

Form		1040 Department of the Treasury—Internal Revenue Service (99)		2012 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space	
For the year Jan. 1–Dec. 31 2012 or other tax year beginning		2012 ending 20		See separate instructions	
Your first name and initial AMY J		Last name KLOBUCHAR		Your social security number [REDACTED]	
If a joint return spouse's first name and initial JOHN D		Last name BESSLER		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions [REDACTED]				Apt. no	<input type="checkbox"/> Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions) [REDACTED]				Presidential Election Campaign Check here if you or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund	
Foreign country name		Foreign province/state/county		Foreign postal code	
Filing Status		1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately Enter spouse's SSN above and full name here ♦			
		4 <input type="checkbox"/> Head of household (with qualifying person) (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ♦ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child			
Exemptions		6a <input checked="" type="checkbox"/> Yourself If someone can claim you as a dependent do not check box 6b 6b <input checked="" type="checkbox"/> Spouse c Dependents			
		(1) First name ABIGAIL	Last name K BESSLER	(2) Dependent's social security number [REDACTED]	(3) Dependent's relationship to you DAUGHTER
If more than four dependents see instructions and check here ♦		(4) <input checked="" type="checkbox"/> If child under age 17 qual for child tax credit (see instr.) • lived with you 1 • did not live with you due to divorce or separation (see instructions)			
		Dependents on 6c not entered above			
		Add numbers on lines above ♦ 3			
Income		7 Wages salaries tips etc Attach Form(s) W-2 8a Taxable interest Attach Schedule B if required b Tax-exempt interest Do not include on line 8a 9a Ordinary dividends Attach Schedule B if required b Qualified dividends			
Attach Form(s) W-2 here Also attach Forms W-2G and 1099-R if tax was withheld		10 Taxable refunds credits or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss) Attach Schedule C or C-EZ 13 Capital gain or (loss) Attach Schedule D if required If not required check here ♦			
If you did not get a W-2 see instructions		14 Other gains or (losses) Attach Form 4797 15a IRA distributions 16a Pensions and annuities			
Enclose but do not attach any payment Also please use Form 1040-V		17 Rental real estate royalties partnerships S corporations trusts etc Attach Schedule E 18 Farm income or (loss) Attach Schedule F 19 Unemployment compensation 20a Social security benefits			
		b Taxable amount b Taxable amount b Taxable amount			
		21 Other income List type and amount			
		22 Combine the amounts in the far right column for lines 7 through 21 This is your total income ♦ 241,299			
Adjusted Gross Income		23 Educator expenses 24 Certain business expenses of reservists performing artists and fee-basis government officials Attach Form 2106 or 2106-EZ 25 Health savings account deduction Attach Form 8889 26 Moving expenses Attach Form 3903 27 Deductible part of self-employment tax Attach Schedule SE 28 Self-employed SEP SIMPLE and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ♦			
		32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees Attach Form 8917 35 Domestic production activities deduction Attach Form 8903 36 Add lines 23 through 35			
		37 Subtract line 36 from line 22 This is your adjusted gross income ♦ 241,299			

AMY J KLOBUCHAR JOHN D BESSLER

Page 2

Tax and Credits**Standard Deduction for—**

People who check any box on line 38a or 38b or who can be claimed as a dependent, see instructions

All others

Single or Married filing separately \$5 950

Married filing Jointly or Qualifying widow(er) \$11 900

Head of household \$8 700

38	Amount from line 37 (adjusted gross income)	38	241,299
39a	Check if <input type="checkbox"/> You were born before January 2 1948 <input type="checkbox"/> Spouse was born before January 2 1948	<input type="checkbox"/> Blind <input type="checkbox"/> Total boxes checked	39a
b	If your spouse itemizes on a separate return or you were a dual-status alien check here <input type="checkbox"/>	39b	<input type="checkbox"/>
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	31,173
41	Subtract line 40 from line 38	41	210,126
42	Exemptions Multiply \$3 800 by the number on line 6d	42	11,400
43	Taxable Income Subtract line 42 from line 41 If line 42 is more than line 41 enter -0-	43	198,726
44	Tax (see Instr) Check if any form 8814 b <input type="checkbox"/> Form c <input type="checkbox"/> 882 44 <input type="checkbox"/> 4972 <input type="checkbox"/> elec.	44	43,422
45	Alternative minimum tax (see instructions) Attach Form 6251	45	904
46	Add lines 44 and 45	46	44,326
47	Foreign tax credit Attach Form 1116 If required	47	
48	Credit for child and dependent care expenses Attach Form 2441	48	
49	Education credits from Form 8863 line 19	49	
50	Retirement savings contributions credit Attach Form 8880	50	
51	Child tax credit Attach Schedule 8812 if required	51	
52	Residential energy credits Attach Form 5695	52	
53	Other credits from Form 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53 These are your total credits	54	
55	Subtract line 54 from line 46 If line 54 is more than line 46, enter -0-	55	44,326

Other Taxes

56	Self-employment tax Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs other qualified retirement plans etc Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First time homebuyer credit repayment Attach Form 5405 if required	59b	
60	Other taxes Enter code(s) from instructions	60	
61	Add lines 55 through 60 This is your total tax	61	44,326

Payments

If you have a qualifying child attach Schedule EIC

62	Federal income tax withheld from Forms W 2 and 1099	62	59,594
63	2012 estimated tax payments and amount applied from 2011 return	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election <input type="checkbox"/> 64b	65	
65	Additional child tax credit Attach Schedule 8812	66	
66	American opportunity credit from Form 8863 line 8	67	
67	Reserved	68	
68	Amount paid with request for extension to file	69	
69	Excess social security and tier 1 RRTA tax withheld	69	95
70	Credit for federal tax on fuels Attach Form 4136	70	
71	Credits from Form a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 62 63 64a and 65 through 71 These are your total payments	72	59,689

Refund

73	If line 72 is more than line 61 subtract line 61 from line 72 This is the amount you overpaid	73	15,363
74a	Amount of line 73 you want refunded to you If Form 8888 is attached check here <input type="checkbox"/>	74a	15,363

Direct deposit?

See instructions

◆ b Routing number c Type Checking Savings

◆ d Account number XXXXXXXXXXXXXXXXXXXX

75 Amount of line 73 you want applied to your 2013 estimated tax 75

Amount You Owe

76 Amount you owe Subtract line 72 from line 61 For details on how to pay see instructions

77 Estimated tax penalty (see instructions) 77

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes Complete below

Personal identification number (PIN)

Phone no

No

Designee's name NANCY HEIMER

Joint return?

See instr

Keep a copy for your records

Under penalties of perjury I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief they are true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Your signature

Date

Your occupation

US SENATOR

Daytime phone number

Spouse's signature If a joint return, both must sign

Date

Spouse's occupation

ATTORNEY

If the IRS sent you an Identity Protection PIN enter it here (see instr)

Paid

NANCY HEIMER

Date

Check

if self-employed

PTIN

Preparer

Firm's name HEIMER DIXON ASSOCIATES LTDFirm's EIN

Use Only

Firm's address

Phone no

SCHEDULE A
(Form 1040)Department of the Treasury
Internal Revenue Service
(99)**Itemized Deductions**► Information about Schedule A and its separate instructions is at www.irs.gov/form1040

► Attach to Form 1040

OMB No. 1545-0074

2012Attachment
Sequence No. **07**

Name(s) shown on Form 1040

AMY J KLOBUCHAR & JOHN D BESSLER

Your social security number [REDACTED]

Medical and Dental Expenses	Caution Do not include expenses reimbursed or paid by others		
	1 Medical and dental expenses (see instructions)	1	
	2 Enter amount from Form 1040 line 32 241,299		
	3 Multiply line 2 by 7 5% (075)	18,097	
Taxes You Paid	4 Subtract line 3 from line 1 If line 3 is more than line 1 enter -0-		4
	5 State and local (check only one box)	5	16,370
	a <input checked="" type="checkbox"/> Income taxes or } b <input type="checkbox"/> General sales taxes }		
	6 Real estate taxes (see instructions)	6	4,820
	7 Personal property taxes	7	302
	8 Other taxes List type and amount ►	8	
	9 Add lines 5 through 8	9	21,492
	10 Home mortgage interest and points reported to you on Form 1098	10	
	11 Home mortgage interest not reported to you on Form 1098 If paid to the person from whom you bought the home see instructions and show that person's name identifying no and address		
Note Your mortgage interest deduction may be limited (see instructions)	12 Points not reported to you on Form 1098 See instructions for special rules	11	
	13 Mortgage insurance premiums (see instructions)	12	
	14 Investment interest Attach Form 4952 if required (See instructions)	13	
	15 Add lines 10 through 14	14	
	16 Gifts by cash or check If you made any gift of \$250 or more see instructions	15	
	17 Other than by cash or check If any gift of \$250 or more see instructions You must attach Form 8283 if over \$500	16	4,165
Gifts to Charity	18 Carryover from prior year	17	620
	19 Add lines 16 through 18	18	
		19	4,785
Casualty and Theft Losses	20 Casualty or theft loss(es) Attach Form 4684 (See Instructions)	20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel union dues job education etc Attach Form 2106 or 2106-EZ if required (See instructions) ► SEE STATEMENT 1	21	8,847
	22 Tax preparation fees	22	875
	23 Other expenses—investment safe deposit box etc List type and amount ►	23	
	24 Add lines 21 through 23	24	9,722
	25 Enter amount from Form 1040 line 325 241,299		
	26 Multiply line 25 by 2% (02)	26	4,826
	27 Subtract line 26 from line 24 If line 26 is more than line 24, enter -0-	27	4,896
Other Miscellaneous Deductions	28 Other—from list in instructions List type and amount ►	28	
Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28 Also enter this amount on Form 1040 line 40	29	31,173
	30 If you elect to itemize deductions even though they are less than your standard deduction check here ► <input type="checkbox"/>		

For Paperwork Reduction Act Notice see Form 1040 instructions

Schedule A (Form 1040) 2012

SCHEDULE B

(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

OMB No 1545-0074

2012

**Attachment
Sequence No.**

08

► Information about Schedule B (Form 1040A or 1040) and its Instructions is at www.irs.gov/form1040

Name(s) shown on return

AMY J KLOBUCHAR & JOHN D BESSLER

Your social security number

Part I		Amount
Interest	1 List name of payer If any interest is from a seller financed mortgage and the buyer used the property as a personal residence see Instructions on back and list this interest first Also show that buyer's social security number and address ◆ TRUSTONE FINANCIAL	137
(See instructions on back and the instructions for Form 1040A or Form 1040 line 8a)		
Note If you received a Form 1099-INT Form 1099-OID or substitute statement from a brokerage firm list the firm's name as the payer and enter the total interest shown on that form		
2 Add the amounts on line 1 Excludeable Interest on series EE and I U S savings bonds issued after 1989 Attach Form 8815		2 137
3		3
4 Subtract line 3 from line 2 Enter the result here and on Form 1040A or Form 1040, line 8a		4 137
Note If line 4 is over \$1 500, you must complete Part III		
Part II		Amount
Ordinary Dividends (See instructions on back and the instructions for Form 1040A or Form 1040 line 9a)		6
Note If you received a Form 1099-DIV or substitute statement from a brokerage firm list the firm's name as the payer and enter the ordinary dividends shown		6
5 List name of payer ◆		
6 Add the amounts on line 5 Enter the total here and on Form 1040A or Form 1040, line 9a		6
Note If line 6 is over \$1.500, you must complete Part III		

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

Part III Foreign Accounts and Trusts (See instructions on back)	7a At any time during 2012 did you have a financial interest in or signature authority over a financial account (such as a bank account securities account or brokerage account) located in a foreign country? See Instructions If Yes are you required to file Form TD F 90-22 1 to report that financial interest or signature authority? See Form TD F 90-22 1 and its instructions for filing requirements and exceptions to those requirements b If you are required to file Form TD F 90-22 1 enter the name of the foreign country where the financial account is located ◆ 8 During 2012 did you receive a distribution from or were you the grantor of or transferor to a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back
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**SCHEDULE C
(Form 1040)**
Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No 1545-0074

2012

Attachment Sequence No 09

- ◆ For Information on Schedule C and its Instructions go to www.irs.gov/schedulec
 ◆ Attach to Form 1040, 1040NR or 1041, partnerships generally must file Form 1065

Name of proprietor

JOHN D BESSLER

Social security number (SSN)

A Principal business or profession including product or service (see instructions)
AUTHOR
B Enter code from instructions
◆ 711510
C Business name If no separate business name leave blank
JOHN D BESSLER
D Employer ID number (EIN), (see intr.)
E Business address (including suite or room no) ◆
City, town or post office, state, and ZIP code
MN
F Accounting method (1) Cash (2) Accrual (3) Other (specify) ◆
G Did you materially participate in the operation of this business during 2012? If No see instructions for limit on losses
 Yes No

H If you started or acquired this business during 2012 check here
 Yes No

I Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions)
 Yes No

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

Part I Income
1 Gross receipts or sales See instructions for line 1 and check the box if this income was reported to you on Form W 2 and the Statutory employee box on that form was checked
 1 **1,000**
2 Returns and allowances (see instructions)
 2

3 Subtract line 2 from line 1
 3 **1,000**
4 Cost of goods sold (from line 42)
 4

5 Gross profit Subtract line 4 from line 3
 5 **1,000**
6 Other income including federal and state gasoline or fuel tax credit or refund (see instructions)
 6

7 Gross Income Add lines 5 and 6
 7 **1,000**
Part II Expenses
Enter expenses for business use of your home only on line 30

8 Advertising	8	18 Office expense (see instructions)	18
9 Car and truck expenses (see instructions)	9	19 Pension and profit sharing plans	19
10 Commissions and fees	10	20 Rent or lease (see instructions)	
11 Contract labor (see instructions)	11	a Vehicles machinery and equipment	20a
12 Depletion	12	b Other business property	20b
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22
15 Insurance (other than health)	15	23 Taxes and licenses	23
16 Interest		24 Travel meals and entertainment	
a Mortgage (paid to banks etc)	16a	a Travel	24a
b Other	16b	b Deductible meals and entertainment (see instructions)	24b
17 Legal and professional services	17	25 Utilities	25
28 Total expenses before expenses for business use of home Add lines 8 through 27a		26 Wages (less employment credits)	26
29 Tentative profit or (loss) Subtract line 28 from line 7		27a Other expenses (from line 48)	27a 1,108
30 Expenses for business use of your home Attach Form 8829 Do not report such expenses elsewhere		b Reserved for future use	27b

31 Net profit or (loss) Subtract line 30 from line 29
 28 **1,108**
32 If you have a loss check the box that describes your investment in this activity (see instructions)
 29 **-108**
◆ If you checked the box on line 1 see instructions Estates and trusts enter on Form 1041 line 3
 30

◆ If a loss you must go to line 32
 31 **-108**
32 If you checked 32a enter the loss on both Form 1040 line 12 (or Form 1040NR line 13) and on Schedule SE line 2
 32a **All investment is at risk.**
(If you checked the box on line 1 see the line 31 instructions Estates and trusts enter on Form 1041 line 3
 32b **Some investment is not at risk.**
◆ If you checked 32b you must attach Form 8198 Your loss may be limited

JOHN D BESSLER**Schedule C (Form 1040) 2012 AUTHOR****Part III Cost of Goods Sold (see instructions)**

33 Method(s) used to value closing inventory a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities costs or valuations between opening and closing inventory?
If "Yes" attach explanation

Yes No

35 Inventory at beginning of year If different from last year's closing inventory attach explanation

35

36 Purchases less cost of items withdrawn for personal use

36

37 Cost of labor Do not include any amounts paid to yourself

37

38 Materials and supplies

38

39 Other costs

39

40 Add lines 35 through 39

40

41 Inventory at end of year

41

42 Cost of goods sold Subtract line 41 from line 40 Enter the result here and on line 4

42

Part IV Information on Your Vehicle Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business See the instructions for line 13 to find out if you must file Form 4562

43 When did you place your vehicle in service for business purposes? (month day year) ♦

44 Of the total number of miles you drove your vehicle during 2012 enter the number of miles you used your vehicle for

a Business

b Commuting (see instructions)

c Other

45 Was your vehicle available for personal use during off-duty hours?

Yes

No

46 Do you (or your spouse) have another vehicle available for personal use?

Yes

No

47a Do you have evidence to support your deduction?

Yes

No

b If "Yes," is the evidence written?

Yes

No

Part V Other Expenses List below business expenses not included on lines 8-26 or line 30

BOOK AWARD ENTRY FEES

594

PRINT PACKAGING

396

POSTAGE & DELIVERY

118

48 Total other expenses Enter here and on line 27a

48

1,108

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service

(99)

Capital Gains and Losses

OMB No 1545-0074

2012Attachment
Sequence No 12

◆ Attach to Form 1040 or Form 1040NR

◆ Information about Schedule D and its separate instructions is at www.irs.gov/form1040

◆ Use Form 8949 to list your transactions for lines 1 2 3 8 9 and 10

Name(s) shown on return

AMY J KLOBUCHAR & JOHN D BESSLER

Your social security number

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

Complete Form 8949 before completing line 1 2 or 3 This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price) from Form(s) 8949 Part I line 2 column (d)	(e) Cost or other basis from Form(s) 8949 Part I line 2 column (e)	(g) Adjustments to gain or loss from Form(s) 8949 Part I line 2 column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 Short term totals from all Forms 8949 with box A checked in Part I				
2 Short term totals from all Forms 8949 with box B checked in Part I				
3 Short term totals from all Forms 8949 with box C checked in Part I				
4 Short term gain from Form 6252 and short-term gain or (loss) from Forms 4684 6781 and 8824			4	
5 Net short term gain or (loss) from partnerships S corporations estates and trusts from Schedule(s) K 1			5	
6 Short term capital loss carryover Enter the amount if any from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	()
7 Net short-term capital gain or (loss) Combine lines 1 through 6 in column (h) If you have any long term capital gains or losses go to Part II below Otherwise go to Part III on the back			7	0

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

Complete Form 8949 before completing line 8 9 or 10 This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price) from Form(s) 8949 Part II line 4 column (d)	(e) Cost or other basis from Form(s) 8949 Part II line 4 column (e)	(g) Adjustments to gain or loss from Form(s) 8949 Part II line 4 column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 Long term totals from all Forms 8949 with box A checked in Part II				
9 Long term totals from all Forms 8949 with box B checked in Part II				
10 Long term totals from all Forms 8949 with box C checked in Part II				
11 Gain from Form 4797 Part I long term gain from Forms 2439 and 6252 and long term gain or (loss) from Forms 4684 6781 and 8824			11	
12 Net long term gain or (loss) from partnerships S corporations estates and trusts from Schedule(s) K 1			12	
13 Capital gain distributions See the instructions			13	
14 Long term capital loss carryover Enter the amount if any from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	(4,861)
15 Net long term capital gain or (loss) Combine lines 8 through 14 in column (h) Then go to Part III on the back			15	- 4,861

For Paperwork Reduction Act Notice see your tax return Instructions

Schedule D (Form 1040) 2012

Part III Summary

16 Combine lines 7 and 15 and enter the result

16 -4,861

- If line 16 is a gain enter the amount from line 16 on Form 1040 line 13 or Form 1040NR line 14 Then go to line 17 below
- If line 16 is a loss skip lines 17 through 20 below Then go to line 21 Also be sure to complete line 22
- If line 16 is zero skip lines 17 through 21 below and enter -0- on Form 1040 line 13 or Form 1040NR line 14 Then go to line 22

17 Are lines 15 and 16 both gains?

- Yes Go to line 18
 No Skip lines 18 through 21 and go to line 22

18 Enter the amount if any from line 7 of the 28% Rate Gain Worksheet in the instructions

◆ 18 _____

19 Enter the amount if any from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions

◆ 19 _____

20 Are lines 18 and 19 both zero or blank?

- Yes Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040 line 44 (or in the instructions for Form 1040NR line 42) Do not complete lines 21 and 22 below
- No Complete the Schedule D Tax Worksheet in 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

21 (3,000)

- The loss on line 16 or
- (\$3 000) or if married filing separately (\$1 500)

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

22 Do you have qualified dividends on Form 1040 line 9b or Form 1040NR line 10b?

- Yes Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040 line 44 (or in the instructions for Form 1040NR line 42)
- No Complete the rest of Form 1040 or Form 1040NR

**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
Information about Schedule E and its separate instructions is at www.irs.gov/form1040

OMB No 1545-0074

2012Attachment Sequence No **13**

Name(s) shown on return

Your social security number [REDACTED]

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 instructions) If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40

A Did you make any payments in 2012 that would require you to file Form(s) 1099? (see Instructions)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X No
B If "Yes," did you or will you file all required Forms 1099?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1a Physical address of each property (street, city, state, ZIP code)

A
B
C

1b Type of Property (from list below)	2 For each rental real estate property listed above report the number of fair rental and personal use days Check the QJV box only if you meet the requirements to file as a qualified joint venture See instructions	Fair Rental Days	Personal Use Days	QJV
A 6		A		
B		B		
C		C		

Type of Property

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

Income	Properties	A	B	C
3 Rents received	3			
4 Royalties received	4	25		
Expenses				
5 Advertising	5			
6 Auto and travel (see instructions)	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 instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ►	19			
20 Total expenses Add lines 5 through 19	20			
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties) If result is a (loss) see instructions to find out if you must file Form 6198	21	25		
22 Deductible rental real estate loss after limitation if any on Form 8882 (see instructions)	22			

23a Total of all amounts reported on line 3 for all rental properties	23a		
b Total of all amounts reported on line 4 for all royalty properties	23b	25	
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e		

24 Income Add positive amounts shown on line 21 Do not include any losses	24	25
25 Losses Add royalty losses from line 21 and rental real estate losses from line 22 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	25

For Paperwork Reduction Act Notice see your tax return Instructions
DAA

Schedule E (Form 1040) 2012

Form 6251

Alternative Minimum Tax—Individuals

OMB No 1545-0074

2012

Attachment Sequence No

32

Department of the Treasury
Internal Revenue Service (99)◆ Information about Form 6251 and its separate instructions is at www.irs.gov/form6251

◆ Attach to Form 1040 or Form 1040NR

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

AMY J KLOBUCHAR & JOHN D BESSLER

Your social security number

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line)

1 If filing Schedule A (Form 1040) enter the amount from Form 1040 line 41 and go to line 2 Otherwise enter the amount from Form 1040 line 38 and go to line 7 (If less than zero enter as a negative amount)	1 210,126
2 Medical and dental Enter the smaller of Schedule A (Form 1040) line 4 or 2 5% (.025) of Form 1040 line 38 If zero or less enter -0-	2
3 Taxes from Schedule A (Form 1040) line 9	3 21,492
4 Enter the home mortgage interest adjustment if any from line 6 of the worksheet in the instructions for this line	4
5 Miscellaneous deductions from Schedule A (Form 1040) line 27	5 4,896
6 Skip this line It is reserved for future use	6
7 Tax refund from Form 1040 line 10 or line 21	7 (7,126)
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 Alternative tax net operating loss deduction	11 ()
12 Interest from specified private activity bonds exempt from the regular tax	12
13 Qualified small business stock (7% of gain excluded under section 1202)	13
14 Exercise of incentive stock options (excess of AMT income over regular tax income)	14
15 Estates and trusts (amount from Schedule K 1 (Form 1041) box 12 code A)	15
16 Electing large partnerships (amount from Schedule K 1 (Form 1065-B) box 6)	16
17 Disposition of property (difference between AMT and regular tax gain or loss)	17
18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18
19 Passive activities (difference between AMT and regular tax income or loss)	19 0
20 Loss limitations (difference between AMT and regular tax income or loss)	20 0
21 Circulation costs (difference between regular tax and AMT)	21
22 Long term contracts (difference between AMT and regular tax income)	22
23 Mining costs (difference between regular tax and AMT)	23
24 Research and experimental costs (difference between regular tax and AMT)	24
25 Income from certain installment sales before January 1 1987	25 ()
26 Intangible drilling costs preference	26
27 Other adjustments including income-based related adjustments	27
28 Alternative minimum taxable income Combine lines 1 through 27 (If married filing separately see instructions)	28 229,388

Part II Alternative Minimum Tax (AMT)

29 Exemption See instructions	29 58,903
30 Subtract line 29 from line 28 If more than zero go to line 31 If zero or less enter -0- here and on lines 31 33 and 35 and go to line 34	30 170,485
31 • If you are filing Form 2555 or 2555-EZ see 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 the back and enter the amount from line 54 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 (44,326)
32 Alternative minimum tax foreign tax credit (see instructions)	32
33 Tentative minimum tax Subtract line 32 from line 31	33 44,326
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 Schedule J to figure your tax the amount from line 44 of Form 1040 must be refigured without using Schedule J (see Instructions)	34 (43,422)
35 AMT Subtract line 34 from line 33 If zero or less, enter -0- Enter here and on Form 1040, line 45	35 904

For Paperwork Reduction Act Notice see your tax return instructions

Form 6251 (2012)

Form 8889

Health Savings Accounts (HSAs)

OMB No. 1545-0074

2012

Attachment Sequence No 53

Department of the Treasury
Internal Revenue Service

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

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

- 1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2012 (see instructions)
 - 2 HSA contributions you made for 2012 (or those made on your behalf) including those made from January 1 2013 through April 15 2013 that were for 2012 Do not include employer contributions contributions through a cafeteria plan or rollovers (see instructions)
 - 3 If you were under age 55 at the end of 2012 and on the first day of every month during 2012 you were or were considered an eligible individual with the same coverage enter \$3 100 (\$6 250 for family coverage) All others see the instructions for the amount to enter
 - 4 Enter the amount you and your employer contributed to your Archer MSAs for 2012 from Form 8853 lines 1 and 2 If you or your spouse had family coverage under an HDHP at any time during 2012 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 2012 see the instructions for the amount to enter
 - 7 If you were age 55 or older at the end of 2012 married and you or your spouse had family coverage under an HDHP at any time during 2012 enter your additional contribution amount (see instructions)
 - 8 Add lines 6 and 7
 - 9 Employer contributions made to your HSAs for 2012
 - 10 Qualified HSA funding distributions
 - 11 Add lines 9 and 10
 - 12 Subtract line 11 from line 8 If zero or less enter -0-
 - 13 HSA deduction Enter the smaller of line 2 or line 12 here and on Form 1040 line 25 or Form 1040NR line 25
- Caution** If line 2 is more than line 13 you may have to pay an additional tax (see instructions)

2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													

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

- 14a Total distributions you received in 2012 from all HSAs (see instructions)
- b Distributions included on line 14a that you rolled over to another HSA Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)
- c Subtract line 14b from line 14a
- 15 Unreimbursed qualified medical expenses (see instructions)
- 16 Taxable HSA distributions Subtract line 15 from line 14c If zero or less enter -0- Also include this amount in the total on Form 1040 line 21 or Form 1040NR line 21 On the dotted line next to line 21 enter HSA and the amount
- 17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions) check here
- b Additional 20% tax (see instructions) Enter 20% (20) of the distributions included on line 16 that are subject to the additional 20% tax Also include this amount in the total on Form 1040 line 60 or Form 1040NR line 59 On the dotted line next to Form 1040 line 60 or Form 1040NR line 59 enter HSA and the amount

For Paperwork Reduction Act Notice see your tax return instructions

Form 8889 (2012)

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

18 Last-month rule	18
19 Qualified HSA funding distribution	19
20 Total income Add lines 18 and 19. Include this amount on Form 1040 line 21 or Form 1040NR line 21. On the dotted line next to Form 1040 line 21 or Form 1040NR line 21 enter HSA and the amount	20
21 Additional tax Multiply line 20 by 10% (10) Include this amount in the total on Form 1040 line 60 or Form 1040NR line 59. On the dotted line next to Form 1040 line 60 or Form 1040NR line 59, enter HDHP and the amount	21

Form 8889 (2012)

Form 2106

Employee Business Expenses

OMB No. 1545-0074

2012

Attachment Sequence No. 129

Department of the Treasury
Internal Revenue Service (99)◆ Attach to Form 1040 or Form 1040NR
◆ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106Your name
JOHN D**BESSLER**Occupation in which you incurred expenses
LAW PROFESSOR

Social security number

Part I Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 28 (Rural mail carriers See instructions)	1	
2 Parking fees tolls and transportation including train bus etc that did not involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight including lodging airplane car rental etc Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3 Do not include meals and entertainment	4	130
5 Meals and entertainment expenses (see instructions)	5	
6 Total expenses In Column A add lines 1 through 4 and enter the result In Column B enter the amount from line 5	6	130

Note If you were not reimbursed for any expenses in Step 1 skip line 7 and enter the amount from line 6 on line 8

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

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

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

8 Subtract line 7 from line 6 If zero or less enter -0- However if line 7 is greater than line 6 in Column A report the excess as income on Form 1040 line 7 (or on Form 1040NR line 8)	8	130	
Note If both columns of line 8 are zero you cannot deduct employee business expenses Stop here and attach Form 2106 to your return			
9 In Column A enter the amount from line 8 In Column B multiply line 8 by 50% (50) (Employees subject to Department of Transportation (DOT) hours of service limits Multiply meal expenses incurred while away from home on business by 80% (80) Instead of 50% For details see instructions)	9	130	
10 Add the amounts on line 9 of both columns and enter the total here Also enter the total on Schedule A (Form 1040) line 21 (or on Schedule A (Form 1040NR) line 7) (Armed Forces reservists qualified performing artists fee-basis state or local government officials and individuals with disabilities See the instructions for special rules on where to enter the total)	10	130	

For Paperwork Reduction Act Notice see your tax return instructions

Form 2106 (2012)

Form 2106

Employee Business Expenses

OMB No 1545-0074

2012Department of the Treasury
Internal Revenue Service (99)

◆ Attach to Form 1040 or Form 1040NR.

Attachment Sequence No **129**Your name
AMY J**KLOBUCHAR**Occupation in which you incurred expenses
UNITED STATES SENATOR

Social security number

Part I Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29 (Rural mail carriers See instructions)	1	
2 Parking fees tolls and transportation including train bus etc that did not involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight including lodging airplane car rental etc Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3 Do not include meals and entertainment	4 4,570	
5 Meals and entertainment expenses (see instructions)	5	
6 Total expenses In Column A add lines 1 through 4 and enter the result In Column B enter the amount from line 5	6 4,570	

Note If you were not reimbursed for any expenses in Step 1 skip line 7 and enter the amount from line 6 on line 8

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

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

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

8 Subtract line 7 from line 6 If zero or less enter -0- However if line 7 is greater than line 6 in Column A report the excess as income on Form 1040 line 7 (or on Form 1040NR line 8)	8 4,570	
Note If both columns of line 8 are zero you cannot deduct employee business expenses Stop here and attach Form 2106 to your return		
9 In Column A enter the amount from line 8 In Column B multiply line 8 by 50% (50) (Employees subject to Department of Transportation (DOT) hours of service limits Multiply meal expenses incurred while away from home on business by 80% (80) instead of 50% For details see instructions)	9 4,570	
10 Add the amounts on line 9 of both columns and enter the total here Also enter the total on Schedule A (Form 1040) line 21 (or on Schedule A (Form 1040NR) line 7) (Armed Forces reservists qualified performing artists fee-basis state or local government officials and individuals with disabilities See the instructions for special rules on where to enter the total)	▶ 10 4,570	

For Paperwork Reduction Act Notice see your tax return instructions

Form 2106 (2012)

8283

(Rev December 2012)

Department of the Treasury
Internal Revenue Service**Noncash Charitable Contributions**◆ Attach to your tax return if you claimed a total deduction
of over \$500 for all contributed property

OMB No 1545-0908

◆ Information about Form 8283 and its separate instructions is at www.irs.gov/form8283Attachment
Sequence No **155**

Name(s) shown on your income tax return

AMY J KLOBUCHAR & JOHN D BESSLER

Identifying number

Note Figure the amount of your contribution deduction before completing this form See your tax return instructions

Section A Donated Property of \$5,000 or Less and Certain Publicly Traded Securities—List in this section only
items (or groups of similar items) for which you claimed a deduction of \$5 000 or less Also list certain publicly traded securities even if the deduction is more than \$5 000 (see instructions)**Part I Information on Donated Property—If you need more space, attach a statement**

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions) check the box. Also enter the vehicle identification number (unless Form 1098-C is attached)	(c) Description of donated property (For a donated vehicle enter the year make model condition and mileage, unless Form 1098-C is attached)
A	UNIVERSITY OF BALTIMORE FOUNDATION 1130 N CHARLES ST BALTIMORE MD 21201	<input type="checkbox"/>	BOOK
B	GREATER WASHINGTON EDUCATIONAL TELEC 2775 SOUTH QUINCY STREET ARLINGTON VA 22206	<input checked="" type="checkbox"/>	2003 SATURN L300
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

Note If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g)

	(d) Date of the contribution	(e) Date acquired by donor (mo yr)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	05/21/12				20	COST
B	12/17/12		PURCHASE		600	OTHER
C						
D						
E						

Part II Partial Interests and Restricted Use Property—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I also attach the required statement (see instructions)

2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest ► _____

If Part II applies to more than one property attach a separate statement

b Total amount claimed as a deduction for the property listed in Part I

(1) For this tax year

(2) For any prior tax years

► _____

► _____

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above)

Name of charitable organization (donee)

Address (number street, and room or suite no)

City or town state and ZIP code

d For tangible property enter the place where the property is located or kept ◆ _____

e Name of any person other than the donee organization having actual possession of the property ◆ _____

3a Is there a restriction either temporary or permanent on the donee's right to use or dispose of the donated property?

Yes	No
..	..
..	..

b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property including the right to vote donated securities to acquire the property by purchase or otherwise or to designate the person having such income possession or right to acquire?

c Is there a restriction limiting the donated property for a particular use?

For Paperwork Reduction Act Notice see separate Instructions

DAA

CORRECTED (if checked)

OMB No 1545-1959

Attachment
Sequence No 155A

DONEE'S name street address city state ZIP code and telephone no		2012	Contributions of Motor Vehicles, Boats, and Airplanes
GREATER WASHINGTON EDUCATIONAL TELEC 2775 SOUTH QUINCY STREET ARLINGTON VA 22206		1 Date of contribution 12/17/12	Form 1098-C
		2a Year 2003	2b Make SATURN
		2c Model L300	
DONEE'S federal identification number	DONOR'S identification number	3 Vehicle or other identification number [REDACTED]	
DONOR'S name AMY J KLOBUCHAR Street address (including apt no)		4a Donee certifies that vehicle was sold in arm's length transaction to unrelated party <input checked="" type="checkbox"/>	
City state and ZIP code		4b Date of sale 01/30/13	
		4c Gross proceeds from sale (see instructions) \$ 600	
5a <input type="checkbox"/> Donee certifies that vehicle will not be transferred for money other property or services before completion of material improvements or significant intervening use			
5b <input type="checkbox"/> Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose			
5c Donee certifies the following detailed description of material improvements or significant intervening use and duration of use			
6a Did you provide goods or services in exchange for the vehicle?		◆ Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
6b Value of goods and services provided in exchange for the vehicle \$			
6c Describe the goods and services if any that were provided If this box is checked donee certifies that the goods and services consisted solely of intangible religious benefits ◆ <input type="checkbox"/>			
7 Under the law the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked ◆ <input type="checkbox"/>			

Copy B

For Donor

In order to take a deduction of more than \$500 for this contribution you must attach this copy to your federal tax return

Unless box 5a or 5b is checked your deduction cannot exceed the amount in box 4c

Federal Statements**Statement 1 - Schedule A, Line 21 - Unreimbursed Employee Expenses**

Description	Amount
UNREMIBURSED BUSINESS EXPENSE FORM 2106 EXPENSES	\$ 4,147 4,700
TOTAL	\$ 8,847

Form 1040	Capital Loss Carryover Worksheets	2012
		Taxpayer Identification Number
Name AMY J KLOBUCHAR & JOHN D BESSLER		

2012 to 2013 Capital Loss Carryover Worksheet

Use this worksheet to figure your capital loss carryovers from 2012 to 2013 if Schedule D Line 21 is a loss and (a) that loss is a smaller loss than the loss on Schedule D line 16 or (b) Form 1040 line 41 is less than zero Otherwise you do not have any carryovers

1 Enter the amount from Form 1040 line 41 If a loss enclose the amount in parentheses	1 <u>210,126</u>
2 Enter the loss from Schedule D line 21 as a positive amount	2 <u>3,000</u>
3 Combine lines 1 and 2 If zero or less enter -0-	3 <u>213,126</u>
4 Enter the smaller of line 2 or line 3	4 <u>3,000</u>
If line 7 of Schedule D is a loss go to line 5 otherwise enter -0- on line 5 and go to line 9	5 <u>0</u>
5 Enter the loss from Schedule D line 7 as a positive amount	6 _____
6 Enter any gain from Schedule D line 15 If a loss enter -0-	7 _____
7 Add lines 4 and 6	8 _____
8 Short-term capital loss carryover to 2013 Subtract line 7 from line 5 If zero or less enter -0-	9 <u>4,861</u>
If line 15 of Schedule D is a loss, go to line 9 otherwise skip lines 9 through 13	10 _____
9 Enter the loss from Schedule D line 15 as a positive amount	11 <u>3,000</u>
10 Enter any gain from Schedule D line 7	12 <u>3,000</u>
11 Subtract line 5 from line 4 If zero or less enter -0-	13 <u>1,861</u>
12 Add lines 10 and 11	
13 Long term capital loss carryover to 2013 Subtract line 12 from line 9 If zero or less enter -0-	

2012 to 2013 Capital Loss Carryover Worksheet, AMT

Use this worksheet to figure AMT capital loss carryovers from 2012 to 2013 if AMT Schedule D Line 21 is a loss and (a) that loss is a smaller loss than the loss on AMT Schedule D line 16 or (b) Form 6251 line 28 is a loss Otherwise you do not have any carryovers

1 Enter the amount from Form 6251 line 28 If a loss enclose the amount in parentheses	1 <u>229,388</u>
2 Enter the loss from AMT Schedule D line 21 as a positive amount	2 <u>3,000</u>
3 Combine lines 1 and 2 If zero or less enter -0-	3 <u>232,388</u>
4 Enter the smaller of line 2 or line 3	4 <u>3,000</u>
If line 7 of AMT Schedule D is a loss go to line 5 otherwise enter -0- on line 5 and go to line 9	5 <u>0</u>
5 Enter the loss from AMT Schedule D line 7 as a positive amount	6 _____
6 Enter the gain if any from AMT Schedule D line 15	7 _____
7 Add lines 4 and 6	8 _____
8 AMT Short term capital loss carryover to 2013 Subtract line 7 from line 5 If zero or less enter -0-	9 <u>4,861</u>
If line 15 of AMT Schedule D is a loss go to line 9 otherwise skip lines 9 through 13	10 _____
9 Enter the loss from AMT Schedule D line 15 as a positive amount	11 <u>3,000</u>
10 Enter the gain if any from AMT Schedule D line 7	12 <u>3,000</u>
11 Subtract line 5 from line 4 If zero or less enter -0-	13 <u>1,861</u>
12 Add lines 10 and 11	
13 AMT Long term capital loss carryover to 2013 Subtract line 12 from line 9 If zero or less enter -0-	

Form 982 Reduction of Capital Loss Carryovers to 2013

	Regular	AMT
1 Subtract 2012 to 2013 Capital Loss Carryover Worksheet line 7 from line 5	1 _____	_____
2 Form 982 line 9 reduction of tax attributes applied to short term capital loss carryover	2 _____	_____
3 Adjusted Short term capital loss carryover to 2013 Subtract line 2 from line 1 Enter this amount on line 8 in the 2012 to 2013 Capital Loss Carryover Worksheet	3 _____	_____
4 Subtract 2012 to 2013 Capital Loss Carryover Worksheet line 12 from line 9	4 _____	_____
5 Form 982 line 9 reduction of tax attributes applied to long term capital loss carryover	5 _____	_____
6 Adjusted Long term capital loss carryover to 2013 Subtract line 5 from line 4 Enter this amount on line 13 in the 2012 to 2013 Capital Loss Carryover Worksheet	6 _____	_____

Form 1040

Excess Social Security and RRTA Tax Withholding Worksheets

2012

Name

Taxpayer Identification Number

JOHN D BESSLER

Worksheet for Nonrailroad Employees

- 1 Add all social security tax withheld (but not more than \$4 624 00 for each employer) This tax should be shown in box 4 of your Forms W 2 Enter the total here
- 2 Enter any uncollected social security tax on tips or group-term life insurance included in the total on Form 1040 line 60
- 3 Add lines 1 and 2 If \$4 624 00 or less stop here You cannot claim the credit
- 4 Social security tax limit
- 5 Credit Subtract line 4 from line 3 Enter the credit on Form 1040 line 69

1	<u>4,719</u>
2	<u>4,719</u>
3	<u>4,624</u>
4	<u>95</u>

Worksheet for Railroad Employees

- 1 Add all social security and tier 1 RRTA tax withheld (but not more than \$4 624 00 for each employer) Box 4 of your Forms W 2 should show social security and box 14 should show tier 1 RRTA tax Enter the total here
- 2 Enter any uncollected social security and tier 1 RRTA tax on tips or group-term life insurance included in the total on Form 1040 line 60
- 3 Add lines 1 and 2 If \$4 624 00 or less stop here You cannot claim the credit
- 4 Social security and tier 1 RRTA tax limit
- 5 Credit Subtract line 4 from line 3 Enter the credit on Form 1040 line 69

1	_____
2	_____
3	_____
4	_____
5	_____

Form 1040	AMT Disposition of Property/Exemption Worksheets	2012
Name AMY J KLOBUCHAR & JOHN D BESSLER		Taxpayer Identification Number [REDACTED]

Form 6251, Line 17 - Disposition of Property (difference between AMT and Regular Tax Gain or Loss)

1 Enter the amount of the AMT ordinary gain(loss) calculated on line 17 of AMT 4797 2 Enter the amount of ordinary gain(loss) calculated on Form 4797 line 17 3 Subtract line 2 from line 1 This is the adjustment from the disposition of ordinary income property 4 Enter the amount of the AMT taxable gain(loss) calculated on the AMT Sch D 5 Enter the amount of the taxable capital gain(loss) reported 1040 line 13 6 Subtract line 5 from line 4 This is the adjustment from the disposition of capital income property 7 Add lines 3 and 6 This is the difference between AMT and regular tax gain or loss Enter the disposition of property adjustment on Form 6251 line 17	1 _____ 2 _____ 3 _____ 0 4 _____ -3,000 5 _____ -3,000 6 _____ 0 7 _____ 0
---	---

Form 6251, Line 29 - Exemption Worksheet

1 Enter \$50 600 if single or head of household \$78 750 if married filing jointly or qualifying widow(er) \$39 375 if married filing separately 2 Enter your alternative minimum taxable income (AMTI) from Form 6251 line 28 3 Enter \$112 500 if single or head of household \$150 000 if married filing jointly or qualifying widow(er) \$75 000 if married filing separately 4 Subtract line 3 from line 2 If zero or less enter -0- 5 Multiply line 4 by 25% (25) 6 Subtract line 5 from line 1 If zero or less enter -0- If any of the three conditions under Certain Children Under Age 24 apply to you complete lines 7 through 10 Otherwise stop here and enter this amount on Form 6251 line 29 and go to Form 6251 line 30 7 Minimum exemption amount for certain children under age 24 8 Enter your earned income if any See instructions 9 Add lines 7 and 8 10 Enter the smaller of line 6 or line 9 here and on Form 6251 line 29 and go to Form 6251 line 30	1 78,750 2 229,388 3 150,000 4 79,388 5 19,847 6 58,903 7 _____ 8 _____ 9 _____ 10 _____
---	---

Form 1040		AMT Passive Activity and Loss Limit Adjustment Worksheet					2012	
Name AMY J KLOBUCHAR & JOHN D BESSLER						Tax Identification Number [REDACTED]		
Activity Name ROYALTY WAVELAND PRESS	Form/Schedule	Unit	Basis	At risk	Passive	PTP	Farm	
Column A	SCH E	1			X			
Column B								
Column C								
Column D								
Column E								
Current Inc / (Loss) Before Adjustments	Column A	Column B	Column C	Column D	Column E			
1a Sch C E F / 4835 Inc/(Loss)	25							
1b K1 Rec Sch E P2 Inc / (Loss)								
1c K1 Rec Sch E P1 Inc / (Loss)								
1d K1 Rec 1040 P1 Inc / (Loss)								
1e K1 Rec Sch A Deductions								
1f K1 Rec Form 4684 Losses								
1g K1 Rec Other Deductions								
1 Total Current Inc / (Loss) (Lines 1a to 1g)	25							
Adjustments & Preference Items								
2a Depreciation post 86								
2b Depletion								
2c Circulation expenditures								
2d Depreciation pre 87								
2e Long term contracts								
2f Research & experimental								
2g Tax shelter farm								
2h Large partnership								
2i Mining costs / amortization / patron s adj								
2j Trust/Estate adjustment								
2 Total Adjustment & Preference (Lines 2a to 2j)								
Alternative Minimum Tax Income								
3a Current Inc/(Loss) (from Line 1) <small>At-risk recapture Excess distribution</small>	25							
3b Adjustments & Preference (from Line 2)								
3c PY Suspended Basis								
3d Disallowed Basis								
3e PY Suspended At Risk								
3f Disallowed At Risk								
3g Section 179 Adjustment + Excess Farm								
3h PY Suspended Passive								
3i Disallowed Passive								
3 AMT Income / Loss (Line 3a to 3i)	25							
Regular Tax Income								
4a Current Inc/(Loss) (from Line 1) <small>At-risk recapture Excess distribution</small>	25							
4b PY Suspended Basis								
4c Disallowed Basis								
4d PY Suspended At Risk								
4e Disallowed At Risk								
4f Section 179 Adjustment + Excess Farm								
4g PY Suspended Passive								
4h Disallowed Passive								
4 Regular Tax Inc / (Loss) (Lines 4a to 4h)	25							
Form 6251 Line 19 Passive Activities (All activities marked passive or PTP)								
5 Passive Activities (Line 3 less Line 4)	0							
Form 6251 Line 20 Loss Limitations (All activities not marked passive or PTP)								
6 Loss Limitation Activities (Line 3 less Line 4)								
TOTAL OF ALL PASSIVE ACTIVITIES TO FORM 6251, LINE 19								
0								

Form 1040	Tax Refund Worksheets	2012
-----------	-----------------------	------

Name	Taxpayer Identification Number
------	--------------------------------

AMY J KLOBUCHAR & JOHN D BESSLER

	2011	2010	2009
1 State and local tax refunds	1 <u>7,126</u>		
2a State and local tax refunds wth no tax benefit derived due to AMT	2a _____		
2b Sales tax benefit reduction	2b _____		
3 Net state and local tax refunds Subtract lines 2a and 2b from line 1	3 <u>7,126</u>		
4 Total itemized deductions from Schedule A	4 <u>40,326</u>		
5 Standard deduction	5 _____		
6 Subtract line 5 from line 4 If result is zero or less STOP here The amount on line 3 is not taxable	6 <u>40,326</u>		
7 Enter the smaller of line 3 or line 6	7 <u>7,126</u>		
8 Taxable income (If taxable income is negative amount enter that amount in brackets Adjust taxable income for any NOL carryover)	8 <u>196,171</u>		
9 Enter the following amount to include on Form 1040 line 10 If line 8 is	9 <u>7,126</u>		
• 0 or more enter the amount from line 7			
• A negative amount add lines 7 and 8 and enter net amount but not less than zero			

Tax Refund Worksheet for Itemized Deduction Limitation

	2011	2010	2009
1 State and local tax refunds subject to phase-out	1 _____		
2a State and local tax refunds with no tax benefit derived due to AMT	2a _____		
2b Sales tax benefit reduction	2b _____		
3 Net state and local tax refunds Subtract lines 2a and 2b from line 1	3 _____		
Itemized deductions before state and local tax refunds			
4 Adjusted gross income	4 _____		
5 AGI threshold	5 _____		
6 Line 4 minus line 5	6 _____		
7 Itemized deductions before phase-out	7 _____		
8 Itemized deductions subject to phase-out	8 _____		
9 Multiply line 6 by 3% (03)	9 _____		
10 Multiply line 8 by 80% (80)	10 _____		
11 Phase-out (smaller of line 9 or line 10 (times 1/3 for 2009))	11 _____		
12 Allowable itemized deductions (line 7 minus line 11)	12 _____		
Itemized deductions adjusted for state and local tax refund			
13 Adjusted itemized deductions before phase-out (line 7 minus line 3)	13 _____		
14 Adjusted itemized deductions subject to phase-out (line 8 minus line 3)	14 _____		
15 Multiply line 14 by 80% (80)	15 _____		
16 Adjusted phase-out (smaller of line 9 or 15 (times 1/3 for 2009))	16 _____		
17 Adjusted itemized deductions allowed (line 13 minus line 16)	17 _____		
18 Standard deduction	18 _____		
19 Enter the larger of line 17 or line 18	19 _____		
20 Taxable refund to be reported on Form 1040 line 10 (line 12 minus line 19)	20 _____		

Form 1040

Tax Refund Worksheet - 2012 State and Local Refunds

2013

Name

Taxpayer Identification Number

AMY J KLOBUCHAR & JOHN D BESSLER

MN

1 2012 payments paid in 2013	1 _____
2 2012 extension paid in 2013	2 _____
3 2012 additional payment paid in 2013	3 _____
4 Total 2012 payments paid in 2013 (sum of lines 1 through 3)	4 _____
5 Total payments on the 2012 return	5 11,228
6 Total 2012 overpayment/refund	6 2,625
7 2012 refund attributable to tax paid in 2013 (line 4 divided by line 5 multiplied by line 6)	7 _____
8 2012 state/local tax refund attributable to tax paid in 2012 (line 6 minus line 7)	8 2,625

1 2012 payments paid in 2013	1 _____
2 2012 extension paid in 2013	2 _____
3 2012 additional payment paid in 2013	3 _____
4 Total 2012 payments paid in 2013 (sum of lines 1 through 3)	4 _____
5 Total payments on the 2012 return	5 _____
6 Total 2012 overpayment/refund	6 _____
7 2012 refund attributable to tax paid in 2013 (line 4 divided by line 5 multiplied by line 6)	7 _____
8 2012 state/local tax refund attributable to tax paid in 2012 (line 6 minus line 7)	8 _____

1 2012 payments paid in 2013	1 _____
2 2012 extension paid in 2013	2 _____
3 2012 additional payment paid in 2013	3 _____
4 Total 2012 payments paid in 2013 (sum of lines 1 through 3)	4 _____
5 Total payments on the 2012 return	5 _____
6 Total 2012 overpayment/refund	6 _____
7 2012 refund attributable to tax paid in 2013 (line 4 divided by line 5 multiplied by line 6)	7 _____
8 2012 state/local tax refund attributable to tax paid in 2012 (line 6 minus line 7)	8 _____

1 2012 payments paid in 2013	1 _____
2 2012 extension paid in 2013	2 _____
3 2012 additional payment paid in 2013	3 _____
4 Total 2012 payments paid in 2013 (sum of lines 1 through 3)	4 _____
5 Total payments on the 2012 return	5 _____
6 Total 2012 overpayment/refund	6 _____
7 2012 refund attributable to tax paid in 2013 (line 4 divided by line 5 multiplied by line 6)	7 _____
8 2012 state/local tax refund attributable to tax paid in 2012 (line 6 minus line 7)	8 _____

1 2012 payments paid in 2013	1 _____
2 2012 extension paid in 2013	2 _____
3 2012 additional payment paid in 2013	3 _____
4 Total 2012 payments paid in 2013 (sum of lines 1 through 3)	4 _____
5 Total payments on the 2012 return	5 _____
6 Total 2012 overpayment/refund	6 _____
7 2012 refund attributable to tax paid in 2013 (line 4 divided by line 5 multiplied by line 6)	7 _____
8 2012 state/local tax refund attributable to tax paid in 2012 (line 6 minus line 7)	8 _____

Total of ALL 2012 state/local tax refunds attributable to tax paid in 2013 (sum of lines 7)

Total of ALL 2012 state/local tax refunds attributable to tax paid in 2012 (sum of lines 8 for 2013 Tax Refund Wk)

2,625

Form 1040	Tax Refund Worksheet - No Tax Benefit Derived Due to AMT	2013
Name	Taxpayer Identification Number [REDACTED]	
<u>AMY J KLOBUCHAR & JOHN D BESSLER</u>		

2012 State and Local Refunds Not Taxable in 2013 Due to AMT

1 Total refund attributable to 2012 (from total on Wk 10 Tax Refund Wk 2012 State and Local Refunds)	1 <u>2,625</u>
2 2012 regular tax	2 <u>43,422</u>
3 2012 AMT	3 <u>904</u>
4 2012 Total Tax (line 2 + line 3)	4 <u>44,326</u>
5 2012 Federal Marginal Tax Rate	5 <u>0 280</u>
6 Tentative no benefit (line 3 divided by line 5)	6 <u>3,229</u>
7 Adjustment (smaller of line 1 or line 6)	7 <u>2,625</u>
8 Recalculated 2012 Itemized Deductions	8 <u>28,548</u>
9 Recalculated 2012 Taxable Income	9 <u>201,351</u>
10 Recalculated 2012 Tax	10 <u>44,157</u>
Recalculated 2012 Tax using Sch D Tax Wk or QDCGTW	11 <u>169</u>
Recalculated 2012 Form 8615	12 <u>44,326</u>
Recalculated 2012 Schedule J	13 <u>2,625</u>
11 Recalculated 2012 AMT	11 <u>169</u>
12 New 2012 Total Tax (line 10 + line 11)	12 <u>44,326</u>
13 2012 state and local refunds not taxable in 2013 (equals line 7 if line 12 < or = line 4)	13 <u>2,625</u>

The amount from Line 13 will carry to the 2013 Tax Refund Worksheet

Federal Statements**UNITED STATES SENATE****Form W-2, Box 12**

Description	Amount
SECTION 401(K) CONTRIBUTIONS	\$ 22,500
TOTAL	\$ 22,500

Federal Statements**STATE OF MARYLAND CENTRAL PAYROLL B**
Form W-2, Box 12

Description	Amount
SECTION 401(K) CONTRIBUTIONS	\$ 16,138
SECTION 457(B) CONTRIBUTIONS	<u>16,750</u>
TOTAL	\$ <u>32,888</u>

Federal Statements**Schedule A, Line 5a - State and Local Income Taxes**

Description	Amount
VA ESTIMATES	\$ 3,641
VA OVERPAYMENT APPLIED	1,399
STATE WITHHOLDING ON W-2S	11,330
TOTAL	\$ <u>16,370</u>

Schedule A, Line 6 - Real Estate Taxes

Description	Amount
REAL ESTATE TAXES	\$ 4,820
TOTAL	\$ <u>4,820</u>

Schedule A, Line 7 - Personal Property Taxes

Description	Amount
CAR TABS	\$ 302
TOTAL	\$ <u>302</u>

Schedule A, Line 16 - Charitable Contributions by Cash or Check

Description	Amount
CASH 50% LIMIT	\$ 4,165
TOTAL	\$ <u>4,165</u>

Schedule A, Line 17 - Charitable Contributions Other Than Cash or Check

Description	Amount
50% CONTRIB FROM 8283	\$ 620
TOTAL	\$ <u>620</u>

Federal Statements**ROYALTY WAVELAND PRESS****Schedule E, Line 4 - Royalties Received**

Description	Amount
RENTS AND ROYALTIES	\$ 25
TOTAL	\$ 25

Federal Statements**Form 6251, Line 19 - Passive Activities**

Description	Form/ Sch	AMT Inc/Loss	Regular Inc/Loss	Difference Line 19
ROYALTY WAVELAND PRESS	SCH E1	\$ 25	\$ 25	\$ 0
TOTAL		\$ 25	\$ 25	\$ 0

Federal Statements**LAW PROFESSOR****Form 2106, Line 4 - Business Expenses Not Included on Lines 1 through 3**

Description	Amount
PROFESSIONAL DUES	\$ 130
TOTAL	\$ 130

Federal Statements**UNITED STATES SENATOR****Form 2106, Line 4 - Business Expenses Not Included on Lines 1 through 3**

Description	Amount
TOTAL REFLECTS \$3000 IRC 162(A) LIMIT	\$ 4,570
TOTAL	\$ 4,570

Federal Statements**2011 State and Local Income Tax Refunds**

Description	Amount
MINNESOTA	\$ 2,885
MARYLAND	2,842
VIRGINIA	1,399
TOTAL	<u>7,126</u>

Form 1040

Carryover Report

2012

Name

AMY J KLOBUCHAR & JOHN D BESSLER

Taxpayer Identification Number [REDACTED]

Carryover Item	Available to 2012	2012 Amounts	Carryover to 2013
Excess section 179			
Excess section 179 AMT			
Minimum tax credit			
Investment interest			
Investment interest AMT			
Short term capital loss			
Short term capital loss AMT			
Long term capital loss	4,861	UTILIZED	-3,000
Long term capital loss AMT	4,861	UTILIZED	-3,000
Residential energy efficient property			
D C first time homebuyer credit			
Tax credit bonds			

Nonrecaptured Section 1231 Losses Line 8 Form 4797

2007 Amounts	
2008 Amounts	
2009 Amounts	
2010 Amounts	
2011 Amounts	
Available to 2012	
2012 Amounts	
Carryover to 2013	

AMT Nonrecaptured Section 1231 Losses Line 8 Form 4797

2007 Amounts	
2008 Amounts	
2009 Amounts	
2010 Amounts	
2011 Amounts	
Available to 2012	
2012 Amounts	
Carryover to 2013	

Form 1040

IRA Distribution Report

2012

Name

Taxpayer Identification Number

AMY J KLOBUCHAR & JOHN D BESSLER

T/S	Payer	Gross Distribution 1099 R Box 1	Taxable Amount 1099-R Box 2a (less rollover amount)
A	<u>T FIDUCIARY TRUST CO NH-WR ADVISORS A</u>	<u>292</u>	<u>292</u>
B	-	-	-
C	-	-	-
D	-	-	-
E	-	-	-
F	-	-	-
G	-	-	-
H	-	-	-
I	-	-	-
J	-	-	-
K	-	-	-
L	-	-	-
M	-	-	-
N	-	-	-
O	-	-	-
	Taxpayer Spouse Total	<u>292</u>	<u>292</u>
		<u>292</u>	<u>292</u>

	Amount Of Rollover	Federal Withholding	State Withholding	Local Withholding	Traditional IRA Converted to Roth IRA	Original Conversion or Recharacterization	Qualified Roth IRA Distribution
A	-	-	-	-	-	-	-
B	-	-	-	-	-	-	-
C	-	-	-	-	-	-	-
D	-	-	-	-	-	-	-
E	-	-	-	-	-	-	-
F	-	-	-	-	-	-	-
G	-	-	-	-	-	-	-
H	-	-	-	-	-	-	-
I	-	-	-	-	-	-	-
J	-	-	-	-	-	-	-
K	-	-	-	-	-	-	-
L	-	-	-	-	-	-	-
M	-	-	-	-	-	-	-
N	-	-	-	-	-	-	-
O	-	-	-	-	-	-	-
Tp	-	-	-	-	-	-	-
Sp	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-

Form 1040

Salaries & Wages Report

2012

Name	Taxpayer Identification Number
AMY J KLOBUCHAR & JOHN D BESSLER	
T/S Employer	
A T UNITED STATES SENATE	Federal Wages 143,465
B S GEORGETOWN UNIVERSITY	Federal Withheld 35,151
C S STATE OF MARYLAND CENTRAL PAYROLL B	Soc Sec Wages 110,100
D	2,250
E	24,443
F	110,100
G	
H	
I	
J	
K	
L	
M	
Taxpayer	143,465
Spouse	93,362
Totals	236,827
	35,151
	24,443
	59,594
	110,100
	112,350
	222,450

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other Box 14
A	4,624	165,965	2,406				
B	95	2,250	33				
C	4,624	124,000	1,798				
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	4,624	165,965	2,406				
Spouse	4,719	126,250	1,831				
Totals	9,343	292,215	4,237				

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	MN	143,465	11,228			
B	VA	2,250	102			
C	MD	91,112				
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer		143,465	11,228			
Spouse		93,362	102			
Totals		236,827	11,330			

Form 1040	Two Year Comparison Report - Page 1			2011 & 2012
Name				Taxpayer Identification Number [REDACTED]
AMY J KLOBUCHAR & JOHN D BESSLER		2011	2012	Differences
	MFJ	MFJ		
Filing Status	0	1	1	
Dependents claimed				
1 Salaries and wages	242,457	236,827	-5,630	
2 Interest income	165	137	-28	
3 Tax exempt interest income				
4 Dividend income				
5 Qualified dividend income				
6 Taxable state/local refunds				
7 Alimony received				
I 8 Business income/loss	-86	-108	-22	
n 9 Capital gain/loss	-3,000	-3,000		
c 10 Other gains/losses				
o 11 Taxable IRA distributions	319	292	-27	
m 12 Taxable pensions	4,125		-4,125	
e 13 Rent and royalty income including farm rental	87	25	-62	
14 Partnership/S corp income				
15 Estate or trust income				
16 Farm income/loss				
17 Unemployment compensation				
18 Taxable social security				
19 Other income				
20 Total income	247,597	241,299	-6,298	
A 21 Moving expenses	21			
d 22 Self-employment tax adjustment	22			
j 23 SEP/SIMPLE/Qualified plans deductions	23			
u 24 SE health insurance	24			
s 25 Forfeited interest	25			
t 26 Alimony paid	26			
e 27 IRA deductions	27			
n 28 Student loan interest	28			
s 29 Other adjustments	29			
30 Adjusted gross income	247,597	241,299	-6,298	
D 31 Medical	31			
D 32 Taxes	32	21,492	-4,118	
e 33 Interest	33			
d 34 Contributions	34	4,785	-1,074	
u 35 Casualty losses	35			
c 36 Miscellaneous expenses	36	4,896	-3,961	
t 37 Allowable itemized deductions	37	31,173	-9,153	
I 38 Standard deduction	38	11,900	11,900	
O 39 Deduction taken	ITEMIZED	ITEMIZED		
n 40 Subtract line 39 from line 30	39	31,173	-9,153	
s 41 Exemptions	40	210,126	2,855	
42 Taxable income	196,171	198,726	2,555	

Form 1040

Two Year Comparison Report - Page 2

2011 & 2012

Name

AMY J KLOBUCHAR & JOHN D BESSLER

Taxpayer Identification Number

		2011	2012	Differences
43	Taxable income from 2YR page 1 line 42	196,171	198,726	2,555
44	Tax on taxable income	42,997	43,422	425
45	Alternative minimum tax	5,530	904	-4,626
46	Child care credit			
47	Education credits			
48	Retirement savings credit			
T	49 Child tax credit			
a	50 General business credit			
x	51 Other credits	150		-150
C	52 Total credits	150		-150
o	53 Net tax liability	48,377	44,326	-4,051
m	54 Self-employment taxes			
p	55 Other taxes			
u	56 Total tax	48,377	44,326	-4,051
t	57 Income tax withheld	56,919	59,594	2,675
a	58 Estimated tax payments			
t	59 Earned income credit			
I	60 Additional Child tax credit			
o	61 Other refundable tax credits			
n	62 Other payments	95		-95
	63 Total payments	57,014	59,689	2,675
	64 Tax due/ refund	-8,637	-15,363	-6,726
	65 Penalties and interest			
	66 Net tax due/-refund	-8,637	-15,363	-6,726
	67 Refund applied to estimated tax payments			
	68 Refund received	-8,637	-15,363	-6,726
	69 Marginal tax rate	28 0%	28 0%	
	70 Effective tax rate	25%	22%	

Form 1040	Two Year Comparison Report - Schedule C			2011 & 2012
Name JOHN D BESSLER				Taxpayer identification number
Principal business or profession AUTHOR				Unit 1
Income	2011	2012	Differences	
1 Gross receipts or sales	1	1,000	1,000	
2 Returns and allowances	2			
3 Cost of goods sold	3			
4 Gross profit	4	1,000	1,000	
5 Other income	5			
6 Gross income	6	1,000	1,000	
Expenses	7	8	9	10
7 Advertising	7			
8 Car and truck expenses	8			
9 Commissions and fees	9			
10 Contract labor	10			
11 Depletion	11			
12 Depreciation and section 179 expense deduction	12			
13 Employee benefit programs	13			
14 Insurance (other than health)	14			
15 Interest mortgage (paid to banks etc)	15			
16 Interest other	16			
17 Legal and professional services	17			
18 Office expense	18			
19 Pension and profit sharing plans	19			
20 Rent or lease vehicles machinery and equipment	20			
21 Rent or lease other business property	21			
22 Repairs and maintenance	22			
23 Supplies (not included in cost of goods sold)	23	86		-86
24 Taxes and licenses	24			
25 Travel	25			
26 Total meals and entertainment	26			
26a Nondeductible meals and entertainment	26a			
26b Deductible meals and entertainment	26b			
27 Utilities	27			
28 Wages (less employment credits)	28			
29 Other expenses	29		1,108	1,108
30 Total expenses	30	86	1,108	1,022
Profit/ (loss)	31	32	33	34
31 Tentative profit (loss)	31	-86	-108	-22
32 Expenses for business use of home	32			
33 Net profit or (loss)	33	-86	-108	-22
Cost of Goods Sold	34	35	36	37
34 Inventory Beginning of year	34			
35 Purchases	35			
36 Labor	36			
37 Materials	37			
38 Other costs	38			
39 Goods available for sale (sum of lines 34-38)	39			
40 Inventory End of year	40			

Form 1040	Two Year Comparison Report - Schedule E Page 1		
	2011 & 2012		

Name AMY J KLOBUCHAR	Taxpayer identification number [REDACTED]			
Property description ROYALTY WAVELAND PRESS	Unit 1			
	Income	2011	2012	Differences
1 Total rents and royalties received	1	87	25	-62
	Expenses			
2 Advertising	2			
3 Auto and travel	3			
4 Cleaning and maintenance	4			
5 Commissions	5			
6 Insurance	6			
7 Legal and other professional fees	7			
8 Management fees	8			
9 Mortgage interest paid to banks etc	9			
10 Other interest	10			
11 Repairs	11			
12 Supplies	12			
13 Taxes	13			
14 Utilities	14			
15 Depreciation expense or depletion	15			
16 Other expenses	16			
17 Total expenses	17			
	Profit/(loss)			
18 Income or (loss) from rental real estate or royalty properties	18	87	25	-62
19 Deductible rental real estate loss	19			
	Carryover			
20 Vacation home operating expenses carryover to next year	20			
21 Vacation home excess casualty and depreciation carryover to next year	Year			

M1 MINNESOTA REVENUE Individual Income Tax 2012

1211

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

Place
an X if a
Foreign
Address

AMY J

KLOBUCHAR

JOHN D

BESSLER

**2012 Federal
Filing Status** (1) Single (2) Married filing joint (3) Married filing separate
 (place an X in
one box) (4) Head of
household (5) Qualifying widow(er)

Enter spouse's name and
Social Security number here

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

Republican	11	Grassroots	14
Democratic Farmer-Labor	12	Green	15
Independent	13	General Campaign Fund	16

From Your Federal Return (for line references see instructions page 10) enter the amount of
A Wages salaries tips etc **B IRA Pensions and annuities** **C Unemployment**

D Federal adjusted gross income

236827

292

241299

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

1	Federal taxable income (from line 43 of federal Form 1040 line 27 of Form 1040A or line 6 of Form 1040EZ)	1 ■	198726
2	State income tax or sales tax addition If you itemized deductions on federal Form 1040 complete the worksheet on page 10 of the instructions	2 ■	16370
3	Other additions to income including non Minnesota bond interest disallowed standard or itemized deductions and personal exemptions (see Instructions page 11 enclose Schedule M1M)	3 ■	2029
4	Add lines 1 through 3 (if a negative number place an X in the box)	4	217125
5	State income tax refund from line 10 of federal Form 1040	5 ■	7126
6	Other subtractions such as net interest or mutual fund dividends from U S bonds or K 12 education expenses (see Instructions page 11 enclose Schedule M1M)	6 ■	
7	Total subtractions Add lines 5 through 6	7	7126
8	Minnesota taxable income Subtract line 7 from line 4 If zero or less leave blank	8	209999
9	Tax from the table on pages 24-29 of the M1 instructions	9	14797
10	Alternative minimum tax (enclose Schedule M1MT)	10 ■	
11	Add lines 9 and 10	11	14797
12	Full-year residents Enter the amount from line 11 on line 12 Skip lines 12a and 12b Part year residents and nonresidents From Schedule M1NR enter the tax from line 27 on line 12 from line 23 on line 12a and from line 24 on line 12b (enclose Schedule M1NR)	12	8818

a.	143804	b.	241299
13	Tax on lump-sum distribution (enclose Schedule M1LS)	13 ■	
14	Tax before credits Add lines 12 and 13	14	8818

15 Tax before credits Amount from line 14	15	8818
16 Marriage credit for joint return when both spouses have taxable earned income or taxable retirement income (enclose Schedule M1MA)	16 ■	215
17 Credit for taxes paid to another state (enclose Schedule M1CR)	17 ■	
18 Other nonrefundable credits (enclose Schedule M1C)	18 ■	
19 Total nonrefundable credits Add lines 16 through 18	19	215
20 Subtract line 19 from line 15 (if result is zero or less leave blank)	20	8603
21 Nongame Wildlife Fund contribution (see instructions page 15) This will reduce your refund or increase amount owed	21 ■	
22 Add lines 20 and 21	22	8603
23 Minnesota Income tax withheld Complete and enclose Schedule M1W to report Minnesota withholding from W 2 1099 and W 2G forms (do not send in W 2s 1099s W 2Gs)	23 ■	11228
24 Minnesota estimated tax and extension (Form M13) payments made for 2012	24 ■	
25 Child and Dependent Care Credit (enclose Schedule M1CD) Enter number of qualifying persons here	25 ■	
26 Minnesota Working Family Credit (enclose Schedule M1WFC) Enter number of qualifying children here	26 ■	
27 K-12 Education Credit (enclose Schedule M1ED) Enter number of qualifying children here	27 ■	
28 Business and investment credits (enclose Schedule M1B)	28 ■	
29 Total payments Add lines 23 through 28	29	11228
30 REFUND If line 29 is more than line 22 subtract line 22 from line 29 (see instructions page 19) For direct deposit complete line 31	30 ■	2625
31 Direct deposit of your refund (you must use an account not associated with a foreign bank)		

Checking Savings

32 AMOUNT YOU OWE If line 22 is more than line 29 subtract line 29 from line 22 (see instructions page 19)	Make check out to Minnesota Revenue and send with Form M80	32 ■
33 Penalty amount from Schedule M15 (see instructions page 19) Also subtract this amount from line 30 or add it to line 32 (enclose Schedule M15)		33 ■
IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax complete lines 34 and 35		
34 Amount from line 30 you want sent to you		34 ■
35 Amount from line 30 you want applied to your 2013 estimated tax		35 ■

I declare that this return is correct and complete to the best of my knowledge and belief.

Paid preparer You must sign below

Your signature

Date

03/26/13

Spouse's signature (if filing jointly)

Include a copy of your 2012 federal return and schedules

Mail to Minnesota Individual Income Tax
St Paul MN 55145-0010To check on the status of your refund visit www.revenue.state.mn.us

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

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

MINNESOTA REVENUE

1231

Schedule M1W, Minnesota Income Tax Withheld 2012

Sequence #2

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 23 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. DO NOT send in your W 2 1099 or W 2G forms keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and tax withheld from W 2s other than from W 2G If you have more than five W 2s complete line 5 on the back

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

1

X

143465

11228

Subtotal for additional W 2s (from line 5 on the back)

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

1

11228

2 Minnesota tax withheld from 1099 and W 2G forms If you have more than four forms complete line 6 on the back

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

Subtotal for additional 1099 and W 2G forms (from line 6 on the back)

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

2

**3 Total Minnesota tax withheld by partnerships S corporations and fiduciaries
(from line 7 on the back)**

3

**4 Total Add the Minnesota tax withheld on lines 1 2 and 3
Enter the total here and on line 23 of Form M1**

4

11228

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

MINNESOTA REVENUE

1255

Schedule M1M, Income Additions and Subtractions 2012

Sequence #3

Complete this schedule to determine line 3 and line 6 of Form M1

AMY J

KLOBUCHAR

Additions to Income

- 1 If you took the standard deduction on your federal return enter \$2 000 if married filing joint or qualifying widow(er) or \$1 000 if married filing separate Otherwise skip this line

1 ■

- 2 Limitation on itemized deductions for taxpayers with an adjusted gross income that exceeds the applicable threshold (see instructions)

2029

2 ■

- 3 Phase out of personal exemption(s) for taxpayers with an adjusted gross income that exceeds the applicable threshold (see instructions)

3 ■

- 4 Interest from municipal bonds of another state or its governmental units included on line 8b of federal Form 1040 or 1040A

4 ■

- 5 Federally tax-exempt dividends from mutual funds investing in bonds of another state or its governmental units included on line 8b of federal Form 1040 or 1040A

5 ■

- 6 Federal bonus depreciation addition (determine from worksheet in the instructions)

6 ■

- 7 Federal section 179 expensing addition (determine from worksheet in the instructions)

7 ■

- 8 State income taxes passed through to you as a partner of a partnership a shareholder of an S corporation or a beneficiary of a trust (see instructions)

8 ■

- 9 Domestic production activities deduction (from line 35 of federal Form 1040)

9 ■

- 10 Expenses deducted on your federal return attributable to income not taxed by Minnesota (other than interest or mutual fund dividends from U.S. bonds)

10 ■

- 11 If you are an employer who provides prescription drug coverage to your retirees enter the amount of federal tax-exempt subsidies you received for continuing these benefits

11 ■

- 12 Fines fees and penalties federally deducted as a trade or business expense (see instructions)

12 ■

- 13 Suspended loss from 2001 through 2005 or 2008 through 2011 on your federal return that was generated by bonus depreciation (determine from worksheet in the instructions)

13 ■

- 14 Capital gain portion of a lump-sum distribution (from line 6 of federal Form 4972 enclose Form 4972)

14 ■

- 15 Net operating loss carryover adjustment (see instructions)

15 ■

- 16 This line intentionally left blank

16 ■

- 17 Add lines 1 through 16 Enter the total here and on line 3 of Form M1

17

2029

Subtractions are on the back of this schedule

201233

MINNESOTA REVENUE

Schedule M1NR, Nonresidents/Part-Year Residents 2012

Sequence #7

Other State (see instr.)

Your Last Name KLOBUCHAR	Social Security Number [REDACTED]	Full-year Nonresident of MN <input checked="" type="checkbox"/> Part year MN Resident From <u>01/01</u> to <u>12/31</u> (mm/dd/yyyy)	MN
Spouse's Last Name BESSLER	Spouse's Social Security Number [REDACTED]	Full year Nonresident of MN <input checked="" type="checkbox"/> Part year MN Resident From _____ to _____ (mm/dd/yyyy)	VA

Read the Instructions for this schedule which are on a separate sheet. Before you can complete this schedule you must complete lines 1 through 11 of Form M1

	A. Total Amount	B Minnesota Portion (see instructions)
1 Wages salaries tips etc (from line 7 of federal Form 1040 or Form 1040A or line 1 of Form 1040EZ)	1 <u>236,827</u>	<u>143 465</u>
2 Taxable interest and ordinary dividend income (add lines 8a and 9a of Form 1040 or Form 1040A or from line 2 of Form 1040EZ)	2 <u>137</u>	<u>137</u>
3 Business income or loss (from line 12 of Form 1040)	3 <u>-108</u>	<u></u>
4 Capital gain or loss (from line 13 of Form 1040 or line 10 of Form 1040A)	4 <u>-3,000</u>	<u>-3,000</u>
5 IRA distributions and pensions and annuities (add lines 15b and 16b of Form 1040 or lines 11b and 12b of Form 1040A)	5 <u>292</u>	<u>292</u>
6 Net income from rents royalties partnerships S corporations estates and trusts (from line 17 of Form 1040)	6 <u>25</u>	<u>25</u>
7 Farm income or loss (from line 18 of Form 1040)	7 <u></u>	<u></u>
8 Other income (add lines 10 11 14 19 20b and 21 of Form 1040 lines 13 and 14b of Form 1040A or from line 3 of Form 1040EZ)	8 <u>7,126</u>	<u>2 885</u>
9 Interest and dividends from non-Minnesota state or municipal bonds (add lines 4 and 5 of Schedule M1M)	9 <u></u>	<u></u>
10 Other additions required by Minnesota (add lines 6 7 10 13 and 15 of Schedule M1M)	10 <u></u>	<u></u>
11 Add lines 1 through 10 for each column	11 <u>241,299</u>	<u>143,804</u>

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

12 Educator expenses and certain business expenses (add lines 23 and 24 of Form 1040 or from line 16 of Form 1040A)	12 <u></u>	<u></u>
13 Self-employed SEP SIMPLE and qualified plans and IRA deduction (add lines 28 and 32 of Form 1040 or from line 17 of Form 1040A)	13 <u></u>	<u></u>
14 Health savings account and Archer MSA deductions (add line 25 of Form 1040 and the Archer MSA amount included on line 36 of Form 1040)	14 <u></u>	<u></u>
15 Moving expenses (from line 26 of Form 1040)	15 <u></u>	<u></u>
16 One-half of self-employment tax and self-employed health insurance (add lines 27 and 28 of Form 1040)	16 <u></u>	<u></u>
17 Deductions for alimony paid student loan interest and tuition and fees (see instructions)	17 <u></u>	<u></u>
18 Penalty on early withdrawal of savings (from line 30 of Form 1040)	18 <u></u>	<u></u>
19 Other subtractions required by Minnesota (from lines 21 22 35 and 36 of Schedule M1M)	19 <u></u>	<u></u>
20 Net U.S. bond interest (from line 18 of Schedule M1M) and active military pay received while a nonresident (from line 29 of Schedule M1M)	20 <u></u>	<u></u>
21 Job Opportunity Building Zone (JOBZ) business and investment income exemptions (from line 32 of Schedule M1M)	21 <u></u>	<u></u>
22 Add lines 12 through 21 for each column	22 <u></u>	<u>0</u>
23 Subtract line 22 column B from line 11 column B Enter here and on line 12a of Form M1 If you're below the filing requirement or the result is a negative amount enter 0	23 <u></u>	<u>143,804</u>
24 Subtract line 22 column A from line 11 column A Enter the result here and on line 12b of Form M1	24 <u>241,299</u>	<u></u>
25 Divide line 23 by line 24 and enter the result as a decimal (carry to five decimal places) If line 23 is more than line 24 enter 1 0 If line 23 is zero enter 0	25 <u>0 59596</u>	<u></u>
26 Amount from line 11 of Form M1	26 <u></u>	<u>14,797</u>
27 Multiply line 25 by line 26 Enter the result here and on line 12 of Form M1	27 <u></u>	<u>8,818</u>

Deductions and Subtractions

Tax Calculations

You must include this schedule with Form M1. Also enter amounts from lines 23 and 24 of this schedule on Form M1 lines 12a and 12b

MINNESOTA REVENUE

Schedule M1MA, Marriage Credit 2012

Sequence #19

Your First Name and Initial AMY J	Last Name KLOBUCHAR	Social Security Number [REDACTED]
Spouse's First Name and Initial JOHN D	Last Name BESSLER	Social Security Number [REDACTED]

- Taxpayer and spouse information**
- 1 Wages salaries tips etc (from line 7 of federal Form 1040 or 1040A or line 1 of Form 1040EZ)
- 2 Self-employment income (from line 3 of federal Schedule SE less the self-employment tax deduction from line 6 of Schedule SE)
- 3 Taxable pension income (from line 15b and 16b of federal Form 1040 or lines 11b and 12b of Form 1040A less any income from the Railroad Retirement Board included on line 16b of Form 1040 or line 12b of Form 1040A)
- 4 Taxable Social Security Income (from line 20b of Form 1040 or line 14b of Form 1040A)
- 5 Add lines 1 through 4 for each column
- 6 Amount from line 5 Column A or B whichever is less
(If less than \$20 000 STOP HERE You do not qualify)
- 7 Joint taxable income from line 8 of Form M1 (If less than \$35 000 STOP HERE You do not qualify)
- 8 If line 6 is less than \$88 000 determine the amount of your credit using lines 6 and 7 and the table in the Instructions Full year residents Enter the result here and on line 16 of Form M1 Part-year residents and nonresidents Continue with line 20

A Taxpayer	B Spouse
1 [REDACTED] 143,465	[REDACTED] 93,362
2 [REDACTED]	-108
3 [REDACTED] 292	[REDACTED]
4 [REDACTED]	[REDACTED]
5 [REDACTED] 143,757	[REDACTED] 93,254
6 [REDACTED]	[REDACTED] 93,254
7 [REDACTED]	209,999
8 [REDACTED]	[REDACTED]

If line 6 is \$88 000 or more complete lines 9 through 19

- 9 Enter the amount from line 6
- 10 Value of one personal exemption plus one-half of the Minnesota married-joint standard deduction
- 11 Subtract line 10 from line 9
- 12 Using the rate schedule for single persons on page 29 of the M1 instructions compute the tax for the amount on line 11
- 13 Amount from line 7
- 14 Amount from line 11
- 15 Subtract line 14 from line 13 (if zero or less you do not qualify)
- 16 Using the rate schedule for single persons on page 29 of the M1 Instructions compute the tax for the amount on line 15
- 17 Tax from line 9 of Form M1
- 18 Add lines 12 and 16
- 19 Subtract line 18 from line 17 If the result is more than \$361 enter \$361
If result is zero or less you do not qualify Full-year residents Enter the result here and on line 16 of Form M1 Part year residents and nonresidents Continue with line 20

9	93,254
10	\$8,750
11	84,504
12	5,609
13	209,999
14	84,504
15	125,495
16	8,827
17	14,797
18	14,436
19	361

Part Year Residents and Nonresidents

- 20 Part-year residents and nonresidents Enter the percentage from line 25 of Schedule M1NR
- 21 Multiply line 8 or line 19 whichever is applicable by line 20 Enter the result here and on line 16 of Form M1

20	59 5960
21	215

Include this schedule when you file Form M1 Keep a copy for your records

Form	M1 Minnesota Itemized Deductions and Personal Exemptions Worksheets	2012
Name	Taxpayer Identification Number [REDACTED]	
<u>AMY J KLOBUCHAR & JOHN D BESSLER</u>		

Itemized Deduction Limitation Worksheet

1	Itemized deductions from federal Schedule A line 29	1	<u>31,173</u>
2	Total of amounts from federal Schedule A lines 4 - 14 and 20 plus any gambling and casualty or theft losses included on line 28	2	<u>31,173</u>
3	Subtract step 2 from step 1 If the result is zero or less stop here your deduction is not limited	3	<u>24,938</u>
4	Multiply step 3 by 80% (80)	4	<u>241,299</u>
5	Amount from federal Form 1040 line 38	5	<u>173,650</u>
6	Enter \$173 650 (\$86 825 if married filing separately)	6	<u>67,649</u>
7	Subtract step 6 from step 5 If the result is zero or less stop here you do not have an addback	7	<u>2,029</u>
8	Multiply step 7 by 3% (03)	8	<u>2,029</u>
9	Smaller of step 4 or step 8	9	<u>16,370</u>
10	Amount from Form M1 line 2	10	<u>18,399</u>
11	Add step 9 and step 10	11	<u>31,173</u>
12	Amount from step 1	12	<u>9,900</u>
13	Amount for your filing status Single \$5 950 Married filing separate \$4 950 Head of household \$8 700 Married filing joint or qualifying widower: \$9 900	13	
14	Number from box 39a on Form 1040	14	<u>—</u>
15	If single or head of household multiply step 14 by \$1 450 All others multiply step 14 by \$1 150	15	<u>9,900</u>
16	Add steps 13 and 15	16	<u>21,273</u>
17	Subtract step 16 from step 12 If zero or less enter zero here and on step 18	17	
18	Compare the amounts on step 11 and step 17 If step 11 is less than or equal to step 17 enter the amount from step 9 If step 11 is more than step 17 subtract step 10 from step 17 not less than zero Enter on Schedule M1M line 2	18	<u>2,029</u>

Married couples filing separate returns

Each spouse must complete a separate worksheet If either spouse is required to add back 100 percent of his/her step 9 the addition is the lesser of step 9 or the difference between step 1 and step 10

Personal and Dependent Exemption Worksheet

1	Amount from federal Form 1040 line 42	1	<u>—</u>
2	Amount from federal Form 1040 line 38	2	<u>—</u>
3	Amount shown below for your filing status Single \$173 650 Married filing joint or qualifying widower: \$260 500 Married filing separate \$130 250 Head of household \$217 100	3	<u>—</u>
4	Subtract step 3 from step 2 If step 4 is equal to or less than \$122 500 (\$61 250 if married filing separately) continue to step 5 If step 4 is greater than \$122 500 (\$61 250 if married filing separately) enter the amount from line 1 on line 7	4	<u>—</u>
5	Divide step 4 by \$2 500 (\$1 250 if married filing separately) If the result is not a whole number increase it to the next higher whole number	5	<u>—</u>
6	Multiply step 5 by 2% (02) Enter the result as a decimal	6	<u>—</u>
7	Multiply step 1 by step 6 Enter on Schedule M1M line 3	7	<u>—</u>

Form M1	Minnesota State Income and Sales Tax Addition Worksheet	2012
Name	Taxpayer Identification Number	
AMY J KLOBUCHAR & JOHN D BESSLER		

1 Federal Schedule A line 29	1	<u>31,173</u>
2 Amount from table if a dependent enter federal standard deduction	2	<u>9,900</u>
3 Line 1 minus line 2	3	<u>21,273</u>
4 State income or sales tax from line 5 of federal Schedule A and any additional state income tax you may have included on line 8 (other taxes) of Schedule A	4	<u>16,370</u>
5 Lesser of line 3 or 4 Enter on Form M1 line 2	5	<u>16,370</u>

Married couples filing separate returns If step 4 is less than step 3 for either spouse enter the amount on line 4 on Form M1 line 2

Note If less than 95 % of federal tax-exempt interest dividend from a mutual fund came from bonds issued by Minnesota then all the interest from that fund is taxable at 100 %

Summary

TOTAL TAXABLE INTEREST INCOME

Page **1** of **1**

Resident Amount

PY/NR Amount

Note Report does not include income from Form 8814 or allocated instate amounts from Form 8621

Form M1

Minnesota AGI Worksheet

2012

Name

Taxpayer Identification Number

AMY J KLOBUCHAR & JOHN D BESSLER**In General**

Income and adjustment items are shown as they appear on the federal Form 1040 and are split between taxpayer and spouse based on federal entries. The system automatically combines taxpayer and spouse amounts in processing Minnesota returns.

For part year and nonresident returns you may edit amounts for both taxpayer and spouse in the Federal and State columns as needed. If you elect to override items only in the State Amounts taxpayer and spouse columns totals in those columns will be adjusted with no effect on the Federal Amounts columns.

	Federal Amounts			State Amounts PART-YEAR AMOUNTS		
	Federal Total	Taxpayer	Spouse	State Total	Taxpayer	Spouse
Wages	236,827	143,465	93,352	143,465	143,465	
Interest	137	137		137	137	
Dividends	0			0		
Refunds	7,126	7,126		2,885	2,885	
Alimony rec'd	0			0		
Business income	-108		-108		0	
Cap gain/loss	-3,000	-3,000		-3,000	-3,000	
4797 gain/loss	0			0		
Taxable IRA	292	292		292	292	
Tdbf pensions	0			0		
Renta, royalty	25	25		25	25	
Farm income	0			0		
Unemployment	0			0		
Tdbf acc acc	0			0		
Other income	0			0		
Total Income	241,299	148,045	93,254	143,804	143,804	
Educator exp	0			0		
Res/Art/FBO	0			0		
Health saving	0			0		
Moving expense	0			0		
SE tax adj	0			0		
Knoph/SEP	0			0		
SE health insur	0			0		
Pen-early w/d	0			0		
Alimony paid	0			0		
IRA deduction	0			0		
Student loan int	0			0		
Tuition/fees	0			0		
Domestic prod	0			0		
Other adjustts	0			0		
Tot adjustts	0			0		
Adj gross inc	241,299	148,045	93,254	143,804	143,804	

Government of the
District of Columbia2012 D-40B SUB Nonresident
Request for Refund

◆ Personal information

Your first name
JOHNMI Last name
D BESSLERSOFTWARE DEVELOPER USE ONLY
VENDOR ID# [REDACTED]Your social security number
[REDACTED]

Your daytime phone number

STAPLE OTHER REQUESTED DOCUMENT
UPPER LEFT

STAPLE OTHER REQUESTED STATEMENTS HERE

STAPLE W-2s AND OTHER WITHHOLDING STATEMENTS HERE

Current mailing address (number street and apartment/unit number if applicable)
[REDACTED]

City _____ State _____ Zipcode + 4 _____

Country or U S Commonwealth

Fill in if you filed one of these forms in the previous year

NOT A RESIDENT OF DC

D-40

D-40EZ

D-40B

If not give reason

Refund request	Attach a signed copy of your state return(s)	Round cents to the nearest dollar If the amount is zero leave the line blank.
1 Total gross income		1 \$ 97,495 00
2 DC gross income		2 \$ 2,250 00
3 DC Income tax withheld Attach copies of your W 2s that show DC address		3 \$ 102 00
4 2012 DC estimated income tax payments		4 \$ 00
5 Refund request Add lines 3 and 4		5 \$ 102 00

Will the refund go to an account outside the U S? Yes No In order to comply with new banking rules we will not issue a refund to
or through a foreign institution Instead we will issue a paper checkDirect Deposit If you want your refund deposited in your bank mark type of account
routing number and account number below

checking

savings and enter the

◆ Routing Number Account Number

Residence Information

6 2012 DC residence From To
DC address (number street and zip code) Zipcode + 4

7 2012 permanent residence

State Country or U S commonwealth Zipcode + 4
VA or [REDACTED]

Did you return or do you intend to return to this permanent residence?

Yes No

If yes enter date you returned or intend to return

Reason you lived in DC during 2012

Reason you moved or intend to move out of DC

8 List the states where you resided during the last 3 years beginning with your present residence

State From (MMYY) To (MMYY)
a VA 0110 1212

State From (MMYY) To (MMYY)

d

e

f



D-40B PAGE 2

Enter your last name

BESSLER

Your social security number

Other residence Information

9 Place of birth (city and state)

State

Date of birth

10 State where you last voted

Date you voted

Are you registered to vote in DC?

Yes

 No

11 Complete only if you were in military service during 2012

State where enlisted

Enlistment date

State of domicile declared on DD Form 2058

Residence at time of induction

State or Country or U S commonwealth

Employment history

12 Current employer

From

Current employer's address (number and street)

City

State Zipcode

Previous employer

From

To

Previous employer's address (number and street)

City

State Zipcode

Property information

13 List the type and location of any real property you own

Type of property

Address (number and street)

City

State Zipcode

Type of property

Address (number and street)

City

State Zipcode

14 List amount of income tax and/or intangible personal property tax you paid in 2012 to the jurisdiction of your 2012 permanent residence listed on line 7

Amount

Mark tax type	Income tax	\$	00
	Intangible personal property tax	\$	00

Signature Under penalties of the law I declare that I have examined this request and any attached statements and to the best of my knowledge it is correct

03/26/13

Your Signature

Date

Preparer's Signature

Date

Attach all statements showing DC withholding to the front of page 1
and send your signed and completed request to

Office of Tax and Revenue
PO Box 66147
Washington, DC 20090-6147

2012 D-40B SUB P2

Form D-40

District of Columbia AGI Worksheet

2012

Name

Taxpayer Identification Number

JOHN D BESSLER**In General**

Income and adjustment items are shown as they appear on the federal Form 1040 and are split between taxpayer and spouse based on federal entries. The system automatically combines taxpayer and spouse amounts in processing District of Columbia returns.

For part year and nonresident returns you may edit amounts for both taxpayer and spouse in the Federal and State columns as needed. If you elect to override items only in the State Amounts taxpayer and spouse columns totals in those columns will be adjusted with no effect on the Federal Amounts columns.

	Federal Amounts			State Amounts NONRESIDENT AMOUNTS		
	Federal Total	Taxpayer	Spouse	State Total	Taxpayer	Spouse
Wages	93,362	93,362		2,250	2,250	
Interest	0			0		
Dividends	0			0		
Refunds	4,241	4,241		0		
Alimony rec'd	0			0		
Business income	-108	-108		0		
Cap gain/loss	0			0		
4797 gain/loss	0			0		
Taxable IRA	0			0		
Taxbl pensions	0			0		
Rents, royalty	0			0		
Farm income	0			0		
Unemployment	0			0		
Taxbl soc sec	0			0		
Other income	0			0		
Total Income	97,495	97,495		2,250	2,250	
Educator Exp	0			0		
Res/Artist/FBO	0			0		
Health savings	0			0		
Moving expense	0			0		
SE tax adj	0			0		
Keogh/SEP	0			0		
SE health insur	0			0		
Pen-early w/d	0			0		
Alimony paid	0			0		
IRA deduction	0			0		
Student loan int	0			0		
Tuition/fees	0			0		
Domestic prod	0			0		
Other adjust	0			0		
Tot adjusts	0			0	0	
Adj gross inc	97,495	97,495		2,250	2,250	

FORM
505MARYLAND NONRESIDENT
INCOME TAX RETURN

2012

125050035

Please Print Using Blue or
Black Ink

OR FISCAL YEAR BEGINNING		2012, ENDING	
Social Security number		Spouse's Social Security number	
Your First Name JOHN	Initial D	Last Name BESSLER	
Spouse's First Name	Initial	Last Name	
Present Address (No. and street) [REDACTED]			
City or Town		State	ZIP code

FILING STATUS
 See instruction 1 to determine
 if you are required to file
CHECK ONE BOX 1 Single (If you can be claimed on another person's tax return, use Filing Status 6.) 4 Head of household
 2 Married filing joint return or spouse had no income 5 Qualifying widow(er) with dependent child
 3 Married filing separately 6 Dependent taxpayer (Enter 0 in Exemption Box (A) See Instruction 8)
 Spouse's Social Security number [REDACTED]

RESIDENCE INFORMATION — See Instruction 9

Enter 2-letter state code for your state of legal residence **VA**
 County [REDACTED] City Borough or
 (PA) Township (PA) [REDACTED]

Were you a resident for the entire year of 2012?

Yes No If no att. explanationAre you or your spouse a member of the military? Yes No Did you file a Maryland income tax return for 2011? Yes No
 If "Yes" was it a Resident or a Nonresident return?Advise dates you resided within Maryland for 2012
 If none enter "NONE"

FROM TO **NONE** (See instr 4)

EXEMPTIONS See Instruction 10 Check appropriate box(es) NOTE If you are claiming dependents you must attach the Dependents Information Form 502B to this form in order to receive the applicable exemption amount.

A <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse	A. Enter No Checked	<input type="checkbox"/> 1 See Instruction 10 A. \$ 3200
B <input type="checkbox"/> 65 or older <input type="checkbox"/> 65 or older	B. Enter No Checked	<input type="checkbox"/> X \$1 000 B. \$ _____
<input type="checkbox"/> Blind <input type="checkbox"/> Blind		<input type="checkbox"/> See Instruction 10 C. \$ _____
C Enter No from line 3 of Dependent Form 502B		<input type="checkbox"/> D. Enter Total Exemptions (Add A, B and C) <input type="checkbox"/> 1 Total Amount D. \$ 3200

INCOME AND ADJUSTMENTS INFORMATION (See Instruction 11)

- 1 Wages salaries tips etc
- 2 Taxable interest income
- 3 Dividend income
- 4 Taxable refunds credits or offsets of state and local income taxes
- 5 Alimony received
- 6 Business income or (loss)
- 7 Capital gain or (loss)
- 8 Other gains or (losses) (from federal Form 4797)

	(1) FEDERAL INCOME (LOSS)	(2) MARYLAND INCOME (LOSS)	(3) NON-MD INCOME (LOSS)
1	93362		93362
2			
3			
4	4241		4241
5			
6	-108		-108
7			
8			
9			
10			
11			
12			
13			
14			
15	97495		97495
16			
17	97495		97495

- Place **9** Taxable amount of pensions IRA distributions and annuities
 CHECK **10** Rents royalties partnerships estates trusts etc. (Circle appropriate item)
 or
 MONEY **11** Farm income or (loss)
 ORDER **12** Unemployment compensation (insurance)
 on top of **13** Taxable amount of Social Security and tier 1 railroad retirement benefits
 your W **2** wage and **4** Other income (including lottery or other gambling winnings)
 tax **15** Total income (Add lines 1 through 14)
 statements **16** Total adjustments to income from federal return (IRA alimony etc.)
 and **18** Adjusted gross income (Subtract line 16 from 15) ►

HERE **17** ADDITIONS TO INCOME (See Instruction 12)
 with ONE staple

- 18 Non-Maryland loss and adjustments
- 19 Other (Enter code letter(s) from Instruction 12)

► <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18 Dollars 108
► <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19 108
► <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20 108
► <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	21 97603
► <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22 4241
► <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	23 4241
► <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24 4241
► <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	25 93362

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

SUBTRACTIONS FROM INCOME (See Instruction 13)

- 22 Taxable Military Income of Nonresident
- 23 Other (Enter code letter(s) from Instruction 13)
- 24 Total subtractions (Add lines 22 and 23)

► <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22
► <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	23 4241
► <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24 4241
► <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	25 93362

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

DEDUCTION METHOD See Instr 16 (All taxpayers must select one method and check the appropriate box)

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

ITEMIZED DEDUCTION METHOD (Complete lines 26b c and d)

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

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

Net itemized deductions (subtract line 26c from line 26b)

26 Deduction amount (Multiply lines 26a or 26d by the AGI factor) **95 7608** (from worksheet in Instruction 14) **26** **1915**



125050135

NAME **JOHN D BESSLER**

SSN [REDACTED]

Dollars

27	Net income (Subtract line 26 from line 25)	27	91447
28	Total exemption amount (from EXEMPTIONS area page 1) See Instruction 10	28	3200
29	Enter your AGI factor (from worksheet in Instruction 14)	29	0 957608
30	Maryland exemption allowance (Multiply line 28 by line 29)	30	3064
31	Taxable net income (Subtract line 30 from line 27) Figure tax on Form 505NR	31	88383

MARYLAND TAX COMPUTATION – COMPLETE FORM 505NR BEFORE CONTINUING

32 a	Maryland tax from line 16 of Form 505NR (Attach Form 505NR)	32a	[REDACTED]
32 b	Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR)	32b	[REDACTED]
32 c	Total Maryland tax (Add lines 32a and 32b)	32c	[REDACTED]
33	Earned Income credit from worksheet in Instruction 20	33	[REDACTED]
34	Poverty level credit from worksheet in Instruction 20	34	[REDACTED]
35	Other income tax credits for individuals from Part G line 8 of Form 502CR (Attach Form 502CR)	35	[REDACTED]
36	Business tax credits (Attach Form 500CR)	36	[REDACTED]
37	Total credits (Add lines 33 through 36)	37	[REDACTED]
38	Maryland tax after credits (Subtract line 37 from line 32c) If less than 0 enter 0	38	[REDACTED]
39	Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 21)	39	[REDACTED]
40	Contribution to Developmental Disabilities Waiting List Equity Fund (See Instruction 21)	40	[REDACTED]
41	Contribution to Maryland Cancer Fund (See Instruction 21)	41	[REDACTED]
42	Total Maryland Income tax and contributions (Add lines 38 through 41)	42	[REDACTED]
43	Total Maryland tax withheld (Enter total from and attach your W 2 and 1099 forms If MD tax is withheld)	43	[REDACTED]
44	2012 estimated tax payments amount applied from 2011 return payments made with Form 502E and Form MW506NRS	44	[REDACTED]
45	Refundable earned income credit from worksheet in Instruction 20	45	[REDACTED]
46	Nonresident tax paid by pass-through entities (Attach Maryland Schedule K 1 or other statement)	46	[REDACTED]
47	Refundable income tax credits from Part H, line 6 of Form 502CR (Attach Form 502CR See Instruction 22)	47	[REDACTED]
48	Total payments and credits (Add lines 43 through 47)	48	[REDACTED]
49	Balance due (If line 42 is more than line 48, subtract line 48 from line 42)	49	[REDACTED]
50	Overpayment (If line 42 is less than line 48 subtract line 42 from line 48)	50	[REDACTED]
51	Amount of overpayment TO BE APPLIED TO 2013 ESTIMATED TAX	51	[REDACTED]
52	Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 51 from line 50) See line 55	52	REFUND [REDACTED]

53 Interest charges from Form 502UP [REDACTED] or for late filing [REDACTED] (See Instruction 23) Total 53 [REDACTED]
 54 TOTAL AMOUNT DUE (Add line 49 and line 53) IF \$1 OR MORE PAY IN FULL WITH THIS RETURN 54 [REDACTED]

DIRECT DEPOSIT OF REFUND (See Instruction 23) Please be sure the account information is correct. For Splitting Direct Deposit, see Form 688

In order to comply with banking rules please indicate if this refund will go to an account outside the United States If checked see instruction 23

55 For the direct deposit option complete the following information clearly and legibly ◆ 55a Type of account ◆ Checking Savings

55b Routing number (9-digit) ► 55c Account number ► [REDACTED]

► Daytime telephone no Home telephone no ► CODE NUMBERS (3 digits per box)

Check here if you authorize your preparer to discuss this return with us I authorize your paid preparer not to file electronically Check if you agree to receive your 1099G Income Tax Refund statement electronically Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements (It is recommended that you include your Social Security number on check using blue or black ink.) and to the best of my knowledge and belief it is true correct and complete If prepared by a person other than taxpayer the declaration is based on all information of which the preparer has any knowledge

Your signature

Date

Preparer's PTIN (required by law) Signature of preparer other than taxpayer
HEIMER DIXON ASSOCIATES, LTD

Spouse's signature

Date

Address and telephone number of preparer

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



2012

Social Security number [REDACTED]		Spouse's Social Security number	
Your first name JOHN	Initial D	Last name BESSLER	
Spouse's first name [REDACTED]	Initial [REDACTED]	Last name [REDACTED]	

If you are filing Form 505 use the Form 505NR Instructions appearing on page two of this form

If you are filing Form 515, use the Form 505NR Instructions appearing in Instruction 18 of the Form 515 Instructions

PART I -CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS

1 Enter Taxable net income from Form 505 line 31 (or Form 515 line 32)

1 **88383**

2 Enter tax from Tax Table or Computation Worksheet Schedules I or II
Continue to Part II

2 **4146**

PART II -CALCULATION OF MARYLAND TAX

3 Enter your federal adjusted gross income from Form 505
(or Form 515) line 17 (Column 1)

3 **97495**

4 Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21

4 **97603**

5 Enter the Taxable Military Income of a Nonresident from line 22 of Form 505

5 **[REDACTED]**

6a Enter your subtractions from line 23 of Form 505 or Form 515

6a **4241**

6b Enter non Maryland income from Form 505 (or 515) not included on lines 5
or 6a of this form (see Instructions on page 2)

6b **93362**

7 Add lines 5 through 6b

7 **97603**

8 Maryland Adjusted Gross Income Subtract line 7 from line 4
If you are using the standard deduction recalculate the
standard deduction based on the income on line 8 and
enter on line 8a

8a **1500**

9 Maryland Income Factor Divide line 8 by line 3 The factor cannot exceed 1 (100%) and
cannot be less than zero (0%) If line 8 is 0 or less the factor is 0 If line 8 is greater
than 0 and line 3 is 0 or less the factor is 1

9 **[REDACTED]**

10 Deduction amount

If you are using the standard deduction multiply the standard deduction
on line 8a by line 9 of this form and enter on line 10a
If you are itemizing your deductions multiply the deduction on Form 505
line 26d by line 9 of this form and enter on line 10b
Form 515 Users, see Instruction 18

10a **0**

10b **[REDACTED]**

11 Net income (Subtract line 10a or 10b from line 8)

11 **[REDACTED]**

12 Exemption amount Multiply the total exemption amount on Form 505 line 28
(or Form 515 line 29) by line 9

12 **[REDACTED]**

13 Maryland Taxable Net Income (Subtract line 12 from line 11)

13 **[REDACTED]**

14 Enter the tax amount from line 2 of this form

14 **4146**

15 Maryland Nonresident factor Divide the amount on line 13 on this form by line 1
If more than 1 000000 enter 1 000000 If 0 or less the factor is 0

15 **[REDACTED]**

16 Maryland Tax Multiply line 14 by line 15 Enter this amount on Form 505 line 32a
(Form 515 line 33)

16 **[REDACTED]**

17 Special nonresident tax Multiply line 13 of this form by 1 25% Enter this amount on
Form 505 line 32b If line 13 is 0 or less enter 0

17 **[REDACTED]**

FOR FORM 515 FILERS ONLY

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

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

18 **[REDACTED]**

**Form
505SU MARYLAND NONRESIDENT
SUBTRACTIONS FROM INCOME**
ATTACH TO YOUR NONRESIDENT TAX RETURN



2012

12505S035

Social Security number [REDACTED]		Spouse's Social Security number	
Your first name JOHN	Initial D	Last name BESSLER	
Spouse's first name	Initial	Last name	

Subtractions from Income Determine which subtractions from income apply to you See Instruction 13 in Nonresident Booklet for more information

PART I To the extent one or more of these items is included in your federal adjusted gross income

- a Payments from a pension system to firemen and policemen for job-related injuries or disabilities (but not more than the amount included in your total income) b _____
- c Amount of refunds of state or local income tax included on line 4 of Form 505 c _____ **4241**
- d Distributions of accumulated income by a fiduciary if income tax has been paid by the fiduciary to the State (but not more than the amount included in your total income) d _____
- e Profit (without regard to losses) from the sale or exchange of bonds issued by the State or local governments of Maryland e _____
- j Amount added to taxable income for the use of an official vehicle by a member of a state county or local police or fire department The amount is listed separately on your W 2 j _____
- n Payment received under a fire rescue or ambulance personnel length of service award program that is funded by any county or municipal corporation of the State n _____
- r Amount of interest on U S obligations capital gains from the sale or exchange of U S obligations dividends from mutual funds that invest in U S obligations r _____
- s Amount of interest and dividend income (including capital gain distributions) of a dependent child that is included in the parent's federal gross income under the Internal Revenue Code Section 1(g)(7) s _____
- t Social Security Tier I Tier II and/or supplemental railroad retirement benefits included in your federal adjusted gross income t _____
- u Up to \$5 000 of military retirement income received by a qualifying individual during the tax year See Instruction 13 on who is a qualifying individual u _____
- w Lesser of \$1 200 or the income subject to Maryland tax of the spouse with the lower income if both spouses have income subject to Maryland tax and file a joint return w _____
- y Any income that is related to tangible or intangible property that was seized misappropriated or lost as a result of the actions or policies of Nazi Germany towards a Holocaust victim y _____
- aa Payments from a pension system to the surviving spouse or other beneficiary of a law enforcement officer or firefighter whose death arises out of or in the course of their employment aa _____
- bb Net subtraction modification to Maryland taxable income when claiming the federal depreciation allowances from which the State of Maryland has decoupled Complete and attach Form 500DM See Administrative Release 38 bb _____
- cc Net subtraction modification to Maryland taxable income when using the federal special 5-year carryback period for a net operating loss under federal law compared to Maryland taxable income without regard to federal provisions Complete and attach Form 500DM See Administrative Release 38 cc _____
- cd Net subtraction modification to Maryland taxable income resulting from the federal ratable inclusion of deferred income arising from business indebtedness discharged by reacquisition of a debt instrument Complete and attach Form 500DM See Administrative Release 38 cd _____
- dd Income derived within an arts and entertainment district by a qualifying residing artist Complete and attach Form 5002AE dd _____
- dm Net subtraction modification from multiple decoupling provisions Complete and attach Form 500DM dm _____
- ee Amount received as a grant under the Solar Energy Grant Program administered by the Maryland Energy Administration but not more than the amount included in your total income ee _____

**FORM
505SU MARYLAND NONRESIDENT
2012 SUBTRACTIONS FROM INCOME**
ATTACH TO YOUR NONRESIDENT TAX RETURN



12505S135

NAME JOHN D BESSLER

SSN [REDACTED]

- gg Amount of income for services performed in Maryland by the civilian spouse of a member of the armed forces gg _____
- hh Net subtraction to adjust phase out of exemptions as a result of including U S obligations in your adjusted gross income hh _____
- ii Interest income from Build America Bonds See Administrative Release 13 ii _____
- jj Gain resulting from a payment from the Maryland Department of Transportation as a result of the acquisition of a portion of the property on which your principal residence is located jj _____
- 1 Subtotal Add all lines in Part I and enter the amount here 1 4241

Part II To the extent one or more of these items apply to your Maryland income Include only the part that is attributable to Maryland

- f Child and dependent care expenses f _____
- g Amount of wages and salaries disallowed as a deduction due to the work opportunity credit allowed under the Internal Revenue Code Section 51 g _____
- h Expenses up to \$5 000 incurred by a blind person for a reader or up to \$1 000 incurred by an employer for a reader for a blind employee h _____
- i Expenses incurred for reforestation or timber stand improvement of commercial forest land i _____
- k Up to \$6 000 in expenses incurred by parents to adopt a child with special needs through a public or nonprofit adoption agency up to \$5 000 for adoption of a child without special needs k _____
- l Purchase and installation costs of certain conservation tillage equipment Attach a copy of the certification l _____
- m Deductible artists contribution Complete and attach Form 502AC m _____
- o Value of farm products you donated to a gleaning cooperative Attach a copy of the certification o _____
- q Unreimbursed charitable travel expenses Complete and attach Form 502V q _____
- v The Honorable Louis L Goldstein Volunteer Police Fire Rescue and Emergency Medical Services Personnel Subtraction Modification Program Attach a copy of the certification v _____
- xa Up to \$2 500 per contract purchased for advanced tuition payments made to the Maryland Prepaid College Trust See Administrative Release 32 xa _____
- xb Up to \$2 500 per taxpayer per beneficiary for investment accounts for same beneficiary under the Maryland College Investment Plan and the Maryland Broker Dealer College Investment Plan See Administrative Release 32 xb _____
- z Expenses incurred to buy and install handrails in an existing elevator in a qualified healthcare facility or other building in which at least 50% of the space is used for medical purposes z _____
- ff Amount of the cost difference between a conventional on site sewage disposal system and a system that utilizes nitrogen removal technology for which the Department of Environment's payment assistance program does not cover ff _____
- kk Qualified conservation program expenses up to \$500 for an application approved by the Department of Natural Resources to enter into a Forest Conservation and Management Plan kk _____
- ll Payment received as a result of a foreclosure settlement negotiated by the Maryland Attorney General ll _____
- 2 Subtotal Add all lines in Part II and enter the amount here 2 _____

Part III Share of Maryland subtractions flowing to you from a pass through entity or fiduciary

- b Net Maryland subtraction from federal schedule K 1 for your share of income from pass-through entities or fiduciaries not attributable to decoupling b _____
- dp Net subtraction decoupling modification from a pass through entity Complete and attach Form 500DM See Administrative Release 38 dp _____

- 3 Subtotal Add all lines in Part III and enter the amount here 3 _____

Part IV

- 4 TOTAL Add lines 1 2 and 3 and enter the amount here and on line 23 of Form 505
12-35 4 4241

Form 505SU

Maryland Subtractions From Income Worksheet

2012

Name	Taxpayer Identification Number
------	--------------------------------

JOHN D BESSLER

Part I To the extent one or more of these items is included in federal adjusted gross income		Taxpayer	Spouse
a	Disability payments from a pension to firemen and policemen for job-related injuries or disabilities	c	4241
c	Amount of refunds of state or local income tax included on Form 505 line 4	d	
d	Distributions of accumulated income by a fiduciary	e	
e	Profit (without regard to losses) from the sale or exchange of instate bonds	f	
j	Amount from W2 for the use of an official vehicle by police or fire department	g	
n	Payment received under a fire rescue or ambulance personnel length of service award program	h	
r	Income from sale or exchange of interest or dividends related to U S Government Obligations	i	
s	Child interest and dividend income (including capital gain distributions) of a dependent	j	
t	Taxable Social Security Tier I Tier II and/or supplemental railroad benefits	k	
u	Up to \$5 000 of military retirement income received by a qualifying individual during the tax year	l	
w	Two-income subtraction	m	
y	Income related to property seized misappropriated or lost by Holocaust victim of Nazi Germany	n	
aa	Payments to the surviving spouse or other beneficiary of a law enforcement officer or firefighter	o	
bb	Federal depreciation allowances where Maryland has decoupled	p	
cc	Net subtraction modification to taxable income when using the federal 5-year carryback period	q	
cd	Net subtraction modification resulting from the federal ratable inclusion of Section 108 (i) income	r	
dd	Income derived within an arts and entertainment district by a qualifying residing artist	s	
dm	Net subtraction modification from multiple decoupling provisions	t	
ee	Amount received as a grant under the state administered Solar Energy Grant Program	u	
gg	Income for services performed in Maryland by the civilian spouse of member of armed forces	v	
hh	Adjusted phase out of exemptions as a result of including U S Obligations in Maryland income	w	
ii	Interest income from Build America Bonds included in federal adjusted gross income	x	
jj	Gain resulting from MDOT payment for property acquisition related to principal residence	y	
1	Subtotal all lines Part I enter sum of taxpayer and spouse amounts on Form 505SU line 1	1	4241
Part II To the extent one or more of these items apply to attributed Maryland income			
f	Child and dependent care expenses	f	
g	Amount of wages and salaries disallowed as a deduction due to the work opportunity credit	g	
h	Expenses incurred by blind person or employer for a reader	h	
i	Expenses incurred for reforestation or timber stand improvement of commercial forest land	i	
k	Expenses incurred by parents to adopt a child	k	
l	Purchase and installation costs of certain conservation tillage equipment	l	
m	Deductible artist's contribution	m	
o	Value of farm products you donated to a gleaning cooperative	o	
q	Unreimbursed vehicle travel expenses Complete and attach Form 502V	q	
v	Volunteer police fire rescue and emergency medical services personnel subtraction modification	r	
xa	College Prepaid Trust contract payments	xa	
xb	College investment/broker-deal plan contributions	xb	
z	Expenses incurred to buy and install handrails in a qualified existing elevator	z	
ff	Cost difference of conventional on-site sewage disposal versus nitrogen removal technology	ff	
kk	Forest conservation expenses	kk	
ll	Income resulting from foreclosure settlement negotiated by the Maryland Attorney General	ll	
2	Subtotal all lines in Part II enter sum of taxpayer and spouse amounts on Form 505SU line 2	2	
Part III Share of Maryland subtractions flowing from pass-through entity or fiduciary			
b	Net allowable subtractions from income from pass-through entities not attributable to decoupling	b	
dp	Net subtraction decoupling modification from a pass-through entity	dp	
3	Subtotal all lines in Part III enter sum of taxpayer and spouse amounts on Form 505SU line 3	3	
Part IV			
4	Total lines 1 2 and 3	4	4241

Total subtractions enter this amount on Form 505SU line 4

4241

**Form 505, Line 18 - Non-Maryland Losses from Column 3, Lines 1 through 14 and Column 3,
Line 16 Adjustments**

Description	Amount
BUSINESS LOSS	\$ 108
TOTAL	\$ 108

**Form 505NR, Line 6b - Non-Maryland Income From Form 505, Column 3, lines 1 through 14 and
adjustments from line 16**

Description	Amount
WAGES, SALARIES, TIPS, ETC	\$ 93,362
TOTAL	<u>\$ 93,362</u>

Form 502/505

Maryland AGI Worksheet

2012

Name

Taxpayer Identification Number

JOHN D BESSLER**In General**

Income and adjustment items are shown as they appear on the federal Form 1040 and are split between taxpayer and spouse based on federal entries. The system automatically combines taxpayer and spouse amounts in processing Maryland returns.

For part year and nonresident returns you may edit amounts for both taxpayer and spouse in the Federal and State columns as needed. If you elect to override items only in the State Amounts taxpayer and spouse columns totals in those columns will be adjusted with no effect on the Federal Amounts columns.

	Federal Amounts		State Amounts NONRESIDENT AMOUNTS		
	Federal Total	Taxpayer	Spouse	State Total	Taxpayer
Wages	93,362	93,362		91,112	91,112
Interest	0			0	
Dividends	0			0	
Refunds	4,241	4,241		2,842	2,842
Alimony rec'd	0			0	
Business income	-108	-108		0	
Cap gain/loss	0			0	
4797 gain/loss	0			0	
Taxable IRA	0			0	
Txbt pensions	0			0	
Rents royalty	0			0	
Farm income	0			0	
Unemployment	0			0	
Txbt soc sec	0			0	
Other income	0			0	
Total Income	97,495	97,495		93,954	93,954
Educator exp	0			0	
Res/Artist/FBO	0			0	
Health savings	0			0	
Moving expense	0			0	
SE tax adj	0			0	
Keogh/SEP	0			0	
SE health insurance	0			0	
Pen-early w/d	0			0	
Alimony paid	0			0	
IRA deduction	0			0	
Student loan int	0			0	
Tuition/fees	0			0	
Domestic prod	0			0	
Other adjusta	0			0	
Tot adjusta	0			0	
Adj gross inc	97,495	97,495		93,954	93,954



JOHN

D BESSLER

[REDACTED]

	Filing Status	3	Head of Household			Name or Filing Change Address Change Virginia Return Not Filed Last Year	Amended NOL Federal Earned Income Credit Locality	013
Exemptions	Dependents	Total	65 and over	Blind	Total	Your SSN BESS		
Yourself Spouse	1	1						
Vendor ID		1022			Spouse's SSN			
1	Fed Adj Gross Income	1	97495			16a Your VAGI	16a	
2	Additions see Pg 2 Line 3	2				16b Spouse's VAGI	16b	
3	Subtotal	3	97495			17 Net Tax	17	4879
4a	Age Deduction You	4a				18a Your Withholding	18a	
4b	Age Deduction Spouse	4b				18b Spouse's Withholding	18b	
5	Soc Sec & Tier 1 Railroad	5				19 Estimated Payments	19	5040
6	State Inc Tax Overpayment	6	4241			20 Extension Payments	20	
7	Other Subtractions see Pg 2 Line 7	7				21 Credit for Low Income	21	
8	Subtotal Subtractions	8	4241			22 Credit tax paid another state	22	
9	Total VAGI	9	93254			23 Other Credits	23	
10a	Federal Sch A Itemized Deductions	10a				24 Total Payments /Credits	24	5040
10b	State/Local Income Tax	10b				25 Tax You Owe	25	
10	Standard/Itemized Deductions	10	3000			26 Overpayment Amount	26	161
11	Exemptions	11	930			27 Amount to Credit to Next Year's Tax	27	161
12	Deductions VAGI see Pg 2 Line 9	12				28 Adjustments/Contributions	28	
13	Add Lines 10 11 and 12	13	3930			Amount You Owe Paid by Credit Card		
14	VA Taxable Income	14	89324			Refund		
15	Tax Amount	15	4879			Bank Routing		
16	Spouse Tax Adjustment	16				Number		
						Bank Account		
						Number		

Virginia Approved Form

**ADDITIONAL FILING INFORMATION**

Your DOB [REDACTED] Spouse DOB [REDACTED]

Direct Bank Deposit	Debit Card
Dependent on another's return	Farmer/ Fisherman Merchant Seaman
Taxpayer Deceased	Overseas when due

Additions SCH ADJ/CG Part 1

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

b

c

3 Total Additions**Subtractions**

Virginia Approved Form

- 4 Income from obligations or securities of the U S
- 5 Disability income reported as wages
 - 5a You
 - 5b Spouse

- 6 Other Subtractions
 - a Fixed Date Conformity

b

c

d

7 Total Subtractions**Deductions****8 Deduction Code and Amount**

a

b

c

9 Total Deductions

Spouse's Name Filing Status 3 Only

AMY J KLOBUCHAR**AGE DEDUCTION DETAILS**

You

Spouse

Contact Information

Your Phone [REDACTED]

Spouse

Dept of Taxation may discuss my return with my preparer

X

Preparer Phone Number [REDACTED]

Preparer Info [REDACTED]

4

I (We) the undersigned declare under penalty of law that I (we) have examined my return and to the best of my (our) knowledge it is a true, correct and complete. If you are requesting direct deposit of your refund by providing bank information on your return you are certifying that the ultimate destination of the funds is within the territorial jurisdiction of the United States.

Your Signature _____ Date _____

Spouse's Signature _____ Date _____

Preparer _____

Signature _____ Date 03/26/13

**NANCY HEIMER
HEIMER DIXON ASSOCIATES, LTD**

2012 Virginia Schedule FED/CG
JOHN D BESSLER



013

SCHEDULE C SCHEDULE C EZ and/or SCHEDULE F INFORMATION

1 Schedule Name	First Schedule Info	C	Second Schedule Info
2 Gross Receipts or Sales	1000		
3 Depreciation/ Expense Deduction			
4 Business Activity Code	711510		
5 Business Locality Code	300		
6 Car and truck expenses			
7 Inventory at end of year			
8 Number of miles you used your vehicle for Business			
9 Number of miles you used your vehicle for Commuting			
10 Number of miles you used your vehicle for Other			

SCHEDULE 2106 and/or SCHEDULE 2106 EZ INFORMATION

- Virginia Approved Form
- 11 Number of miles you used your vehicle for Business
 - 12 Number of miles you used your vehicle for Commuting
 - 13 Number of miles you used your vehicle for Other
 - 14 Percent of business use of vehicle Vehicle 1
 - 15 Percent of business use of vehicle Vehicle 2

SCHEDULE 4562 INFORMATION

- 16 Property Used more than 50% in a qualified business use
Type of property
- 17 Date placed in service
- 18 Business/investment use percentage
- 19 Cost or other basis
- 20 Depreciation deduction
- 21 Elected section 179 cost
- 22 Business Locality Code

1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return		2012	OMB No 1545-0074	IRS Use Only—Do not write or staple in this space
For the year Jan 1-Dec. 31 2012 or other tax year beginning		2012 ending	20	See separate instructions
Your first name and initial JOHN D.	Last name BESSLER	Your social security number [REDACTED]		
If a joint return spouse's first name and initial	Last name	Spouse's social security number [REDACTED]		
Home address (number and street) If you have a P O box, see instructions [REDACTED]		Apt. no	<input type="checkbox"/> Make sure the SSN(s) above and on line 6c are correct.	
City, town or post office, state and ZIP code If you have a foreign address, also complete spaces below (see instructions)		Presidential Election Campaign Check here if you or your spouse if filing jointly want S3 to go to this fund. Checking a box below will not change your tax or refund		
Foreign country name	Foreign province/state/county	Foreign postal code	<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse	
Filing Status	1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input checked="" type="checkbox"/> Married filing separately Enter spouse's SSN above and full name here ◆ AMY J. KLOBUCHAR	4 <input type="checkbox"/> Head of household (with qualifying person) (See instructions) If the qualifying person is a child but not your dependent, enter this child's name here		
Exemptions	5 <input type="checkbox"/> Qualifying widow(er) with dependent child			
If more than four dependents see instructions and check here ◆ <input type="checkbox"/>	6a <input checked="" type="checkbox"/> Yourself If someone can claim you as a dependent do not check box 6a b Spouse c Dependents (1) First name _____ Last name _____ _____ _____ _____ _____ _____ _____ d Total number of exemptions claimed	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 quad for child tax credit (see instructions) a lived with you b did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above ◆ 1
Income Attach Form(s) W-2 here Also attach Forms W-2G and 1099-R if tax was withheld If you did not get a W-2 see instructions Enclose but do not attach any payment Also please use Form 1040-V	7 Wages salaries tips etc Attach Form(s) W-2 8a Taxable interest Attach Schedule B if required b Tax-exempt interest Do not include on line 8a 9a Ordinary dividends Attach Schedule B if required b Qualified dividends 10 Taxable refunds credits or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss) Attach Schedule C or C-EZ 13 Capital gain or (loss) Attach Schedule D if required If not required check here ◆ 14 Other gains or (losses) Attach Form 4797 15a IRA distributions 16a Pensions and annuities 17 Rental real estate, royalties partnerships S corporations trusts etc Attach Schedule E 18 Farm income or (loss) Attach Schedule F 19 Unemployment compensation 20a Social security benefits 21 Other income List type and amount 22 Combine the amounts in the far right column for lines 7 through 21 This is your total income ◆	7 93,362 8a 9a 9b 10 4,241 11 12 -108 13 14 15b 16b 17 0 18 19 20b 21 22 97,495		
Adjusted Gross Income	23 Educator expenses 24 Certain business expenses of reservists performing artists, and fee-basis government officials Attach Form 2106 or 2106-EZ 25 Health savings account deduction Attach Form 8889 26 Moving expenses Attach Form 3903 27 Deductible part of self-employment tax Attach Schedule SE 28 Self-employed SEP SIMPLE and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ◆ 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees Attach Form 8917 35 Domestic production activities deduction Attach Form 8903 36 Add lines 23 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 97,495		

JOHN D. BESSLER

Tax and Credits

Standard Deduction for—
 People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions
 All others
 Single or Married filing separately \$5,650
 Married filing jointly or Qualifying widow(er) \$11,900
 Head of household \$8,700

38	Amount from line 37 (adjusted gross income)	38	38	97,495
39a	Check if [] You were born before January 2, 1948 [] Spouse was born before January 2, 1948	[] Blind [] Blind	Total boxes checked	39a
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	◆ 39b	[]	
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	40	5,950
41	Subtract line 40 from line 38	41	41	91,545
42	Exemptions Multiply \$3,800 by the number on line 6d	42	42	3,800
43	Taxable Income Subtract line 42 from line 41 If line 42 is more than line 41 enter -0-	43	43	87,745
44	Tax (see instr) Check if any form 8814 b [] Form 4972 c [] elec.	44	44	18,453
45	Alternative minimum tax (see instructions) Attach Form 6251	45	45	
46	Add lines 44 and 45	46	46	18,453
47	Foreign tax credit Attach Form 1116 if required	47	47	
48	Credit for child and dependent care expenses Attach Form 2441	48	48	
49	Education credits from Form 8863 line 19	49	49	
50	Retirement savings contributions credit Attach Form 8880	50	50	
51	Child tax credit Attach Schedule 8812 if required	51	51	
52	Residential energy credits Attach Form 5695	52	52	
53	Other credits from Form 3800 b [] 8801 c []	53	53	
54	Add lines 47 through 53 These are your total credits	54	54	
55	Subtract line 54 from line 46 If line 54 is more than line 46, enter -0-	55	55	18,453

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	56	
57	Unreported social security and Medicare tax from Form a [] 4137 b [] 8919	57	57	
58	Additional tax on IRAs other qualified retirement plans etc Attach Form 5329 if required	58	58	
59a	Household employment taxes from Schedule H	59a	59a	
b	First-time homebuyer credit repayment Attach Form 5405 if required	59b	59b	
60	Other taxes Enter code(s) from Instructions	60	60	
61	Add lines 55 through 60 This is your total tax	61	61	18,453

Payments

If you have a qualifying child attach Schedule EIC

62	Federal income tax withheld from Forms W-2 and 1099	62	24,443	
63	2012 estimated tax payments and amount applied from 2011 return	63	63	
64a	Earned income credit (EIC)	64a	64a	
b	Nontaxable combat pay election 64b	65	65	
66	Additional child tax credit Attach Schedule 8812	66	66	
67	American opportunity credit from Form 8863 line 8	67	67	
68	Reserved	68	68	
69	Amount paid with request for extension to file	69	95	
70	Excess social security and tier 1 RRTA tax withheld	70	70	
71	Credit for federal tax on fuels Attach Form 4136	71	71	
72	Credits from Form a [] 2439 b [] Reserved c [] 8801 d [] 8885	72	24,538	
	Add lines 62 63 64a and 65 through 71 These are your total payments	72	24,538	

Refund

73	If line 72 is more than line 61, subtract line 61 from line 72 This is the amount you overpaid	73	6,085	
74a	Amount of line 73 you want refunded to you If Form 8888 is attached check here	74a	74a	6,085

Direct deposit? See instructions

◆ b	Routing number XXXXXXXXXX	◆ c	Type Checking [] Savings	◆ 74a	6,085
◆ d	Account number XXXXXXXXXXXXXXXXXXXX	75	75	75	

Amount You Owe

76	Amount you owe Subtract line 72 from line 61 For details on how to pay, see instructions	76	76	
77	Estimated tax penalty (see instructions)	77	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?	<input checked="" type="checkbox"/> Yes Complete below	<input type="checkbox"/> No
Designee's name ◆ NANCY HEIMER	Personal identification number (PIN)	◆

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
 Joint return?
 See instr
 Keep a copy for your records

Date Your occupation
 ATTORNEY

Daytime phone number

Spouse's signature If a joint return both must sign Date Spouse's occupation

If the IRS sent you an Identity Protection PIN enter it here (see instr)

Paid

Print/Type preparer's name Preparer's signature Date Check [] if self-employed PTIN

03/26/13

Preparer

Firm's name ◆ HEIMER DIXON ASSOCIATES, LTD Firm's EIN ◆

Use Only

Firm's address ◆ Phone no

**SCHEDULE A
(Form 1040)****Itemized Deductions**

OMB No 1545-0074

2012Attachment
Sequence No **07**Department of the Treasury
Internal Revenue Service
(99)

Name(s) shown on Form 1040

JOHN D. BESSLER

Your social security number

Medical and Dental Expenses	Caution Do not include expenses reimbursed or paid by others	
	1 Medical and dental expenses (see instructions)	1
	2 Enter amount from Form 1040, line <u>38</u>	97,495
	3 Multiply line 2 by 7 5% (075)	3
Taxes You Paid	4 Subtract line 3 from line 1 If line 3 is more than line 1 enter -0-	4
	5 State and local (check only one box)	5
	a <input checked="" type="checkbox"/> Income taxes or } b <input type="checkbox"/> General sales taxes }	6
	6 Real estate taxes (see instructions)	6
	7 Personal property taxes	7
	8 Other taxes List type and amount ►	8
	VEHICLE LICENSES	
	9 Add lines 5 through 8	9
		5,142
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10
Note Your mortgage interest deduction may be limited (see instructions)	11 Home mortgage interest not reported to you on Form 1098 If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no , and address	11
	12 Points not reported to you on Form 1098 See instructions for special rules	12
	13 Mortgage insurance premiums (see instructions)	13
	14 Investment interest Attach Form 4952 if required (See Instructions)	14
	15 Add lines 10 through 14	15
Gifts to Charity	16 Gifts by cash or check If you made any gift of \$250 or more see instructions	16
If you made a gift and got a benefit for it see instructions	17 Other than by cash or check If any gift of \$250 or more see instructions You must attach Form 8283 if over \$500	17
	18 Carryover from prior year	18
	19 Add lines 16 through 18	19
Casualty and Theft Losses	20 Casualty or theft loss(es) Attach Form 4684 (See instructions)	20
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel union dues job education etc Attach Form 2106 or 2106-EZ if required (See Instructions) ►	21
	22 Tax preparation fees	22
	23 Other expenses—investment safe deposit box etc List type and amount ►	23
	24 Add lines 21 through 23	24
	25 Enter amount from Form 1040, line <u>38</u>	97,495
	26 Multiply line 25 by 2% (02)	26
	27 Subtract line 26 from line 24 If line 26 is more than line 24, enter -0-	27
Other Miscellaneous Deductions	28 Other—from list in instructions List type and amount ►	28
Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28 Also enter this amount on Form 1040 line 40	29
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>	30

For Paperwork Reduction Act Notice, see Form 1040 Instructions

Schedule A (Form 1040) 2012

**SCHEDULE C
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No 1545-0074

2012Attachment Sequence No **09**

- ◆ For information on Schedule C and its instructions, go to www.irs.gov/schedulec
 ◆ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065

Name of proprietor

JOHN D. BESSLER

Social security number (SSN) [REDACTED]

**A Principal business or profession including product or service (see Instructions)
AUTHOR****B Enter code from Instructions
◆ 711510****C Business name If no separate business name leave blank****D Employer ID number (EIN), (see instr.)****E Business address (including suite or room no.) ◆ [REDACTED]**

City, town or post office, state, and ZIP code [REDACTED]

F Accounting method (1) Cash (2) Accrual (3) Other (specify) ◆ Yes No**G Did you "materially participate" in the operation of this business during 2012? If No " see instructions for limit on losses**

◆

 Yes No**H If you started or acquired this business during 2012 check here** Yes No**I Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions)** Yes No**J If "Yes," did you or will you file all required Forms 1099?****Part I Income****1 Gross receipts or sales See instructions for line 1 and check the box if this income was reported to you on**◆ **1,000**

Form W 2 and the "Statutory employee" box on that form was checked

2 Returns and allowances (see instructions)◆ **2****3 Subtract line 2 from line 1**◆ **3,000****4 Cost of goods sold (from line 42)**◆ **4****5 Gross profit. Subtract line 4 from line 3**◆ **5,000****6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)**◆ **6****7 Gross Income Add lines 5 and 6**◆ **7,000****Part II Expenses****Enter expenses for business use of your home only on line 30**

8 Advertising	8	18 Office expense (see instructions)	18
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19
10 Commissions and fees	10	20 Rent or lease (see instructions)	20
11 Contract labor (see instructions)	11	a Vehicles machinery and equipment	20a
12 Depreciation	12	b Other business property	20b
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22
15 Insurance (other than health)	15	23 Taxes and licenses	23
16 Interest		24 Travel, meals and entertainment	
a Mortgage (paid to banks etc)	16a	a Travel	24a
b Other	16b	b Deductible meals and entertainment (see instructions)	24b
17 Legal and professional services	17	25 Utilities	25
28 Total expenses before expenses for business use of home Add lines 8 through 27a		26 Wages (less employment credits)	26
29 Tentative profit or (loss) Subtract line 28 from line 7		27a Other expenses (from line 48)	27a
30 Expenses for business use of your home Attach Form 8829 Do not report such expenses elsewhere		b Reserved for future use	27b

31 Net profit or (loss) Subtract line 30 from line 29**1,108**

- If a profit enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 (If you checked the box on line 1 see instructions) Estates and trusts enter on Form 1041, line 3

28**-108**

- If a loss you must go to line 32

29

- 32 If you have a loss check the box that describes your investment in this activity (see instructions)

30

- If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2 (If you checked the box on line 1 see the line 31 instructions) Estates and trusts enter on Form 1041, line 3

31**-108**

- If you checked 32b you must attach Form 6198 Your loss may be limited

Schedule C (Form 1040) 2012

JOHN D. BESSLER**Schedule C (Form 1040) 2012 AUTHOR****Part III Cost of Goods Sold (see instructions)**

33 Method(s) used to value closing inventory a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities costs or valuations between opening and closing inventory?
If "Yes" attach explanation

Yes No

35 Inventory at beginning of year If different from last year's closing inventory, attach explanation

35 _____

36 Purchases less cost of items withdrawn for personal use

36 _____

37 Cost of labor Do not include any amounts paid to yourself

37 _____

38 Materials and supplies

38 _____

39 Other costs

39 _____

40 Add lines 35 through 39

40 _____

41 Inventory at end of year

41 _____

42 Cost of goods sold Subtract line 41 from line 40 Enter the result here and on line 4

42 _____

Part IV Information on Your Vehicle Complete this part only if you are claiming car or truck expenses on line 9
and are not required to file Form 4562 for this business See the instructions for line 13 to find out if you must
file Form 4562

43 When did you place your vehicle in service for business purposes? (month, day year) ♦

44 Of the total number of miles you drove your vehicle during 2012 enter the number of miles you used your vehicle for

a Business

b Commuting (see instructions)

c Other

45 Was your vehicle available for personal use during off-duty hours?

Yes No

46 Do you (or your spouse) have another vehicle available for personal use?

Yes No

47a Do you have evidence to support your deduction?

Yes No

b If "Yes," is the evidence written?

Yes No

Part V Other Expenses List below business expenses not included on lines 8-26 or line 30

BOOK AWARD ENTRY FEES

594

PRINT PACKAGING

396

POSTAGE & DELIVERY

118

48 Total other expenses Enter here and on line 27a

48 1,108

**SCHEDULE E
(Form 1040)**
Department of the Treasury
Internal Revenue Service (69)**Supplemental Income and Loss**

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

"Attach to Form 1040, 1040NR, or Form 1041"

"Information about Schedule E and its separate instructions is at www.irs.gov/form1040"

OMB No 1545-0074

2012Attachment Sequence No **13**

Name(s) shown on return

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

A Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B If "Yes," did you or will you file all required Forms 1099?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1a Physical address of each property (street, city, state, ZIP code)**A****B****C**

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

Type of Property

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

Income	Properties	A	B	C
3 Rents received		3		
4 Royalties received		4		
Expenses				
5 Advertising		5		
6 Auto and travel (see instructions)		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 instructions)		12		
13 Other interest		13		
14 Repairs		14		
15 Supplies		15		
16 Taxes		16		
17 Utilities		17		
18 Depreciation expense or depletion		18		
19 Other (list) ►		19		
20 Total expenses Add lines 5 through 19		20		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties) If result is a (loss) see instructions to find out if you must file Form 6198		21		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)		22	0	

23a	
23b	
23c	
23d	
23e	

24 Income Add positive amounts shown on line 21 Do not include any losses	24
25 Losses Add royalty losses from line 21 and rental real estate losses from line 22 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

Form 1040	Excess Social Security and RRTA Tax Withholding Worksheets	2012
Name	Taxpayer Identification Number	
JOHN D. BESSLER		

Worksheet for Nonrailroad Employees

- 1 Add all social security tax withheld (but not more than \$4 624 00 for each employer) This tax should be shown in box 4 of your Forms W-2 Enter the total here
- 2 Enter any uncollected social security tax on tips or group-term life insurance included in the total on Form 1040, line 60
- 3 Add lines 1 and 2 If \$4 624 00 or less stop here You cannot claim the credit
- 4 Social security tax limit
- 5 Credit Subtract line 4 from line 3 Enter the credit on Form 1040 line 69

1	<u>4,719</u>
2	
3	<u>4,719</u>
4	<u>4,624</u>
5	<u>95</u>

Worksheet for Railroad Employees

- 1 Add all social security and tier 1 RRTA tax withheld (but not more than \$4,624 00 for each employer) Box 4 of your Forms W-2 should show social security and box 14 should show tier 1 RRTA tax Enter the total here
- 2 Enter any uncollected social security and tier 1 RRTA tax on tips or group-term life insurance included in the total on Form 1040 line 60
- 3 Add lines 1 and 2 If \$4,624 00 or less, stop here You cannot claim the credit
- 4 Social security and tier 1 RRTA tax limit
- 5 Credit Subtract line 4 from line 3 Enter the credit on Form 1040 line 69

1	<hr/>
2	<hr/>
3	<hr/>
4	<hr/>
5	<hr/>

Form 1040	Rent and Royalty Reconciliation			2012
Name JOHN D. BESSLER		Taxpayer Identification number [REDACTED]		
Property description RENTAL PROPERTY 1		Unit <u>T, S, J</u>	<u>1</u> Ownership Percentage	<u> </u>
Passive type ACTIVE PARTICIPATION		State	<u>T</u> Business Use Percentage	<u> </u>
1 Physical address Street _____ City state zip _____		2 Property Use Information Fair Rental Days _____ Personal Use Days _____ QJV _____		
Property type OTHER				
Income	Column A	Column B	Column C	(Column A - B - C)
3 Rents received	Total Income/Expense	Nonbusiness Expenses	Vacation Home / Personal Use Expenses	Income / Expenses Reported on Schedule E
4 Royalties received				
Expenses				
5 Advertising				
Auto				
Travel				
6 Auto and travel (total)				
7 Cleaning and maintenance				
8 Commissions				
9 Insurance				
10 Legal and other professional fees				
11 Management fees				
Mortgage interest from 1098				
Refinancing points on 1098				
12 Mortgage Interest paid to banks etc				
Other mortgage interest				
Other interest				
Refinancing points				
Qualified mortgage insurance				
13 Other interest (total)				
14 Repairs				
15 Supplies				
Real estate taxes				
All other taxes				
16 Taxes (total)				
17 Utilities				
18 Depreciation expense or depletion				
19 Other (list)				
20 Total expenses Add lines 5 through 19				
21 Income or (loss) from rental or royalty properties				

Form 1040	Tax Refund Worksheets	2012
Name	Taxpayer Identification Number	
JOHN D. BESSLER		

	2011	2010	2009
1 State and local tax refunds	1 4,241		
2a State and local tax refunds with no tax benefit derived due to AMT	2a		
2b Sales tax benefit reduction	2b		
3 Net state and local tax refunds Subtract lines 2a and 2b from line 1	3 4,241		
4 Total itemized deductions from Schedule A	4 11,487		
5 Standard deduction	5 5,800		
6 Subtract line 5 from line 4 If result is zero or less STOP here The amount on line 3 is not taxable	6 5,687		
7 Enter the smaller of line 3 or line 6	7 4,241		
8 Taxable Income (If taxable income is negative amount enter that amount in brackets Adjust taxable income for any NOL carryover)	8 87,715		
9 Enter the following amount to include on Form 1040 line 10 If line 8 is • 0 or more enter the amount from line 7 • A negative amount add lines 7 and 8 and enter net amount but not less than zero	9 4,241		

Tax Refund Worksheet for Itemized Deduction Limitation

	2011 *	2010 *	2009
1 State and local tax refunds subject to phase-out	1		
2a State and local tax refunds with no tax benefit derived due to AMT	2a		
2b Sales tax benefit reduction	2b		
3 Net state and local tax refunds Subtract lines 2a and 2b from line 1	3		
Itemized deductions before state and local tax refunds			
4 Adjusted gross income	4		
5 AGI threshold	5		
6 Line 4 minus line 5	6		
7 Itemized deductions before phase-out	7		
8 Itemized deductions subject to phase-out	8		
9 Multiply line 6 by 3% (.03)	9		
10 Multiply line 8 by 80% (.80)	10		
11 Phase-cut (smaller of line 9 or line 10 (times 1/3 for 2009))	11		
12 Allowable itemized deductions (line 7 minus line 11)	12		
Itemized deductions adjusted for state and local tax refund			
13 Adjusted itemized deductions before phase-out (line 7 minus line 3)	13		
Adjusted itemized deductions subject to phase-out (line 8 minus line 3)	14		
15 Multiply line 14 by 80% (.80)	15		
16 Adjusted phase-out (smaller of line 9 or 15 (times 1/3 for 2009))	16		
17 Adjusted itemized deductions allowed (line 13 minus line 16)	17		
18 Standard deduction	18		
19 Enter the larger of line 17 or line 18	19		
20 Taxable refund to be reported on Form 1040, line 10 (line 12 minus line 19)	20		

Federal Statements**STATE OF MARYLAND CENTRAL PAYROLL B**
Form W-2, Box 12

Description	Amount
SECTION 457(B) CONTRIBUTIONS	\$ 16,750
TOTAL	\$ 16,750

Federal Statements**Schedule A, Line 5 - State and Local Taxes**

Description	Amount
STATE WITHHOLDING ON W-2S	\$ 102
STATE TAX PAYMENTS	<u>5,040</u>
TOTAL INCOME TAXES*	<u>5,142</u>
GENERAL SALES TAX	891
TOTAL SALES TAXES	<u>891</u>

*INCOME TAXES ARE BEING DEDUCTED

Schedule A, Line 17 - Charitable Contributions Other Than Cash or Check

Description	Amount
MISCELLANEOUS	\$ _____
TOTAL	\$ 0

Federal Statements**2011 State and Local Income Tax Refunds**

Description	Amount
MARYLAND	\$ 2,842
VIRGINIA	1,399
TOTAL	<u>4,241</u>

Form 1040

Salaries & Wages Report

2012

Name

JOHN D. BESSLER

Taxpayer Identification Number

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	GEORGETOWN UNIVERSITY	2,250		2,250
B	STATE OF MARYLAND CENTRAL PAYROLL B	91,112	24,443	110,100
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer				
Spouse				
Totals		93,362	24,443	112,350

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	95	2,250	33				
B	4,624	124,000	1,798				
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer							
Spouse							
Totals		4,719	126,250	1,831			

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	DC	2,250	102			
B	MD	91,112				
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer						
Spouse						
Totals		93,362	102			

Form 1040

Two Year Comparison Report - Page 1

2011 & 2012

Name

JOHN D. BESSLER

Taxpayer Identification Number

		2011 MFS	2012 MFS	Differences
Filing Status				
Dependents claimed		0	0	
1 Salaries and wages	1	97,215	93,362	-3,853
2 Interest income	2			
3 Tax exempt interest income	3			
4 Dividend income	4			
5 Qualified dividend income	5			
6 Taxable state/local refunds	6		4,241	4,241
7 Alimony received	7			
I 8 Business income/loss	8		-108	-108
n 9 Capital gain/loss	9			
c 10 Other gains/losses	10			
o 11 Taxable IRA distributions	11			
m 12 Taxable pensions	12			
e 13 Rent and royalty income including farm rental	13			
14 Partnership/S corp Income	14			
15 Estate or trust income	15			
16 Farm Income/loss	16			
17 Unemployment compensation	17			
18 Taxable social security	18			
19 Other income	19			
20 Total income	20	97,215	97,495	280
A 21 Moving expenses	21			
d 22 Self-employment tax adjustment	22			
j 23 SEP/SIMPLE/Gallery plans deductions	23			
u 24 SE health insurance	24			
s 25 Forfeited interest	25			
t 26 Alimony paid	26			
e 27 IRA deductions	27			
n 28 Student loan interest	28			
s 29 Other adjustments	29			
30 Adjusted gross income	30	97,215	97,495	280
D 31 Medical	31			
D 32 Taxes	32	11,487	5,142	-6,345
e 33 Interest	33			
d 34 Contributions	34			
u 35 Casualty losses	35			
c 36 Miscellaneous expenses	36			
t 37 Allowable itemized deductions	37	11,487	5,142	-6,345
I 38 Standard deduction	38	5,800	5,950	150
o		STANDARD	STANDARD	
n 39 Deduction taken	39	5,800	5,950	150
s 40 Subtract line 39 from line 30	40	91,415	91,545	130
41 Exemptions	41	3,700	3,800	100
42 Taxable Income	42	87,715	87,745	30

Form 1040

Two Year Comparison Report - Page 2

2011 & 2012

Name

JOHN D. BESSLER

Taxpayer Identification Number

		2011	2012	Differences
43	Taxable income from 2YR page 1 line 42	87,715	87,745	30
44	Tax on taxable income	18,598	18,453	-145
45	Alternative minimum tax			
46	Child care credit			
47	Education credits			
48	Retirement savings credit			
T	49 Child tax credit			
a	50 General business credit			
x	51 Other credits			
C	52 Total credits			
o	53 Net tax liability	18,598	18,453	-145
m	54 Self-employment taxes			
p	55 Other taxes			
u	56 Total tax	18,598	18,453	-145
t	57 Income tax withheld	20,856	24,443	3,587
a	58 Estimated tax payments			
t	59 Earned Income credit			
I	60 Additional Child tax credit			
o	61 Other refundable tax credits			
n	62 Total payments	20,951	24,538	3,587
	63 Tax due/-refund	-2,353	-6,085	-3,732
	65 Penalties and interest			
	66 Net tax due/-refund	-2,353	-6,085	-3,732
	67 Refund applied to estimated tax payments			
	68 Refund received			
	69 Marginal tax rate	28.0%	28.0%	
	70 Effective tax rate	21%	21%	