ► 53
54. **TOTAL AMOUNT DUE** (Add line 49 and line 53) ..... IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. ► 54

For credit card or electronic payment check here  and see instructions.

**DIRECT DEPOSIT OF REFUND** (See Instructions) Please be sure the account information is correct.

In order to comply with new banking rules, please, check ►  here if this refund will go to an account outside the United States. If checked, see instructions.

55. For the direct deposit option, complete the following information, clearly and legibly: 55a. Type of account: ►  Checking  Savings

55b. Routing number ► \_\_\_\_\_ 55c. Account number ► \_\_\_\_\_  
(9-digit)

► [REDACTED] ► [REDACTED] CODE NUMBERS (3 digits per box)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge. Check here  if you authorize your preparer to discuss this return with us. Check here ►  if you authorize your paid preparer not to file electronically.

Make checks payable and mail to: Comptroller of Maryland, Revenue Administration Division, Annapolis, Maryland 21411-0001  
It is recommended that you include your Social Security number on check using blue or black ink.

Your signature

Date

► [REDACTED] Preparer's SSN or PTIN (required by law) Signature of preparer other than taxpayer

Spouse's signature

Date

[REDACTED] Address and telephone number of preparer [REDACTED]

FORM MARYLAND  
**505NR** NONRESIDENT INCOME TAX CALCULATION  
 ATTACH TO YOUR TAX RETURN



2009

Print Using  
Blue or Black Ink Only

Social Security Number [REDACTED]	Spouse's Social Security Number [REDACTED]	
Your first name <b>JOHN</b>	Initial <b>D</b>	Last name <b>BESSLER</b>
Spouse's first name <b>AMY</b>	Initial <b>J</b>	Last name <b>KLOBUCHAR</b>

If you are filing Form 505, use the Form 505NR instructions.

If you are filing Form 515, use the Form 505NR instructions.

**PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS**

1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) ..... **1** **114395**
  2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. ..... **2** **5380**
- Continue to Part II.

**PART II - CALCULATION OF MARYLAND TAX**

3. Enter your federal adjusted gross income from Form 505 (or Form 515), line 17 (Column 1) ..... **3** **118795**
4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21 ..... **4** **118795**
5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505 ..... **5** **0**
- 6a. Enter your subtractions from line 23 of Form 505 or Form 515 ..... **6a**
- 6b. Enter any non-Maryland income from Form 505 (or 515) line 17 (column 3) not included on lines 5 or 6a of this form ..... **6b** **118795**
7. Add lines 5 through 6b ..... **7** **118795**
8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. ..... **8** **0000**
- If you are using the standard deduction, recalculate the standard deduction based on the income on line 8 and enter on line 8a ..... **8a**
9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1 (100%) and cannot be less than zero (0%). If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and line 3 is 0 or less, the factor is 1. ..... **9** **0000**
10. Deduction amount.  
 If you are using the standard deduction, multiply the standard deduction on line 8a by line 9 of this form and enter on line 10a ..... **10a**  
 If you are itemizing your deductions, multiply the deduction on Form 505, line 26d, by line 9 of this form and enter on line 10b ..... **10b**  
 Form 515 Users, see Instructions.
11. Net income (Subtract line 10a or 10b from line 8) ..... **11**
12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9 ..... **12**
13. Maryland Taxable Net Income (Subtract line 12 from line 11) ..... **13** **5380**
14. Enter the tax amount from line 2 of this form ..... **14**
15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1. If more than 1.0000, enter 1.0000. If 0 or less, the factor is 0 ..... **15** **0000**
16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33) ..... **16**
17. Special nonresident tax. Multiply line 13 of this form by 1.25%. Enter this amount on Form 505, line 32b. If line 13 is 0 or less, enter 0 ..... **17**

**For Form 515 filers ONLY.**

If you are: (1) a nonresident employed in Maryland; and (2) you are a resident of a local jurisdiction that imposes a local income or earnings tax on Maryland residents; then you must file a Form 515 to report and pay a tax on your Maryland wages. Form 515 filers pay a local income tax instead of the Special Nonresident Tax.

18. Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county (or Baltimore City) where you are employed. Enter this amount on Form 515, line 40. If line 13 is 0 or less, enter 0 ..... **18**

11179 E

2009 VA760CG

Individual Income Tax Return



JOHN

D BESSLER

<input checked="" type="checkbox"/>	Filing Status:	3	Head of Household:		
Exemptions	Dependents	Total	65 and over	Blind	Total
Yourself Spouse	1	1			

Name or Filing  
Change:  
Address  
Change:  
Virginia Return  
Not Filed Last Year:  
Amended:  
NOL:  
Federal Earned  
Income Credit  
Locality: 013

Vendor ID:		Spouse's SSN			
1. Fed Adj Gross Income	1.	118795.	16a. Your VAGI	16a.	118795.
2. Additions, see Pg 2, Line 3	2.		16b. Spouse's VAGI	16b.	
3. Subtotal	3.	118795.	17. Net Tax	17.	6347.
4a. Age Deduction - You	4a.		18a. Your Withholding	18a.	3512.
4b. Age Deduction - Spouse	4b.		18b. Spouse's Withholding	18b.	
5. Soc Sec & Tier 1 Railroad	5.		19. Estimated Payments	19.	
6. State Inc Tax Overpayment	6.		20. Extension Payments	20.	
7. Other Subtractions, see Pg 2, Line 7	7.		21. Credit for Low Income	21.	
8. Subtotal Subtractions	8.		22. Credit tax paid another state	22.	
9. Total VAGI	9.	118795.	23. Other Credits	23.	
10a. Federal Sch. A Itemized Deductions	10a.		24. Total Payments /Credits	24.	3512.
10b. State/Local Income Tax	10b.	3451	25. Tax You Owe	25.	2835.
10. Standard/Itemized Deductions	10.	3000.	26. Overpayment Amount	26.	
11. Exemptions	11.	930.	27. Amount to Credit to Next Year's Tax	27.	
12. Deductions VAGI, see Pg 2, Line 9	12.		28. Adjustments/Contributions	28.	61.
13. Subtotal Lines 10, 11 and 12	13.	3930.	Amount You Owe: Paid by Credit Card		2896.
14. VA Taxable Income	14.	114865.	Refund: Bank Routing Number		
15. Tax Amount	15.	6347.	Bank Account Number		
16. Spouse Tax Adjustment	16.				

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Office Use: TP CX TD TA

2009 VA760CG

Individual Income Tax Return



JOHN D BESSLER

Filing Status: 3 Head of Household:  
 Exemptions Dependents Total 65 and over Blind Total  
 Yourself 1 1  
 Spouse

Name or Filing Change: Amended:  
 Address NOL:  
 Change: Federal Earned  
 Virginia Return Income Credit  
 Not Filed Last Year: Locality: 013

Your SSN BESS  
 Spouse's SSN

Vendor ID:				
1. Fed Adj Gross Income	1.	118795 .	16a. Your VAGI	16a.
2. Additions, see Pg 2, Line 3	2.		16b. Spouse's VAGI	16b.
3. Subtotal	3.	118795 .	17. Net Tax	17.
4a. Age Deduction - You	4a.		18a. Your Withholding	18a.
4b. Age Deduction - Spouse	4b.		18b. Spouse's Withholding	18b.
5. Soc Sec & Tier 1 Railroad	5.		19. Estimated Payments	19.
6. State Inc Tax Overpayment	6.		20. Extension Payments	20.
7. Other Subtractions, see Pg 2, Line 7	7.		21. Credit for Low Income	21.
8. Subtotal Subtractions	8.		22. Credit tax paid another state	22.
9. Total VAGI	9.	118795 .	23. Other Credits	23.
10a. Federal Sch. A Itemized Deductions	10a.		24. Total Payments /Credits	24.
10b. State/Local Income Tax	10b.		25. Tax You Owe	25.
10. Standard/Itemized Deductions	10.	3000 .	26. Overpayment Amount	26.
11. Exemptions	11.	930 .	27. Amount to Credit to Next Year's Tax	27.
12. Deductions VAGI, see Pg 2, Line 9	12.		28. Adjustments/Contributions <b>Amount You Owe:</b> Paid by Credit Card	28.
13. Subtotal Lines 10, 11 and 12	13.	3930 .		61 .
14. VA Taxable Income	14.	114865 .	<b>Refund:</b>	
15. Tax Amount	15.	6347 .	Bank Routing Number	
16. Spouse Tax Adjustment	16.		Bank Account Number	

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**ADDITIONAL FILING INFORMATION****PTE Withholding:**Farming/Fishing,  
Merchant Seaman:Taxpayer  
Deceased:Dependent on  
another's return:Coalfield  
Enhancement:Fixed Date  
Conformity:Overseas  
when due:**Additions - SCH ADJ/CG - Part 1**1. Interest on obligations  
of other state2. Other Additions:  
a. Fixed Date Conformity

b.

c.

3. Total Additions:

**Subtractions**4. Income from obligations  
or securities of the U.S.5. Disability Income  
reported as wages

You: \_\_\_\_\_  
 Spouse: \_\_\_\_\_

6. Other:  
a. Fixed Date Conformity

b.

c.

d.

7. Total Subtractions:

**Deductions****8. Deduction Code and Amount**

a. 0.

b. 0.

c. 0.

**9. Total Deductions:****Spouse's Name - Filing Status 3 Only**

AMY J KLOBUCHAR

**AGE DEDUCTION DETAILS**

You

Spouse

**Contact Information**

Your Phone

Spouse

Dept of Taxation may discuss

my return with my preparer.

X

Preparer Phone Number

Preparer Info

2

I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the ultimate destination of the funds is within the territorial jurisdiction of the United States.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Preparer Signature \_\_\_\_\_ Date \_\_\_\_\_

NANCY M HEIMER CPA  
HEIMER DIXON LINDSEY, LTD



**Tax Credit for Low Income Individuals  
or VA Earned Income Credit**

10. Exemption Information	Social Security Number	VAGI	
a.			22. Voluntary Contributions from refund or tax payment
b.			
c.			
d.			
e. Total Family VAGI	10e.		
11. Total Exemptions	11.		
12. Personal Exemptions	12.		23. School or Library Foundation Contributions
13. Form 760 exemptions multiply Line 12 by \$300	13.		
14. Federal Earned Income Credit	14.		
15. Multiply Line 14 by 20% (.20)	15.		
16. Greater of Line 13 or Line 15	16.		24. Total Adjustments
17. Credit (Lesser of Line 16 above or Page 1, Line 17)	17.		61.

**Adjustments to Amount of Tax**

18. Addition to Tax	18.	61.
a. Addition from Form 760C	X	
b. Addition from Form 760F		
19. Penalty	19.	
a. Late Filing Penalty		
b. Extension Penalty		
20. Interest	20.	
21. Consumer's Use Tax	21.	

**2009 Virginia Schedule INC/CG**

Report all W2s, 1099s, and VK-1s with Virginia Withholding

JOHN

D BESSLER



Your/ Spouse SSN	Withholding Type	Virginia Withholding	Employer FEIN	Virginia Account Number	Virginia Wages, tips, other comp.
[REDACTED]	W	3512 .	[REDACTED]	[REDACTED]	66530 .

Total Virginia Withholding:

SSN

VA Withholding

YOU

A large black rectangular box redacting sensitive information.

3512 .

SPOUSE

TOTAL NUMBER OF W2S, 1099S  
AND VK-1S

01



**760C - 2009 Underpayment of Virginia Estimated Tax by Individuals, Estates and Trusts**



- Attach this form to Form 760, 763, 760PY or 770.

Fiscal Year Filers: Enter beginning date 20, ending date 20, and check here

First Name, Middle Initial and Last Name (of Both if Joint) - OR - Name of Estate or Trust

Your Social Security Number or FEIN

**JOHN D. BESSLER**

If Estate or Trust, Name and Title of Fiduciary

Spouse's Social Security Number

Office Use SC

Office Use Payment

**Part I - Compute Your Underpayment**

1. 2009 Income Tax Liability After Spouse Tax Adjustment and Nonrefundable Credits (If \$150 or less, you are not required to file Form 760C.)	1.	6347.
2. Enter 90% of the Amount Shown on Line 1	2.	5712.
3. 2008 Income Tax Liability After Spouse Tax Adjustment and Nonrefundable Credits	3.	4955.
4. Enter the Amount From Line 2 or Line 3, Whichever Is Less	4.	4955.
5. Enter the Number of Installment Periods for Which You Were Liable to Make Payments	5.	4.

**Line 6 Through 14: Complete Each Line Across All Columns Before Continuing to Next Line**

	A	B	C	D
6. Due Dates of Installment Payments	May 1, 2009	June 15, 2009	Sept. 15, 2009	Jan. 15, 2010
7. Tax Liability (Divide the amount on Line 4 by the number of installments reported on Line 5 and enter the result in the appropriate columns.)	1239.	1239.	1239.	1238.
8. Enter the Income Tax Withheld for Each Installment Period	878.	878.	878.	878.
9. Enter the Overpayment Credit From Your 2008 Income Tax Return				
10. Enter the Amount of Any Timely Payment Made for Each Installment Period in the Appropriate Column (Do not enter any late payments.)				
11. Underpayment or [Overpayment] (Subtract Lines 8, 9 and 10 From Line 7. See instructions for overpayment.)	361.	361.	361.	360.
12. Other Payments (Enter the payments from the Late Payment/Overpayment Table below, beginning with the earliest payment recorded. Do not enter more than the underpayment in any column.)				
	Date	Amount		
a. First Payment				
b. Second Payment				
c. Third Payment				
d. Fourth Payment				
13. Enter the Total Timely Payments Made as of Each Installment Due Date From Lines 8, 9, 10 and 12 (For ex., in Column A enter all payments made by May 1, 2009)	878.	878.	878.	878.
14. Subtract Line 13 From Line 7 (If the sum of all underpayments (do not include any OVERPAYMENTS) reported is \$150 or less, stop here; you are not subject to an addition to tax. If your underpayments total more than \$150, proceed to Part II.)	361.	361.	361.	360.

**Late Payment / Overpayment Table (See Instructions for Lines 11 and 12.) Continued on Next Page ►**

Date of Payment	Date of Payment	Date of Payment	Date of Payment
Payment Amount	Payment Amount	Payment Amount	Payment Amount
\$	\$	\$	\$

**Part II - Exceptions That Void the Addition to Tax**

		A May 1, 2009	B June 15, 2009	C Sept. 15, 2009	D Jan. 15, 2010
15.	Total Amount Paid and Withheld From January 1, 2009 Through the Installment Date Indicated	878.	1756.	2634.	3512.
16. <b>Exception 1:</b> Prior Year's Tax (Multiply the 2008 tax by the percentage in each column.)	100% of 2008 Tax  4955.	25%  1239.	50%  2478.	75%  3716.	100%  4955.
17. <b>Exception 2:</b> Tax on Prior Year's Income Using the 2009 Rates and Exemptions (Multiply the 2008 tax by the percentage in each column.)	100% of Tax	25%	50%	75%	100%
18. <b>Exception 3 Worksheet:</b> Tax on Annualized 2009 Income (Use the formula below to compute the amount on lines 18a, b and c for each column.)					
Lines 18a, b and c:	April 30 column: Multiply the actual amount for the period ended April 30, 2009, by 3. May 31 column: Multiply the actual amount for the period ended May 31, 2009, by 2.4. August 31 column: Multiply the actual amount for the period ended August 31, 2009, by 1.5.	From January 1 to:	April 30	May 31	August 31
a. Annualized Virginia Adjusted Gross Income (VAGI) for Each Period					
b. Compute the Annualized Itemized Deductions Using the Formula Above OR Enter the Full Standard Deduction in Each Column If You Did Not Claim Itemized Deductions					
c. Compute the Annualized Child and Dependent Care Expenses and other deductions for Each Period					
d. Total Dollar Amount of Exemptions Claimed on Your Return					
e. Virginia Taxable Income (Subtract Lines 18b, c and d from Line 18a.)					
f. Virginia Tax (Enter the Va. income tax on the amount(s) shown on line 18e above.)					
g. Multiply Line 18f by the Percentage Shown for Each Period	22.5%	45%	67.5%		
19. <b>Exception 4 Worksheet:</b> Tax on 2009 Income Over a 4, 5 and 8 Month Period* (*3, 4 and 7 months for estates and trusts)					
From January 1 to:	April 30	May 31	August 31		
a. Enter Your Virginia Adjusted Gross Income (VAGI) for Each Period					
b. Enter the Itemized Deductions Claimed for Each Period OR (If Greater) the Full Standard Deduction					
c. Enter the Child and Dependent Care Expenses and other deductions for Each Period					
d. Enter the Total Dollar Amount of Exemptions Claimed on Your Return					
e. Virginia Taxable Income (Subtract Lines 19b, c and d from Line 19a.)					
f. Virginia Tax (Enter the Va. income tax on the amount(s) shown on Line 19e above.)					
g. Multiply Line 19f by 90% (.90) for Each Period					

**Part III - Compute the Addition to Tax**

If an exception has been met (Part II) for any installment period, complete the column for that period as follows: write "Exception" and the exception number (1, 2, 3, or 4) on Line 20; skip Lines 21 through 23; and enter "0" on Line 24. For all other periods, complete each line as instructed below.

	A May 1, 2009	B June 15, 2009	C Sept. 15, 2009	D Jan. 15, 2010
20. Amount of Underpayment From Line 14, Part I	361.	361.	361.	360.
21. Date of Payment From Line 12, Part I (if no payments were entered on Line 12, enter the actual date of payment or May 1, 2010, whichever is earlier.)	SEE UNDERPAYMENT OF	ESTIMATED	TAX WKST	
22. Number of Days After Installment Due Date Through Date Paid or May 1, 2010, Whichever Is Earlier (if May 1, 2010, is earlier, enter 365, 320, 228 and 106 respectively.)				
23. Multiply the Number of Days in Each Column on Line 22 by the Daily Rate .00016 (6% Per Annum)				
24. Multiply the Amount on Line 20 by Line 23 for Each Column				

## 25. Addition to Tax

(Total the amounts on Line 24. Enter here and on the "Addition to Tax" line on your income tax return.)

61.	.
-----	---

**Note**  
Estates and trusts should use end dates of March 31, April 30 & July 31.

**Note**  
Exceptions 3 and 4 do not apply to the fourth installment period.

**UNPAID PAYMENT OF ESTIMATED TAX WORKSHEET**

VA

**Penalty Due (Sum of Column F).** .....  
.....

61.

\* Date of estimated tax payment, withholding credit date or installment due date.

2009 VA760CG  
Individual Income Tax Return



JOHN D BESSLER

Filing Status: 3 Head of Household:

Exemptions Dependents Total 65 and over Blind Total

Yourself 1 1  
Spouse

Vendor ID:

Name or Filing Change: Amended:  
Address NOL:  
Change: Federal Earned  
Virginia Return Income Credit  
Not Filed Last Year: Locality: 013

Your SSN BESS

Spouse's SSN

1. Fed Adj Gross Income	1.	118795 .	16a. Your VAGI	16a.	118795 .
2. Additions, see Pg 2, Line 3	2.		16b. Spouse's VAGI	16b.	
3. Subtotal	3.	118795 .	17. Net Tax	17.	6347 .
4a. Age Deduction - You	4a.		18a. Your Withholding	18a.	3512 .
4b. Age Deduction - Spouse	4b.		18b. Spouse's Withholding	18b.	
5. Soc Sec & Tier 1 Railroad	5.		19. Estimated Payments	19.	
6. State Inc Tax Overpayment	6.		20. Extension Payments	20.	
7. Other Subtractions, see Pg 2, Line 7	7.		21. Credit for Low Income	21.	
8. Subtotal Subtractions	8.		22. Credit tax paid another state	22.	
9. Total VAGI	9.	118795 .	23. Other Credits	23.	
10a. Federal Sch. A itemized Deductions	10a.		24. Total Payments /Credits	24.	3512 .
10b. State/Local Income Tax	10b.		25. Tax You Owe	25.	2835 .
10. Standard/Itemized Deductions	10.	3000 .	26. Overpayment Amount	26.	
11. Exemptions	11.	930 .	27. Amount to Credit to Next Year's Tax	27.	
12. Deductions VAGI, see Pg 2, Line 9	12.		28. Adjustments/Contributions <b>Amount You Owe:</b> Paid by Credit Card	28.	61 .
13. Subtotal Lines 10, 11 and 12	13.	3930 .			2896 .
14. VA Taxable Income	14.	114865 .	<b>Refund:</b>		
15. Tax Amount	15.	6347 .	Bank Routing Number		
16. Spouse Tax Adjustment	16.		Bank Account Number		

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Office Use: TP CX TD TA

**ADDITIONAL FILING INFORMATION**

PTE Withholding:

Farming/Fishing,  
Merchant Seaman:

Taxpayer

Deceased:

Dependent on  
another's return:Coddfield  
Enhancement:

Fixed Date

Conformity:

Overseas  
when due:**Additions - SCH ADJ/CG - Part 1**

1. Interest on obligations  
of other state
2. Other Additions:  
a. Fixed Date Conformity

b.

c.

3. Total Additions:

**Subtractions**

4. Income from obligations
- 
- or securities of the U.S.

5. Disability Income
- 
- reported as wages

X You: \_\_\_\_\_

X Spouse: \_\_\_\_\_

6. Other:
- 
- a. Fixed Date Conformity

b.

c.

d.

7. Total Subtractions:

**Deductions****8. Deduction Code and Amount**

- a. 0.  
b. 0.  
c. 0.

**9. Total Deductions:**

Spouse's Name - Filing Status 3 Only

AMY J KLOBUCHAR

**AGE DEDUCTION DETAILS**

You

Spouse

**Contact Information**

Your Phone

Spouse

Dept of Taxation may discuss  
my return with my preparer.

Preparer Phone Number

Preparer Info

I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the ultimate destination of the funds is within the territorial jurisdiction of the United States.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Preparer Signature \_\_\_\_\_ Date \_\_\_\_\_

NANCY M HEIMER CPA  
HEIMER DIXON LINDSEY, LTD



**Tax Credit for Low Income Individuals  
or VA Earned Income Credit**

10. Exemption Information	Social Security Number	VAGI	22. Voluntary Contributions from refund or tax payment
a.			a.
b.			b.
c.			c.
d.			
e. Total Family VAGI	10e.		
11. Total Exemptions	11.		23. School or Library Foundation Contributions
12. Personal Exemptions	12.		a.
13. Form 760 exemptions multiply Line 12 by \$300	13.		b.
14. Federal Earned Income Credit	14.		c.
15. Multiply Line 14 by 20% (.20)	15.		
16. Greater of Line 13 or Line 15	16.		24. Total Adjustments
17. Credit (Lesser of Line 16 above or Page 1, Line 17)	17.		61.

**Adjustments to Amount of Tax**

18. Addition to Tax	18.	61.
a. Addition from Form 760C	X	
b. Addition from Form 760F		
19. Penalty	19.	
a. Late Filing Penalty		
b. Extension Penalty		
20. Interest	20.	
21. Consumer's Use Tax	21.	

**2009 Virginia Schedule INC/CG**

Report all W2s, 1099s, and VK-1s with Virginia Withholding

JOHN

D BESSLER



L

R

Your/ Spouse SSN	Withholding Type	Virginia Withholding	Employer FEIN	Virginia Account Number	Virginia Wages, tips, other comp.
[REDACTED]	W	3512 .	[REDACTED]	[REDACTED]	66530 .

**Total Virginia Withholding:****SSN****VA Withholding**

YOU

[REDACTED]

3512 .

SPOUSE

**TOTAL NUMBER OF W2S, 1099S  
AND VK-1S**

.01

L



- Attach this form to Form 760, 763, 760PY or 770.

Fiscal Year Filers: Enter beginning date 20, ending date 20, and check here

First Name, Middle Initial and Last Name (of Both if Joint) - OR - Name of Estate or Trust

Your Social Security Number or FEIN

**JOHN D. BESSLER**

If Estate or Trust, Name and Title of Fiduciary

Spouse's Social Security Number

Office Use SC

Office Use Payment

**Part I - Compute Your Underpayment**

1. 2009 Income Tax Liability After Spouse Tax Adjustment and Nonrefundable Credits (If \$150 or less, you are not required to file Form 760C.)	1.	6347.
2. Enter 90% of the Amount Shown on Line 1	2.	5712.
3. 2008 Income Tax Liability After Spouse Tax Adjustment and Nonrefundable Credits	3.	4955.
4. Enter the Amount From Line 2 or Line 3, Whichever Is Less	4.	4955.
5. Enter the Number of Installment Periods for Which You Were Liable to Make Payments	5.	4.

**Line 6 Through 14: Complete Each Line Across All Columns Before Continuing to Next Line**

	A	B	C	D
6. Due Dates of Installment Payments	May 1, 2009	June 15, 2009	Sept. 15, 2009	Jan. 15, 2010
7. Tax Liability (Divide the amount on Line 4 by the number of installments reported on Line 5 and enter the result in the appropriate columns.)	1239.	1239.	1239.	1238.
8. Enter the Income Tax Withheld for Each Installment Period	878.	878.	878.	878.
9. Enter the Overpayment Credit From Your 2008 Income Tax Return				
10. Enter the Amount of Any Timely Payment Made for Each Installment Period in the Appropriate Column (Do not enter any late payments.)				
11. Underpayment or [Overpayment] (Subtract Lines 8, 9 and 10 From Line 7. See instructions for overpayment.)	361.	361.	361.	360.
12. Other Payments (Enter the payments from the Late Payment/Overpayment Table below, beginning with the earliest payment recorded. Do not enter more than the underpayment in any column.)				
	Date	Amount		
a. First Payment				
b. Second Payment				
c. Third Payment				
d. Fourth Payment				
13. Enter the Total Timely Payments Made as of Each Installment Due Date From Lines 8, 9, 10 and 12 (For ex., in Column A enter all payments made by May 1, 2009)	878.	878.	878.	878.
14. Subtract Line 13 From Line 7 (If the sum of all underpayments (do not include any OVERPAYMENTS) reported is \$150 or less, stop here; you are not subject to an addition to tax. If your underpayments total more than \$150, proceed to Part II.)	361.	361.	361.	360.

**Late Payment / Overpayment Table (See Instructions for Lines 11 and 12.) Continued on Next Page ►**

Date of Payment	Date of Payment	Date of Payment	Date of Payment
Payment Amount	Payment Amount	Payment Amount	Payment Amount
\$	\$	\$	\$

**Part II - Exceptions That Void the Addition to Tax**

	A May 1, 2009	B June 15, 2009	C Sept. 15, 2009	D Jan. 15, 2010
15. Total Amount Paid and Withheld From January 1, 2009 Through the Installment Date Indicated	878.	1756.	2634.	3512.
16. <b>Exception 1:</b> Prior Year's Tax (Multiply the 2008 tax by the percentage in each column.)	100% of 2008 Tax <b>4955.</b>	25% <b>1239.</b>	50% <b>2478.</b>	75% <b>3716.</b>
17. <b>Exception 2:</b> Tax on Prior Year's Income Using the 2008 Rates and Exemptions (Multiply the 2008 tax by the percentage in each column.)	100% of Tax	25%	50%	75%
18. <b>Exception 3 Worksheet:</b> Tax on Annualized 2009 Income (Use the formula below to compute the amount on lines 18a, b and c for each column.)				
Lines 18a, b and c:	April 30 column: Multiply the actual amount for the period ended April 30, 2009, by 3. May 31 column: Multiply the actual amount for the period ended May 31, 2009, by 2.4. August 31 column: Multiply the actual amount for the period ended August 31, 2009, by 1.5.			
From January 1 to:	April 30	May 31	August 31	
a. Annualized Virginia Adjusted Gross Income (VAGI) for Each Period				
b. Compute the Annualized Itemized Deductions Using the Formula Above OR Enter the Full Standard Deduction in Each Column If You Did Not Claim Itemized Deductions				
c. Compute the Annualized Child and Dependent Care Expenses and other deductions for Each Period				
d. Total Dollar Amount of Exemptions Claimed on Your Return				
e. Virginia Taxable Income (Subtract Lines 18b, c and d from Line 18a.)				
f. Virginia Tax (Enter the Va. income tax on the amount(s) shown on line 18e above.)				
g. Multiply Line 18f by the Percentage Shown for Each Period	22.5%	45%	67.5%	
19. <b>Exception 4 Worksheet:</b> Tax on 2009 Income Over a 4, 5 and 8 Month Period* (*3, 4 and 7 months for estates and trusts)				
From January 1 to:	April 30	May 31	August 31	
a. Enter Your Virginia Adjusted Gross Income (VAGI) for Each Period				
b. Enter the Itemized Deductions Claimed for Each Period OR (If Greater) the Full Standard Deduction				
c. Enter the Child and Dependent Care Expenses and other deductions for Each Period				
d. Enter the Total Dollar Amount of Exemptions Claimed on Your Return				
e. Virginia Taxable Income (Subtract Lines 19b, c and d from Line 19a.)				
f. Virginia Tax (Enter the Va. income tax on the amount(s) shown on Line 19e above.)				
g. Multiply Line 19f by 90% (.90) for Each Period				

**Part III - Compute the Addition to Tax**

If an exception has been met (Part II) for any installment period, complete the column for that period as follows: write "Exception" and the exception number (1, 2, 3, or 4) on Line 20; skip Lines 21 through 23; and enter "0" on Line 24. For all other periods, complete each line as instructed below.

	A May 1, 2009	B June 15, 2009	C Sept. 15, 2009	D Jan. 15, 2010
20. Amount of Underpayment From Line 14, Part I	361.	361.	361.	360.
21. Date of Payment From Line 12, Part I (If no payments were entered on Line 12, enter the actual date of payment or May 1, 2010, whichever is earlier.)	SEE UNDERPAYMENT OF		ESTIMATED	TAX WKST
22. Number of Days After Installment Due Date Through Date Paid or May 1, 2010, Whichever Is Earlier (If May 1, 2010, is earlier, enter 365, 320, 228 and 106 respectively.)				
23. Multiply the Number of Days in Each Column on Line 22 by the Daily Rate .00016 (6% Per Annum)				
24. Multiply the Amount on Line 20 by Line 23 for Each Column				

## 25. Addition to Tax

(Total the amounts on Line 24. Enter here and on the "Addition to Tax" line on your income tax return.)

61.

## **UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

VA

**Penalty Due (Sum of Column F).** \_\_\_\_\_

61.

\* Date of estimated tax payment, withholding credit date or installment due date.

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

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2009**

Attachment  
Sequence No. 13

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

► See Instructions for Schedule E (Form 1040).

Name(s) shown on return

Your social security number

**JOHN D. BESSLER**

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

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

Income:	Properties			Totals	
	A	B	C	(Add columns A, B, and C.)	
3 Rents received .....	3			3	
4 Royalties received .....	4	1,750.		4	1,750.
<b>Expenses:</b>					
5 Advertising .....	5				
6 Auto and travel (see page E-4) .....	6				
7 Cleaning and maintenance .....	7				
8 Commissions .....	8				
9 Insurance .....	9				
10 Legal and other professional fees .....	10				
11 Management fees .....	11				
12 Mortgage interest paid to banks, etc. (see page E-5) .....	12			12	
13 Other interest .....	13				
14 Repairs .....	14				
15 Supplies .....	15				
16 Taxes .....	16				
17 Utilities .....	17				
18 Other (list) ►	18				
19 Add lines 5 through 18 .....	19			19	
20 Depreciation expense or depletion (see page E-5) .....	20			20	
21 Total expenses. Add lines 19 and 20 .....	21				
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198 .....	22	1,750.			
23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2 .....	23	( )	( )		
24 Income. Add positive amounts shown on line 22. Do not include any losses .....	24			1,750.	
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here .....	25	( )	( )		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 .....	26			1,750.	

921491 10-23-09 LHA For Paperwork Reduction Act Notice, see instructions.

Schedule E (Form 1040) 2009

FORM MARYLAND  
505 NONRESIDENT INCOME TAX RETURN

OR FISCAL YEAR BEGINNING

2009, ENDING

2009

\$

Social Security Number	Spouse's Social Security Number	
Your first name <b>JOHN</b>	Initial <b>D</b>	Last name <b>BESSLER</b>
Spouse's first name	Initial	Last name
Present Address (No. and street) [REDACTED]		
City or Town [REDACTED]	State [REDACTED]	ZIP Code [REDACTED]



**YOUR FILING STATUS** - See Instructions to determine if you are required to file.

- Check Only One Box ►
- Single (If you can be claimed on another person's tax return, use Filing Status 6)
  - Married filing joint return or spouse had no income
  - Married filing separately ► [REDACTED]
  - Head of household
  - Qualifying widow(er) with dependent child
  - Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instructions)

SPOUSE'S SOCIAL SECURITY NUMBER

**EXEMPTIONS** - See Instructions

Check here if you are: Spouse is:  
 (A) Yourself  Spouse   
 (B) ►    65 or over Blind 65 or over Blind  
 Exemption Amount  
 (A) Enter No. Checked ..... **1** See Instructions \$ **2400**  
 (B) Enter No. Checked .....  
 Enter No. Checked in .....  
 (C) Columns 4 & 5 .....  
 Enter the Total Exemptions .....  
 (D) (Add A, B, and C) ..... ► **1** Total Amount \$ **2400**

**INCOME AND ADJUSTMENTS INFORMATION** (See Instructions)

1. Wages, salaries, tips, etc. ....
2. Taxable interest income .....
3. Dividend income .....
4. Taxable refunds, credits or offsets of state and local income taxes .....
5. Alimony received .....
6. Business income or (loss) .....
7. Capital gain or (loss) .....
8. Other gains or (losses) (from federal Form 4797) .....
9. Taxable amount of pensions, IRA distributions, and annuities .....
10. Rents, royalties, partnerships, estates, trusts, etc. (Mark appropriate item) .....
11. Farm income or (loss) .....
12. Unemployment compensation (insurance) .....
13. Taxable amount of Social Security and tier 1 railroad retirement benefits .....
14. Other income (including lottery or other gambling winnings) .....
15. Total income (Add lines 1 through 14) .....
16. Total adjustments to income from federal return (IRA, alimony, etc.) .....
17. Adjusted gross income (Subtract line 16 from 15) ►

Place CHECK or MONEY ORDER on top of your W-2 wage  
and tax statements and ATTACH HERE with ONE staple.

**RESIDENCE INFORMATION** - See Instructions

Enter your state of legal residence. Were you a resident for the entire year of 2009?

**VIRGINIA**

Yes  No  If no, attach explanation.

Are you or your spouse a member of the military? Yes  No

Did you file a Maryland income tax return for 2008? Yes  No

If "Yes," was it a  Resident or a  Nonresident return?

Advise dates you resided within Maryland for 2009. If none, enter "NONE."

FROM **NONE** TO

(1) First name	Last name	(C) Dependents:	(2) Social Security number	(3) Relationship to you	(4) Regular	(5) 65 or Over
		►				
		►				
		►				
		►				
		►				
		►				
		►				
		►				
		►				
		►				
		►				
		►				

	(1) FEDERAL INCOME (LOSS)	(2) MARYLAND INCOME (LOSS)	(3) NON-MARYLAND INCOME (LOSS)
<b>1</b>	<b>117045</b>		<b>117045</b>
<b>2</b>			
<b>3</b>			
<b>4</b>		►	
<b>5</b>			
<b>6</b>			
<b>7</b>			
<b>8</b>		►	
<b>9</b>			
<b>10</b>	<b>1750</b>		<b>1750</b>
<b>11</b>			
<b>12</b>		►	
<b>13</b>			
<b>14</b>			
<b>15</b>	<b>118795</b>		<b>118795</b>
<b>16</b>			
<b>17</b>	<b>118795</b>		<b>118795</b>

Dollars

<b>18</b>	
<b>19</b>	
<b>20</b>	
<b>21</b>	<b>118795</b>
<b>22</b>	
<b>23</b>	
<b>24</b>	
<b>25</b>	<b>118795</b>

**ADDITIONS TO INCOME** (See Instructions)

18. Non-Maryland loss and adjustments .....
19. Other (Enter code letter(s) from Instructions) .....
20. Total additions (Add lines 18 and 19) ►

21. Total federal adjusted gross income & Maryland additions (Add lines 17 (Column 1) and 20) .....

**SUBTRACTIONS FROM INCOME** (See Instructions)

22. Taxable Military Income of Nonresident .....
23. Other (Enter code letter(s) from Instructions) .....
24. Total subtractions (Add lines 22 and 23) ►

25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21) .....

**DEDUCTION METHOD** See instructions (All taxpayers must select one method and check the appropriate box)

STANDARD DEDUCTION METHOD (Enter amount on line 26a) ►  **26a** **2000**

ITEMIZED DEDUCTION METHOD Complete lines 26b, c and d ►

Total federal itemized deductions (from line 29, federal Schedule A) .....

State and local income taxes included in federal Schedule A, line 5 .....

Net itemized deductions (Subtract line 26c from line 26b) .....

26. Deduction amount (Multiply lines 26a or 26d by the AGI factor) **26e** **100.00** (from worksheet in Instructions) ► **26** **2000**



NAME JOHN D. BESSLE SSN [REDACTED]

	Dollars
27. Net income (Subtract line 26 from line 25)	116795
28. Total exemption amount (from EXEMPTIONS area, page 1) See Instructions	2400
29. Enter your AGI factor (from worksheet in Instructions)	1.0000
30. Maryland exemption allowance (Multiply line 28 by line 29)	2400
31. Taxable net income (Subtract line 30 from line 27) Figure tax on Form 505NR	114395

MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING

32a. Maryland tax from line 16 of Form 505NR (attach Form 505NR)	32a	[REDACTED]
32b. Special nonresident tax from line 17 of Form 505NR (attach Form 505NR)	32b	[REDACTED]
32c. Total Maryland tax (Add lines 32a and 32b)	32c	[REDACTED]
33. Earned income credit from worksheet in Instructions	▶ 33	[REDACTED]
34. Poverty level credit from worksheet in Instructions	▶ 34	[REDACTED]
35. Other income tax credits for individuals from Part G, line 8 of Form 502CR (Attach Form 502CR)	35	[REDACTED]
36. Business tax credits (Attach Form 500CR)	▶ 36	[REDACTED]
37. Total credits (Add lines 33 through 36)	37	[REDACTED]
38. Maryland tax after credits (Subtract line 37 from line 32c) If less than 0, enter 0	38	[REDACTED]
39. Contribution to Chesapeake Bay and Endangered Species Fund (See Instructions)	▶ 39	[REDACTED]
40. Contribution to Fair Campaign Financing Fund (See Instructions)	▶ 40	[REDACTED]
41. Contribution to Maryland Cancer Fund (See Instructions)	▶ 41	[REDACTED]
42. Total Maryland income tax and contributions (Add lines 38 through 41)	42	[REDACTED]
43. Total Maryland tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld)	▶ 43	2917
44. 2009 estimated tax payments, amount applied from 2008 return, payments made with Form 502E and Form MW506NRS	▶ 44	[REDACTED]
45. Refundable earned income credit from worksheet in Instructions	▶ 45	[REDACTED]
46. Nonresident tax paid by pass-through entities (Attach Schedule K-1 or other statement)	▶ 46	[REDACTED]
47. Refundable income tax credits from Part H, line 6 of Form 502CR (Attach Form 502CR. See Instructions)	47	[REDACTED]
48. Total payments and credits (Add lines 43 through 47)	48	2917
49. Balance due (If line 42 is more than line 48, subtract line 48 from line 42)	▶ 49	[REDACTED]
50. Overpayment (If line 42 is less than line 48, subtract line 42 from line 48)	▶ 50	2917
51. Amount of overpayment TO BE APPLIED TO 2010 ESTIMATED TAX	▶ 51	[REDACTED]
52. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 51 from line 50) See line 55	REFUND ▶ 52	2917
53. Interest charges from Form 502UP [REDACTED] or for late filing [REDACTED] (See Instructions) Total	▶ 53	[REDACTED]
54. TOTAL AMOUNT DUE (Add line 49 and line 53)	54	[REDACTED]

For credit card or electronic payment check here  and see Instructions.

DIRECT DEPOSIT OF REFUND (See Instructions) Please be sure the account information is correct.

In order to comply with new banking rules, please, check ►  here if this refund will go to an account outside the United States. If checked, see instructions.

55. For the direct deposit option, complete the following information, clearly and legibly: 55a. Type of account: ►  Checking  Savings

55b. Routing number ► \_\_\_\_\_ 55c. Account number ► \_\_\_\_\_  
(9-digit)

► [REDACTED] ► [REDACTED] CODE NUMBERS (3 digits per box)  
Daytime telephone no. Home telephone no.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge. Check here  if you authorize your preparer to discuss this return with us. Check here ►  if you authorize your paid preparer not to file electronically.

Make checks payable and mail to: Comptroller of Maryland, Revenue Administration Division, Annapolis, Maryland 21411-0001  
It is recommended that you include your Social Security number on check using blue or black ink.

Your signature	Date	Preparer's SSN or PTIN (required by law)	Signature of preparer other than taxpayer
Spouse's signature	Date	Address and telephone number of preparer [REDACTED]	