

Form 1040

## U.S. Individual Income Tax Return

2006

COPY

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OMB No. 1545-0074

**Label**

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

Presidential

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning		2006, ending	.20	
L A B E L  H E R E	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 16.			Apt. no.	You must enter ▲ your SSN(s) above.▲
Address, see page 16.				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 16) ►  You  Spouse**Filing Status**

- 1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above and full name here. ►

- 4  Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ►  
 5  Qualifying widow(er) with dependent child (see page 17)

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

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 19)

ABIGAIL KLOBUCHAR

BESSLER

DAUGHTER

X

Boxes checked on 6a and 6b 2  
 No. of children on 6c who:  
 • lived with you 1  
 • did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above  
 Add numbers on lines above ► 3

d Total number of exemptions claimed

If more than four dependents, see page 19.

Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7 211,235.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	8a Taxable interest. Attach Schedule B if required	8a 762.
	b Tax-exempt interest. Do not include on line 8a	8b 67.
	9a Ordinary dividends. Attach Schedule B if required	9a 288.
	b Qualified dividends (see page 23)	9b 143.
	10 Taxable refunds, credits, or offsets of state and local income taxes	10 STMT 1 STMT 2 0.
	11 Alimony received	11
	12 Business income or (loss). Attach Schedule C or C-EZ	12 328.
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►	13 1,007.
	14 Other gains or (losses). Attach Form 4797	14
	15a IRA distributions	15a
Enclose, but do not attach, any payment. Also, please use Form 1040-V.	16a Pensions and annuities	16a
	b Taxable amount	b Taxable amount
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17 1,706.
	18 Farm income or (loss). Attach Schedule F	18
	19 Unemployment compensation	19
	20a Social security benefits	20a
	b Taxable amount (see page 27)	b Taxable amount
	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 ►	22 215,326.

**Adjusted Gross Income**

- 23 Archer MSA deduction. Attach Form 8853  
 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
- 24
- 25 Health savings account deduction. Attach Form 8889
- 26 Moving expenses. Attach Form 3903
- 27 One-half of self-employment tax. Attach Schedule SE
- 28 Self-employed SEP, SIMPLE, and qualified plans
- 29 Self-employed health insurance deduction (see page 29)
- 30 Penalty on early withdrawal of savings
- 31a Alimony paid b Recipient's SSN ►
- 32 IRA deduction (see page 31)
- 33 Student loan interest deduction (see page 33)
- 34 Jury duty pay you gave to your employer
- 35 Domestic production activities deduction. Attach Form 8903
- 36 Add lines 23 through 31a and 32 through 35
- 37 Subtract line 36 from line 22. This is your adjusted gross income ►

- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31a
- 32
- 33
- 34
- 35
- 36
- 37 215,326.

10001  
2-05-07

HA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 80.

Form 1040 (2006)

## **Tax and Credits**

**Standard Deduction for -**

- All others:  
Single or  
Married filing  
separately,  
\$5,150

**Married filing  
jointly or  
Qualifying  
widow(er),  
\$10,300**

Head of  
household,  
\$7,660

- |  |  |
|--|--|
| <p>38 Amount from line 37 (adjusted gross income) .....</p> <p>39a Check { <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. } Total boxes checked ... ► 39a <span style="border: 1px solid black; padding: 2px;"> </span></p> <p>If: <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind. ► 39b <span style="border: 1px solid black; padding: 2px;"> </span></p> <p>b If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here .....</p> <p>40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) .....</p> <p>41 Subtract line 40 from line 38 .....</p> <p>42 If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d .....</p> <p>43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- .....</p> <p>44 Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 .....</p> <p>45 Alternative minimum tax. Attach Form 6251 .....</p> <p>46 Add lines 44 and 45. ► 46 <span style="border: 1px solid black; padding: 2px;"> </span></p> | <p>38 <span style="border: 1px solid black; padding: 2px;"> </span> 215,326.</p> <p>40 26,802.</p> <p>41 188,524.</p> <p>42 9,900.</p> <p>43 178,624.</p> <p>44 39,270.</p> <p>45 1,402.</p> <p>46 40,672.</p> |
|--|--|

## Other Taxes

- |    |   |    |         |
|----|---|----|---------|
| 58 | Self-employment tax. Attach Schedule SE .....   | 58 |         |
| 59 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 .....   | 59 |         |
| 60 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required ..... | 60 |         |
| 61 | Advance earned income credit payments from Form(s) W-2, box 9 .....                               | 61 |         |
| 62 | Household employment taxes. Attach Schedule H .....   | 62 | 1,312.  |
| 63 | Add lines 57 through 62. This is your total tax ►   | 63 | 41,984. |

## **Payments**

- |     |   |     |         |         |
|-----|---|-----|---------|---------|
| 64  | Federal income tax withheld from Forms W-2 and 1099 .....   | 64  | 48,896. |         |
| 65  | 2006 estimated tax payments and amount applied from 2005 return .....   | 65  |         |         |
| 66a | Earned income credit (EIC) .....  | 66a |         |         |
| b   | Nontaxable combat pay election .....  | 66b |         |         |
| 67  | Excess social security and tier 1 RRTA tax withheld (see page 60) <b>STMT</b> 6   | 67  | 167.    |         |
| 68  | Additional child tax credit. Attach Form 8812 .....   | 68  |         |         |
| 69  | Amount paid with request for extension to file (see page 60) .....  | 69  |         |         |
| 70  | Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 | 70  |         |         |
| 71  | Credit for federal telephone excise tax paid. Attach Form 8913 if required .....  | 71  | 50.     |         |
| 72  | Add lines 64, 65, 66a, and 67 through 71. These are your total payments .....   | 72  |         | 49,113. |

## Refund

Direct deposit?  
See page 61  
and fill in 74b,  
74c, and 74d,  
or Form 8888.

- 73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid ..... 73 7,129.  
74 a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ►  74a 7,129.  
b Routing number ► c Type:  Checking  Savings ► d number [REDACTED]  
75 Amount of line 73 you want applied to your 2007 estimated tax ..... ► 75

---

**Amount**

- 76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 ► 76  
77 Estimated tax penalty (see page 60) 77

## Third Party Designers

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

**Here**  
Joint return?  
See page 17.  
Keep a copy  
for your  
records.

Your signature	Date	Your occupation <b>ATTORNEY</b>	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation <b>ATTORNEY</b>	

**Paid  
Preparer's  
Use Only**

610002  
11-07-06

Preparer's signature	Date <i>9/16/07</i>	Check if self- employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-em- ployed), address, etc.	OCEL HEIMER & LINDSEY, LTD	EIN	Phone no.

**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]
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**Part 1** 1. Number of qualifying children: 1 X \$1,000. Enter the result. 1 1,000.

2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 36. 2 215,326.

3. **1040 filers:** Enter the total of any  
 • Exclusion of income from Puerto Rico, and  
 • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.  
**1040A and 1040NR filers:** Enter -0-.  
 } 3 0.

4. Add lines 2 and 3. Enter the total. 4 215,326.

5. Enter the amount shown below for your filing status.  
 • Married filing jointly - \$110,000  
 • Single, head of household, or qualifying widow(er) - \$75,000  
 • Married filing separately - \$55,000  
 } 5 110,000.

6. Is the amount on line 4 more than the amount on line 5?  
 No. Leave line 6 blank. Enter -0- on line 7.  
 Yes. Subtract line 5 from line 4. 6 106,000.  
 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).

7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7 5,300.

8. Is the amount on line 1 more than the amount on line 7?

No. **STOP**

You cannot take the child tax credit on Form 1040, line 53, Form 1040A, line 33, or Form 1040NR, line 48.

Yes. Subtract line 7 from line 1. Enter the result. 8

**Part 2** 9. Enter the amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43. 9

10. **1040 filers:** Enter the total of the amounts from lines 47 through 52.\*  
**1040A filers:** Enter the total of the amounts from lines 29 through 32.  
**1040NR filers:** Enter the total of the amounts from lines 44 through 47.\*  
 \*Include only the amount from Form 5695, line 12.

11. Are you claiming any of the following credits?  
 • Residential energy efficient property credit, Form 5695, Part II.  
 • Adoption credit, Form 8839    • Mortgage interest credit, Form 8396  
 • District of Columbia first-time homebuyer credit, Form 8859  
 No. Enter the amount from line 10.  
 Yes. Complete the Line 11 Worksheet to figure the amount to enter here. } 11

12. Subtract line 11 from line 9. Enter the result. 12

13. Is the amount on line 8 of this worksheet more than the amount on line 12?  
 No. Enter the amount from line 8.  
 Yes. Enter the amount from line 12. } **This is your  
child tax credit.** 13

SCHEDULES A&B  
(Form 1040)Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on Form 1040Schedule A - Itemized Deductions  
(Schedule B is on page 2)

► Attach to Form 1040. ► See Instructions for Schedules A&amp;B (Form 1040).

OMB No. 1545-0074

**2006**Attachment  
Sequence No. 07

Your social security number

AMY J. KLOBUCHAR & JOHN D. BESSLER

<b>Medical and Dental Expenses</b>	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
<b>Taxes You Paid</b>	5 State and local income taxes .....	5 14,454.
(See page A-3.)	6 Real estate taxes (see page A-3) .....	6 3,682.
	7 Personal property taxes .....	7
	8 Other taxes. List type and amount ► <u>VEHICLE LICENSES</u> 198.	8 198.
	9 Add lines 5 through 8 .....	9 18,334.
<b>Interest You Paid</b> (See page A-3.)	10 Home mortgage interest and points reported to you on Form 1098 .....	10 188.
	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-3 and show that person's name, identifying no., and address ►	11
<b>Note.</b> <b>Personal interest is not deductible.</b>	12 Points not reported to you on Form 1098. ....	12
	13 Investment interest. Attach Form 4952 if required. (See page A-4.) .....	13
	14 Add lines 10 through 13 .....	14 188.
<b>Gifts to Charity</b> If you made a gift and got a benefit for it, see page A-4.	15 Gifts by cash or check. .... SEE STATEMENT 7	15 9,477.
	16 Other than by cash or check. If any gift of \$250 or more, see page A-5. You must attach Form 8283 if over \$500 .... SEE STATEMENT 8	16 100.
	17 Carryover from prior year .....	17
	18 Add lines 15 through 17 .....	18 9,577.
<b>Casualty and Theft Losses</b>	19 Casualty or theft loss(es). Attach Form 4684. (See page A-6) .....	19
<b>Job Expenses and Certain Miscellaneous Deductions</b>	20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-6.) ►	20
'See page A-6.)	21 Tax preparation fees .....	21
	22 Other expenses - investment, safe deposit box, etc. List type and amount ►	22
	23 Add lines 20 through 22 .....	23
	24 Enter amount from Form 1040, line 38 .....	24
	25 Multiply line 24 by 2% (.02) .....	25
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- .....	26
<b>Other Miscellaneous Deductions</b>	27 Other - from list on page A-7. List type and amount ►	27
<b>Total Itemized Deductions</b>	28 Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)? □ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40. [X] Yes. Your deduction may be limited. See page A-7 for the amount to enter. 29 If you elect to itemize deductions even though they are less than your standard deduction, check here ► □	28 26,802.

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

Schedule A (Form 1040) 2006

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

Your social security number

AMY J. KLOBUCHAR & JOHN D. BESSLER

**Schedule B - Interest and Ordinary Dividends**

Attachment  
Sequence No. 08

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

<b>Part III Foreign Accounts and Trusts</b>	You must complete this part if you <b>(a)</b> had over \$1,500 of taxable interest or ordinary dividends; or <b>(b)</b> had a foreign account; or <b>(c)</b> received a distribution from, or were a grantor of, or a transferor to, a foreign trust.	<b>Yes</b>	<b>No</b>
	7a At any time during 2006, 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? .....	X	
	b If "Yes," enter the name of the foreign country ► _____		
	8 During 2006, 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	

**SCHEDULE C-EZ  
(Form 1040)**Department of the Treasury  
Internal Revenue Service**Net Profit From Business  
(Sole Proprietorship)**

- Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.  
► Attach to Form 1040, 1040NR, or 1041. ► See instructions.

OMB No. 1545-0074

**2006**Attachment  
Sequence No. 09A

Name of proprietor

Social security number (SSN)  
[REDACTED]**JOHN D. BESSLER****Part I General Information**

**You May Use  
Schedule C-EZ  
Instead of  
Schedule C  
Only If You:**

- Had business expenses of \$5,000 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as either a sole proprietor or statutory employee.

**And You:**

- Had no employees during the year.
- Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, on page C-4 to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

**A Principal business or profession, including product or service****JOHN BESSLER-WRITER****C Business name. If no separate business name, leave blank.****B Enter code from pages C-8, 9, & 10****► 611000****E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.**

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

**Part II Figure Your Net Profit**

1	Gross receipts. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <b>Statutory Employees</b> in the instructions for Schedule C, line 1, on page C-3 and check here .....	SEE STATEMENT 11 ► <input type="checkbox"/>	1	50.
2	Total expenses (see instructions). If more than \$5,000, you must use Schedule C .....		2	0.
3	Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13. (Statutory employees do not report this amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.) .....		3	50.

**Part III Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2.**

4 When did you place your vehicle in service for business purposes? (month, day, year) ► / / .

5 Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used your vehicle for:

a Business \_\_\_\_\_ b Commuting \_\_\_\_\_ c Other \_\_\_\_\_

6 Do you (or your spouse) have another vehicle available for personal use? .....  Yes  No7 Was your vehicle available for personal use during off-duty hours? .....  Yes  No8a Do you have evidence to support your deduction? .....  Yes  Nob If "Yes," is the evidence written? .....  Yes  No

**SCHEDULE C-EZ  
(Form 1040)**Department of the Treasury  
Internal Revenue Service**Net Profit From Business****(Sole Proprietorship)**

- Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.  
► Attach to Form 1040, 1040NR, or 1041. ► See instructions.

OMB No. 1545-0074

**2006**Attachment  
Sequence No. **09A**

Name of proprietor

Social security number (SSN)  
[REDACTED]**AMY J. KLOBUCHAR****Part I General Information**

**You May Use  
Schedule C-EZ  
Instead of  
Schedule C  
Only If You:**

- Had business expenses of \$5,000 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as either a sole proprietor or statutory employee.

**And You:**

- Had no employees during the year.
- Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, on page C-4 to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

**A Principal business or profession, including product or service****AMY KLOBUCHAR-WRITER****C Business name. If no separate business name, leave blank.****B Enter code from pages C-8, 9, & 10****► 611000****E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.**

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

**Part II Figure Your Net Profit**

**1 Gross receipts. Caution.** If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see **Statutory Employees** in the instructions for Schedule C, line 1, on page C-3 and check here  **SEE STATEMENT 12 ►**

1	278.
---	------

**2 Total expenses** (see instructions). If more than \$5,000, you must use Schedule C

2	0.
---	----

**3 Net profit.** Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13. (Statutory employees do not report this amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.)

3	278.
---	------

**Part III Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 2.

**4 When did you place your vehicle in service for business purposes? (month, day, year) ► / / .**

**5 Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used your vehicle for:**

**a Business** \_\_\_\_\_ **b Commuting** \_\_\_\_\_ **c Other** \_\_\_\_\_

**6 Do you (or your spouse) have another vehicle available for personal use?** \_\_\_\_\_  Yes  No

**7 Was your vehicle available for personal use during off-duty hours?** \_\_\_\_\_  Yes  No

**8a Do you have evidence to support your deduction?** \_\_\_\_\_  Yes  No

**b If "Yes," is the evidence written?** \_\_\_\_\_  Yes  No

HA For Paperwork Reduction Act Notice, see page 2.  
19191  
1-03-06

Schedule C-EZ (Form 1040) 2006

SCHEDULE D  
(Form 1040)

## Capital Gains and Losses

OMB No. 1545-0074

**2006**Attachment  
Sequence No. 12

Department of the Treasury

Internal Revenue Service (99)

► Attach to Form 1040 or Form 1040NR. ► See Instructions for Schedule D (Form 1040).

Name(s) shown on return

Your social security number

AMY J. KLOBUCHAR &amp; JOHN D. BESSLER

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1					

2 Enter your short-term totals, if any, from Schedule D-1, line 2

2

3 Total short-term sales price amounts.

3

Add lines 1 and 2 in column (d)

4 Short-term gain from Form 5252 and short-term gain or (loss)

4

from Forms 4684, 6781, and 8824

5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts  
from Schedule(s) K-1 SEE STATEMENT 13

5

-17.

6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss

6

Carryover Worksheet in the instructions

7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)

7

-17.

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8 WELLINGTON FUND INVESTMENT	VARIOUS	08/04/06	8,000.	7,161.	839.

9 Enter your long-term totals, if any, from Schedule D-1, line 9

9

10 Total long-term sales price amounts.

10

Add lines 8 and 9 in column (d)

8,000.

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and  
long-term gain or (loss) from Forms 4684, 6781, and 8824

11

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts  
from Schedule(s) K-1 SEE STATEMENT 14

12

21.

13 Capital gain distributions

13

164.

14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss  
Carryover Worksheet in the instructions

14

( )

15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to  
Part III on page 2

15

1,024.

HA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

Schedule D (Form 1040) 2006

**Part III Summary**

16	Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below .....	16	<u>1,007.</u>
17	Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> on page D-8 of the instructions .....	► 18	
19	Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> on page D-9 of the instructions .....	► 19	
20	Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the <b>Schedule D Tax Worksheet</b> on page D-10 of the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"><li>• The loss on line 16 or</li><li>• (\$3,000), or if married filing separately, (\$1,500)</li></ul> }	21	( )
	<b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2006

## Qualified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

Name(s) shown on return

AMY J. KLOBUCHAR &amp; JOHN D. BESSLER

Your SSN [REDACTED]

- Before you begin:**
- ✓ See the instructions for line 44 that begin on page 36 to see if you can use this worksheet to figure your tax.
  - ✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

1. Enter the amount from Form 1040, line 43 .....	1. <u>178,624.</u>
2. Enter the amount from Form 1040, line 9b .....	2. <u>143.</u>
3. Are you filing Schedule D?	
<input checked="" type="checkbox"/> Yes. Enter the <b>smaller</b> of line 15 or 16 of Schedule D. If either line 15 or line 16 is a loss enter -0- } ... 3. <u>1,007.</u>	
<input type="checkbox"/> No. Enter the amount from Form 1040, line 13 } ... 3. <u>1,007.</u>	
4. Add lines 2 and 3 .....	4. <u>1,150.</u>
5. If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise enter -0- .....	5. <u>0.</u>
6. Subtract line 5 from line 4. If zero or less, enter -0- .....	6. <u>1,150.</u>
7. Subtract line 6 from line 1. If zero or less, enter -0- .....	7. <u>177,474.</u>
8. Enter the <b>smaller</b> of:	
<ul style="list-style-type: none"> <li>• The amount on line 1, or</li> <li>• \$ 30,650 if single or married filing separately,</li> <li>\$ 61,300 if married filing jointly or qualifying widow(er),</li> <li>\$ 41,050 if head of household.</li> </ul> 61,300.	
9. Is the amount on line 7 equal to or more than the amount on line 8?	
<input checked="" type="checkbox"/> Yes. Skip lines 9 through 11; go to line 12 and check the "No" box.	
<input type="checkbox"/> No. Enter the amount from line 7 ..... 9. _____	
10. Subtract line 9 from line 8 .....	10. _____
11. Multiply line 10 by 5% (.05) .....	11. _____
12. Are the amounts on lines 6 and 10 the same?	
<input type="checkbox"/> Yes. Skip lines 12 through 15; go to line 16.	
<input checked="" type="checkbox"/> No. Enter the <b>smaller</b> of line 1 or line 6 ..... 12. <u>1,150.</u>	
13. Enter the amount from line 10 (if line 10 is blank, enter -0-). ....	13. <u>0.</u>
14. Subtract line 13 from line 12 .....	14. <u>1,150.</u>
15. Multiply line 14 by 15% (.15) .....	15. <u>173.</u>
16. Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies .....	16. <u>39,097.</u>
17. Add lines 11, 15, and 16 .....	17. <u>39,270.</u>
18. Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies .....	18. <u>39,419.</u>
19. <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 17 or line 18. Also include this amount on Form 1040, line 44 .....	19. <u>39,270.</u>

**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

**2006**

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). Report farm rental income or loss from Form 4835 on page 2, line 40.

1	List the type and location 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	KELLY & BERENS, P.A. - ROYALTY		• 14 days or		
B			• 10% of the total days rented at fair rental value?		
C			(See page E-3.)		

Income:	Properties			Totals (Add columns A, B, and C.)	
	A	B	C	3	4
3 Rents received .....	3			3	
4 Royalties received .....	4	1.		4	1.
<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-4) .....	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-4) .....	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.			
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.	
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.	

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

Your social security number [REDACTED]

**Part II Income or Loss From Partnerships and S Corporations** Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See page E-1.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? .....  Yes  No  
If you answered "Yes," see page E-6 before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	KELLY & BERENS, P.A.	S		[REDACTED]	
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss				
		(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A					11.	1,716.
B						
C						
D						
29a	Totals .....					1,716.
b	Totals .....				11.	
30	Add columns (g) and (j) of line 29a .....				30	1,716.
31	Add columns (f), (h), and (i) of line 29b .....				31	( 11. )
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below .....				32	1,705.

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss		
		(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A				
B				
34a	Totals .....			
b	Totals .....			
35	Add columns (d) and (f) of line 34a .....			35
36	Add columns (c) and (e) of line 34b .....			36
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below .....			37

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

19 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below ..... 39

40	
41	1,706.
42	
43	

## INCOME FROM PASTTHROUGH STATEMENT, PAGE 1

2006

**SCHEDULE E**

Name JOHN D. BESSLER  
 Passthrough KELLY & BERENS, P.A.  
 S CORPORATION

SSN/EIN

SPOUSE

ID

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....	1,716.							
Rental real estate income (loss) .....								
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs .....								
Self-charged passive interest expense .....								
Guaranteed payments .....								
Section 179 and carryover .....	11.							
Disallowd section 179 expense .....								
Net income (loss) .....	1,705.							
First passive other .....								
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowd due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....								
Total Schedule E (page 2) .....	1,705.							
<b>FORM 4197</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
-17.								
Net long-term cap. gain (loss) .....								
21.								
Section 1256 contracts & straddles .....								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
47.								
Deductions related to portfolio income								
Other .....								

## INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2006

## SCHEDULE E

Name JOHN D. BESSLER  
 Passthrough KELLY & BERENS, P.A.  
 S CORPORATION

SSN/EIN [REDACTED]  
 SPOUSE [REDACTED]

NONPASSTHROUGH	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....								
Interest from U.S. bonds .....	51.							51.
Ordinary dividends .....	20.							20.
Qualified dividends .....	10.							10.
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc .....								
Royalties .....	1.							
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Qualified production activities income .....								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								

Form 2441

Department of the Treasury  
Internal Revenue Service (99)

## Child and Dependent Care Expenses

OMB No. 1545-0074

2006

Attachment  
Sequence No. 21

Name(s) shown on return

Your social security number

AMY J. KLOBUCHAR & JOHN D. BESSLER

Before you begin: You need to understand the following terms. See Definitions on page 1 of the instructions.

## • Dependent Care Benefits

## • Qualifying Person(s)

## • Qualified Expenses

**Part I Persons or Organizations Who Provided the Care - You must complete this part.**

(If you need more space, use the bottom of page 2.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
SEE STATEMENT 16				

Did you receive dependent care benefits?	No	Complete only Part II below.
	Yes	Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 62, or Form 1040NR, line 57.

**Part II Credit for Child and Dependent Care Expenses**

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

First	(a) Qualifying person's name	Last	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2006 for the person listed in column (a)
ABIGAIL	KLOBUCHAR BESSLER			9,956.

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 33 .....

3 \_\_\_\_\_

4 Enter your earned income. See instructions .....

4 \_\_\_\_\_

5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 .....

5 \_\_\_\_\_

6 Enter the smallest of line 3, 4, or 5 .....

6 \_\_\_\_\_

7 Enter the amount from Form 1040, line 38 Form 1040NR, line 36 .....

7 \_\_\_\_\_

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
\$0 - 15,000	.35	
15,000 - 17,000	.34	
17,000 - 19,000	.33	
19,000 - 21,000	.32	
21,000 - 23,000	.31	
23,000 - 25,000	.30	
25,000 - 27,000	.29	
27,000 - 29,000	.28	

If line 7 is:

Over	But not over	Decimal amount is
\$29,000 - 31,000	.27	
31,000 - 33,000	.26	
33,000 - 35,000	.25	
35,000 - 37,000	.24	
37,000 - 39,000	.23	
39,000 - 41,000	.22	
41,000 - 43,000	.21	
43,000 - No limit	.20	

9 Multiply line 6 by the decimal amount on line 8. If you paid 2005 expenses in 2006, see the instructions .....

9 \_\_\_\_\_

10 Enter the amount from Form 1040, line 46, minus any amount on Form 1040, line 47, or Form 1040NR, line 43, minus any amount on Form 1040NR, line 44 .....

10 40,672. \_\_\_\_\_

11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 48, or Form 1040NR, line 45 .....

11 0. \_\_\_\_\_

HA For Paperwork Reduction Act Notice, see separate instructions.

Form 2441 (2006)

13751 11-02-06

**Part III | Dependent Care Benefits**

12 Enter the total amount of dependent care benefits you received in 2006. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership .....	12	5,000.
13 Enter the amount, if any, you carried over from 2005 and used in 2006 during the grace period. See instructions	13	
14 Enter the amount, if any, you forfeited or carried forward to 2007. See instructions .....	14	( )
15 Combine lines 12 through 14. See instructions .....	15	5,000.
16 Enter the total amount of qualified expenses incurred in 2006 for the care of the qualifying person(s) .....	16	9,956.
17 Enter the smaller of line 15 or 16 .....	17	5,000.
18 Enter your earned income. See instructions .....	18	91,285.
19 Enter the amount shown below that applies to you. • If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see the instructions for the amount to enter. • All others, enter the amount from line 18.	19	120,278.
20 Enter the smallest of line 17, 18, or 19 .....	20	5,000.
21 Enter the amount from line 12 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0- .....	21	
22 Subtract line 21 from line 15 .....	22	5,000.
23 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19) .....	23	5,000.
24 Deductible benefits. Enter the smallest of line 20, 21, or 23. Also, include this amount on the appropriate line(s) of your return. See instructions .....	24	
25 Enter the smaller of line 20 or 23 .....	25	5,000.
26 Enter the amount from line 24 .....	26	
27 Excluded benefits. Subtract line 26 from line 25. If zero or less, enter -0- .....	27	5,000.
28 Taxable benefits. Subtract line 27 from line 22. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB"	28	

To claim the child and dependent care credit,  
complete lines 29-33 below.

29 Enter \$3,000 (\$6,000 if two or more qualifying persons) .....	29	3,000.
30 Add lines 24 and 27 .....	30	5,000.
31 Subtract line 30 from line 29. If zero or less, stop. You cannot take the credit. <b>Exception.</b> If you paid 2005 expenses in 2006, see the instructions for line 9 .....	31	0.
32 Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 30 above. Then, add the amounts in column (c) and enter the total here .....	32	
33 Enter the smaller of line 31 or 32. Also, enter this amount on line 3 on page 1 of this form and complete lines 4-11 .....	33	

6251

Form  
Department of the Treasury  
Internal Revenue Service (99)

## Alternative Minimum Tax - Individuals

OMB No. 1545-0074

2006

Attachment  
Sequence No. 32

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

Your social security number  
[REDACTED]

AMY J. KLOBUCHAR &amp; JOHN D. BESSLER

## Part I Alternative Minimum Taxable Income

1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.) .....	1 188,524.
2 Medical and dental. Enter the <b>smaller</b> of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 38.....	2
3 Taxes from Schedule A (Form 1040), line 9.....	3 18,334.
4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions ...	4
5 Miscellaneous deductions from Schedule A (Form 1040), line 26 .....	5
6 If Form 1040, line 38, is over \$150,500 (over \$75,250 if married filing separately), enter the amount from line 11 of the <b>Itemized Deductions Worksheet</b> on page A-7 of the instructions for Schedule A (Form 1040) .....	6 -1,297.
7 Tax refund from Form 1040, line 10 or line 21 .....	7
8 Investment interest expense (difference between regular tax and AMT) .....	8
9 Depletion (difference between regular tax and AMT) .....	9
10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount .....	10
11 Interest from specified private activity bonds exempt from the regular tax ..... SEE STATEMENT 18	11 12.
12 Qualified small business stock (7% of gain excluded under section 1202).....	12
13 Exercise of incentive stock options (excess of AMT income over regular tax income) .....	13
14 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) .....	14
15 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) .....	15
16 Disposition of property (difference between AMT and regular tax gain or loss) .....	16
17 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) .....	17
18 Passive activities (difference between AMT and regular tax income or loss) .....	18
19 Loss limitations (difference between AMT and regular tax income or loss) .....	19
20 Circulation costs (difference between regular tax and AMT) .....	20
21 Long-term contracts (difference between AMT and regular tax income) .....	21
22 Mining costs (difference between regular tax and AMT) .....	22
23 Research and experimental costs (difference between regular tax and AMT) .....	23
24 Income from certain installment sales before January 1, 1987 .....	24
25 Intangible drilling costs preference .....	25
26 Other adjustments, including income-based related adjustments .....	26
27 Alternative tax net operating loss deduction .....	27
28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$200,100, see instructions) .....	28 205,573.

## Part II Alternative Minimum Tax

29 Exemption. (If this form is for a child under age 18, see instructions.) IF your filing status is ... AND line 28 is not over ... THEN enter on line 29 ... Single or head of household ..... \$112,500 ..... \$42,500 Married filing jointly or qualifying widow(er) ..... 150,000 ..... 62,550 Married filing separately ..... 75,000 ..... 31,275 } ..... STMT 17	29 48,657.
If line 28 is over the amount shown above for your filing status, see instructions.	
30 Subtract line 29 from line 28. If more than zero or you are filing Form 2555 or 2555-EZ, go to line 31. If zero or less and you are not filing Form 2555 or 2555-EZ, enter -0- on lines 33 and 35 and skip the rest of Part II .....	30 156,916.
31 • If you are filing Form 2555 or 2555-EZ, see page 8 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 refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here. • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	31 40,672.
32 Alternative minimum tax foreign tax credit (see instructions) .....	32
33 Tentative minimum tax. Subtract line 32 from line 31 .....	33 40,672.
34 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 for line 44 of Form 1040 must be refigured without using Sch J .....	34 39,270.
35 Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45 .....	35 1,402.

## Part III Tax Computation Using Maximum Capital Gains Rates

36 Enter the amount from Form 6251, line 30 .....	36	156,916.
37 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 refigured for the AMT, if necessary) (see the instructions) .....	37	1,150.
38 Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions) .....	38	
39 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary) .....	39	1,150.
40 Enter the smaller of line 36 or line 39 .....	40	1,150.
41 Subtract line 40 from line 36 .....	41	155,766.
42 If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result .....	42	40,499.
43 Enter: • \$61,300 if married filing jointly or qualifying widow(er), • \$30,650 if single or married filing separately, or • \$41,050 if head of household. }	43	61,300.
44 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- .....	44	177,474.
45 Subtract line 44 from line 43. If zero or less, enter -0- .....	45	0.
46 Enter the smaller of line 36 or line 37 .....	46	1,150.
47 Enter the smaller of line 45 or line 46 .....	47	
48 Multiply line 47 by 5% (.05) .....	48	
49 Subtract line 47 from line 46 .....	49	1,150.
50 Multiply line 49 by 15% (.15) .....	50	173.
If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.		
51 Subtract line 46 from line 40 .....	51	
52 Multiply line 51 by 25% (.25) .....	52	
53 Add lines 42, 48, 50, and 52 .....	53	40,672.
54 If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result .....	54	40,798.
55 Enter the smaller of line 53 or line 54 here and on line 31 .....	55	40,672.

Form 6251 (2006)

## ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)	Social Security Number						
AMY J. KLOBUCHAR & JOHN D. BESSLER	[REDACTED]						
Form Name	Description	Income	Form 6251, Line 16	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251 Other Adjustment
K1 - * KELLY & BERENS, P.A. * REGULAR INCOME * AMT NET INCOME		1,716. 1,716.					

**SCHEDULE H**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Household Employment Taxes**

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

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

► See separate instructions.

OMB No. 1545-1971

**2006**Attachment  
Sequence No. 44

Name of employer

Social security number

AMY J. KLOBUCHAR & JOHN D. BESSLER

Employee identification number

- A** Did you pay **any one** household employee cash wages of \$1,500 or more in 2006? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-3 before you answer this question.)

Yes. Skip lines B and C and go to line 1.  
 No. Go to line B.

- B** Did you withhold federal income tax during 2006 for any household employee?

Yes. Skip line C and go to line 5.  
 No. Go to line C.

- C** Did you pay **total** cash wages of \$1,000 or more in **any calendar quarter** of 2005 or 2006 to **all** household employees?  
 (Do not count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or your parent.)

No. Stop. Do not file this schedule.  
 Yes. Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2006 do not have to complete this form for 2006.)

**Part I Social Security, Medicare, and Income Taxes**

1 Total cash wages subject to social security taxes (see page H-4) .....	1	8 , 213 .	
2 Social security taxes. Multiply line 1 by 12.4% (.124) .....	2	1 , 018 .	
3 Total cash wages subject to Medicare taxes (see page H-4) .....	3	8 , 213 .	
4 Medicare taxes. Multiply line 3 by 2.9% (.029) .....	4	238 .	
5 Federal income tax withheld, if any .....	5		
6 Total social security, Medicare, and income taxes. Add lines 2, 4, and 5 .....	6	1 , 256 .	
7 Advance earned income credit (EIC) payments, if any .....	7		
8 Net taxes (subtract line 7 from line 6) .....	8	1 , 256 .	

- 9** Did you pay **total** cash wages of \$1,000 or more in **any calendar quarter** of 2005 or 2006 to household employees?  
 (Do not count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or your parent.)

No. Stop. Enter the amount from line 8 above on Form 1040, line 62. If you are not required to file Form 1040, see the line 9 instructions on page H-4.

Yes. Go to line 10 on page 2.

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

Schedule H (Form 1040) 2006

10351  
2-01-08

30315 767030 11175

2006.05010 KLOBUCHAR. AMY J.

19

11175 1

**Part II Federal Unemployment (FUTA) Tax**

- |    | Yes                                 | No |
|----|-------------------------------------|----|
| 10 | <input checked="" type="checkbox"/> |    |
| 11 | <input checked="" type="checkbox"/> |    |
| 12 | <input checked="" type="checkbox"/> |    |
- 10 Are you required to pay unemployment contributions to only one state? .....
- 11 Did you pay all state unemployment contributions for 2006 by April 16, 2007? Fiscal year filers, see page H-4. ....
- 12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? .....

Next: If you checked the "Yes" box on all the lines above, complete Section A.

If you checked the "No" box on any of the lines above, skip Section A and complete Section B.

**Section A**

13 Name of the state where you paid unemployment contributions .....	►	MN	16	7,000.
14 State reporting number as shown on state unemployment tax return .....	►	0% RATE		
15 Contributions paid to your state unemployment fund (see page H-4) .....	15			
16 Total cash wages subject to FUTA tax (see page H-4) .....			17	56.
17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26 .....				

**Section B**

18 Complete all columns below that apply (if you need more space, see page H-5):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-	(i) Contributions paid to state unemployment fund
			From	To					

19 Totals.....

20 Add columns (h) and (i) of line 19 .....

21 Total cash wages subject to FUTA tax (see the line 16 instructions on page H-4) .....

22 Multiply line 21 by 6.2% (.062).....

23 Multiply line 21 by 5.4% (.054).....

24 Enter the smaller of line 20 or line 23 .....

25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26 .....

**Part III Total Household Employment Taxes**

26 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0- .....

27 Add line 17 (or line 25) and line 26 .....

28 Are you required to file Form 1040?

Yes. Stop. Enter the amount from line 27 above on Form 1040, line 62. Do not complete Part IV below.

No. You may have to complete Part IV. See page H-5 for details.

**Part IV Address and Signature - Complete this part only if required. See the line 28 instructions on page H-5.**

Address (number and street) or P.O. box if mail is not delivered to street address

Apt., room, or suite no.

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

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

► Employer's signature

► Date

10352  
12-01-06

Schedule H (Form 1040) 2006

## Nondeductible IRAs

OMB No. 1545-0074

**2006**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.

Your social security number  
[REDACTED]AMY J. KLOBUCHARFill 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 2006.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2006 and you made nondeductible contributions to a traditional IRA in 2006 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified hurricane distribution), qualified charitable distribution, conversion; recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2006 (excluding any portion you recharacterized) and you made nondeductible contributions to a traditional IRA in 2006 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2006, including those made for 2006 from January 1, 2007, through April 16, 2007 (see page 5 of the instructions) .....	1	
2	Enter your total basis in traditional IRAs (see page 5 of the instructions) .....	2	19,000.
3	Add lines 1 and 2 .....	3	19,000.
	In 2006, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?	No	Enter the amount from line 3 on line 14. Do not complete the rest of Part I.
		Yes	Go to line 4.
4	Enter those contributions included on line 1 that were made from January 1, 2007, through April 16, 2007 .....	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, 2006, plus any outstanding rollovers. Subtract any repayments of qualified hurricane distributions. If the result is zero or less, enter -0- (see page 5 of the instructions) .....	6	
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2006. Do not include rollovers (other than repayments of qualified hurricane distributions), qualified charitable distributions, 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 2006. Do not include amounts converted that you later recharacterized (see page 6 of the instructions). 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 2006 and earlier years .....	14	19,000.
15a	Subtract line 12 from line 7 .....	15a	
b	Amount on line 15a attributable to qualified hurricane distributions (see page 6 of the instructions). Also enter this amount on Form 8915, 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 6 of the instructions).			

**Part II 2006 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 2006 (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 2006, you cannot convert any amount from traditional, SEP, or SIMPLE IRAs to Roth IRAs for 2006. If you erroneously made a conversion, you must recharacterize (correct) it (see page 6 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 2006. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2006 or 2007 (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 2006. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified hurricane distribution), qualified charitable distribution, recharacterization, or return of certain contributions (see page 7 of the instructions).

19	Enter your total nonqualified distributions from Roth IRAs in 2006 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 Roth IRA conversions (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 hurricane distributions (see page 8 of the instructions). Also enter this amount on Form 8915, 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**  Your signature  Date

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

## Nondeductible IRAs

OMB No. 1545-0074

2006

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.

Your social security number [REDACTED]

JOHN D. BESSLER

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. [REDACTED]

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 2006.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2006 and you made nondeductible contributions to a traditional IRA in 2006 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified hurricane distribution), qualified charitable distribution, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2006 (excluding any portion you recharacterized) and you made nondeductible contributions to a traditional IRA in 2006 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2006, including those made for 2006 from January 1, 2007, through April 16, 2007 (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.
<b>In 2006, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?</b>		No	Enter the amount from line 3 on line 14. Do not complete the rest of Part I.
		Yes	Go to line 4.
4	Enter those contributions included on line 1 that were made from January 1, 2007, through April 16, 2007 .....	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, 2006, plus any outstanding rollovers. Subtract any repayments of qualified hurricane distributions. If the result is zero or less, enter -0- (see page 5 of the instructions) .....	6	
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2006. Do not include rollovers (other than repayments of qualified hurricane distributions), qualified charitable distributions, 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 2006. Do not include amounts converted that you later recharacterized (see page 6 of the instructions). 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 2006 and earlier years .....	14	15,000.
15a	Subtract line 12 from line 7 .....	15a	
b	Amount on line 15a attributable to qualified hurricane distributions (see page 6 of the instructions). Also enter this amount on Form 8915, line 22 .....	15b	
c	<b>Taxable amount.</b> 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	
<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 6 of the instructions).</i>			

**Part II 2006 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 2006 (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 2006, you cannot convert any amount from traditional, SEP, or SIMPLE IRAs to Roth IRAs for 2006. If you erroneously made a conversion, you must recharacterize (correct) it (see page 6 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 2006. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2006 or 2007 (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 2006. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified hurricane distribution), qualified charitable distribution, recharacterization, or return of certain contributions (see page 7 of the instructions).

19	Enter your total nonqualified distributions from Roth IRAs in 2006 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 Roth IRA conversions (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 hurricane distributions (see page 8 of the instructions). Also enter this amount on Form 8915, 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.

► Your signature

Date

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

Form 8889

## Health Savings Accounts (HSAs)

OMB No. 1545-0074

2006

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

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

► Attach to Form 1040 or Form 1040NR.

► See separate instructions.

AMY J. KLOBUCHARSocial security number of HSA  
beneficiary. If both spouses have  
HSAs, see page 2 of the instructions ► [REDACTED]

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See page 2 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 (see page 2 of the instructions).

- |   |   |
|---|---|
| 1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2006 (see page 2 of the instructions) ..... | ► <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family |
| 2   |   |
| 3   |   |
| 4   |   |
| 5   |   |
| 6   |   |
| 7   |   |
| 8   |   |
| 9 3,938.  |   |
| 10 0.   |   |
| 11  |   |
- All others, enter the limitation from the worksheet on page 3 of the instructions .....
- 2 HSA contributions you made for 2006 (or those made on your behalf), including those made from January 1, 2007, through April 16, 2007, that were for 2006. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see page 2 of the instructions) .....
- 3 If you were under age 55 at the end of 2006, and on the first day of every month during 2006, you were an eligible individual with the same annual deductible and coverage, enter the smaller of:
- Your annual deductible (see page 3 of the instructions), or
  - \$2,700 (\$5,450 for family coverage).
- 4 Enter the amount you and your employer contributed to your Archer MSAs for 2006 from Form 8853, lines 3 and 4. If you or your spouse had family coverage under an HDHP at any time during 2006, 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 2006, see the instructions on page 3 for the amount to enter .....
- 7 If you were age 55 or older at the end of 2006, married, and you or your spouse had family coverage under an HDHP at any time during 2006, enter your additional contribution amount (see page 4 of the instructions) .....
- 8 Add lines 6 and 7 .....
- 9 Employer contributions made to your HSAs for 2006 .....
- 10 Subtract line 9 from line 8. If zero or less, enter -0- .....
- 11 **HSA deduction.** Enter the smaller of line 2 or line 10 here and on Form 1040, line 25, or Form 1040NR, line 25 .....
- Caution: If line 2 is more than line 11, you may have to pay an additional tax (see page 4 of the instructions).*

**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.

- |   |            |
|---|------------|
| 12a Total distributions you received in 2006 from all HSAs (see page 5 of the instructions) ..... | 12a 1,553. |
| 12b   |            |
| 12c 1,553.  |            |
| 13 1,553.   |            |
| 14 0.   |            |
| 15a   |            |
| 10% Tax (see page 5 of the instructions), check here ► <input type="checkbox"/>                   |            |
| 15b   |            |
- a Distributions included on line 12a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 12a that were withdrawn by the due date of your return (see page 5 of the instructions) .....
- c Subtract line 12b from line 12a .....
- 13 Unreimbursed qualified medical expenses (see page 5 of the instructions) .....
- 14 **Taxable HSA distributions.** Subtract line 13 from line 12c. 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 .....
- 15a If any of the distributions included on line 14 meet any of the Exceptions to the Additional 10% Tax (see page 5 of the instructions), check here ►
- b Additional 10% tax (see page 5 of the instructions). Enter 10% (.10) of the distributions included on line 14 that are subject to the additional 10% tax. Also include this amount in the total on Form 1040, line 63, or Form 1040NR, line 58. On the dotted line next to Form 1040, line 63, or Form 1040NR, line 58, enter "HSA" and the amount .....

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

Form 8889 (2006)

120381  
12-08-06

30315 767030 11175

2006.05010 KLOBUCHAR. AMY J.

Depreciation and Amortization  
(Including Information on Listed Property) SUMMARY

OMB No. 1545-0172

2006

Attachment  
Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

AMY J. KLOBUCHAR &amp; JOHN D. BESSLER

ALL BUSINESS ACTIVITIES

**Part I** Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses .....	1	108,000.
2 Total cost of section 179 property placed in service (see instructions) .....	2	0.
3 Threshold cost of section 179 property before reduction in limitation .....	3	430,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	0.
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	108,000.

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

**TOTAL ALLOWABLE PASS-THROUGH SECTION 179 EXPENSE** 11.

7 Listed property. Enter the amount from line 29 .....	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	11.
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	9	11.
10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562 .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	108,000.
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	12	11.
13 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12 ► 13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II** Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year .....	14	
15 Property subject to section 168(f)(1) election .....	15	
16 Other depreciation (including ACRS) .....	16	

**Part III** MACRS Depreciation (Do not include listed property.) (See instructions.)

## Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2006 .....	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► <input type="checkbox"/>		

## Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

## Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs.		S/L
c 40-year	/		40 yrs.	MM	S/L

**Part IV** Summary (see instructions)

21 Listed property. Enter amount from line 28 .....	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	



RM 1040

## STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 1

2005

2004

2003

## MINNESOTA

GROSS STATE/LOCAL INC TAX REFUNDS  
IS: TAX PAID IN FOLLOWING YEAR

1,076.

TAX REFUNDS MINNESOTA

1,076.

TOTAL NET TAX REFUNDS

1,076.

RM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT		
		2005	2004	2003
1 TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	1,076.			
2S:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION	1,076.			
NET REFUNDS FOR RECALCULATION				
TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	25,541.			
DEDUCTION NOT SUBJ TO PHASEOUT				
NET REFUNDS FROM LINE 1				
LINE 2 MINUS LINES 3 AND 4	25,541.			
MULTIPLY LINE 5 BY 80% (.80)	20,433.			
PRIOR YEAR AGI	197,760.			
ITEM. DED. PHASEOUT THRESHOLD	145,950.			
SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	51,810.			
MULTIPLY LINE 9 BY 3% (.03)	1,554.			
ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	23,987.			
ITEM DED. NOT SUBJ TO PHASEOUT				
TOTAL ADJ. ITEMIZED DEDUCTIONS	23,987.			
PRIOR YR. STD. DED. AVAILABLE	10,000.			
PRIOR YR. ALLOWABLE ITEM. DED.	23,987.			
SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14				
TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)				
ALLOWABLE PRIOR YR. ITEM. DED.	23,987.			
PRIOR YEAR STD. DED. AVAILABLE	10,000.			
SUBTRACT LINE 18 FROM LINE 17	13,987.			
LESSER OF LINE 16 OR LINE 19				
PRIOR YEAR TAXABLE INCOME	164,173.			
AMOUNT TO INCLUDE ON FORM 1040, LINE 10				
* IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20				
* IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21	0.			
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2003				
TOTAL TO FORM 1040, LINE 10	0.			

RM 1040	TAX-EXEMPT INTEREST	STATEMENT 3
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NAME OF PAYER	AMOUNT
JVERT	67.
OTAL TO FORM 1040, LINE 8B	67.

RM 1040	WAGES RECEIVED AND TAXES WITHHELD	STATEMENT 4
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EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
MINNEPIN COUNTY	91,007.	18,372.	5,852.		5,840.	1,562.
KELLY & BERENS P A	117,528.	30,269.	8,483.		5,840.	1,922.
UNIVERSITY OF MINNESOTA	2,700.	255.	119.		167.	39.
ALS	211,235.	48,896.	14,454.		11848.	3,523.

M 1040	QUALIFIED DIVIDENDS	STATEMENT 5
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E OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
GUARD US GROWTH FUND INVESTOR	23.	23.
GUARD WELLINGTON FUND	245.	110.
M K-1 - KELLY & BERENS, P.A.	20.	10.
OTAL INCLUDED IN FORM 1040, LINE 9B		143.

RM 1040

## EXCESS SOCIAL SECURITY TAX WORKSHEET

STATEMENT 6

TAXPAYER SPOUSE

ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN \$5,840.40 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE . . . . .	5,840.	6,007.
ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON FORM 1040, LINE 63 . . . . .		
ADD LINES 1 AND 2 . . . . .	5,840.	6,007.
SOCIAL SECURITY TAX LIMIT . . . . .	5,840.	5,840.
SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN FORM 1040, LINE 67. . . . .	0.	167.

EDULE A	CASH CONTRIBUTIONS	STATEMENT	7
SCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	
CELLANEous M K-1 - KELLY & BERENS, P.A.	9,430. 47.		
TOTALS	9,477.		
AL TO SCHEDULE A, LINE 15		9,477.	

EDULE A	CONTRIBUTIONS OTHER THAN CASH OR CHECK	STATEMENT	8	
SCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
DWILL		100.		
TOTALS		100.		
AL TO SCHEDULE A, LINE 16			100.	

SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 9
ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27 . . . . .		28,099.
ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 13, AND 19, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 27 . . . . .		0.
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 28.		
IF YES, SUBTRACT LINE 2 FROM LINE 1 . . . . .		28,099.
MULTIPLY LINE 3 BY 80% (.80) . . . . .	22,479.	
ENTER THE AMOUNT FROM FORM 1040, LINE 38 . . . . .	215,326.	
ENTER: \$150,500 (\$75,250 IF MARRIED FILING SEPARATELY) . . . . .	150,500.	
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 28.		
IF YES, SUBTRACT LINE 6 FROM LINE 5 . . . . .	64,826.	
MULTIPLY LINE 7 BY 3% (.03) . . . . .	1,945.	
ENTER THE SMALLER OF LINE 4 OR LINE 8 . . . . .	1,945.	
DIVIDE LINE 9 BY 3 . . . . .	648.	
SUBTRACT LINE 10 FROM LINE 9 . . . . .	1,297.	
TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28 . . . . .		26,802.

SCHEDULE B	TAX-EXEMPT INTEREST	STATEMENT 10
NAME OF PAYER		AMOUNT
VERIT		67.
ALL TAX-EXEMPT INTEREST TO SCHEDULE B, LINE 1		67.

SCHEDULE C-EZ	GROSS RECEIPTS	STATEMENT 11
DESCRIPTION		AMOUNT
SS RECEIPTS		50.
ALL TO SCHEDULE C-EZ, LINE 1		50.

SCHEDULE C-EZ	GROSS RECEIPTS	STATEMENT 12
DESCRIPTION		AMOUNT
VALTIES		278.
AL TO SCHEDULE C-EZ, LINE 1		278.
		=====
SCHEDULE D	NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 13
SCRIPTION OF ACTIVITY		GAIN OR LOSS
LY & BERENS, P.A.		-17.
AL TO SCHEDULE D, PART I, LINE 5		-17.
		=====
SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 14
SCRIPTION OF ACTIVITY		GAIN OR LOSS
LY & BERENS, P.A.		21.
AL TO SCHEDULE D, PART II, LINE 12		21.
		=====
SCHEDULE D	CAPITAL GAIN DISTRIBUTIONS	STATEMENT 15
E OF PAYER		TOTAL CAPITAL GAIN
GUARD WELLINGTON FUND		164.
ALS TO SCHEDULE D, LINE 13		164.
		=====

RM 2441

PERSONS OR ORGANIZATIONS WHO PROVIDED THE CARE

STATEMENT 16

NAME	ADDRESS	ID NO.	AMOUNT PAID
RAH BROWN	[REDACTED]	[REDACTED]	65.
MINNEAPOLIS KIDS CHILD CARE	[REDACTED]	[REDACTED]	1,050.
ICA SIVERTSON	[REDACTED]	[REDACTED]	8,841.

RM 6251

### **EXEMPTION WORKSHEET**

STATEMENT 17

M 6251

INTEREST FROM SPECIFIED PRIVATE ACTIVITY BONDS STATEMENT 18

CRYPTATION

**AMOUNT**

VERIT

12.

AT TO FORM 6251 LINE 11

12

# 2006 TAX RETURN FILING INSTRUCTIONS

## MINNESOTA INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2006

Prepared for	AMY J. KLOBUCHAR & JOHN D. BESSLER [REDACTED]
Prepared by	OCEL HEIMER & LINDSEY, LTD [REDACTED]
Amount of tax	Total tax \$ 13,567 Less: payments and credits \$ 14,767 Plus: interest and penalties \$ 0 <b>OVERPAYMENT</b> \$ 1,200
Overpayment	Miscellaneous Donations \$ 50 Credited to your estimated tax \$ 0 Refunded to you \$ 1,150
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE MDOR.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

Please print and leave unused boxes blank. DO NOT USE STAPLES on anything you submit.

Mark an  
X if a  
foreign  
address:

AMY	J	KLOBUCHAR
JOHN	D	BESSLER

**2006 federal filing status**  
(mark an X in one box only):

- (1) Single       (2) Married filing joint  
       (4) Head of Household      (5) Qualifying widow(er)

(3) Married filing separate:  
     Enter spouse's name and  
     Social Security number here

Your code: Spouse's code:

**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:**

Independence .....	11	Green .....	14
Republican .....	12	General Campaign	
Democratic Farmer-Labor 13		Fund .....	15

13                  13

From your federal return (for line references see instructions, page 9), enter the amount of:  
 A Wages, salaries, tips, etc.:      B IRA, Pensions and annuities:      C Unemployment:      D Federal adjusted gross income:

211235

215326

1	Federal taxable income (from line 43 of federal Form 1040, line 27 of Form 1040A, or line 6 of Form 1040EZ) .....	1 ■	178624
2	State income tax or sales tax addition. If you itemized deductions on federal Form 1040, complete the worksheet on page 9 of the instructions .....	STMT 1 2 ■	14454
3	Other additions to your income, including non-Minnesota bond interest (see instructions, page 10, and enclose Schedule M1M) .....	3 ■	
4	Add lines 1 through 3 (if a negative number, mark an X) .....	4	193078
5	State income tax refund from line 10 of your federal Form 1040 .....	5 ■	
6	Net interest or mutual fund dividends from U.S. bonds .....	6 ■	
7	Education expenses you paid for your qualifying children in grades K-12 (see instructions, page 10). Enter the name and grade of each child: ..... <b>ABIGAIL KLOB / 6</b>	7 ■	1625
8	Other subtractions (see instructions, page 12, and enclose Schedule M1M) .....	8 ■	
9	Total subtractions. Add lines 5 through 8 .....	9	1625
10	Minnesota taxable income. Subtract line 9 from line 4 (if result is zero or less, leave blank) .....	10	191453
11	Tax from the table on pages 22-27 of the M1 instructions .....	11	13567
12	Alternative minimum tax (enclose Schedule M1MT) .....	12 ■	
13	Add lines 11 and 12 .....	13	13567
14	Full-year residents: Enter the amount from line 13 on line 14. Skip lines 14a and 14b. Part-year residents and nonresidents: From Schedule M1NR, enter amount from line 22 on line 14a, from line 23 on line 14b, and the tax from line 26 on line 14 (enclose schedule)		
a.	b.	14	13567
15	Tax on lump-sum distribution (enclose Schedule M1LS) .....	15 ■	
16	Tax before credits. Add lines 14 and 15 .....	16	13567

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

17 Tax before credits. Amount from line 16 .....	17	13567
18 Marriage credit for joint return when both spouses have taxable earned income or taxable retirement income ( <i>determine from instructions, page 15</i> ) .....	18 ■	313
19 Credit for long-term care insurance premiums paid (enclose Schedule M1LTI) .....	19 ■	
20 Credit for taxes paid to another state (enclose Schedule M1CR) .....	20 ■	
21 Alternative minimum tax credit (enclose Schedule M1MTC) .....	21 ■	
22 Total credits against tax. Add lines 18 through 21 .....	22	313
23 Subtract line 22 from line 17 ( <i>if result is zero or less, leave blank</i> ) .....	23	13254
24 Nongame Wildlife Fund contribution. This will reduce your refund or increase amount owed .....	24 ■	50
25 Add lines 23 and 24 .....	25	13304
26 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> ) .....	26 ■	14454
27 Minnesota estimated tax and extension (Form M13) payments made for 2006 .....	27 ■	
28 Child and dependent care credit ( <i>enclose Schedule M1CD</i> ). Enter number of qualifying persons here: .....	28 ■	
29 Minnesota working family credit ( <i>enclose Schedule M1WFC</i> ). Enter number of qualifying children here: .....	29 ■	
30 K-12 education credit ( <i>enclose Schedule M1ED</i> ). Enter number of qualifying children here: .....	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 26 through 32 .....	33	14454
34 REFUND. If line 33 is more than line 25, subtract line 25 from line 33 (see <i>instructions, page 17</i> ). For direct deposit, complete line 35 .....	34 ■	1150
35 FAST REFUNDS! For direct deposit of the full refund on line 34, enter:		
Checking      Savings		
36 AMOUNT YOU OWE. If line 25 is more than line 33, subtract line 33 from line 25 ( <i>see instructions, page 18</i> ) .....	Make check out to Minnesota Revenue and enclose Form M60	36 ■
37 Penalty amount from Schedule M15 ( <i>see instructions, page 18</i> ). Also subtract this amount from line 34 or add it to line 36 ( <i>enclose Schedule M15</i> ) .....	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 2007 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 2006 federal return and schedules.  
Mail to: Minnesota Individual Income Tax

St. Paul, MN 55145-0010



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

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

**MINNESOTA • REVENUE**  
**Minnesota Income Tax Withheld 2006**

0631

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 26 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 seven 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		91007	5852
2	X		117528	8483
2			2700	119

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 14454

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, if any  
(add line 30 of Schedule KPI, line 28 of Schedule KS and line 10 of Schedule KF) ..... 3

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

Enter the total here and on line 26 of Form M1 ..... 4 14454

**MINNESOTA • REVENUE**  
**Alternative Minimum Tax 2006**

**Schedule M1MT**  
 Sequence #9

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.

Additions

1 Federal adjusted gross income (from line 37 of federal Form 1040) .....	1	215,326.
2 Medical and dental adjustment (from line 2 of federal Form 6251) .....	2	
3 Other adjustments and preferences (combine lines 8 through 27 of federal Form 6251) .... <b>STMT 2</b>	3	12.
4 Other additions from Schedule M1M (add lines 4, 6 and 7 of Schedule M1M) .....	4	
5 State and municipal bond interest from outside Minnesota (determine from instructions) .....	5	
6 Intangible drilling costs (determine from instructions) .....	6	
7 Depletion (determine from instructions) .....	7	
8 Add lines 1 through 7 .....	8	215,338.

Allowable federal  
 deductions

9 Medical and dental deduction (from line 4 of federal Schedule A) .....	9	
10 Investment interest expense (from line 13 of federal Schedule A) .....	10	
11 Charitable contributions (from line 18 of federal Schedule A) .....	11	9,577.
12 Casualty and theft losses (determine from instructions) .....	12	
13 Impairment-related work expenses of a disabled person <i>(included on line 27 of federal Schedule A)</i> .....	13	

Minnesota  
 subtractions

14 State income tax refund (from line 10 of federal Form 1040) .....	14	
15 Federal bonus depreciation subtraction (from line 12 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 <i>(from line 22 of Schedule M1M)</i> .....	17	
18 Other subtractions from Schedule M1M <i>(add lines 14, 16-20 and 23 of Schedule M1M)</i> .....	18	
19 Add lines 9 through 18 .....	19	9,577.

Determining Minnesota  
 alternative minimum tax

20 Subtract line 19 from line 8 .....	20	205,761.
21 If married and filing a joint return, or qualifying widow(er): enter \$60,000 If married and filing a separate return: enter \$30,000 If single or head of household: enter \$45,000 .....	21	60,000.
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 <i>(if result is zero or less, enter 0)</i> .....	23	55,761.
24 Multiply line 23 by 25% (.25) .....	24	13,940.
25 Subtract line 24 from line 21 <i>(if result is zero or less, enter 0)</i> .....	25	46,060.
26 Subtract line 25 from line 20 .....	26	159,701.
27 Multiply line 26 by 6.4% (.064) .....	27	10,221.
28 Tax from the table (from line 11 of Form M1) .....	28	13,567.
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. <i>(If line 28 is more than line 27, see instructions on how to continue)</i> .....	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.

I116  
 I59141  
 10-12-08



M1	STATE INCOME TAX OR SALES TAX	STATEMENT 1
----	-------------------------------	-------------

DESCRIPTION	AMOUNT
TOTAL ITEMIZED DEDUCTIONS FROM FEDERAL SCHEDULE A, LINE 28	26,802.
TABLE AMOUNT	10,300.
SUBTRACT STEP 2 FROM STEP 1	16,502.
STATE INCOME OR SALES TAX FROM FEDERAL SCHEDULE A, LINE 5	14,454.
SMALLER OF STEP 3 OR STEP 4 TO FORM M1, PAGE 1, LINE 2	14,454.

SCHEDULE M1MT	OTHER ADJUSTMENTS AND PREFERENCES	STATEMENT 2
---------------	-----------------------------------	-------------

DESCRIPTION	AMOUNT
-EXEMPT INTEREST FROM PRIVATE ACTIVITY BONDS	12.
BAL TO SCHEDULE M1MT, LINE 3	12.