



AMY J. KLOBUCHAR & JOHN D. BESSLER

DEAR AMY AND JOHN,

ENCLOSED ARE YOUR INCOME TAX RETURN(S):

2014 U.S. INDIVIDUAL INCOME TAX RETURN
2014 IRS E-FILE SIGNATURE AUTHORIZATION FORM FOR FORM 1040
2014 MINNESOTA INDIVIDUAL INCOME TAX RETURN
2014 DISTRICT OF COLUMBIA INDIVIDUAL INCOME TAX RETURN
2014 DISTRICT OF COLUMBIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING
2015 DISTRICT OF COLUMBIA ESTIMATED INCOME TAX RETURN
2014 MARYLAND INDIVIDUAL INCOME TAX RETURN
2014 MARYLAND DECLARATION FOR ELECTRONIC FILING

THESE RETURN(S) WERE PREPARED FROM INFORMATION PROVIDED BY YOU OR YOUR REPRESENTATIVE. THE PREPARATION OF TAX RETURNS DOES NOT INCLUDE THE INDEPENDENT VERIFICATION OF INFORMATION USED. THEREFORE, WE RECOMMEND YOU REVIEW THE RETURN(S) BEFORE SIGNING TO ENSURE THERE ARE NO OMISSIONS OR MISSTATEMENTS. IF YOU NOTE ANYTHING WHICH MAY REQUIRE A CHANGE TO THE RETURN(S), PLEASE CONTACT US BEFORE FILING THEM.

UPON AUDIT OF THE RETURNS, REQUESTS MAY BE MADE FOR SUPPORTING DOCUMENTATION. THEREFORE, WE RECOMMEND THAT YOU RETAIN ALL PERTINENT RECORDS.

PLEASE BE ADVISED THAT CHARITABLE CONTRIBUTIONS OF \$250 OR MORE MUST BE SUBSTANTIATED BY A CONTEMPORANEOUS WRITTEN ACKNOWLEDGEMENT FROM THE DONEE ORGANIZATION. GENERALLY, THE ACKNOWLEDGEMENT MUST INCLUDE THE AMOUNT OF CASH AND A DESCRIPTION OF NON-CASH CONTRIBUTIONS.

WE APPRECIATE THIS OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS OR IF WE MAY BE OF FURTHER ASSISTANCE.

SINCERELY,

THERESA L PIETENPOL
SIMMA FLOTTEMESCH & ORENSTEIN, LTD.
CERTIFIED PUBLIC ACCOUNTANTS

Two Year Comparison
2014 to 2013

Description	2014	2013	Difference
Gross Income			
Wages, salaries, tips, etc.	253,526.	253,767.	-241.
Taxable interest	1.	13.	-12.
Ordinary dividends			
Taxable refunds, credits, or offsets of state and local income taxes			
Alimony received	NONE		NONE
Business income or (loss)	-7,859.	-762.	-7,097.
Capital gain or (loss)		-1,861.	1,861.
Other gains or (losses)			
IRA distributions, pensions and annuities	2,581.	375.	2,206.
Rent and Royalty Income	-42.	291.	-333.
Partnership and S Corporation Income			
Estate and Trust Income			
REMIC			
Farm income or (loss)			
Taxable social security benefits and unemployment compensation			
Other income	NONE		NONE
Total income	248,207.	251,823.	-3,616.
Adjustments to Gross Income			
Educator expenses			
Certain business expenses of reservists			
Health savings account deduction			
Moving expenses			
One-half of self-employment tax			
Self-employed SEP, SIMPLE, and qualified plans			
Self-employed health insurance deduction			
Penalty on early withdrawal of savings			
Alimony paid			
IRA deduction			
Student loan interest deduction			
Tuition and fees deduction			
Domestic production activities deduction			
Other adjustments			
Total adjustments			
Adjusted Gross Income	248,207.	251,823.	-3,616.

AMY J KLOBUCHAR & JOHN D BESSLER

Two Year Comparison**2014 to 2013**

Description	2014	2013	Difference
Itemized Deductions			
Medical and dental			
Taxes	28,085.	26,169.	1,916.
Interest		7,077.	-7,077.
Contributions	6,485.	5,059.	1,426.
Casualty or theft losses			
Miscellaneous deductions	4,875.		4,875.
Less: Itemized deduction phaseout		NONE	NONE
Total itemized deductions	39,445.	38,305.	1,140.
Standard deduction			
Total exemptions	11,850.	11,700.	150.
Plus: Phase-out			
Taxable income	196,912.	201,818.	-4,906.
Tax Liability			
Gross income tax	42,382.	43,975.	-1,593.
Alternative Minimum Tax	4,659.	4,699.	-40.
Additional taxes			
Less: Tax credits			
Balance	47,041.	48,674.	-1,633.
Plus: Other taxes	554.	561.	-7.
Total tax liability	47,595.	49,235.	-1,640.
Less: Withholding	67,223.	67,491.	-268.
Estimated tax and other payments	140.	140.	
Plus: Penalties and interest		NONE	NONE
Balance due (overpayment)	-19,768.	-18,396.	-1,372.
Effective tax rate	19.2%	19.6%	

Marginal Tax Planning Calculation

Filing status	MEJ
Current tax rate	28.00%
Marginal rate (next highest bracket)	33.00%
Upper income limit of current tax rate	226,850.
Taxable income	196,912.
Unused amount (upper limit-taxable income)	29,938.

Note: This can be used to determine how much income is available until the next higher tax rate. It is based upon the 1040 tax tables without regard to phaseouts, the AMT tax rate or capital gains tax rate.



AMY J. KLOBUCHAR & JOHN D. BESSLER
INSTRUCTIONS FOR FILING FORM
8879

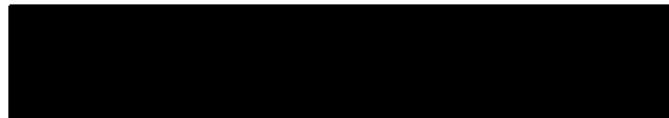
2014 IRS E-FILE SIGNATURE AUTHORIZATION FORM FOR FORM 1040

THE ORIGINAL FORM 8879 SHOULD BE SIGNED (USE FULL NAME) AND DATED
BY TAXPAYER AND SPOUSE

RETURN YOUR SIGNED FORM 8879 TO:



OR FAX YOUR SIGNED FORM 8879 TO:



YOUR RETURN SHOWS A \$19,768 OVERPAYMENT. OF THIS AMOUNT, \$19,768 WILL BE
REFUNDED TO YOU.

AT YOUR REQUEST, YOUR FEDERAL INCOME TAX REFUND WILL BE ELECTRONICALLY
DEPOSITED DIRECTLY INTO YOUR ACCOUNT WITH THE FINANCIAL INSTITUTION YOU
DESIGNATED.

FORM 8879 SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE
AFFIXED TO FORM 1040 IF YOU PAPER FILED YOUR RETURN. PLEASE DO NOT
SEPARATELY FILE FORM 1040 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL
DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT
YOUR RETURN, WHICH IS DUE ON APRIL 15, 2015. WE WOULD APPRECIATE YOUR
RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING
OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR
RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL
REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE
DATE OF YOUR RETURN.

WHEN WE RECEIVE NOTIFICATION THAT YOUR RETURN HAS BEEN ACCEPTED, WE WILL
MAIL YOU FORM 9325 - ACKNOWLEDGMENT AND GENERAL INFORMATION FOR
TAXPAYERS WHO FILE ELECTRONICALLY.

NO INDIVIDUAL ESTIMATED TAX PAYMENTS WILL BE REQUIRED FOR 2015 NOR WILL YOU BE SUBJECT TO UNDERPAYMENT PENALTIES IF THE INCOME TAX WITHHELD FROM ALL SOURCES IN 2015 AMOUNTS TO AT LEAST \$52,355, OR, IF LESS, 90% OF YOUR TOTAL 2015 INCOME TAX. HOWEVER, YOUR EMPLOYER IS REQUIRED TO WITHHOLD TAX BASED ON YOUR SALARY AND WITHHOLDING ALLOWANCE CERTIFICATE (FORM W-4).

NO INDIVIDUAL ESTIMATED TAX PAYMENTS HAVE BEEN PREPARED FOR YOU BECAUSE YOUR 2015 WITHHOLDING IS ESTIMATED TO BE AT LEAST EQUAL TO 110% OF YOUR 2014 TAX LIABILITY. WITHHOLDING EQUAL TO OR GREATER THAN THIS AMOUNT WILL AVOID THE PENALTY FOR UNDERPAYMENT. PLEASE CONTACT US IMMEDIATELY IF YOUR WITHHOLDING FOR 2015 WILL NOT BE SUFFICIENT, SO THAT WE CAN DETERMINE IF INDIVIDUAL ESTIMATED TAX VOUCHERS SHOULD BE PREPARED AND THUS MINIMIZE OR AVOID ANY PENALTY FOR UNDERPAYMENT.

IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

2014

► Do not send to the IRS. This is not a tax return.

► Keep this form for your records.

► Information about Form 8879 and its instructions is at www.irs.gov/form8879.

Submission Identification Number (SID) ►

Taxpayer's name

AMY J KLOBUCHAR

Spouse's name

JOHN D BESSLER

Social security number

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2014 (Whole Dollars Only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	248,207.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	47,595.
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	67,223.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a).	4	19,768.
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2014, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize SIMMA FLOTTEMESCH & ORENSTEIN, LT to enter or generate my PIN
ERO firm name

Enter five digits, but do
not enter all zeros

as my signature on my tax year 2014 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2014 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

I authorize SIMMA FLOTTEMESCH & ORENSTEIN, LT to enter or generate my PIN
ERO firm name

Enter five digits, but do
not enter all zeros

as my signature on my tax year 2014 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2014 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only - continue below**Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2014 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► _____ Date ► 3/26/2015

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

a Employee's social security number [REDACTED]		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b Employer identification number (EIN) [REDACTED]			1 Wages, tips, other compensation 141,434.	2 Federal income tax withheld 34,195.			
c Employer's name, address, and ZIP code [REDACTED]			3 Social security wages 117,000.	4 Social security tax withheld 7,254.			
			5 Medicare wages and tips 164,434.	6 Medicare tax withheld 2,384.			
			7 Social security tips	8 Allocated tips			
d Control number			9	10 Dependent care benefits			
e Employee's first name and initial Last name AMY J KLOBUCHAR [REDACTED] [REDACTED]			Suff. 11 Nonqualified plans	12a See instructions for box 12 C D 23,000.			
			13 Statutory employee <input type="checkbox"/>	12b C DD 11,378.			
			14 Other 14A 7,911.	12c C 12d C			
f Employee's address and ZIP code			16 State wages, tips, etc. 141,434.	17 State income tax 11,028.	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
15 State [REDACTED]	Employer's state ID number [REDACTED]						

Form **W-2** Wage and Tax Statement

Copy C - For EMPLOYEE'S RECORDS (see Notice to Employee on back of Copy B.)

2014

Department of the Treasury—Internal Revenue Service

Safe, accurate, **IRS e-file**
FAST! Use

Do Not Cut, Fold, or Staple Forms on This Page

FOR REVIEW ONLY -- DO NOT SEND TO THE IRS. IF RETURN IS FILED ELECTRONICALLY, THE ABOVE INFORMATION MUST BE THE SAME AS PRINTED ON THE ORIGINAL FORM.

a Employee's social security number [REDACTED]		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b Employer identification number (EIN) [REDACTED]			1 Wages, tips, other compensation 2,250.		2 Federal income tax withheld 89.		
c Employer's name, address, and ZIP code GEORGETOWN UNIVERSITY [REDACTED] [REDACTED]			3 Social security wages 2,250.		4 Social security tax withheld 140.		
		5 Medicare wages and tips 2,250.		6 Medicare tax withheld 34.			
		7 Social security tips		8 Allocated tips			
d Control number		9		10 Dependent care benefits			
e Employee's first name and initial JOHN D BESSLER	Last name [REDACTED]	Suff.	11 Nonqualified plans	12a See instructions for box 12 Code			
			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b Code	
			14 Other	12c Code			
				12d Code			
f Employee's address and ZIP code							
15 State [REDACTED]	Employer's state ID number [REDACTED]	16 State wages, tips, etc. 2,250.	17 State income tax 118.	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement

Copy C - For EMPLOYEE'S RECORDS (see Notice to Employee on back of Copy B.)

2014

Department of the Treasury—Internal Revenue Service

Safe, accurate, IRS
FAST! Use **e-file**

Do Not Cut, Fold, or Staple Forms on This Page

FOR REVIEW ONLY -- DO NOT SEND TO THE IRS. IF RETURN IS FILED ELECTRONICALLY, THE ABOVE INFORMATION MUST BE THE SAME AS PRINTED ON THE ORIGINAL FORM.

a Employee's social security number [REDACTED]		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		
b Employer identification number (EIN) [REDACTED]				1 Wages, tips, other compensation 109,842.	2 Federal income tax withheld 32,939.	
c Employer's name, address, and ZIP code STATE OF MARYLAND CENTRAL [REDACTED]				3 Social security wages 117,000.	4 Social security tax withheld 7,254.	
				5 Medicare wages and tips 144,842.	6 Medicare tax withheld 2,100.	
				7 Social security tips	8 Allocated tips	
d Control number		9		10 Dependent care benefits		
e Employee's first name and initial JOHN D BESSLER [REDACTED]	Last name [REDACTED]	Suff.	11 Nonqualified plans <input type="checkbox"/> <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay D [REDACTED]	12a See instructions for box 12 C D 17,500.		
			13 Statutory employee <input type="checkbox"/> 14 Other	12b C G 17,500.		
f Employee's address and ZIP code				12c C 12d C 12e		
15 State [REDACTED]	Employer's state ID number [REDACTED]	16 State wages, tips, etc. 109,842.	17 State income tax 6,462.	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

Copy C - For EMPLOYEE'S RECORDS (see Notice to Employee on back of Copy B.)

2014

Department of the Treasury—Internal Revenue Service

Safe, accurate, **IRS**,
FAST! Use **e-file**

Do Not Cut, Fold, or Staple Forms on This Page

FOR REVIEW ONLY -- DO NOT SEND TO THE IRS. IF RETURN IS FILED ELECTRONICALLY, THE ABOVE INFORMATION MUST BE THE SAME AS PRINTED ON THE ORIGINAL FORM.

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code [REDACTED]		1 Gross distribution \$ 375.	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
SHAWNEE MISSION KS 66201-9217		2a Taxable amount \$ 375.	2014	Copy C For Recipient's Records
PAYER'S federal identification number	RECIPIENT'S identification number [REDACTED]	2b Taxable amount not determined <input checked="" type="checkbox"/> \$	Total distribution <input type="checkbox"/>	
RECIPIENT'S name AMY J KLOBUCHAR		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	This information is being furnished to the Internal Revenue Service.
Street address (including apt. no.) [REDACTED]		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
City, state, and ZIP code [REDACTED]		7 Distribution code(s) <input type="checkbox"/> IRA/ SEP/ SIMPLE 4 <input checked="" type="checkbox"/>	8 Other \$ %	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	9a Your percentage of total distribution %	9b Total employee contributions \$	
Account number (see instructions)		12 State tax withheld \$	13 State/Payer's state no. MN \$	
		15 Local tax withheld \$	16 Name of locality \$	
		17 Local distribution \$		

Form 1099-R

(keep for your records)

Department of the Treasury - Internal Revenue Service

FOR REVIEW ONLY -- DO NOT SEND WITH FORM 8453. IF RETURN IS FILED ELECTRONICALLY, THE ABOVE INFORMATION MUST BE THE SAME AS PRINTED ON THE ORIGINAL FORM.

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code FIDUCIARY TRUST CO NH CUST [REDACTED] [REDACTED] KS		1 Gross distribution \$ 439.	OMB No. 1545-0119 2014	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 439.	Form 1099-R	Copy C For Recipient's Records
PAYER'S federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	2b Taxable amount not determined <input checked="" type="checkbox"/> \$	Total distribution <input type="checkbox"/>	
RECIPIENT'S name AMY J KLOBUCHAR		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	This information is being furnished to the Internal Revenue Service.
Street address (including apt. no.) [REDACTED]		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
City, state, and ZIP code [REDACTED]		7 Distribution code(s) <input type="checkbox"/> IRA/ SEP/ SIMPLE 4 <input checked="" type="checkbox"/>	8 Other \$ %	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	9a Your percentage of total distribution %	9b Total employee contributions \$	
Account number (see instructions)		12 State tax withheld \$	13 State/Payer's state no. MN \$	
		15 Local tax withheld \$	16 Name of locality \$	
			14 State distribution \$	
			17 Local distribution \$	

Form 1099-R

(keep for your records)

Department of the Treasury - Internal Revenue Service

FOR REVIEW ONLY -- DO NOT SEND WITH FORM 8453. IF RETURN IS FILED ELECTRONICALLY, THE ABOVE INFORMATION MUST BE THE SAME AS PRINTED ON THE ORIGINAL FORM.

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code NATIONWIDE RETIREMENT SOLUTIONS, IN [REDACTED] [REDACTED]		1 Gross distribution \$ 1,767. 2a Taxable amount \$ 1,767.	OMB No. 1545-0119 2014 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	2b Taxable amount not determined <input type="checkbox"/> 3 Capital gain (included in box 2a) \$	Total distribution <input type="checkbox"/> 4 Federal income tax withheld \$	Copy C For Recipient's Records
RECIPIENT'S name JOHN D BESSLER	Street address (including apt. no.) [REDACTED]	5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
City, state, and ZIP code [REDACTED]	7 Distribution code(s) 2	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$ %	This information is being furnished to the Internal Revenue Service.
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	9a Your percentage of total distribution %	9b Total employee contributions \$	14 State distribution \$
Account number (see instructions) [REDACTED]	15 Local tax withheld \$	16 Name of locality [REDACTED]	17 Local distribution \$	

Form 1099-R

(keep for your records)

Department of the Treasury - Internal Revenue Service

FOR REVIEW ONLY -- DO NOT SEND WITH FORM 8453. IF RETURN IS FILED ELECTRONICALLY, THE ABOVE INFORMATION MUST BE THE SAME AS PRINTED ON THE ORIGINAL FORM.

Form 1040 Department of the Treasury - Internal Revenue Service (99) | 2014 | OMB No. 1545-0074 | IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning		, 2014, ending , 20		See separate instructions.
Your first name and initial	Last name			Your social security number
AMY J	KLOBUCHAR			
If a joint return, spouse's first name and initial	Last name			Spouse's social security number
JOHN D	BESSLER			
Home address (number and street). If you have a P.O. box, see instructions.			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).				
Foreign country name		Foreign province/state/county	Foreign postal code	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
Filing Status		Single	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. ►
2 <input checked="" type="checkbox"/>		Married filing jointly (even if only one had income)	5 <input type="checkbox"/>	Qualifying widow(er) with dependent child
Check only one box.		Married filing separately. Enter spouse's SSN above and full name here. ►		
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a 6b <input checked="" type="checkbox"/> Spouse c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you	Boxes checked on 6a and 6b No. of children on 6c who: • 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	
		ABIGAIL KLOBUCHAR BESSLER DAUGHTER		
		d Total number of exemptions claimed		
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 10 Taxable refunds, credits, or offsets of state and local income taxes STMT. 4. 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 15a b Taxable amount 16a Pensions and annuities 16a b Taxable amount 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 20a b Taxable amount 21 Other income. List type and amount SEE STATEMENT 2 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ► 248,207.	7 253,526. 8a 1. 9a 10 NONE 11 12 -7,859. 13 14 15b 814. 16b 1,767. 17 -42. 18 19 20b 21 NONE 22 248,207.	
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 ► 248,207.	23 24 25 26 27 28 29 30 31a 32 33 34 35 36 37 248,207.	

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	248,207.
Standard Deduction for -	39a Check <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind. } checked ► 39a		
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ► 39b		
• All others: Single or Married filing separately, \$6,200 Married filing jointly or Qualifying widow(er), \$12,400 Head of household, \$9,100	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 41 Subtract line 40 from line 38 42 Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> _____ 45 Alternative minimum tax (see instructions). Attach Form 6251 46 Excess advance premium tax credit repayment. Attach Form 8962 47 Add lines 44, 45, and 46 ► 47,041. 48 Foreign tax credit. Attach Form 1116 if required 49 Credit for child and dependent care expenses. Attach Form 2441 50 Education credits from Form 8863, line 19 51 Retirement savings contributions credit. Attach Form 8880 52 Child tax credit. Attach Schedule 8812, if required 53 Residential energy credits. Attach Form 5695 54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____ 55 Add lines 48 through 54. These are your total credits 56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ► 55 57 Self-employment tax. Attach Schedule SE 58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 60a Household employment taxes from Schedule H b First-time homebuyer credit repayment. Attach Form 5405 if required 61 Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/> 62 Taxes from: a <input checked="" type="checkbox"/> Form 6959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) 63 Add lines 56 through 62. This is your total tax ► 63,595.		
Other Taxes	64 Federal income tax withheld from Forms W-2 and 1099. 65 2014 estimated tax payments and amount applied from 2013 return 66a Earned income credit (EIC) b Nontaxable combat pay election 66b 67 Additional child tax credit. Attach Schedule 8812 68 American opportunity credit from Form 8863, line 8 69 Net premium tax credit. Attach Form 8962 70 Amount paid with request for extension to file 71 Excess social security and tier 1 RRTA tax withheld 72 Credit for federal tax on fuels. Attach Form 4136 73 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> Reserved d <input type="checkbox"/> 74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments ► 74,67,363.		
Payments	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/> Direct deposit? ► b Routing number [REDACTED] c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings See instructions. ► d Account number [REDACTED]	75	19,768.
Refund	77 Amount of line 75 you want applied to your 2015 estimated tax ► 77 NONE	76a	19,768.
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 79 Estimated tax penalty (see instructions) 79	78	

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		
Sign Here	Designee's name ► THERESA L PIETENPOL	Phone no. ► [REDACTED]	Personal identification number (PIN) ► [REDACTED]
Joint return? See instructions. 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.		
Paid Preparer Use Only	Your signature ► [REDACTED]	Date ► [REDACTED]	Your occupation ► US SENATOR
	Spouse's signature. If a joint return, both must sign. ► [REDACTED]	Date ► [REDACTED]	Spouse's occupation ► ATTORNEY
	Print/Type preparer's name ► THERESA L PIETENPOL		Date ► 3/27/11 Check <input type="checkbox"/> if self-employed PTIN [REDACTED]
	Firm's name ► SIMMA FLOTTEMESCH & ORENSTEIN, LTD.		Firm's EIN ► [REDACTED]
	Firm's address ► [REDACTED]		Phone no. ► [REDACTED]

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

OMB No. 1545-0074

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

► Attach to Form 1040.

2014
Attachment
Sequence No. 07

Name(s) shown on Form 1040

AMY J KLOBUCHAR & JOHN D BESSLER

Your social security number

**Medical
and
Dental
Expenses**

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

1			
2	Enter amount from Form 1040, line 38	2	
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	

**Taxes You
Paid**

5	State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	STMT. 5.	5	23,535.
b	<input type="checkbox"/> General sales taxes		6	4,347.
6	Real estate taxes (see instructions)		7	203.
7	Personal property taxes		8	
8	Other taxes. List type and amount ►		9	28,085.

**Interest
You Paid**

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 ►	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 . . . SEE. STATEMENT. 5.	16	6,341.	
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	144.	STMT. 6
18	Carryover from prior year	18		
19	Add lines 16 through 18	19	6,485.	

**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	4,161.	
22	Tax preparation fees	22	950.	
23	Other expenses - investment, safe deposit box, etc. List type and amount ►	23	4,728.	
24	Add lines 21 through 23	24	9,839.	
25	Enter amount from Form 1040, line 38	25	248,207.	
26	Multiply line 25 by 2% (.02).	26	4,964.	
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	4,875.	

**Other
Miscellaneous
Deductions**

28	Other - from list in instructions. List type and amount ►	28	
----	---	----	--

**Total
Itemized
Deductions**

29	Is Form 1040, line 38, over \$152,525?	29	39,445.
	<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		
	<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
30	If you elect to itemize deductions even though they are less than your standard deduction, check here ►		

For Paperwork Reduction Act Notice, see Form 1040 instructions.

JSA
4A1400 2.000

Schedule A (Form 1040) 2014

SCHEDULE B
(Form 1040A or 1040)

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

Interest and Ordinary Dividends

OMB No. 1545-0074

2014

Attachment
Sequence No. 08

► Attach to Form 1040A or 1040.
► Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

Your social security number

AMY J KLOBUCHAR & JOHN D BESSLER

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

S WELLS FARGO BANK

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

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

Part II 5 List name of payer ►

Ordinary Dividends

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

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

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

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 2014, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

- b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

- 8 During 2014, 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

Yes **No**

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

Schedule B (Form 1040A or 1040) 2014

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2014

Attachment
Sequence No. 09

Name of proprietor

JOHN D BESSLER

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

Social security number (SSN)

INDEPENDENT ARTISTS, WRITERS, PERFORMERS

C Business name. If no separate business name, leave blank.

B Enter code from instructions

JOHN D. BESSLER

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 2014? If "No," see instructions for limit on losses. Yes No

H If you started or acquired this business during 2014, check here ►

I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions).

J If "Yes," did you or will you file all required Forms 1099?

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

711510

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	► <input type="checkbox"/>	1	219.
2	Returns and allowances	► <input type="checkbox"/>	2	
3	Subtract line 2 from line 1	► <input type="checkbox"/>	3	219.
4	Cost of goods sold (from line 42)	► <input type="checkbox"/>	4	7,723.
5	Gross profit. Subtract line 4 from line 3	► <input type="checkbox"/>	5	-7,504.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	► <input type="checkbox"/>	6	
7	Gross income. Add lines 5 and 6	► <input type="checkbox"/>	7	-7,504.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	Pension and profit-sharing plans	19	
10	Commissions and fees	10	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	355.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).		b Reserved for future use	27b	

Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.

31 **Net profit or (loss).** Subtract line 30 from line 29.
 • 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.
 • If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).
 • If you checked 32a, enter the loss on both 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.
 • If you checked 32b, you **must** attach Form 6198. Your loss may be limited.

32a All investment is at risk.
 32b Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

JSA
4X0110 1.000

Schedule C (Form 1040) 2014

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.			<input type="checkbox"/> Yes <input type="checkbox"/> 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	7,723.	
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	7,723.	
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	7,723.	

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 2014, 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
47 a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

POSTAGE & DELIVERY	96.
PROMOTION	259.
48 Total other expenses. Enter here and on line 27a	48 355.

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/schedulee.

OMB No. 1545-0074

2014

Attachment
Sequence No. 13

Name(s) shown on return

Your social security number

AMY J KLOBUCHAR & JOHN D BESSLER

Part I Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see 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 2014 that would require you to file Form(s) 1099? (see instructions)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
B If "Yes," did you or will you file required Forms 1099?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

1a	Physical address of each property (street, city, state, ZIP code)		
A	XXXXXXXXXX		
B	XXXXXXXXXX		
C	XXXXXXXXXX		
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
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	159.		
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) ►SEE EXPENSE STMT.	19	201.		
20 Total expenses. Add lines 5 through 19	20	201.		
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	-42.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (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 159.
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 201.
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 (42)
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 -42.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2014

Form 6251

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

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

► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

► Attach to Form 1040 or Form 1040NR.

2014

Attachment
Sequence No. 32

Your social security number

AMY J KLOBUCHAR & JOHN D BESSLER

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).	1 208,762.
2 Medical and dental. If you or your spouse was 65 or older, 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 28,085.
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 4,875.
6 If Form 1040, line 38, is \$152,525 or less, enter -0-. Otherwise, see instructions	6 ()
7 Tax refund from Form 1040, line 10 or line 21.	7 () NONE
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
20 Loss limitations (difference between AMT and regular tax income or loss)	20
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 NONE
28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$242,450, see instructions.)	28 241,722.

Part II Alternative Minimum Tax (AMT)

29 Exemption. (If you were under age 24 at the end of 2014, see instructions.)	STMT 8	
IF your filing status is	AND line 28 is not over	THEN enter on line 29
Single or head of household	\$117,300	\$52,800
Married filing jointly or qualifying widow(er)	156,500	82,100
Married filing separately	78,250	41,050
If line 28 is over the amount shown above for your filing status, see instructions.		
30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30 180,928.	
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 64 here. • All others: If line 30 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result.	31 47,041.	
32 Alternative minimum tax foreign tax credit (see instructions)	32	
33 Tentative minimum tax. Subtract line 32 from line 31	33 47,041.	
34 Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34 42,382.	
35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35 4,659.	

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

Form 6251 (2014)

JSA
4X4700 2.000

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37
38	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39
40	Enter the smaller of line 36 or line 39	40
41	Subtract line 40 from line 36	41
42	If line 41 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result ►	42
43	Enter: • \$73,800 if married filing jointly or qualifying widow(er), • \$36,900 if single or married filing separately, or • \$49,400 if head of household.	43
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44
45	Subtract line 44 from line 43. If zero or less, enter -0-	45
46	Enter the smaller of line 36 or line 37	46
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47
48	Subtract line 47 from line 46	48
49	Enter: • \$406,750 if single • \$228,800 if married filing separately • \$457,600 if married filing jointly or qualifying widow(er) • \$432,200 if head of household	49
50	Enter the amount from line 45	50
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51
52	Add line 50 and line 51	52
53	Subtract line 52 from line 49. If zero or less, enter -0-	53
54	Enter the smaller of line 48 or line 53	54
55	Multiply line 54 by 15% (.15) ►	55
56	Add lines 47 and 54 <i>If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.</i>	56
57	Subtract line 56 from line 46	57
58	Multiply line 57 by 20% (.20) ► <i>If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.</i>	58
59	Add lines 41, 56, and 57	59
60	Subtract line 59 from line 36	60
61	Multiply line 60 by 25% (.25) ►	61
62	Add lines 42, 55, 58, and 61	62
63	If line 36 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result	63
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64

Form 8606

Department of the Treasury
Internal Revenue Service (99)**Nondeductible IRAs**

OMB No. 1545-0074

► Information about Form 8606 and its separate instructions is at www.irs.gov/form8606.

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

2014
Attachment
Sequence No. 48

Name, if married, file a separate form for each spouse required to file Form 8606. See instructions.

Your social security number
[REDACTED]

AMY J KLOBUCHAR

Fill in Your Address Only

If You Are Filing This

Form by Itself and Not

With Your Tax Return

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

Apt. no.
[REDACTED]

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below.

Foreign country name

Foreign province/state/county

Foreign postal code

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs
Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2014.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2014 and you made nondeductible contributions to a traditional IRA in 2014 or an earlier year. For this purpose, a distribution does not include a rollover, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2014 (excluding any portion you recharacterized) and you made nondeductible contributions to a traditional IRA in 2014 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2014, including those made for 2014 from January 1, 2015, through April 15, 2015 (see instructions).	1	
2	Enter your total basis in traditional IRAs (see instructions).	2	24,000.
3	Add lines 1 and 2	3	24,000.
In 2014, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? No → Enter the amount from line 3 on line 14. Do not complete the rest of Part I. Yes → Go to line 4.			
4	Enter those contributions included on line 1 that were made from January 1, 2015, through April 15, 2015	4	
5	Subtract line 4 from line 3.	5	
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2014, plus any outstanding rollovers (see instructions) . . .	6	
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2014. Do not include rollovers, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions). . . .	7	
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2014. Do not include amounts converted that you later recharacterized (see instructions). Also enter this amount on line 16 .	8	
9	Add lines 6, 7, and 8.	9	
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"	10	x
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17	11	
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA	12	
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	13	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2014 and earlier years	14	24,000.
15	Taxable amount. Subtract line 12 from line 7. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b. Note. You may be subject to an additional 10% tax on the amount on line 15 if you were under age 59 1/2 at the time of the distribution (see instructions).	15	

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

Form 8606 (2014)

Part II 2014 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2014 (excluding any portion you recharacterized).

16	If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2014. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2014 or 2015 (see instructions).	16	
17	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see instructions)	17	
18	Taxable amount. Subtract line 17 from line 16. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	18	

Part III Distributions From Roth IRAs

Complete this part only if you took a distribution from a Roth IRA in 2014. For this purpose, a distribution does not include a rollover, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions).

19	Enter your total nonqualified distributions from Roth IRAs in 2014, including any qualified first-time homebuyer distributions (see instructions)	19	
20	Qualified first-time homebuyer expenses (see instructions). Do not enter more than \$10,000	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	
22	Enter your basis in Roth IRA contributions (see instructions). If line 21 is zero, stop here	22	
23	Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see instructions)	23	
24	Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA (see instructions)	24	
25	Taxable amount. Subtract line 24 from line 23. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b.	25	

Sign Here Only If You

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

Are Filing This Form**by Itself and Not With****Your Tax Return**

Your signature

Date

Paid Preparer Use Only	Print/Type preparer's name THERESA L PIETENPOL	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► [REDACTED]			Firm's EIN	[REDACTED]
	Firm's address ► [REDACTED]			Phone no.	[REDACTED]

Form 8606 (2014)

Nondeductible IRAs

OMB No. 1545-0074

► Information about Form 8606 and its separate instructions is at www.irs.gov/form8606.

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

2014
Attachment
Sequence No. 48

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

Your social security number [REDACTED]

JOHN D BESSLER

Fill in Your Address Only

If You Are Filing This

Form by Itself and Not

With Your Tax Return

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

Apt. no. [REDACTED]

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below.

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

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

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

- You made nondeductible contributions to a traditional IRA for 2014.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2014 and you made nondeductible contributions to a traditional IRA in 2014 or an earlier year. For this purpose, a distribution does not include a rollover, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2014 (excluding any portion you recharacterized) and you made nondeductible contributions to a traditional IRA in 2014 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2014, including those made for 2014 from January 1, 2015, through April 15, 2015 (see instructions).	1	
2	Enter your total basis in traditional IRAs (see instructions).	2	20,000.
3	Add lines 1 and 2	3	20,000.
	In 2014, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?	No	Enter the amount from line 3 on line 14. Do not complete the rest of Part I.
		Yes	Go to line 4.
4	Enter those contributions included on line 1 that were made from January 1, 2015, through April 15, 2015	4	
5	Subtract line 4 from line 3.	5	
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2014, plus any outstanding rollovers (see instructions) . . .	6	
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2014. Do not include rollovers, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions). . . .	7	
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2014. Do not include amounts converted that you later recharacterized (see instructions). Also enter this amount on line 16 .	8	
9	Add lines 6, 7, and 8.	9	
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"	10	x
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17	11	
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA	12	
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	13	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2014 and earlier years	14	20,000.
15	Taxable amount. Subtract line 12 from line 7. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b.	15	
	Note. You may be subject to an additional 10% tax on the amount on line 15 if you were under age 59 1/2 at the time of the distribution (see instructions).		

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

Form 8606 (2014)

Part II 2014 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2014 (excluding any portion you recharacterized).

16	If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2014. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2014 or 2015 (see instructions). . .	16	
17	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see instructions)	17	
18	Taxable amount. Subtract line 17 from line 16. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	18	

Part III Distributions From Roth IRAs

Complete this part only if you took a distribution from a Roth IRA in 2014. For this purpose, a distribution does not include a rollover, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions).

19	Enter your total nonqualified distributions from Roth IRAs in 2014, including any qualified first-time homebuyer distributions (see instructions)	19	
20	Qualified first-time homebuyer expenses (see instructions). Do not enter more than \$10,000	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	
22	Enter your basis in Roth IRA contributions (see instructions). If line 21 is zero, stop here	22	
23	Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see instructions)	23	
24	Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA (see instructions)	24	
25	Taxable amount. Subtract line 24 from line 23. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b.	25	

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

► Your signature ► Date

Paid Preparer Use Only	Print/Type preparer's name THERESA L PIETENPOL	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Health Savings Accounts (HSAs)

2014

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

JOHN D BESSLER

Social 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 2014 (see instructions). ►
- 2 HSA contributions you made for 2014 (or those made on your behalf), including those made from January 1, 2015, through April 15, 2015, that were for 2014. 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 2014, and on the first day of every month during 2014, you were, or were considered, an eligible individual with the same coverage, enter \$3,300 (\$6,550 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 2014 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2014, 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 2014, see the instructions for the amount to enter.
- 7 If you were age 55 or older at the end of 2014, married, and you or your spouse had family coverage under an HDHP at any time during 2014, enter your additional contribution amount (see instructions).
- 8 Add lines 6 and 7.
- 9 Employer contributions made to your HSAs for 2014.

9

- 10 Qualified HSA funding distributions.

10

- 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).**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 2014 from all HSAs (see instructions).
- 14b Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions).
- 14c Subtract line 14b from line 14a.
- 15 Qualified medical expenses paid using HSA distributions (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. ►
- 17b 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 62, or Form 1040NR, line 60. On the dotted line next to Form 1040, line 62, or Form 1040NR, line 60, enter "HSA" and the amount.

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

Form 8889 (2014)

Form 8959

Department of the Treasury
Internal Revenue Service**Additional Medicare Tax**

OMB No. 1545-0074

2014

Attachment
Sequence No. 71

Name(s) shown on return

Your social security number

AMY J KLOBUCHAR & JOHN D BESSLER

Part I Additional Medicare Tax on Medicare Wages

- | | | |
|---|----------|--|
| 1 | 311,526. | |
| 2 | | |
| 3 | | |
| 4 | 311,526. | |
| 5 | | |
| 6 | 61,526. | |
| 7 | 554. | |
- 1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5
- 2 Unreported tips from Form 4137, line 6
- 3 Wages from Form 8919, line 6
- 4 Add lines 1 through 3
- 5 Enter the following amount for your filing status:
Married filing jointly \$250,000
Married filing separately \$125,000
Single, Head of household, or Qualifying widow(er) \$200,000
- 6 Subtract line 5 from line 4. If zero or less, enter -0-
- 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go to Part II.

Part II Additional Medicare Tax on Self-Employment Income

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

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

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

Part IV Total Additional Medicare Tax

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

Part V Withholding Reconciliation

- | | | |
|----|----------|------|
| 19 | 4,518. | |
| 20 | 311,526. | |
| 21 | 4,518. | |
| 22 | | NONE |
| 23 | | |
| 24 | | NONE |
- 19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6
- 20 Enter the amount from line 1
- 21 Multiply line 20 by 1.45% (.0145). This is your regular Medicare tax withholding on Medicare wages
- 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages
- 23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)
- 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)

Department of the Treasury
Internal Revenue Service (99)

► Attach to Form 1040 or Form 1040NR.

Your name

AMY J KLOBUCHAR

Occupation in which you incurred expenses

UNITED STATES SENATO

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 SEE STATEMENT 9.	4	4,161.
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	4,161.

*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	4,161.	
<i>Note. If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.</i>			
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	9	4,161.	
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	4,161.	

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

Form 2106 (2014)

Part II Vehicle Expenses

Section A - General Information (You must complete this section if you are claiming vehicle expenses.)

	(a) Vehicle 1	(b) Vehicle 2
11 Enter the date the vehicle was placed in service	11	
12 Total miles the vehicle was driven during 2014	12 miles	miles
13 Business miles included on line 12	13 miles	miles
14 Percent of business use. Divide line 13 by line 12	14 %	%
15 Average daily roundtrip commuting distance	15 miles	miles
16 Commuting miles included on line 12	16 miles	miles
17 Other miles. Add lines 13 and 16 and subtract the total from line 12	17 miles	miles
18 Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19 Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20 Do you have evidence to support your deduction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21 If "Yes," is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

22 Multiply line 13 by 56¢(.56). Enter the result here and on line 1	22
--	----

	(a) Vehicle 1	(b) Vehicle 2
23 Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a Vehicle rentals	24a	
b Inclusion amount (see instructions)	24b	
c Subtract line 24b from line 24a	24c	
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2 - see instructions)	25	
26 Add lines 23, 24c, and 25	26	
27 Multiply line 26 by the percentage on line 14	27	
28 Depreciation (see instructions)	28	
29 Add lines 27 and 28. Enter total here and on line 1	29	

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

	(a) Vehicle 1	(b) Vehicle 2
30 Enter cost or other basis (see instructions)	30	
31 Enter section 179 deduction (see instructions)	31	
32 Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction)	32	
33 Enter depreciation method and percentage (see instructions)	33	
34 Multiply line 32 by the percentage on line 33 (see instructions)	34	
35 Add lines 31 and 34	35	
36 Enter the applicable limit explained in the line 36 instructions	36	
37 Multiply line 36 by the percentage on line 14	37	
38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	



SUPPLEMENT TO FORM 1040

SOURCES OF COMPENSATION

OWNER-SHIP	DESCRIPTION	TOTAL WAGES	FEDERAL WITHHELD	SOC. SEC. WITHHELD	MEDICARE WITHHELD
WAGES					
T	UNITED STATES SENATE	141,434.	34,195.	7,254.	2,384.
S	GEORGETOWN UNIVERSITY	2,250.	89.	140.	34.
S	STATE OF MARYLAND CENTRAL	109,842.	32,939.	7,254.	2,100.
TOTAL - WAGES		253,526.	67,223.	14,648.	4,518.
GRAND TOTAL 253,526. 67,223. 14,648. 4,518.					

OWNER-SHIP WITHHOLDING FROM WAGES

STATE WITHHELD	CITY/LOCAL WITHHELD
11,028.	
118.	
6,462.	
17,608.	

TOTAL WITHHOLDING FROM WAGES

STATEMENT 1



SUPPLEMENT TO FORM 1040

IRA DISTRIBUTIONS

OWNER- SHIP	DESCRIPTION	TOTAL RECEIVED	TAXABLE PORTION
T	FIDUCIARY TRUST CO NH CUST	375.	375.
T	FIDUCIARY TRUST CO NH CUST	439.	439.
	TOTAL	814.	814.

PENSIONS AND ANNUITIES

OWNER- SHIP	DESCRIPTION	TOTAL RECEIVED	TAXABLE PORTION
S	NATIONWIDE RETIREMENT SOLUTIONS, IN	1,767.	1,767.
	TOTAL (FORM 1040, PAGE 1, LINE 16)	1,767.	1,767.

SOURCES OF OTHER INCOME

QUALIFIED TUITION PROGRAM EARNINGS	NONE
TOTAL TO 1040, LINE 21	NONE



SUPPLEMENT TO FORM 1040

=====

QUALIFIED TUITION PROGRAM (QTP) DISTRIBUTIONS

=====

	TAXPAYER	SPOUSE
EARNINGS DISTRIBUTED FROM SECTION 529 PLANS	12,137.	
LESS: PORTION USED TOWARD HIGHER EDUCATION EXPENSE	12,137.	
TAXABLE PORTION TO FORM 1040, LINE 21	NONE	

=====



SUPPLEMENT TO FORM 1040

TAXABLE STATE/LOCAL TAX REFUNDS

ALLOCATION OF STATE/LOCAL TAX REFUND PAID OVER TWO YEARS:

1	TAXES PAID IN 2013	
2	TAXES PAID IN 2014	
3	TOTAL STATE AND LOCAL TAX PAYMENTS ON 2013 RETURN	
4	TOTAL REFUND RECEIVED IN 2014	7,631.
5	PERCENTAGE OF TAXES PAID IN 2013 (LINE 1/LINE 3)	%
6	REFUND ATTRIBUTABLE TO TAXES PAID IN 2013	7,631.

TAXABLE REFUND:

1	REFUND ATTRIBUTABLE TO TAXES PAID IN 2013	7,631.
2	2013 ALLOWABLE ITEMIZED DEDUCTIONS	38,305.
3	2013 BASIC STANDARD DEDUCTION:	
	\$ 6,100, IF SINGLE	
	\$ 12,200, IF MFJ OR QUALIFYING WIDOW(ER)	
	\$ 6,100, IF MARRIED FILING SEPARATELY	
	\$ 8,950, IF HEAD OF HOUSEHOLD	12,200.
4	2013 ADDITIONAL STANDARD DEDUCTION(S)	
5	ADD LINES 3 AND 4	12,200.
6	SUBTRACT LINE 5 FROM LINE 2	26,105.
7	SMALLER OF LINES 1 OR 6	7,631.
8	LESS: 2013 NEGATIVE TAXABLE INCOME	NONE
9	TAXABLE TAX REFUNDS	7,631.
LESS:	STATE/LOCAL TAX REFUND THAT HAD NO TAX BENEFIT IN PRIOR YEAR	-7,631.
	TOTAL TAXABLE REFUND	NONE



SUPPLEMENT TO SCHEDULE A

STATE INCOME TAXES

TAXES WITHHELD FROM WAGES	17,608.
ESTIMATED TAX AND EXTENSION PAYMENTS	5,855.
OTHER TAXES PAID AND BALANCE DUE	72.
 TOTAL TO SCHEDULE A, LINE 5	 23,535.

CASH CONTRIBUTIONS

OTHER CASH CONTRIBUTIONS

	50% ORGANIZATION(S)
UB FOUNDATION	320.
SOUTHERN CENTER FOR HUMAN RIGHTS	125.
YALE UNIVERSITY	82.
MPIRG	25.
MARYLAND CHARITY	50.
COMMON HOPE	360.
GROWTH AND JUSTICE	100.
NATIONAL INSTITUTES OF HEALTH	3,521.
SERRA HIGH SCHOOL	50.
THE ADVOCATE FOR HUMAN RIGHTS	100.
PUBLIC JUSTIC CENTER	50.
COLLEGE POSSIBLE	250.
U OF M FOUNDATION	50.
UBSPI	200.
ALS	100.
SCRIBES FOR HUMAN RIGHTS	100.
UNICEF	50.
PACER	100.
PROJECT SUCCESS	50.
SECOND HARVEST HEARTLAND	50.
HABITAT FOR HUMANITY	20.
PAGE EDUCATION FOUNDATION	50.
I.U. FOUNDATION	50.
WOUNDED WARRIOR PROJECT	25.
BOOKS FOR AFRICA	100.
MN PUBLIC RADIO	65.
ADVOCATES FOR HUMAN RIGHTS	100.
U OF M ALUMNI ASSOCIATION	78.
AMNESTY INTERNATIONAL	20.
OTHER CASH CONTRIBUTIONS	100.

CONTINUED...

STATEMENT 5

SUPPLEMENT TO SCHEDULE A
=====CASH CONTRIBUTIONS (CONT'D)
=====

TOTAL CASH CONTRIBUTIONS BEFORE LIMITATION	6,341.
CASH CONTRIBUTION LIMITATION	NONE
TOTAL TO SCHEDULE A, LINE 16	6,341.

NONCASH CHARITABLE CONTRIBUTIONS
=====

NONCASH CHARITABLE CONTRIBUTIONS LESS THAN \$501	
PROPERTY GIVEN TO 50% ORGANIZATION(S)	
UNIVERSITY OF BALTIMORE FOUNDATION	144.
TOTAL NONCASH CONTRIBUTIONS BEFORE LIMITATION	144.
NONCASH CONTRIBUTION LIMITATION	NONE
TOTAL TO SCHEDULE A, LINE 17	144.

OTHER MISC. DEDUCTIONS SUBJECT TO 2% LIMIT
=====

UNREIMBURSED BUSINESS EXPENSES	4,728.
TOTAL TO SCHEDULE A, LINE 23	4,728.



SUPPLEMENT TO SCHEDULE E

=====

OTHER EXPENSES, SCHEDULE E - PAGE 1, LINE 19

=====

KIND OF PROPERTY: ROYALTY WAVELAND PRESS
LOCATION OF PROPERTY: [REDACTED]

OFFICE EXPENSES	201.
TOTAL OTHER EXPENSES	201.

=====

SUPPLEMENT TO FORM 6251
=====LINE 29 - EXEMPTION WORKSHEET
=====

1.	\$52,800. IF SINGLE OR HEAD OF HOUSEHOLD \$82,100. IF MARRIED FILING JT. OR QUAL. WIDOW(ER) \$41,050. IF MARRIED FILING SEPARATELY	82,100.
2.	ALTERNATIVE MINIMUM TAXABLE INCOME, LINE 28	241,722.
3.	\$117,300. IF SINGLE OR HEAD OF HOUSEHOLD \$156,500. IF MFJ OR QUAL. WIDOW(ER) \$ 78,250. IF MARRIED FILING SEPARATELY	156,500. -----
4.	LINE 2 LESS LINE 3	85,222.
5.	MULTIPLY LINE 4 BY 25%	21,306. -----
6.	EXEMPTION AMOUNT (LINE 1 LESS LINE 5)	60,794. =====



SUPPLEMENT TO FORM 2106 - EMPLOYEE BUSINESS EXPENSES

NAME: AMY J KLOBUCHAR
OCCUPATION: UNITED STATES SENATO

BUSINESS EXPENSES	AMOUNT
REFLECTS \$3,000 IRC 162(A) LIMITATION INCLUDES DC LIVING EXPENSES FOR MEMBER OF CONGRESS	4,161.
TOTAL BUSINESS EXPENSES TO FORM 2106, LINE 4	4,161.



JOHN D. BESSLER
INSTRUCTIONS FOR FILING FORM
D-40 E

2014 DISTRICT OF COLUMBIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC
FILING

THE ORIGINAL FORM D-40 E SHOULD BE SIGNED (USE FULL NAME) AND DATED BY
THE TAXPAYER.

RETURN YOUR SIGNED FORM D-40 E DECLARATION TO:



OR FAX YOUR SIGNED FORM D-40 E TO:



A CHECK OR MONEY ORDER PAYABLE TO "D.C. TREASURER" IN THE AMOUNT OF \$2,849
SHOULD BE ENCLOSED WITH THE D-40P PAYMENT VOUCHER. YOUR SOCIAL SECURITY
NUMBER AND "2014 FORM D-40" SHOULD BE WRITTEN ON YOUR CHECK OR MONEY
ORDER.

MAIL YOUR CHECK OR MONEY ORDER WITH YOUR D-40P PAYMENT VOUCHER BY APRIL
15, 2015 TO:

DC - OFFICE OF TAX AND REVENUE
P.O. BOX 96169
WASHINGTON, DC 20090-6169

DO NOT SEPARATELY FILE YOUR TAX RETURN WITH THE STATE. DOING SO WILL DELAY
THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT
YOUR RETURN, WHICH IS DUE ON APRIL 15, 2015. WE WOULD APPRECIATE YOUR
RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING
OF YOUR RETURN.

THE STATE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT
CONSIDERED FILED UNTIL THE STATE CONFIRMS THEIR ACCEPTANCE, WHICH MAY
OCCUR AFTER THE DUE DATE OF YOUR RETURN.

2014 D-40P SUB Payment Voucher

Instructions

Use the D-40P Payment Voucher to make any payment due on your D-40 or D-40EZ return.

- Do not use the voucher to make estimated tax payments.
- Enter your name(s), social security number (SSN) and address exactly as shown on your return. If you are filing a joint return, or filing separately on the same return, enter the name and SSN shown first on your return, then enter the name and SSN shown second on your return.
- Enter the amount of your payment. Whole dollars only. Do not enter cents.
- Make your check or money order payable to DC Treasurer.
- Make sure your name and address appear on your payment (check or money order).
- Enter your SSN, tax period and the form filed - D-40 or D-40EZ on your payment.
- To avoid penalties and interest, pay in full by April 15, 2015.
- Staple your payment to the D-40P voucher; Do not attach your payment to your D-40 or D-40EZ return.
- Mail the D-40P with, but not attached to your D-40 or D-40EZ tax return to:

Office of Tax and Revenue
PO Box 96169
Washington, DC 20090-6169
(Do not attach this voucher to your return)

Detach at perforation before mailing

2014 D-40P SUB Payment Voucher



1 4 0 4 0 1 2 1 1 0 6 2

If married filing jointly, or filing separately on same return, see instructions.

Your first name

M.I. Last name

JOHN

D BESSLER

Spouse's/domestic partner's first name

M.I. Last name

AMY

J KLOBUCHAR

Your social security number (SSN)

Spouse's/registered domestic partner's SSN

Daytime phone number

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# [REDACTED]

Home address (number, street and apartment number if applicable)

City

State

Zipcode + 4

Amount submitted with this form

\$

2849.00

Do not enter cents, enter dollars only. To avoid penalties and interest,
your payment must be postmarked no later than April 15, 2015

2014 D-40P SUB

2014 D-40E SUB
District of Columbia Individual Income Tax
Declaration for Electronic Filing

IRS Declaration Control Number (DCN)

Your First name and initial
JOHN

D

Last name
BESSLER

Social Security Number

Spouse's/Domestic partner's First name and initial
AMY

J

Last name
KLOBUCHAR

Spouse's Social Security Number

Present Home Address (number, street and apartment number if applicable)

Federal Filing Status

MFJ

City, Town, PO Box and State

Zip Code + 4

District of Columbia Filing Status
MFS

PART I - TAX RETURN INFORMATION

PLEASE ENTER WHOLE DOLLAR AMOUNTS

1. Federal Adjusted Gross Income, Form D-40, Line 3	106001 .00
2. District of Columbia Adjusted Gross Income, Form D-40, Line 15	106001 .00
3. DC Taxable Income, Form D-40, Line 21	102201 .00
4. District of Columbia Tax, Form D-40, Line 22	7487 .00
5. DC Income Tax Withheld, Form D-40, Line 31	118 .00
6. District of Columbia Refund, Form D-40, Line 40	.00
7. District of Columbia Total amount Due, Form D-40, Line 45	2849 .00

PART II - DIRECT DEPOSIT OF REFUND (OPTIONAL)

8. Routing Number*

*Routing Number must be nine digits and the first two must be 01 through
12 or 21 through 32.

9. Account Number

10. Type of Account Checking Savings

PART III - DECLARATION OF TAXPAYER, ELECTRONIC RETURN ORIGINATOR (ERO), AND PAID PREPARER

Under penalties of law, I declare that I have compared the information on my return and, the amounts described in Part I agree with the corresponding amounts shown on my D-40. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return be sent to the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO) and by the IRS to the District of Columbia Office of Tax and Revenue. Declaration of paid preparer is based on all information available to the preparer.

Your Signature

Date

Spouse's Signature

Date

3/26/2015

ERO's Signature

Date

SSN, EIN, or PTIN

Paid Preparer's Signature

3/27/15

Date

SSN, EIN, or PTIN

PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.

2014 D-40 SUB Individual
Income Tax Return

1 4 0 4 0 0 4 1 1 0 6 2

Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Personal information

Your telephone number

Mark if

Amended return

SOFTWARE DEVELOPER USE ONLY

Your social security number (SSN)

Mark if

Filing for a deceased taxpayer

VENDOR ID#

and Date of Birth (MMDDYYYY)

Spouse's/registered domestic partner's SSN

and Date of Birth (MMDDYYYY)

Your first name

M.I.

Last name

JOHN

D

BESSLER

Spouse's/domestic partner's first name

M.I.

Last name

AMY

J

KLOBUCHAR

Home address (number, street and apartment number if applicable)

City

State

Zipcode + 4

Filing Status

- 1 Mark only one:
 Single Married filing jointly Married filing separately Dependent claimed by someone else
 Married filing separately on same return Enter combined amounts for lines 4 - 42. See instructions.
 Registered domestic partners filing jointly or filing separately on same return
 Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.
- 2 Mark if you are:
 Part-year resident in DC from (month) to (month), # of months in DC See instructions.

Complete your federal return first -- Enter your dependents' information on DC Schedule S

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Income Information

- | | | | | | | |
|---|--|--------------|----|-----------|-----|---------|
| a | Wages, salaries, unemployment compensation and/or tips, see instructions | a | \$ | 112092.00 | | |
| b | Business income or loss, see instructions. | Mark if loss | X | b | \$ | 7859.00 |
| c | Capital gain (or loss.) | Mark if loss | c | \$ | .00 | |
| d | Rental real estate, royalties, partnerships, etc. | Mark if loss | d | \$ | .00 | |

Computation of DC Gross and Adjusted Gross Income

- 3 Federal adjusted gross income From adjusted gross income lines on Federal Forms 1040, 1040A, 1040EZ, 1040NR or 1040NR-EZ. Mark if loss 3 \$ 106001.00

Additions to DC Income

- 4 Franchise tax deducted on federal forms, see instructions. 4 \$.00
 5 Other additions from DC Schedule I, Calculation A, Line 8. 5 \$.00
 6 Add lines 3, 4 and 5. Mark if loss 6 \$ 106001.00

Subtractions from DC Income

- | | | | | |
|----|---|----|----|-----------|
| 7 | Part year residents, enter income received during period of nonresidence, see instructions. | 7 | \$ | .00 |
| 8 | Taxable refunds, credits or offsets of state and local income tax. | 8 | \$ | .00 |
| 9 | Taxable amount of social security and tier 1 railroad retirement from Federal Forms 1040 or 1040A. | 9 | \$ | .00 |
| 10 | Income reported and taxed this year on a DC franchise or fiduciary return. | 10 | \$ | .00 |
| 11 | DC and federal government pension and annuity <u>limited</u> exclusion, see instructions.
Mark if you are 62 or older if your spouse/domestic partner is 62 or older | 11 | \$ | .00 |
| 12 | DC and federal government survivor benefits, see instructions. | 12 | \$ | .00 |
| 13 | Other subtractions from DC Schedule I, Calculation B, Line 16. | 13 | \$ | .00 |
| 14 | Total the subtractions from DC income, Lines 7 - 13. | 14 | \$ | .00 |
| 15 | DC adjusted gross income, Line 6 minus Line 14. Mark if loss | 15 | \$ | 106001.00 |

Enter your last name
Enter your SSN

BESSLER



1 4 0 4 0 0 4 2 1 0 6 2

16	Deduction type Take the same type of deduction you took on your federal return.				
	Mark which type: <input checked="" type="checkbox"/> Standard Itemized See instructions for amount to enter on Line 17.				
17	DC deduction amount. Do not copy from federal form. For amount to enter, see instructions.	17	\$	2075 00	
18	Number of exemptions If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S.	18	1		
19	Exemption amount Multiply \$1,725 by number on Line 18. Part-year DC residents see Cal E.	19	\$	1725 00	
20	Add Lines 17 and 19.	20	\$	3800 00	
21	DC Taxable income Subtract Line 20 from Line 15. Enter result.	Mark if loss	21	\$	102201 00
DC tax, credits and payments					
22	Tax If Line 21 is \$100,000 or less, use tax tables. If more, use Calculation I	22	\$	7487 00	
	Mark if filing separately on same return. Complete Calculation J on Schedule S.				
23	Credit for child and dependent care expenses \$.00 x .32 Enter result	23	\$.00	
	From Federal Form 2441; if part-year DC resident, from Line 5, DC Form D-2441.				
24	Non-refundable credits from DC Schedule U, Part 1a, Line 7 Attach DC Schedule U	24	\$.00	
25	DC Low Income Credit Use Calc. LIC/EITC to see if LIC or EITC is a greater benefit. See instructions,	25	\$.00	
25a	Enter the number of exemptions claimed on your federal return.	25a	1		
26	Total non-refundable credits. Add Lines 23, 24 and 25.	26	\$.00	
27	Total tax Subtract Line 26 from Line 22. If Line 22 is less than Line 26, leave Line 27 blank.	27	\$	7487 00	
28	DC Earned Income Tax Credit Enter your federal EIC \$.00 x .40 Enter result	28	\$.00	
28a	Enter the number of qualified EITC children.	28a			
29	Property Tax Credit. From your DC Schedule H; attach a copy.	29	\$.00	
30	Refundable credits from DC Schedule U, Part 1b, Line 3 Attach DC Schedule U.	30	\$.00	
31	DC income tax withheld shown on Forms W-2 and 1099. Attach these forms.	31	\$	118 00	
32	2014 estimated income tax payments.	32	\$	4520 00	
33	Tax paid with extension of time to file or with original return if this is an amended return.	33	\$.00	
34	Total payments and refundable credits. Add Lines 28, 29 - 33.	34	\$	4638 00	
Refund Complete if Line 34 is more than Line 27.		Amount owed Complete if Line 34 is equal to or less than Line 27.			
35	Amount you overpaid 35 \$.00	41	\$	284900	
	Subtract Line 27 from Line 34	Subtract Line 34 from Line 27			
36	Amount to be applied to your 2015 estimated tax 36 \$.00	42	\$.00	
	from Schedule U, Part II, Line 6				
37	Mark the oval if Form D-2210 is attached Penalty See instructions 37 \$.00	43a	Penalty \$.00		
38	38 Refund Subtract sum of Lines \$.00	43b	Interest \$.00		
	36 and 37 from Line 35	Enter total P & I.			
39	Contribution amount 39 \$.00	43	\$.00	
	from Sched. U, Part II, Line 5	Mark the oval if Form D-2210 is attached			
	Can not exceed refund amt. on Line 38	44	Underpayment Penalty \$.00		
	Put additional amt. on Line 42	45	Total amount due \$.00	284900	
40	40 Net Refund \$.00	Add Lines 41 - 44			
	Subtract Line 39 from Line 38	Will this refund you requested go to an account outside of the U.S.?			
		Yes	No	See instructions	

Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website otr.dc.gov/refundprepaidcards.

Mark one refund choice: Direct deposit Tax refund card Paper check
Direct Deposit To have your refund deposited into your checking OR savings account, mark X and enter bank routing and account number
Routing Number _____ Account Number _____

Third Party Designee To authorize another person to discuss this return with the OTR, check here and enter the name and phone number of that person.
Designee's name _____ Phone number _____

THERESA L PIETENPOL

Signature Under penalties of law, I declare that, to the best of my knowledge, this return is correct. Declaration of paid preparer is based on all the information available to the preparer.

Your signature _____ Date _____
Spouse's/domestic partner's signature if filing jointly or separately on same return _____ Date _____

Preparer's signature _____ Date _____
THERESA L PIETENPOL
Preparer's Tax Identification Number (PTIN) PTIN telephone number _____



SUPPLEMENT TO D.C.

STATE ALLOCATION OF FEDERAL INCOME

WAGES

=====

EMPLOYER NAME

GEORGETOWN UNIVERSITY
STATE OF MARYLAND CENTRAL

FEDERAL

D.C.

2,250. 2,250.
109,842. 109,842.

TOTAL WAGES

112,092. 112,092.

STATEMENT 1



JOHN D. BESSLER
INSTRUCTIONS FOR FILING FORM
D-40 ES
2015 DISTRICT OF COLUMBIA ESTIMATED INCOME TAX RETURN

THE APPROPRIATE VOUCHER FORM SHOULD ACCOMPANY EACH PAYMENT AS FOLLOWS:

VOUCHER	ON OR BEFORE	AMOUNT
1	APRIL 15, 2015	\$2,030
2	JUNE 15, 2015	\$2,030
3	SEPTEMBER 15, 2015	\$2,030
4	DECEMBER 31, 2015	\$2,030
		\$8,120
OVERPAYMENT OF 2014 INCOME TAX CREDITED AGAINST 2015 TAX		
TOTAL 2015 ESTIMATED TAX PAYMENTS		\$8,120
ESTIMATED INCOME TAX TO BE WITHHELD IN 2015		\$118
ESTIMATED CREDITS		
TOTAL ESTIMATE OF 2015 INCOME TAX		<u>\$8,238</u>

EACH VOUCHER, TOGETHER WITH A CHECK OR MONEY ORDER MADE PAYABLE TO "D.C. TREASURER", SHOULD BE FILED WITH:

OFFICE OF TAX AND REVENUE
INDIVIDUAL EST.TAX, P.O.BOX 96018
WASHINGTON, D.C. 20090-6018

YOUR SOCIAL SECURITY NUMBER AND "2015 FORM D-40 ES" SHOULD BE INDICATED ON EACH CHECK OR MONEY ORDER.

YOU SHOULD RETAIN VOUCHERS 2, 3 AND 4 AND FILE THEM AS INDICATED ABOVE.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE TAX RETURN BY REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE).

THE ENCLOSED ESTIMATED TAX VOUCHERS HAVE BEEN PREPARED BASED ON THE ASSUMPTION THAT YOUR 2015 WITHHOLDING WILL AT LEAST EQUAL YOUR 2014 WITHHOLDING. IF IT APPEARS THAT THIS ASSUMPTION IS INCORRECT, PLEASE CONTACT US IMMEDIATELY TO DETERMINE IF REVISED ESTIMATES ARE REQUIRED TO AVOID ANY UNDERPAYMENT PENALTIES.

YOUR 2015 ESTIMATED TAX HAS BEEN COMPUTED BASED ON 110% OF YOUR 2014 ACTUAL TAX LIABILITY.
TIMELY PAYMENT OF THESE AMOUNTS WILL ENSURE THAT YOU WILL NOT BE SUBJECT TO ANY LIABILITY
FOR UNDERPAYMENT OF ESTIMATED TAX, REGARDLESS OF YOUR TAX LIABILITY FOR 2015.

Worksheet to Estimate DC Tax Payments

1 Federal adjusted gross income expected for 2015. Include taxable pensions and annuities subject to DC income tax.	1	
2 a. If you expect to itemize your deductions, enter the estimated deduction amount allowed by DC.		
Note: State and local income taxes and sales taxes are not allowable deductions in DC.		
Use Calculation F in 2014 D-40 package if you expect your DC adjusted gross income to be over \$200,000 OR		
b. If you expect to take a standard deduction, enter \$5,200 if single, married/registered domestic partners filing separately or a dependent. Enter \$6,500 if head of household. Enter \$8,350 if married/registered domestic partner filing jointly, married filing separately on the same return, or surviving spouse.	2	
3 Subtract Line 2 from Line 1.	3	
4 Number of exemptions.	4	1
5 Exemption amount Multiply \$1,725 by Line 4.	5	1725
6 Estimated taxable income. Subtract Line 5 from Line 3.	6	
7 DC tax. Use the 2014 tax rate table or the tax computation worksheet.	7	8236
8 DC income tax to be withheld during 2015 plus DC tax credits, if any.	8	118
9 Estimated DC tax. Subtract Line 8 from Line 7.	9	(ROUNDED) 8120
10 Amount of each payment. Divide Line 9 by the number of voucher payments due this year. Apply the full amount of any overpayment of tax from your prior year's DC income tax return to the first payment of your estimated taxes. See page 9.	10	2030

**2015 D-40ES SUB Estimated Payment
for Individual Income Tax**

Make check or money order payable to the DC Treasurer. Include your Social Security Number (SSN), "D-40ES" and tax period on your payment.

Mail return and payment to: DC Office of Tax and Revenue, Estimated Individual Income Tax, PO Box 96018, Washington, DC 20090-6018.

Detach at perforation before mailing

**2015 D-40ES SUB Estimated Payment
for Individual Income Tax**



**Quarterly Payment
(dollars only)**

Make check or money order payable to the DC Treasurer.

\$ **2030 .00**

Spouse's/domestic partner's Social Security Number

Your Social Security Number
[REDACTED]

1 5 0 4 0 0 6 1 1 0 6 2

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# [REDACTED]

Your first name, middle initial, last name

(Leave a space between names and initials.)

JOHN

Your spouse's/domestic partner's first name, middle initial, last name (Leave a space between names and initials.)

D BESSLER

AMY

Address (number, street, and apartment number)

J KLOBUCHAR



State

Zipcode + 4

Voucher Number: 01 Due Date: 041515



2015 D-40ES SUB



**2015 D-40ES SUB Estimated Payment
for Individual Income Tax**

Make check or money order payable to the DC Treasurer. Include your Social Security Number (SSN), "D-40ES" and tax period on your payment.

Mail return and payment to: DC Office of Tax and Revenue, Estimated Individual Income Tax, PO Box 96018, Washington, DC 20090-6018.

Detach at perforation before mailing

Government of the
District of Columbia

**2015 D-40ES SUB Estimated Payment
for Individual Income Tax**



1 5 0 4 0 0 6 1 1 0 6 2

Quarterly Payment
(dollars only) \$
Your Social Security Number

Make check or money order payable to the DC Treasurer.

2030 .00

Spouse's/domestic partner's Social Security Number

SOFTWARE DEVELOPER USE ONLY

VENDOR ID#

Your first name, middle initial, last name

(Leave a space between names and initials.)

JOHN D BESSLER
Your spouse's/domestic partner's first name, middle initial, last name (Leave a space between names and initials.)

AMY J KLOBUCHAR
Address (number, street, and apartment number)

Voucher Number: 02 Due Date: 061515

2015 D-40ES SUB

**2015 D-40ES SUB Estimated Payment
for Individual Income Tax**

Make check or money order payable to the DC Treasurer. Include your Social Security Number (SSN), "D-40ES" and tax period on your payment.

Mail return and payment to: DC Office of Tax and Revenue, Estimated Individual Income Tax, PO Box 96018, Washington, DC 20090-6018.

Detach at perforation before mailing

**2015 D-40ES SUB Estimated Payment
for Individual Income Tax**



1 5 0 4 0 0 6 1 1 0 6 2

Quarterly Payment
(dollars only) \$

Make check or money order payable to the DC Treasurer.

2030.00

Spouse's/domestic partner's Social Security Number

Your Social Security Number

[REDACTED]
Your first name, middle initial, last name

(Leave a space between names and initials.)

SOFTWARE DEVELOPER USE ONLY

VENDOR ID: [REDACTED]

JOHN D BESSLER
Your spouse's/domestic partner's first name, middle initial, last name (Leave a space between names and initials.)

AMY J KLOBUCHAR
Address (number, street, and apartment number)

2015 D-40ES SUB

Voucher Number: 03 Due Date: 091515

**2015 D-40ES SUB Estimated Payment
for Individual Income Tax**

Make check or money order payable to the DC Treasurer. Include your Social Security Number (SSN), "D-40ES" and tax period on your payment.

Mail return and payment to: DC Office of Tax and Revenue, Estimated Individual Income Tax, PO Box 96018, Washington, DC 20090-6018.

Detach at perforation before mailing

**2015 D-40ES SUB Estimated Payment
for Individual Income Tax**



1 5 0 4 0 0 6 1 1 0 6 2

SOFTWARE DEVELOPER USE ONLY

VENDOR [REDACTED]

Quarterly Payment
(dollars only) \$

Make check or money order payable to the DC Treasurer.

2030.00

Spouse's/domestic partner's Social Security Number

[REDACTED]
Your first name, middle initial, last name

(Leave a space between names and initials.)

JOHN D BESSLER
Your spouse's/domestic partner's first name, middle initial, last name (Leave a space between names and initials.)

AMY J KLOBUCHAR
Address (number, street, and apartment number)

[REDACTED] State Zipcode + 4

Voucher Number: 04 Due Date: 011516



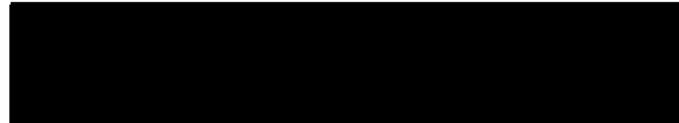
JOHN D. BESSLER
INSTRUCTIONS FOR FILING FORM
EL101
2014 MARYLAND DECLARATION FOR ELECTRONIC FILING

THE ORIGINAL FORM EL101 SHOULD BE SIGNED (USE FULL NAME) AND DATED BY THE TAXPAYER.

RETURN YOUR SIGNED FORM EL101 DECLARATION TO:



OR FAX YOUR SIGNED FORM EL101 TO:



YOUR RETURN SHOWS A \$6,462 OVERPAYMENT. OF THIS AMOUNT, \$6,462 WILL BE REFUNDED TO YOU.

AT YOUR REQUEST, YOUR MARYLAND INCOME TAX REFUND WILL BE ELECTRONICALLY DEPOSITED DIRECTLY INTO YOUR ACCOUNT WITH THE FINANCIAL INSTITUTION YOU DESIGNATED.

DO NOT SEPARATELY FILE YOUR TAX RETURN WITH THE STATE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON APRIL 15, 2015. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN.

THE STATE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE STATE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

NO MARYLAND INDIVIDUAL ESTIMATED TAX PAYMENTS WILL BE REQUIRED FOR 2015 NOR WILL YOU BE SUBJECT TO UNDERPAYMENT PENALTIES IF THE INCOME TAX WITHHELD FROM ALL SOURCES IN 2015 AMOUNTS TO AT LEAST \$0, OR, IF LESS, 90% OF YOUR TOTAL 2015 INCOME TAX.

** DO NOT MAIL **

MARYLAND FORM e-File DECLARATION FOR ELECTRONIC FILING
EL101



2014

141010004

Keep this form for your records. Do not send this form to the State of Maryland unless requested to do so. See Instructions on Page 2.

Taxpayer's first name and middle initial JOHN D	Last name BESSLER	SSN/Taxpayer Identification Number [REDACTED]
Spouse's first name and middle initial	Last name	Ssn/Taxpayer Identification Number [REDACTED]
Present address (number and street)	City or town	State [REDACTED] ZIP code

Part I Tax Return Information (whole dollars only)

1. Amount of overpayment to be applied to 2015 estimated tax 1. **00**
2. Amount of overpayment to be refunded to you 2. **REFUND 646200**
3. Total amount due (Pay in full by April 15, 2015. See instructions.) 3. **00**

If you file your Maryland Income tax return electronically by 4/15/15, you have until 4/30/15 to make your electronic payment.

Direct deposit or direct debit options are not eligible for Amended returns.

Part II Taxpayer Declaration and Signature Authorization

Check appropriate box to consent to: Direct Deposit of refund or Electronic Funds Withdrawal (direct debit)

1. Amount to be withdrawn from/deposited in first account 1. **6462**
Routing number (9-digit) [REDACTED] Checking Savings
Account number [REDACTED]
2. Amount to be deposited in second account 2.
Routing number (9-digit) [REDACTED] Checking Savings
Account number [REDACTED]
3. Amount to be deposited in third account 3.
Routing number (9-digit) [REDACTED] Checking Savings
Account number [REDACTED]

- 4a. I consent that my refund be directly deposited as designated above and declare the information shown is correct. The State of Maryland is not responsible for a lost refund if I enter the incorrect account information. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. By consenting, I also agree to disclose to the Maryland State Treasurer's Office certain income tax information including name, amount of refund and bank information. This disclosure is necessary to effect direct deposit.
- 4b. I authorize the State of Maryland and its designated financial agent to initiate an electronic funds withdrawal payment (direct debit) to the financial institution account indicated on above for payment of my Maryland and local taxes owed, and the financial institution to debit the entry to this account. Upon confirmation of consent during the filing of my state return, this authorization is to remain in full force and effect, and I may not terminate the authorization. I also authorize the financial institutions involved in the processing of this electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- 4c. I do not want direct deposit of my refund or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my electronic return originator or entered on-line and that the name(s), address and amounts described above agree with the amounts shown on the corresponding lines of my 2014 Maryland electronic income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return, including accompanying schedules and statements, be sent to the Maryland Revenue Administration Division by my electronic return originator or by my electronic return software provider.

Sign Here

► Taxpayer's signature _____ Date _____ ► Spouse's signature (If joint return, both must sign.) _____ Date _____

Wait ten (10) days after the receipt of a valid acknowledgement before calling 410-260-7701 from Central Maryland, or 1-800-218-8160 from elsewhere, about your refund.

Part III Declaration of Electronic Return Originator (paid preparer)

I declare that I have reviewed the taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature before submitting the return to the Maryland Revenue Administration Division, have provided the taxpayer with a copy of all forms and information to be filed with the Maryland Revenue Administration Division, and have followed all other requirements described in the Handbook for Electronic Filing of Maryland Income Tax Returns. This declaration is to be retained at the site of the electronic return originator.

Electronic Return Originator Use Only Originator's signature [REDACTED] Date **3/26/2015** LEEIN [REDACTED]
Firm's name (or yours if self-employed) and address [REDACTED] ZIP code [REDACTED] Phone [REDACTED]

COM/RAD-059

4B2317 1.000

3954IB 5838 03/26/2015 19:34:23 V14-4F 838120

26

**MARYLAND NONRESIDENT INCOME
FORM TAX RETURN
505**



2014

\$

OR FISCAL YEAR BEGINNING

Social Security Number		2014, ENDING Spouse's Social Security Number
First Name	Initial	Last Name
JOHN	D	BESSLER
Spouse's First Name	Initial	Last Name
Present Address (No. and street)		

Print Using Blue or Black Ink

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

RESIDENCE INFORMATION - See Instruction 9.

Enter 2-letter state code for your state of legal residence. ► DC

County _____ City Borough or
(PA) Township (PA) _____

Were you a resident for the entire year of 2014?

Yes No If no, attach explanation.

Check here
for
Maryland
taxes
withheld
in error.

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

Did you file a Maryland income tax return for 2013? Yes No

If "Yes," was it a Resident or a Nonresident return?
Advise states you resided within Maryland for 2014. Enter "NONE".

FROM NONE TO (See Inst. 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 Yourself Spouse A. Enter No. Checked . . . 1 See instruction 10. A. \$ 1600

B ► 65 or over 65 or over B. Enter No. Checked . . . X \$1,000 . . . B. \$ _____
 ► Blind Blind

C Enter No. from line 3 of Dependent Form 502B * * * * * See instruction 10. C. \$ _____

D Enter Total Exemptions (Add A, B and C.), ► 1 . . . Total Amount D. \$ 1600

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)
9. Taxable amount of pensions, IRA distributions, and annuities

	(1) FEDERAL INCOME (LOSS)	(2) MARYLAND INCOME (LOSS)	(3) NON-MARYLAND INCOME (LOSS)
1	112092		112092
2	1		1
3			
4			
5			
6	-7859		-7859
7			
8			
9	1767		1767
10			
11			
12			
13			
14			
15	106001		106001
16			
17	106001		106001

Dollars Cents

10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item)
11. Farm income or (loss)
12. Unemployment compensation (insurance)
13. Taxable amount of Social Security and Tier 1 Railroad Retirement benefits
14. Other income (including lottery or other gambling winnings)
15. Total income (Add lines 1 through 14.)
16. Total adjustments to income from federal return (IRA, alimony, etc.)
17. Adjusted gross income (Subtract line 16 from line 15.) ►

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

ADDITIONS TO INCOME (See Instruction 12.)

18. Non-Maryland loss and adjustments
19. Other (Enter code letter(s) from Instruction 12.) ►
20. Total additions (Add lines 18 and 19.) ►

18 7859

19

20 7859

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

21 113860

SUBTRACTIONS FROM INCOME (See Instruction 13.)

22. Taxable Military Income of Nonresident ►

22

23. Other (Enter code letter(s) from Instruction 13.) ►

23

24. Total subtractions (Add lines 22 and 23.) ►

24 113860

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

25

DEDUCTION METHOD See Instruction 15 (All taxpayers must select one method and check the appropriate box.)

STANDARD DEDUCTION METHOD (Enter amount on line 26a.) ► 26a 1500

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

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

26b

State and local income taxes (See Instruction 16.) ►

26c

Net itemized deductions (Subtract line 26b from line 26a)

26d

26. Deduction amount (Multiply lines 26a or 26d by the AGI factor.) 26e _____

(from worksheet in Instruction 14) ► 26 1500

**MARYLAND NONRESIDENT INCOME
TAX RETURN**
FORM 505
2014



145050104

PAGE 2

NAME BESSLER _____ SSN _____

	Dollars	Cents
27. Net income (Subtract line 26 from line 25.)	27	
28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10	28	1600
29. Enter your AGI factor (from worksheet in Instruction 14)	29	
30. Maryland exemption allowance (Multiply line 28 by line 29.)	30	
31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR	31	

MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING.

32 a. Maryland tax from line 16 of Form 505NR (Attach Form 505NR.)	32a	
32 b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.)	32b	
32 c. Total Maryland tax (Add lines 32a and 32b.)	32c	
33. Earned income credit from worksheet in Instruction 20.	33	
34. Poverty level credit from worksheet in Instruction 20.	34	
35. Other income tax credits for individuals from Part H, line 8 of Form 502CR (Attach Form 502CR.)	35	
36. Business tax credits	You must file this form electronically to claim business tax credits on Form 500CR.	
37. Total credits (Add lines 33 through 36.)	37	
38. Maryland tax after credits (Subtract line 37 from line 32c.) If less than 0, enter 0	38	
39. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 21.)	39	
40. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 21.)	40	
41. Contribution to Maryland Cancer Fund (See Instruction 21.)	41	
42. Total Maryland income tax and contributions (Add lines 38 through 41.)	42	
43. Total Maryland tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld.)	43	6462
44. 2014 estimated tax payments, amount applied from 2013 return, payments made with Form 502E and Form MW506NRS	44	
45. Refundable earned income credit from worksheet in Instruction 22	45	
46. Nonresident tax paid by pass-through entities (Attach Maryland Form 510 Schedule K-1.)	46	
47. Refundable income tax credits from Part I, line 6 of Form 502CR (Attach Form 502CR. See Instruction 22.)	47	
48. Total payments and credits (Add lines 43 through 47.)	48	6462
49. Balance due (If line 42 is more than line 48, subtract line 48 from line 42.)	49	
50. Overpayment (If line 42 is less than line 48, subtract line 42 from line 48.)	50	6462
51. Amount of overpayment TO BE APPLIED TO 2015 ESTIMATED TAX	51	
52. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 51 from line 50.) See line 55	REFUND	52
53. Interest charges from Form 502UP [redacted] or for late filing [redacted] (See Instruction 23.) Total	53	
54. TOTAL AMOUNT DUE (Add line 49 and line 53.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN.	54	

DIRECT DEPOSIT OF REFUND (See Instruction 23.) Be sure the account information is correct. For Splitting Direct Deposit, see Form 588.

To comply with banking rules, check here ► 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) ► [redacted] 55c. Account ► [redacted]

Savings

► 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. Check here ► if you authorize your paid preparer not to file electronically. Check here ► 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 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.

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

Your signature _____ Date _____

Preparer's PTIN (required by law) _____ Signature of preparer other than taxpayer _____

Spouse's signature _____ Date _____

[redacted]
Address and telephone number of preparer

Electronic Filing Information: PDF attachments included in this Return

Tax Year: 2014 **Jurisdiction:** Maryland
Name: Bessler, John **No of Attachments:** 1
Return No: A3954IB4

PDF Attachment Description

Washington DC Individual Tax Return

PDF File Name

A3954IB4_MD_DC_Return_Attachment.pdf

File Size

47,515

2014 D-40 SUB Individual
Income Tax Return

1 4 0 4 0 0 4 1 1 0 6 2

Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

Personal information

Your telephone number	Mark if	Amended return	SOFTWARE DEVELOPER USE ONLY
	Mark if	Filing for a deceased taxpayer	VENDOR ID# [REDACTED]
Your social security number (SSN)	and Date of Birth (MMDDYYYY)	Spouse's/registered domestic partner's SSN	and Date of Birth (MMDDYYYY)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Your first name	M.I.	Last name	
JOHN	D	BESSLER	
Spouse's/domestic partner's first name	M.I.	Last name	
AMY	J	KLOBUCHAR	
Home address (number, street and apartment number if applicable) [REDACTED]			

Filing Status

- 1 Mark only one:
- | | | | | |
|--|------------------------|--|---------------------------|-----------------------------------|
| Single | Married filing jointly | X | Married filing separately | Dependent claimed by someone else |
| Married filing separately on same return | | Enter combined amounts for lines 4 - 42. See instructions. | | |
| Registered domestic partners filing jointly or | | filing separately on same return | | |
| Head of household | | Enter qualifying dependent and/or non-dependent information on Schedule S. | | |
- 2 Mark if you are:
- | | | | |
|-------------------------------|------------|----------------------------|-------------------|
| Part-year resident in DC from | (month) to | (month), # of months in DC | See instructions. |
|-------------------------------|------------|----------------------------|-------------------|

Complete your federal return first -- Enter your dependents' information on DC Schedule S

Income Information

- | | | | | | |
|--|--------------|----|-----------|-----|---------|
| a Wages, salaries, unemployment compensation and/or tips, see instructions | a | \$ | 112092.00 | | |
| b Business income or loss, see instructions. | Mark if loss | X | b | \$ | 7859.00 |
| c Capital gain (or loss.) | Mark if loss | c | \$ | .00 | |
| d Rental real estate, royalties, partnerships, etc. | Mark if loss | d | \$ | .00 | |

Computation of DC Gross and Adjusted Gross Income

- 3 Federal adjusted gross income From adjusted gross income lines on Federal Forms 1040, 1040A, 1040EZ, 1040NR or 1040NR-EZ.

Additions to DC Income

- 4 Franchise tax deducted on federal forms, see instructions.
- 5 Other additions from DC Schedule I, Calculation A, Line 8.
- 6 Add lines 3, 4 and 5.

Mark if loss 6 \$ 106001.00

Subtractions from DC Income

- | | | | |
|---|----|----|-----------|
| 7 Part year residents, enter income received during period of nonresidence, see instructions. | 7 | \$ | .00 |
| 8 Taxable refunds, credits or offsets of state and local income tax. | 8 | \$ | .00 |
| 9 Taxable amount of social security and tier 1 railroad retirement from Federal Forms 1040 or 1040A. | 9 | \$ | .00 |
| 10 Income reported and taxed this year on a DC franchise or fiduciary return. | 10 | \$ | .00 |
| 11 DC and federal government pension and annuity <u>limited</u> exclusion, see instructions.
Mark if you are 62 or older if your spouse/domestic partner is 62 or older | 11 | \$ | .00 |
| 12 DC and federal government survivor benefits, see instructions. | 12 | \$ | .00 |
| 13 Other subtractions from DC Schedule I, Calculation B, Line 16. | 13 | \$ | .00 |
| 14 Total the subtractions from DC income, Lines 7 - 13. | 14 | \$ | .00 |
| 15 DC adjusted gross income, Line 6 minus Line 14. | 15 | \$ | 106001.00 |

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Enter your last name
Enter your SSN

BESSLER



1 4 0 4 0 0 4 2 1 0 6 2

16	Deduction type Take the same type of deduction you took on your federal return.	Mark which type: <input checked="" type="checkbox"/> Standard Itemized See instructions for amount to enter on Line 17.	
17	DC deduction amount. Do not copy from federal form. For amount to enter, see instructions.	17	\$ 2075.00
18	Number of exemptions If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S.	18	1
19	Exemption amount Multiply \$1,725 by number on Line 18. Part-year DC residents see Cal E.	19	\$ 1725.00
20	Add Lines 17 and 19.	20	\$ 3800.00
21	DC Taxable income Subtract Line 20 from Line 15. Enter result.	Mark if loss	21 \$ 102201.00
DC tax, credits and payments			
22	Tax If Line 21 is \$100,000 or less, use tax tables. If more, use Calculation I	22	\$ 7487.00
	Mark if filing separately on same return. Complete Calculation J on Schedule S.		
23	Credit for child and dependent care expenses \$.00 x .32 Enter result	23	\$.00
	From Federal Form 2441; if part-year DC resident, from Line 5, DC Form D-2441.		
24	Non-refundable credits from DC Schedule U, Part 1a, Line 7 Attach DC Schedule U	24	\$.00
25	DC Low Income Credit Use Calc. LIC/EITC to see if LIC or EITC is a greater benefit. See instructions,	25	\$.00
25a	Enter the number of exemptions claimed on your federal return.	25a	1
26	Total non-refundable credits. Add Lines 23, 24 and 25.	26	\$.00
27	Total tax Subtract Line 26 from Line 22. If Line 22 is less than Line 26, leave Line 27 blank.	27	\$ 7487.00
28	DC Earned Income Tax Credit Enter your federal EIC \$.00 x .40 Enter result	28	\$.00
28a	Enter the number of qualified EITC children.	28a	
29	Property Tax Credit. From your DC Schedule H; attach a copy.	29	\$.00
30	Refundable credits from DC Schedule U, Part 1b, Line 3 Attach DC Schedule U.	30	\$.00
31	DC income tax withheld shown on Forms W-2 and 1099. Attach these forms.	31	\$ 118.00
32	2014 estimated income tax payments.	32	\$ 4520.00
33	Tax paid with extension of time to file or with original return if this is an amended return.	33	\$.00
34	Total payments and refundable credits. Add Lines 28, 29 - 33.	34	\$ 4638.00

Refund Complete if Line 34 is <u>more</u> than Line 27.	Amount owed Complete if Line 34 is equal to or less than Line 27.
35 Amount you overpaid 35 \$.00 Subtract Line 27 from Line 34	41 Tax due 41 \$ 284900 Subtract Line 34 from Line 27
36 Amount to be applied to your 2015 estimated tax 36 \$.00	42 Contribution amount 42 \$.00 from Schedule U, Part II, Line 6
Mark the oval if Form D-2210 is attached	
37 Penalty See instructions 37 \$.00	43a Penalty \$.00
38 Refund Subtract sum of Lines 38 \$.00 36 and 37 from Line 35	43b Interest \$.00 Enter total P & I. 43 \$.00
39 Contribution amount 39 \$.00 from Sched. U, Part II, Line 5 Can not exceed refund amt. on Line 38 Put additional amt. on Line 42	Mark the oval if Form D-2210 is attached
40 Net Refund 40 \$.00 Subtract Line 39 from Line 38	44 Underpayment Penalty 44 \$.00
	45 Total amount due 45 \$ 284900 Add Lines 41 - 44
	Will this refund you requested go to an account outside of the U.S.? Yes No See instructions

Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website otr.dc.gov/refundprepaidcards.

Mark one refund choice: Direct deposit Tax refund card Paper check
Direct Deposit To have your refund deposited into your checking OR savings account, mark X and enter bank routing and account number
Routing Number _____ Account Number _____

Third Party Designee To authorize another person to discuss this return with the OTR, check here and enter the name and phone number of that person.
Designee's name _____ Phone number _____

THERESA L PIETENPOL

Signature Under penalties of law, I declare that, to the best of my knowledge, this return is correct. Declaration of paid preparer is based on all the information available to the preparer.

Your signature

Date

Preparer's signature

Date

Spouse's/domestic partner's signature if filing jointly or separately on same return Date

Preparer's signature

Preparer's Tax Identification Number (PTIN) PTIN telephone number



SUPPLEMENT TO D.C.

=====

STATE ALLOCATION OF FEDERAL INCOME

=====

WAGES

=====

EMPLOYER NAME

GEORGETOWN UNIVERSITY
STATE OF MARYLAND CENTRAL

FEDERAL

2,250. 2,250.
109,842. 109,842.

TOTAL WAGES

=====

112,092. 112,092.



**AMY J. KLOBUCHAR & JOHN D. BESSLER
INSTRUCTIONS FOR FILING FORM
M1 & M1NR
2014 MINNESOTA INDIVIDUAL INCOME TAX RETURN**

YOU DO NOT NEED TO SIGN ANY OF THE STATE FORMS SINCE YOUR RETURN WILL BE FILED ELECTRONICALLY.

YOUR RETURN WILL BE FILED ELECTRONICALLY. YOU DO NOT NEED TO FILE ANY FORMS WITH THE STATE OF MINNESOTA.

YOUR RETURN SHOWS A \$2,246 OVERPAYMENT. OF THIS AMOUNT, \$2,246 WILL BE REFUNDED TO YOU.

AT YOUR REQUEST, YOUR MINNESOTA INCOME TAX REFUND WILL BE ELECTRONICALLY DEPOSITED DIRECTLY INTO YOUR ACCOUNT WITH THE FINANCIAL INSTITUTION YOU DESIGNATED.

DO NOT SEPARATELY FILE YOUR TAX RETURN WITH THE STATE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

THE STATE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE STATE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

NO MINNESOTA INDIVIDUAL ESTIMATED TAX PAYMENTS WILL BE REQUIRED FOR 2015 NOR WILL YOU BE SUBJECT TO UNDERPAYMENT PENALTIES IF THE INCOME TAX WITHHELD FROM ALL SOURCES IN 2015 AMOUNTS TO AT LEAST \$8,782, OR, IF LESS, 90% OF YOUR TOTAL 2015 INCOME TAX.

M1 MINNESOTA • REVENUE 2014 Individual Income Tax

1411

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

Your First Name and Initial	Last Name
AMY	J KLOBUCHAR
If a Joint Return, Spouse's First Name and Initial	
Spouse's Last Name	
Place an X if a Foreign:	
JOHN	D BESSLER
Address: Current Home Address (Street, Apartment Number, Route)	

2014 Federal

Filing Status (1) Single (2) Married filing joint (3) Married filing separate:
 (place an X in one oval box): (4) Head of household Enter spouse's name and
 (5) Qualifying widow(er) 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	Libertarian	16
Independent	13	General Campaign Fund	99

From Your Federal Return (for line references see instructions), enter the amount of:

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

253526	2581	248207
--------	------	--------

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 <input type="checkbox"/>	196912
2	State income tax or sales tax addition. If you itemized deductions on federal Form 1040, complete the worksheet in the instructions	SEE STMT 1 <input type="checkbox"/>	23535
3	Other additions to income, including disallowed itemized deduction, personal exemptions, non-Minnesota bond interest and domestic production activities deduction (see instructions; enclose Schedule M1M)	3 <input type="checkbox"/>	2012
4	Add lines 1 through 3 (if a negative number, place an X in the oval box)	4	222459
5	State income tax refund from line 10 of federal Form 1040	5 <input type="checkbox"/>	NONE
6	Other subtractions, such as net interest or mutual fund dividends from U.S. bonds or K-12 education expenses (see instructions; enclose Schedule M1M)	6 <input type="checkbox"/>	
7	Total subtractions. Add lines 5 and 6	7	NONE
8	Minnesota taxable income. Subtract line 7 from line 4. If zero or less, leave blank.	8	222459
9	Tax from the table in the M1 instructions	9	15703
10	Alternative minimum tax (enclose Schedule M1MT)	10 <input type="checkbox"/>	
11	Add lines 9 and 10.	11	15703
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	8997
a.	b.	248207	
<input type="checkbox"/>	142206		
13	Tax on lump-sum distribution (enclose Schedule M1LS)	13 <input type="checkbox"/>	
14	Tax before credits. Add lines 12 and 13	14	8997

15	Tax before credits. Amount from line 14	15	8997
16	Marriage credit for joint return when both spouses have taxable earned income or taxable retirement income (<i>enclose Schedule M1MA</i>)	16 □	215
17	Other nonrefundable credits (<i>enclose Schedule M1C</i>)	17 □	
18	Total nonrefundable credits. Add lines 16 and 17	18	215
19	Subtract line 18 from line 15 (<i>if result is zero or less, leave blank</i>)	19	8782
20	Nongame Wildlife Fund contribution (<i>see instructions, page 15</i>) This will reduce your refund or increase amount owed	20 □	
21	Add lines 19 and 20	21	8782
22	Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minnesota withholding from W-2, 1099 and W-2G forms (<i>do not send</i>)	22 □	11028
23	Minnesota estimated tax and extension payments made for 2014.	23 □	
24	Child and Dependent Care Credit (<i>enclose Schedule M1CD</i>). Enter number of qualifying persons here:	24 □	
25	Minnesota Working Family Credit (<i>enclose Schedule M1WFC</i>). Enter number of qualifying children here:	25 □	
26	K-12 Education Credit (<i>enclose Schedule M1ED</i>). Enter number of qualifying children here:	26 □	
27	Reading Credit (<i>enclose Schedule M1READ</i>) Enter number of qualifying children here:	27 □	
28	Business and investment credits (<i>enclose Schedule M1B</i>)	28 □	
29	Total payments. Add lines 22 through 28	29	11028
30	REFUND. If line 29 is more than line 21, subtract line 21 from line 29 (<i>see instructions</i>). For direct deposit, complete line 31	30 □	2246
31	Direct deposit of your refund (<i>you must use an account not associated with a foreign bank</i>):		
	X Checking Savings [REDACTED]		
32	AMOUNT YOU OWE. If line 21 is more than line 29, subtract line 29 from line 21 (<i>see instructions</i>)	32 □	
33	Penalty amount from Schedule M15 (<i>see instructions</i>). Also subtract this amount from line 30 or add it to line 32 (<i>enclose Schedule M15</i>)	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 2015 estimated tax	35 □	NONE

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

Date

Spouse's signature (if filing jointly)

Taxpayer's daytime phone

Preparer's daytime phone

[REDACTED] NPOL 3/09/15

Include a copy of your 2014 federal return and schedules.

Mail to: Minnesota Individual Income Tax
St. Paul, MN 55145-0010

To check on the status of your refund, visit www.revenue.state.mn.us

X

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.

Schedule M1W, Minnesota Income Tax Withheld 2014

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 22 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:	If Retirement Plan box is checked, mark an X below.	Employer's 7-digit Minnesota state tax ID number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
• you, enter 1				
• spouse, enter 2				

1

X



141434

11028

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 ■ 11028

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:	Payer's 7-digit Minnesota state tax ID number (<i>if unknown, contact the payer</i>)	Income amount (<i>see the table on the back for amounts to include</i>)	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
• you, enter 1			
• spouse, enter 2			

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 22 of Form M1 4 ■

11028

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

1114

Schedule M1M, Income Additions and Subtractions 2014

Sequence #3

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

AMY J

KLOBUCHAR

Additions to Income

- 1 Limitation on itemized deductions for taxpayers with an adjusted gross income which exceeds \$181,150 (*\$90,575 if married filing separately*) 1 ■ 2012
- 2 Phase out of personal exemption(s) for taxpayers with an adjusted gross income that exceeds the applicable threshold (see *instructions*) 2 ■
- 3 Interest from municipal bonds of another state or its governmental units included on line 8b of federal Form 1040 or 1040A. 3 ■
- 4 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 4 ■
- 5 Federal bonus depreciation addition (*determine from worksheet in the instructions*) 5 ■
- 6 Federal section 179 expensing addition (*determine from worksheet in instructions*) 6 ■
- 7 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*) 7 ■
- 8 Domestic production activities deduction (*from line 35 of federal Form 1040*) 8 ■
- 9 Expenses deducted on your federal return attributable to income not taxed by Minnesota (*other than interest or mutual fund dividends from U.S. bonds*). 9 ■
- 10 Fines, fees and penalties federally deducted as a trade or business expense (*see instructions*) 10 ■
- 11 Suspended loss from 2001 through 2005 or 2008 through 2013 on your federal return that was generated by bonus depreciation (*determine from worksheet in the instructions*) 11 ■
- 12 Capital gain portion of a lump-sum distribution (*from line 6 of federal Form 4972; enclose Form 4972*) 12 ■
- 13 Net operating loss carryover adjustment (*see instructions*) 13 ■
- 14 This line is intentionally left blank 14 ■
- 15 Add lines 1 through 14. Enter the total here and on line 3 of Form M1 15 2012

Subtractions From Income

- 16 Net interest or mutual fund dividends from U.S. bonds (*see instructions*) 16 ■
- 17 Education expenses you paid for your qualifying children in grades K-12 (*see instructions*)
Enter the name and grade of each child: 17 ■
- 18 If you did not itemize deductions on your federal return and your charitable contributions were more than \$500, see *instructions* 18 ■
- 19 Subtraction for federal bonus depreciation added back to Minnesota taxable income in 2009 through 2013 (*determine from worksheet in the instructions*) 19 ■
- 20 Subtraction for federal section 179 expensing added back to Minnesota taxable income in 2009 through 2013 (*see instructions*) 20 ■
- 21 Subtraction for persons age 65 or older, or permanently and totally disabled (*enclose Schedule M1R*) 21 ■

AMY J

KLOBUCHAR

22	Benefits paid by the Railroad Retirement Board (see <i>instructions</i>)	22 ■
23	If you are a resident of a reciprocity state filing Form M1 only to receive a refund of all Minnesota tax withheld, enter the amount from line 1 of Form M1. If the amount is a negative number (<i>less than zero</i>), enter zero	23 ■
• Place an X in one box to indicate the reciprocity state of which you were a resident during 2014.	Michigan:	
		North Dakota:
24	American Indians: Total amount earned on an Indian reservation while living on the reservation, to the extent the income is federally taxable.	24 ■
25	Federal active duty military pay received for services performed while a Minnesota resident, to the extent the income is federally taxable. Do not include military pensions	25 ■
26	If you are a member of the Minnesota National Guard or other reserve component in Minnesota, see <i>instructions</i>	26 ■
27	If you are a resident of another state, enter your federal active service military pay, to the extent the income is federally taxable. Do not include military pensions	27 ■
28	If you, your spouse (<i>if filing a joint return</i>) or your dependent donated all or part of a human organ, enter your unreimbursed expenses for travel and lodging and for any lost wages net of sick pay (see <i>instructions</i>)	28 ■
29	Income taxes paid to a subnational level of a foreign country other than Canada (<i>determine from worksheet in the instructions</i>)	29 ■
30	Job Opportunity Building Zone (JOBZ) business and investment income exemptions (<i>enclose Schedule JOBZ</i>)	30 ■
31	Portion of the gain from the sale of your farm property if you were insolvent at the time of the sale (<i>determine from worksheet in the instructions</i>)	31 ■
32	Post service education awards received for service in an AmeriCorps National Service program	32 ■
33	Net operating loss (NOL) carryover adjustment (see <i>instructions</i>)	33 ■
34	Subtraction for prior addback of reacquisition of business indebtedness income included in federal taxable income (see <i>instructions</i>)	34 ■
35	Subtraction for Railroad maintenance expenses	35 ■
36	This line is intentionally left blank	36 ■
37	If you filed Federal Schedule A and your limited itemized deductions are less than your standard deduction, see <i>instructions</i>	37 ■
38	This line is intentionally left blank	38 ■
39	Add lines 16 through 38. Enter the total here and on line 6 of Form M1.	39

You must include this schedule with your Form M1.

Schedule M1NR, Nonresidents/Part-Year Residents 2014

Sequence#11

Your Last Name KLOBUCHAR	Social Security Number [REDACTED]	<input type="checkbox"/> Full-year Nonresident of MN <input checked="" type="checkbox"/> Part-year MN Resident From 01/01/2014 to 12/31/2014 (mm/dd/yyyy)	Other State (see inst.) MN
Spouse's Last Name BESSLER	Spouse's Social Security Number [REDACTED]	<input checked="" type="checkbox"/> Full-year Nonresident of MN <input type="checkbox"/> Part-year MN Resident From _____ to _____ (mm/dd/yyyy)	DC

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

253526 141434

B. Minnesota Portion
(see instructions)

1 Wages, salaries, tips, etc. (from line 7 of Form 1040 or Form 1040A or line 1 of Form 1040EZ)	1	
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	
3 Business income or loss (from line 12 of Form 1040)	3	-7859
4 Capital gain or loss (from line 13 of Form 1040 or line 10 of Form 1040A)	4	
5 IRA distributions and pensions and annuities (add lines 15b and 16b of Form 1040 or lines 11b and 12b of Form 1040A)	5	2581 814
6 Net income from rents, royalties, partnerships, S corporations, estates and trusts (from line 17 of Form 1040)	6	-42 -42
7 Farm income or loss (from line 18 of Form 1040)	7	
8 Other income (add lines 10, 11, 14, 19, 20b and 21 of Form 1040, lines 13 and 14b of Form 1040A or line 3 of Form 1040EZ)	8	NONE
9 Interest and dividends from non-Minnesota state or municipal bonds (add lines 3 and 4 of Schedule M1M)	9	
10 Other additions required by Minnesota (add lines 5, 6, 9, 11 and 13 of Schedule M1M)	10	
11 Add lines 1 through 10 for each column	11	248207 142206

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

12 Certain business expenses (from line 24 of federal Form 1040)	12	
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	
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	
15 Educator and moving expenses (line 23 and 26 of Form 1040 or line 16 of 1040A)	15	
16 One-half of self-employment tax and self-employed health insurance (add lines 27 and 29 of Form 1040)	16	
17 Deductions for alimony paid, student loan interest, tuition and fees (See instructions)	17	
18 Penalty on early withdrawal of savings (from line 30 of Form 1040)	18	
19 Other subtractions required by Minnesota (from lines 19, 20, 33 and 34 of Schedule M1M)	19	
20 Net U.S. bond interest (from line 16 of Schedule M1M) and active military pay received while a nonresident (from line 27 of Schedule M1M)	20	
21 Job Opportunity Building Zone (JOBZ) business and investment income exemptions (from line 30 of Schedule M1M)	21	
22 Add lines 12 through 21 for each column	22	
23 Subtract line 22, column B, from line 11, column B. Enter here and on line 12a of Form M1. If your Minnesota gross income is below \$10,150 or the result is a negative amount, enter 0	23	142206
24 Subtract line 22, column A, from line 11, column A. Enter the result here and on line 12b of Form M1	24	248207
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	0.57293
26 Amount from line 11 of Form M1	26	15703
27 Multiply line 25 by line 26. Enter the result here and on line 12 of Form M1	27	8997

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 2014

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]

	A Taxpayer	B Spouse
1 Wages, salaries, tips, etc. (from line 7 of federal Form 1040 or Form 1040A or line 1 of Form 1040EZ)	141434	112092
2 Self-employment income (from line 3 of federal Schedule SE less the self-employment tax deduction from line 6 of Schedule SE)	2	
3 Taxable pension income (see instructions)	3	814 1767
4 Taxable Social Security income (from line 20b of Form 1040 or 14b of Form 1040A)	4	
5 Add lines 1 through 4 for each column	5	142248 113859
6 Amount from line 5, Column A or B, whichever is less (if less than \$22,000, STOP HERE. You do not qualify)	6	113859
7 Joint taxable income from line 8 of Form M1. (If less than \$37,000, STOP HERE. You do not qualify)	7	222459
8 If line 6 is less than \$100,000, 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	8	

If line 6 is \$100,000 or more, complete lines 9 through 19.

9 Enter the amount from line 6	9	113859
10 Value of one personal exemption plus one-half of the married-joint standard deduction	10	\$10,150
11 Subtract line 10 from line 9	11	103709
12 Using the rate schedule for single persons in the M1 instructions, compute the tax for the amount on line 11	12	7073
13 Amount from line 7	13	222459
14 Amount from line 11	14	103709
15 Subtract line 14 from line 13 (if zero or less, you do not qualify)	15	118750
16 Using the rate schedule for single persons in the M1 instructions, compute the tax for the amount on line 15	16	8254
17 Tax from line 9 of Form M1	17	15703
18 Add lines 12 and 16	18	15327
19 Subtract line 18 from line 17. If the result is more than \$1,393, enter \$1,393. 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	19	376

Part-Year Residents and Nonresidents		
20 Part-year residents and nonresidents: Enter the percentage from line 25 of Schedule M1NR	20	0.57293
21 Multiply line 8 or line 19, whichever is applicable, by line 20. Enter the result here and on line 16 of Form M1	21	215

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



SUPPLEMENT TO MINNESOTA

ADJUSTMENT FOR STATE TAXES

1. ITEMIZED DEDUCTIONS FROM FEDERAL SCHEDULE A	39445
2. STANDARD AMOUNT FROM TABLE	12400
3. LINE 1 LESS LINE 2	27045
4. STATE INCOME TAX OR SALES TAX FROM LINE 5 OF SCHEDULE A	23535
5. ADJUSTMENT (LESSER OF LINE 3 AND LINE 4)	23535