COPY

Form **1040** U.S. Individual Income Tax Return **2010** (99) IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2010, or other tax year beginning , 2010, ending , 20 — OMB No. 1545-0074

Name, Address, and SSN (PRINT CLEARLY)

See separate instructions.

Your first name and initial	AMY J.
Last name	KLOBUCHAR
Your social security number	[redacted]
If a joint return, spouse's first name and initial	JOHN D.
Last name	BESSLER
Spouse's social security number	[redacted]
Home address (number and street). If you have a P.O. box, see instructions.	[redacted]
Apt. no.	

Make sure the SSN(s) above and on line 6c are correct.

Checking a box below will not change your tax or refund.

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund ▶ [X] You [X] Spouse

Filing Status

Check only one box.

1 [ ] Single
2 [X] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶
4 [ ] Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) with dependent child

Exemptions

6a [X] **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b [X] Spouse

Boxes checked on 6a and 6b: 2

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit
ABIGAIL KLOBUCHAR BESSLER	[redacted]	DAUGHTER	X

If more than four dependents, see instructions and check here ▶ [ ]

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:

d Total number of exemptions claimed — Add numbers on lines above ▶ 3

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 20.

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	265,450.
8a	**Taxable** interest. Attach Schedule B if required		8a	308.
b	**Tax-exempt** interest. **Do not** include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	
b	Qualified dividends	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes STMT 2 STMT 3		10	2,917.
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	-55.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]		13	
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions 15a — b Taxable amount		15b	
16a	Pensions and annuities 16a 69,622. — b Taxable amount		16b	0.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	47.
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits 20a — b Taxable amount		20b	
21	Other income. List type and amount		21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	268,667.

Adjusted Gross Income

23	Educator expenses	23			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24			
25	Health savings account deduction. Attach Form 8889	25			
26	Moving expenses. Attach Form 3903	26			
27	One-half of self-employment tax. Attach Schedule SE	27			
28	Self-employed SEP, SIMPLE, and qualified plans	28			
29	Self-employed health insurance deduction	29			
30	Penalty on early withdrawal of savings	30			
31a	Alimony paid b Recipient's SSN ▶	31a			
32	IRA deduction	32			
33	Student loan interest deduction	33			
34	Tuition and fees. Attach Form 8917	34			
35	Domestic production activities deduction. Attach Form 8903	35			
36	Add lines 23 through 31a and 32 through 35			36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶			37	268,667.

Tax and Credits	38	Amount from line 37 (adjusted gross income)			38	268,667.
	39a	Check if: ☐ You were born before January 2, 1946, ☐ Blind. ☐ Spouse was born before January 2, 1946, ☐ Blind. } Total boxes checked ▶ 39a				
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐				
	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see instructions)			40	39,522.
	41	Subtract line 40 from line 38			41	229,145.
	42	**Exemptions.** Multiply $3,650 by the number on line 6d			42	10,950.
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			43	218,195.
	44	**Tax.** Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972			44	49,785.
	45	**Alternative minimum tax.** Attach Form 6251			45	6,892.
	46	Add lines 44 and 45 ▶			46	56,677.
	47	Foreign tax credit. Attach Form 1116 if required	47			
	48	Credit for child and dependent care expenses. Attach Form 2441	48			
	49	Education credits from Form 8863, line 23	49			
	50	Retirement savings contributions credit. Attach Form 8880	50			
	51	Child tax credit (see instructions)	51			
	52	Residential energy credits. Attach Form 5695	52			
	53	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	53			
	54	Add lines 47 through 53. These are your **total credits**			54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶			55	56,677.
Other Taxes	56	Self-employment tax. Attach Schedule SE			56	
	57	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919			57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required			58	
	59	a ☐ Form(s) W-2, box 9 b ☐ Schedule H c ☐ Form 5405, line 16			59	
	60	Add lines 55 through 59. This is your **total tax** ▶			60	56,677.
Payments	61	Federal income tax withheld from Forms W-2 and 1099	61	60,492.		
	62	2010 estimated tax payments and amount applied from 2009 return	62			
	63	Making work pay credit. Attach Schedule M	63			
If you have a qualifying child, attach Schedule EIC.	64a	**Earned income credit (EIC)**	64a			
	b	Nontaxable combat pay election 64b				
	65	Additional child tax credit. Attach Form 8812	65			
	66	American opportunity credit from Form 8863, line 14	66			
	67	First-time homebuyer credit from Form 5405, line 10	67			
	68	Amount paid with request for extension to file	68			
	69	Excess social security and tier 1 RRTA tax withheld STMT 5	69	140.		
	70	Credit for federal tax on fuels. Attach Form 4136	70			
	71	Credits from Form: a ☐ 2439 b ☐ 8839 c ☐ 8801 d ☐ 8885	71			
	72	Add lines 61, 62, 63, 64a, and 65 through 71. These are your **total payments** ▶			72	60,632.
Refund	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you **overpaid**			73	3,955.
	74a	Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐			74a	3,955.
Direct deposit? See instructions. ▶	b	Routing number ▶ c Type: ☐ Checking ☐ Savings ▶ d Account number				
	75	Amount of line 73 you want **applied to your 2011 estimated tax** ▶	75			
Amount You Owe	76	**Amount you owe.** Subtract line 72 from line 60. For details on how to pay, see instructions ▶			76	
	77	Estimated tax penalty (see instructions)	77			

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. ☐ No

Designee's name ▶ NANCY M. HEIMER, CPA Phone no. ▶ [redacted] Personal identification number (PIN) ▶ [redacted]

Sign Here

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.

Joint return? See page 12. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
COPY		US SENATOR	[redacted]
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	
		ATTORNEY	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
NANCY M. HEIMER, CPA	[redacted]	3/21/11		[redacted]

Firm's name ▶ HEIMER DIXON LINDSEY, LTD Firm's EIN [redacted]

Firm's address ▶ [redacted] Phone no. [redacted]

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

Name(s): First	Last	Your SSN
AMY J. & JOHN D.	KLOBUCHAR	[redacted]

Part 1

1. Number of qualifying children: 1 X $1,000. Enter the result. ..... 1 — 1,000.
2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 37. ..... 2 — 268,667.
3. **1040 filers:** Enter the total of any-
   - Exclusion of income from Puerto Rico, and
   - Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.

   1040A and 1040NR filers: Enter -0-. ..... 3 — 0.
4. Add lines 2 and 3. Enter the total. ..... 4 — 268,667.
5. Enter the amount shown below for your filing status.
   - Married filing jointly - $110,000
   - Single, head of household, or qualifying widow(er) - $75,000
   - Married filing separately - $55,000

   ..... 5 — 110,000.
6. Is the amount on line 4 more than the amount on line 5?

   ☐ **No.** Leave line 6 blank. Enter -0- on line 7.

   ☒ **Yes.** Subtract line 5 from line 4. ..... 6 — 159,000.

   If the result is not a multiple of $1,000, increase it to the next multiple of $1,000 (for example, increase $425 to $1,000, increase $1,025 to $2,000, etc).
7. Multiply the amount on line 6 by 5% (.05). Enter the result. ..... 7 — 7,950.
8. Is the amount on line 1 more than the amount on line 7?

   ☒ **No.** STOP

   You cannot take the child tax credit on Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48.

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

Part 2

9. Enter the amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 44. 9
10. **1040 filers:** Enter the total of the amounts from lines 47 through 50.*

    1040A filers: Enter the total of the amounts from lines 29 through 32.

    1040NR filers: Enter the total of the amounts from lines 45 through 47.* 10
11. Are you claiming any of the following credits?
    - Residential energy efficient property credit, Form 5695, Part II.
    - Mortgage interest credit, Form 8396
    - District of Columbia first-time homebuyer credit, Form 8859

    ☐ **No.** Enter the amount from line 10.

    ☐ **Yes.** Complete the Line 11 Worksheet to figure the amount to enter here. 11
12. Subtract line 11 from line 9. Enter the result. 12
13. Is the amount on line 8 of this worksheet more than the amount on line 12?

    ☐ **No.** Enter the amount from line 8.

    ☐ **Yes.** Enter the amount from line 12.

    This is your child tax credit. 13

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

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SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2010

Attachment Sequence No. **07**

Name(s) shown on Form 1040: AMY J. KLOBUCHAR & JOHN D. BESSLER

Your social security number: [redacted]

Medical and Dental Expenses		**Caution.** Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1			
	2	Enter amount from Form 1040, line 38 [2]				
	3	Multiply line 2 by 7.5% (.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid	5	State and local **(check only one box):** a [X] Income taxes, or b [ ] General sales taxes — SEE STATEMENT 7	5	24,270.		
	6	Real estate taxes (see instructions)	6	4,180.		
	7	New motor vehicle taxes from line 11 of the worksheet on page 2 (for certain vehicles purchased in 2009). Skip this line if you checked box 5b	7			
	8	Other taxes. List type and amount ▶ PERSONAL PROPERTY TAX 120.	8	120.		
	9	Add lines 5 through 8			9	28,570.
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			
Note. Your mortgage interest deduction may be limited (see instructions).	12	Points not reported to you on Form 1098. See instructions for special rules	12			
	13	Mortgage insurance premiums (see instructions)	13			
	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14			
	15	Add lines 10 through 14			15	
Gifts to Charity	16	Gifts by cash or check. If you made any gift of $250 or more, see instructions	16	5,856.		
If you made a gift and got a benefit for it, see instructions.	17	Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	17			
	18	Carryover from prior year	18			
	19	Add lines 16 through 18			19	5,856.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ SEE STATEMENT 6	21	9,644.		
	22	Tax preparation fees	22	825.		
	23	Other expenses - investment, safe deposit box, etc. List type and amount ▶	23			
	24	Add lines 21 through 23	24	10,469.		
	25	Enter amount from Form 1040, line 38 [25] 268,667.				
	26	Multiply line 25 by 2% (.02)	26	5,373.		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	5,096.
Other Miscellaneous Deductions	28	Other - from list in instructions. List type and amount ▶			28	
Total Itemized Deductions	29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40			29	39,522.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ [ ]				

LHA 019501 12-21-10 **For Paperwork Reduction Act Notice, see Form 1040 instructions.** **Schedule A (Form 1040) 2010**

Worksheet for Line 7 - New motor vehicle taxes

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

(Attach to Form 1040.)

Before you begin: ✓ You cannot take this deduction if the amount on Form 1040, line 38, is equal to or greater than $135,000 ($260,000 if married filing jointly).

✓ See the instructions for line 7 on page A-6.

1 Enter the state or local sales or excise taxes you paid in 2010 for the purchase of any new motor vehicle(s) **after** February 16, 2009, and **before** January 1, 2010 (see instructions)	1			
2 Enter the purchase price **(before taxes)** of the new motor vehicle(s)	2			
3 Is the amount on line 2 more than $49,500? ☐ **No.** Enter the amount from line 1. ☐ **Yes.** Figure the **portion** of the tax from line 1 that is attributable to the first $49,500 of the purchase price of each new motor vehicle and enter it here (see instructions).			3	
4 Enter the amount from Form 1040, line 38	4			
5 Enter the total of any - • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15, and • Exclusion of income from Puerto Rico	5			
6 Add lines 4 and 5	6			
7 Enter $125,000 ($250,000 if married filing jointly)	7			
8 Is the amount on line 6 more than the amount on line 7? ☐ **No.** Enter the amount from line 3 above on Schedule A, line 7. **Do not** complete the rest of this worksheet. ☐ **Yes.** Subtract line 7 from line 6	8			
9 Divide the amount on line 8 by $10,000. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	9			
10 Multiply line 3 by line 9			10	
11 **Deduction for new motor vehicle taxes.** Subtract line 10 from line 3. Enter the result here and on Schedule A, line 7			11	

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SCHEDULE B (Form 1040A or 1040)
Department of the Treasury Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040. ▶ See instructions.

OMB No. 1545-0074
2010
Attachment Sequence No. **08**

Name(s) shown on return: AMY J. KLOBUCHAR & JOHN D. BESSLER

Your social security number: [redacted]

Part I Interest

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

		Amount
TRUSTONE FINANCIAL	1	281.
WELLS FARGO	1	26.
WELLS FARGO	1	1.

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

		Amount
2 Add the amounts on line 1	2	308.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	4	308.

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

Part II Ordinary Dividends

5 List name of payer ▶

		Amount
	5	

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 ▶ 6

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

Part III Foreign Accounts and Trusts

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

	Yes	No
7a At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1		X
b If "Yes," enter the name of the foreign country ▶		
8 During 2010, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2		X

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LHA **For Paperwork Reduction Act Notice, see separate instructions.** **Schedule B (Form 1040A or 1040) 2010**

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SCHEDULE C (Form 1040)
Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)
▶ Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
▶ Attach to Form 1040, 1040NR, or 1041. ▶See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074
2010
Attachment Sequence No. 09

Name of proprietor: JOHN D. BESSLER
Social security number (SSN): [redacted]

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

B Enter code from pages C-9, 10, & 11 ▶ 711510

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

D Employer ID number (EIN), if any

E Business address (including suite or room no.) ▶
City, town or post office, state, and ZIP code

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses [X] Yes [ ] No

H If you started or acquired this business during 2010, check here ▶ [ ]

Part I Income

1	Gross receipts or sales. **Caution.** See instructions 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, or • You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses. ▶ [ ]	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42 on page 2)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	55.
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	
				26	Wages (less employment credits)	26	
				27	Other expenses (from line 48 on page 2)	27	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27 ▶	28	55.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	-55.
30	Expenses for business use of your home. Attach **Form 8829**	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12,** and **Schedule SE, line 2,** or on **Form 1040NR, line 13** (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.	31	-55.

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,** and **Schedule SE, line 2,** or on **Form 1040NR, line 13** (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 [X] All investment is at risk.
32b [ ] Some investment is not at risk.

LHA **For Paperwork Reduction Act Notice, see separate instructions.** **Schedule C (Form 1040) 2010**

020001 12-27-10

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

2010

Attachment Sequence No. 13

Name(s) shown on return: AMY J. KLOBUCHAR & JOHN D. BESSLER

Your social security number: [redacted]

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

1 List the type and address of each rental real estate property:

A ROYALTY WAVELAND PRESS

B

C

2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:
- 14 days **or**
- 10% of the total days rented at fair rental value?

(See page E-3)

	Yes	No
A		
B		
C		

Income:		Properties A	Properties B	Properties C		Totals (Add columns A, B, and C.)
3 Rents received	3				3	
4 Royalties received	4	47.			4	47.
Expenses:						
5 Advertising	5					
6 Auto and travel (see page E-4)	6					
7 Cleaning and maintenance	7					
8 Commissions	8					
9 Insurance	9					
10 Legal and other professional fees	10					
11 Management fees	11					
12 Mortgage interest paid to banks, etc. (see page E-5)	12				12	
13 Other interest	13					
14 Repairs	14					
15 Supplies	15					
16 Taxes	16					
17 Utilities	17					
18 Other (list) ▶	18					
19 Add lines 5 through 18	19				19	
20 Depreciation expense or depletion (see page E-5)	20				20	
21 Total expenses. Add lines 19 and 20	21					
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file **Form 6198**	22	47.				
23 Deductible rental real estate loss. **Caution.** Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file **Form 8582**. Real estate professionals must complete line 43 on page 2	23	( )	( )	( )		

24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses	24	47.
25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25	( )
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	47.

021491 12-14-10 LHA **For Paperwork Reduction Act Notice, see instructions.** **Schedule E (Form 1040) 2010**

09380324 766837 11175 2010.03021 KLOBUCHAR, AMY J 111751

Form **6251** | Department of the Treasury Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074 | **2010** | Attachment Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR: AMY J. KLOBUCHAR & JOHN D. BESSLER | Your social security number: [redacted]

Part I Alternative Minimum Taxable Income

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 6. (If less than zero, enter as a negative amount.)	1	229,145.
2	Medical and dental. Enter the **smaller** of Schedule A (Form 1040), line 4, **or** 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), lines 5, 6, and 8	3	28,570.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	5,096.
6	If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 17 from that schedule	6	
7	Tax refund from Form 1040, line 10 or line 21	7	-2,917.
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	
28	**Alternative minimum taxable income.** Combine lines 1 through 27. (If married filing separately and line 28 is more than $219,900, see instructions.)	28	259,894.

Part II Alternative Minimum Tax (AMT)

29 Exemption. (If you were under age 24 at the end of 2010, see instructions.)

IF your filing status is...	**AND line 28 is not over...**	**THEN enter on line 29...**
Single or head of household	$112,500	$47,450
Married filing jointly or qualifying widow(er)	150,000	72,450
Married filing separately	75,000	36,225

STMT 8 | 29 | 44,976.

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 33 and 35 and skip the rest of Part II	30	214,918.
31	• If you are filing Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; **or** you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 54 here. • **All others:** If line 30 is $175,000 or less ($87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result.	31	56,677.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	56,677.
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Sch J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Sch J	34	49,785.
35	**AMT.** Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	6,892.

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.** Form **6251** (2010)

019481 12-21-10

09280324 766837 11175 2010.03031 KLOBUCHAR, AMY J 111751

Part III Tax Computation Using Maximum Capital Gains Rates

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 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 refigured for the AMT, if necessary) (see the 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 refigured 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 refigured 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 $175,000 or less ($87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result ..... ▶ 42

43 Enter:
- $68,000 if married filing jointly or qualifying widow(er),
- $34,000 if single or married filing separately, or
- $45,550 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 -0- 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 47

48 Subtract line 47 from line 46 48

49 Multiply line 48 by 15% (.15) ..... ▶ 49

If line 38 is zero or blank, skip lines 50 and 51 and go to line 52. Otherwise, go to line 50.

50 Subtract line 46 from line 40 50

51 Multiply line 50 by 25% (.25) ..... ▶ 51

52 Add lines 42, 49, and 51 52

53 If line 36 is $175,000 or less ($87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result 53

54 Enter the **smaller** of line 52 or line 53 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 54

Form **8606**

Department of the Treasury Internal Revenue Service (99)

Nondeductible IRAs

▶ See separate instructions.

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

OMB No. 1545-0074

2010

Attachment Sequence No. **48**

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

AMY J. KLOBUCHAR

Your social security number [redacted]

Fill in Your Address Only If You Are Filing This Form by Itself and Not With Your Tax Return ▶ Home address (number and street, or P.O. box if mail is not delivered to your home) | Apt. no.

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

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

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

- You made nondeductible contributions to a traditional IRA for 2010.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2010 **and** you made nondeductible contributions to a traditional IRA in 2010 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 2010 (excluding any portion you recharacterized) **and** you made nondeductible contributions to a traditional IRA in 2010 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2010, including those made for 2010 from January 1, 2011, through April 18, 2011 (see instructions)			1	
2	Enter your total basis in traditional IRAs (see instructions)			2	19,000.
3	Add lines 1 and 2			3	19,000.
	In 2010, 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, 2011, through April 18, 2011			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, 2010, plus any outstanding rollovers (see instructions)	6			
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2010. **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 2010. **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 2010 and earlier years**			14	19,000.
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).				

Part II **2010 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 2010 (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 2010. **Do not** include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2010 or 2011 (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	

Part II 2010 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs (Continued)

18	**Taxable amount.** Subtract line 17 from line 16	18	
19	**Amount subject to tax in 2010.** Check the box if you elect to report the entire taxable amount in 2010 rather than reporting 1/2 of it in 2011 and 1/2 in 2012. Generally, you must check this box if you check the box on line 24 (see instructions) ☐ If you checked the box, enter the amount from line 18 on this line and include this amount on Form 1040, line 15b, Form 1040A, line 11b, or Form 1040NR, line 16b. If you did not check the box, skip line 19 and go to line 20a.	19	
20a	**Amount subject to tax in 2011.** If you did not check the box on line 19, multiply the amount on line 18 by 50% (.50) and enter it here. Include this amount on the applicable line of your 2011 tax return	20a	
b	**Amount subject to tax in 2012.** Subtract line 20a from line 18. Include this amount on the applicable line of your 2012 tax return	20b	

Part III 2010 Rollovers From Qualified Retirement Plans to Roth IRAs and In-plan Rollovers to Designated Roth Accounts

Complete this part if you rolled over part or all of your qualified retirement plan to a Roth IRA (excluding recharacterizations), or rolled over an amount to a designated Roth account within the same plan, in 2010.

21	Enter the amount you rolled over from qualified retirement plans to Roth IRAs and any in-plan rollovers to designated Roth accounts, in 2010. **Do not** include amounts you later recharacterized to traditional IRAs in 2010 or 2011 (see instructions)	21	
22	Enter your basis in the amount on line 21	22	
23	**Taxable amount.** Subtract line 22 from line 21	23	
24	**Amount subject to tax in 2010.** Check the box if you elect to report the entire taxable amount in 2010 rather than reporting 1/2 of it in 2011 and 1/2 of it in 2012. Generally, you must check this box if you checked the box on line 19 (see instructions) ☐ If you checked the box, enter the amount from line 23 on this line and include this amount on Form 1040, line 16b, Form 1040A, line 12b, or Form 1040NR, line 17b If you did not check the box, skip line 24 and go to line 25a.	24	
25a	**Amount subject to tax in 2011.** If you did not check the box on line 24, multiply the amount on line 23 by 50% (.50) and enter it here. Include this amount on the applicable line of your 2011 tax return	25a	
b	**Amount subject to tax in 2012.** Subtract line 25a from line 23. Include this amount on the applicable line of your 2012 tax return	25b	

Part IV Distributions From Roth IRAs (and Certain Distributions from Designated Roth Accounts) (see instructions)

Complete this part only if you took a distribution from a Roth IRA, and for certain distributions from a designated Roth account, in 2010. For this purpose, a distribution does not include a rollover, a one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions).

26	Enter your total nonqualified distributions from a Roth IRA in 2010, including any qualified first-time homebuyer distributions, and certain qualified distributions (see instructions)	26	
27	Qualified first-time homebuyer distributions (see instructions). Do not enter more than $10,000	27	
28	Subtract line 27 from line 26. If zero or less, enter -0- and stop here	28	
29	Enter your basis in Roth IRA contributions (see instructions)	29	
30	Subtract line 29 from line 28. If zero or less, enter -0- and stop here. If the amount is more than zero, you may be subject to an additional tax (see instructions)	30	
31	Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA (see instructions)	31	
32	Subtract line 31 from line 30. If zero or less, enter -0- and do not complete the rest of Part IV	32	

Note. If you completed lines 20a and 20b, or 25a and 25b, go to line 33. Otherwise, enter the amount from line 32 on line 35 and go to line 36.

33	Enter the smaller of line 32 or the total of lines 20a, 20b, 25a, and 25b	33			
34	Subtract line 33 from line 32. If zero, enter -0- and skip line 35 and go to line 36	34			
35	Subtract the total of lines 17 and 22 from line 34. If zero or less, enter -0-			35	
36	**Taxable amount.** Add lines 33 and 35. If more than zero, also include this amount on Form 1040, line 15b, Form 1040A, line 11b, or Form 1040NR, line 16b. For distributions from designated Roth accounts, see instructions			36	

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	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

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Form **8606**

Department of the Treasury
Internal Revenue Service (99)

Nondeductible IRAs

▶ See separate instructions.

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

OMB No. 1545-0074

2010

Attachment Sequence No. **48**

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

Your social security number
[redacted]

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

Home address (number and street, or P.O. box if mail is not delivered to your home) | Apt. no.

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

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

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

- You made nondeductible contributions to a traditional IRA for 2010.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2010 **and** you made nondeductible contributions to a traditional IRA in 2010 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 2010 (excluding any portion you recharacterized) **and** you made nondeductible contributions to a traditional IRA in 2010 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2010, including those made for 2010 from January 1, 2011, through April 18, 2011 (see instructions)			1	
2	Enter your total basis in traditional IRAs (see instructions)			2	15,000.
3	Add lines 1 and 2			3	15,000.
	In 2010, 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, 2011, through April 18, 2011			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, 2010, plus any outstanding rollovers (see instructions)	6			
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2010. **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 2010. **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 2010 and earlier years**			14	15,000.
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).				

Part II 2010 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 2010 (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 2010. **Do not** include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2010 or 2011 (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	

019801 12-10-10 LHA **For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.** Form **8606** (2010)

Part II 2010 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs (Continued)

18 **Taxable amount.** Subtract line 17 from line 16 18

19 **Amount subject to tax in 2010.** Check the box if you elect to report the entire taxable amount in 2010 rather than reporting 1/2 of it in 2011 and 1/2 in 2012. Generally, you must check this box if you check the box on line 24 (see instructions) .... ☐
If you checked the box, enter the amount from line 18 on this line and include this amount on Form 1040, line 15b, Form 1040A, line 11b, or Form 1040NR, line 16b.
If you did not check the box, skip line 19 and go to line 20a. 19

20a **Amount subject to tax in 2011.** If you did not check the box on line 19, multiply the amount on line 18 by 50% (.50) and enter it here. Include this amount on the applicable line of your 2011 tax return 20a

b **Amount subject to tax in 2012.** Subtract line 20a from line 18. Include this amount on the applicable line of your 2012 tax return 20b

Part III 2010 Rollovers From Qualified Retirement Plans to Roth IRAs and In-plan Rollovers to Designated Roth Accounts Complete this part if you rolled over part or all of your qualified retirement plan to a Roth IRA (excluding recharacterizations), or rolled over an amount to a designated Roth account within the same plan, in 2010.

21 Enter the amount you rolled over from qualified retirement plans to Roth IRAs and any in-plan rollovers to designated Roth accounts, in 2010. **Do not** include amounts you later recharacterized to traditional IRAs in 2010 or 2011 (see instructions) 21

22 Enter your basis in the amount on line 21 22

23 **Taxable amount.** Subtract line 22 from line 21 23

24 **Amount subject to tax in 2010.** Check the box if you elect to report the entire taxable amount in 2010 rather than reporting 1/2 of it in 2011 and 1/2 of it in 2012. Generally, you must check this box if you checked the box on line 19 (see instructions) .... ☐
If you checked the box, enter the amount from line 23 on this line and include this amount on Form 1040, line 16b, Form 1040A, line 12b, or Form 1040NR, line 17b 24
If you did not check the box, skip line 24 and go to line 25a.

25a **Amount subject to tax in 2011.** If you did not check the box on line 24, multiply the amount on line 23 by 50% (.50) and enter it here. Include this amount on the applicable line of your 2011 tax return 25a

b **Amount subject to tax in 2012.** Subtract line 25a from line 23. Include this amount on the applicable line of your 2012 tax return 25b

Part IV Distributions From Roth IRAs (and Certain Distributions from Designated Roth Accounts (see instructions)**)** Complete this part only if you took a distribution from a Roth IRA, and for certain distributions from a designated Roth account, in 2010. For this purpose, a distribution does not include a rollover, a one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions).

26 Enter your total nonqualified distributions from a Roth IRA in 2010, including any qualified first-time homebuyer distributions, and certain qualified distributions (see instructions) 26

27 Qualified first-time homebuyer distributions (see instructions). Do not enter more than $10,000 27

28 Subtract line 27 from line 26. If zero or less, enter -0- and stop here 28

29 Enter your basis in Roth IRA contributions (see instructions) 29

30 Subtract line 29 from line 28. If zero or less, enter -0- and stop here. If the amount is more than zero, you may be subject to an additional tax (see instructions) 30

31 Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA (see instructions) 31

32 Subtract line 31 from line 30. If zero or less, enter -0- and do not complete the rest of Part IV 32

Note. If you completed lines 20a and 20b, or 25a and 25b, go to line 33. Otherwise, enter the amount from line 32 on line 35 and go to line 36.

33 Enter the smaller of line 32 or the total of lines 20a, 20b, 25a, and 25b 33

34 Subtract line 33 from line 32. If zero, enter -0- and skip line 35 and go to line 36 34

35 Subtract the total of lines 17 and 22 from line 34. If zero or less, enter -0- 35

36 **Taxable amount.** Add lines 33 and 35. If more than zero, also include this amount on Form 1040, line 15b, Form 1040A, line 11b, or Form 1040NR, line 16b. For distributions from designated Roth accounts, see instructions 36

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	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no.	

Form **8889** | **Health Savings Accounts (HSAs)** | OMB No. 1545-0074 **2010**

Department of the Treasury Internal Revenue Service | ▶ Attach to Form 1040 or Form 1040NR. | ▶ See separate instructions. | Attachment Sequence No. 53

Name(s) shown on Form 1040 or Form 1040NR	Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶
JOHN D. BESSLER	[redacted]

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 2010 (see instructions) ▶ ☐ Self-only ☒ Family		
2	HSA contributions you made for 2010 (or those made on your behalf), including those made from January 1, 2011, through April 18, 2011, that were for 2010. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	
3	If you were under age 55 at the end of 2010, and on the first day of **every** month during 2010, you were, or were considered, an eligible individual with the **same** coverage, enter $3,050 ($6,150 for family coverage). **All others,** see the instructions for the amount to enter	3	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2010 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2010, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	
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 2010, see the instructions for the amount to enter	6	
7	If you were age 55 or older at the end of 2010, married, and you or your spouse had family coverage under an HDHP at any time during 2010, enter your additional contribution amount (see instructions)	7	
8	Add lines 6 and 7	8	
9	Employer contributions made to your HSAs for 2010 — 9		
10	Qualified HSA funding distributions — 10		
11	Add lines 9 and 10	11	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	
13	**HSA deduction.** Enter the **smaller** of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13	
	Caution: *If line 2 is more than line 13, you may have to pay an additional tax (see page 5 of the instructions).*		

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

14a	Total distributions you received in 2010 from all HSAs (see instructions)	14a	1,451.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	1,451.
15	Unreimbursed qualified medical expenses (see instructions)	15	1,451.
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	16	0.
17a	If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 10% Tax**(see instructions), check here ▶ ☐		
b	**Additional 10% tax**(see instructions). Enter 10% (.10) of the distributions included on line 16 that are subject to the additional 10% tax. Also include this amount in the total on Form 1040, line 60, or Form 1040NR, line 59. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 59, enter "HSA" and the amount	17b	

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

18	Qualified HSA distribution	**18**	
19	Last-month rule	**19**	
20	Qualified HSA funding distribution	**20**	
21	**Total income.** Add lines 18, 19, and 20. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	**21**	
22	**Additional tax.** Multiply line 21 by 10% (.10). Include this amount in the total on Form 1040, line 60, or Form 1040NR, line 59. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 59, enter "HDHP" and the amount	**22**	

Form **8889** (2010)

Form **2106**

Department of the Treasury
Internal Revenue Service (99)

Employee Business Expenses

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074
2010
Attachment Sequence No. **129**

Your name	Occupation in which you incurred expenses	Social security number
JOHN D. BESSLER	LAW PROFESSOR	[redacted]

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	456.	
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	456.	

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	456.	
Note: *If* **both columns** *of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.*			
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	9	456.	

10 Add the amounts on line 9 of both columns and enter the total here. **Also, enter the total on Schedule A (Form 1040), line 21** (or on **Schedule A (Form 1040NR), line 9**). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) ▶	10	456.

LHA **For Paperwork Reduction Act Notice, see instructions.** Form **2106** (2010)

012001
12-13-10

Part II Vehicle Expenses

Section A - General Information (You must complete this section if you are claiming vehicle expenses.)		(a) Vehicle	(b) Vehicle
11 Enter the date the vehicle was placed in service	11		
12 Total miles the vehicle was driven during 2010	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? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ 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 50¢ (.50). Enter the result here and on line 1 | 22 |

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

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

		(a) Vehicle		(b) Vehicle	
30 Enter cost or other basis (see instructions)	30				
31 Enter section 179 deduction and special allowance (see instructions)	31				
32 Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)	32				
33 Enter depreciation method and percentage (see instructions)	33				
34 Multiply line 32 by the percentage on line 33 (see instructions)	34				
35 Add lines 31 and 34	35				
36 Enter the applicable limit explained in the line 36 instructions	36				
37 Multiply line 36 by the percentage on ln 14	37				
38 Enter the **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				

Form **2106**

Department of the Treasury
Internal Revenue Service (99)

Employee Business Expenses

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2010

Attachment Sequence No. **129**

Your name	Occupation in which you incurred expenses	Social security number
AMY J. KLOBUCHAR	UNITED STATES SENATOR	[redacted]

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 10	4	4,097.	
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	4,097.	

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	4,097.	
Note: *If* **both columns** *of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.*			
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	9	4,097.	
10 Add the amounts on line 9 of both columns and enter the total here. **Also, enter the total on Schedule A (Form 1040), line 21** (or on **Schedule A (Form 1040NR), line 9**). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) ▶	10		4,097.

LHA **For Paperwork Reduction Act Notice, see instructions.** Form **2106** (2010)

012001
12-13-10

00380324 766837 11175 2010 03021 KLOBUCHAR AMY J 111751

Form 2106 (2010) AMY J. KLOBUCHAR [redacted] Page 2

Part II **Vehicle Expenses**

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

			(a) Vehicle	(b) Vehicle
11	Enter the date the vehicle was placed in service	11		
12	Total miles the vehicle was driven during 2010	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? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ 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 50¢ (.50). Enter the result here and on line 1 | 22 |

Section C - Actual Expenses

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

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

			(a) Vehicle		(b) Vehicle	
30	Enter cost or other basis (see instructions)	30				
31	Enter section 179 deduction and special allowance (see instructions)	31				
32	Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)	32				
33	Enter depreciation method and percentage (see instructions)	33				
34	Multiply line 32 by the percentage on line 33 (see instructions)	34				
35	Add lines 31 and 34	35				
36	Enter the applicable limit explained in the line 36 instructions	36				
37	Multiply line 36 by the percentage on ln 14	37				
38	Enter the **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				

Form **2106** (2010)

012002
12-13-10

09380324 766837 11175 2010 03021 KLOBUCHAR AMY J 111751

FORM 1040	PENSIONS AND ANNUITIES	STATEMENT 1

FAEGRE & BENSON RETIREMENT TRUST		
AMOUNT RECEIVED THIS YEAR	59,649.	
NONTAXABLE AMOUNT (ROLLOVER)	59,649.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		0.
FIDUCIARY TRUST CO NH CUST WI SVCS CO		
AMOUNT RECEIVED THIS YEAR	9,942.	
NONTAXABLE AMOUNT (ROLLOVER)	9,942.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		0.
STATE STREET RETIREMENT SVCS FOR MN DEFERRED COMP		
AMOUNT RECEIVED THIS YEAR	31.	
NONTAXABLE AMOUNT (ROLLOVER)	31.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		0.
TOTAL INCLUDED IN FORM 1040, LINE 16B		

FORM 1040 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 2

	2009	2008	2007
	MINNESOTA		
GROSS STATE/LOCAL INC TAX REFUNDS	1,367.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS MINNESOTA	1,367.		
	MARYLAND		
GROSS STATE/LOCAL INC TAX REFUNDS	2,917.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS MARYLAND	2,917.		
TOTAL NET TAX REFUNDS	4,284.		

FORM 1040 TAXABLE STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 3

	2009	2008	2007
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	4,284.		
LESS:REFUNDS-NO BENEFIT DUE TO AMT	1,367.		
-SALES TAX BENEFIT REDUCTION			
1 NET REFUNDS FOR RECALCULATION	2,917.		
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	30,564.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1	2,917.		
5 LINE 2 MINUS LINES 3 AND 4	27,647.		
6 MULT LN 5 BY APPL SEC. 68 PCT	7,373.		
7 PRIOR YEAR AGI	270,175.		
8 ITEM. DED. PHASEOUT THRESHOLD	166,800.		
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	103,375.		
10 MULT LN 9 BY APPL SEC. 68 PCT	1,034.		
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	26,613.		
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS	26,613.		
13B PRIOR YR. STD. DED. AVAILABLE	12,400.		
14 PRIOR YR. ALLOWABLE ITEM. DED.	29,530.		
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	2,917.		
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	2,917.		
17 ALLOWABLE PRIOR YR. ITEM. DED.	29,530.		
18 PRIOR YEAR STD. DED. AVAILABLE	12,400.		
19 SUBTRACT LINE 18 FROM LINE 17	17,130.		
20 LESSER OF LINE 16 OR LINE 19	2,917.		
21 PRIOR YEAR TAXABLE INCOME	230,279.		

22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10
* IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20
* IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21 — 2,917.

STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2007

TOTAL TO FORM 1040, LINE 10 — 2,917.

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 4

T S	EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T	UNITED STATES SENATE	145,149.	36,000.	11,276.		6,622.	2,424.
S	PRESIDENT & DIRECTORS OF GEORGETOWN COLLEGE	2,250.				140.	33.
C	STATE OF MARYLAND CENTRAL PAYROLL BUREAU	118,051.	24,492.	6,348.		6,622.	1,891.
	TOTALS	265,450.	60,492.	17,624.		13383.	4,347.

FORM 1040	EXCESS SOCIAL SECURITY TAX WORKSHEET	STATEMENT 5

	TAXPAYER	SPOUSE
1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN $6,621.60 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE	6,622.	6,762.
2. ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON FORM 1040, LINE 60		
3. ADD LINES 1 AND 2	6,622.	6,762.
4. SOCIAL SECURITY TAX LIMIT	6,622.	6,622.
5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN FORM 1040, LINE 69.	0.	140.

SCHEDULE A	UNREIMBURSED EMPLOYEE EXPENSES	STATEMENT 6

DESCRIPTION	AMOUNT
UNREMIBURSED BUSINESS EXPENSES	5,091.
FROM FORM 2106	456.
FROM FORM 2106	4,097.
TOTAL TO SCHEDULE A, LINE 21	9,644.

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 7

DESCRIPTION	AMOUNT
UNITED STATES SENATE	11,276.
STATE OF MARYLAND CENTRAL PAYROLL BUREAU	6,348.
VA BALANCE DUE	2,896.
VA ESTIMATES	3,750.
TOTAL TO SCHEDULE A, LINE 5	24,270.

FORM 6251	EXEMPTION WORKSHEET	STATEMENT 8

1	ENTER: $47,450 IF SINGLE OR HEAD OF HOUSEHOLD; $72,450 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); $36,225 IF MARRIED FILING SEPARATELY.		72,450.
2	ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FORM 6251, LINE 28	259,894.	
3	ENTER: $112,500 IF SINGLE OR HEAD OF HOUSEHOLD; $150,000 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); $75,000 IF MARRIED FILING SEPARATELY	150,000.	
4	SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS ENTER -0-	109,894.	
5	MULTIPLY LINE 4 BY 25% (.25).		27,474.
6	SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF ANY OF THE THREE CONDITIONS UNDER CERTAIN CHILDREN UNDER AGE 24 APPLY TO YOU, COMPLETE LINES 7 THROUGH 10. OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30		44,976.
7	MINIMUM EXEMPTION AMOUNT FOR CERTAIN CHILDREN UNDER AGE 24. .		
8	ENTER YOUR EARNED INCOME, IF ANY.		
9	ADD LINES 7 AND 8		
10	ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30		

FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 9

LAW PROFESSOR

DESCRIPTION	AMOUNT
PROFESSIONAL DUES	456.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	456.

FORM 2106/SBE | OTHER BUSINESS EXPENSES | STATEMENT 10

UNITED STATES SENATOR

DESCRIPTION	AMOUNT
TOTAL REFLECTS $3000 IRC 162(A) LIMIT ON DC LIVING EXPENSES	4,097.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	4,097.

M1 MINNESOTA • REVENUE **Individual Income Tax 2010** 1011

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

AMY J KLOBUCHAR [redacted]

Place an X if a foreign address:

JOHN D BESSLER

[redacted]

2010 federal filing status (place an X in one box):

(1) Single X (2) Married filing joint (3) Married filing separate: Enter spouse's name and Social Security number here

(4) Head of Household (5) Qualifying widow(er)

State Elections Campaign Fund

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

Political party and code number:

Independence .... 11 Green 14

Republican .... 12 General Campaign

Democratic Farmer-Labor 13 Fund 15

Your code: 13 **Spouse's code:** 13

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

A Wages, salaries, tips, etc.: 265450

B IRA, Pensions and annuities:

C Unemployment:

D Federal adjusted gross income: 268667

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 ■ 218195

2 **State income tax, sales tax or motor vehicle sales tax addition.** If you itemized deductions on Form 1040, complete the worksheet on page 9 of the instructions .... 2 ■ 24270

3 Other additions to income, including non-Minnesota bond interest, standard deductions for real estate taxes and motor vehicle sales tax and excluded unemployment compensation *(see instructions, page 10; enclose Schedule M1M)* .... 3 ■ STMT 1

4 Add lines 1 through 3 *(if a negative number, mark an X)* 4 242465

5 State income tax refund from line 10 of federal Form 1040 .... 5 ■ 2917

6 Net interest or mutual fund dividends from U.S. bonds *(see instructions, page 10)* .... 6 ■

7 Education expenses you paid for your qualifying children in grades K-12 *(see instructions, page 10).* Enter the name and grade of each child: .... 7 ■ 775

ABIGAIL KLOB/10

8 Other subtractions *(see instructions, page 12, and enclose Schedule M1M)* .... 8 ■

9 Total subtractions. Add lines 5 through 8 .... 9 3692

10 **Minnesota taxable income.** Subtract line 9 from line 4. If zero or less, leave blank. 10 238773

11 **Tax** from the table on pages 22-27 of the M1 instructions 11 17120

12 Alternative minimum tax *(enclose Schedule M1MT)* .... 12 ■

13 Add lines 11 and 12 .... 13 17120

14 **Full-year residents:** Enter the amount from line 13 on line 14. Skip lines 14a and 14b.
Part-year residents and nonresidents: From Schedule M1NR, enter the tax from line 27 on line 14, from line 23 on line 14a, and from line 24 on line 14b *(enclose Schedule M1NR)* 14 9270

a. ■ [redacted] b. ■ [redacted]

15 Tax on lump-sum distribution *(enclose Schedule M1LS)* .... 15 ■

16 Tax before credits. Add lines 14 and 15 .... 16 9270

17	Tax before credits. Amount from line 16	17	9270
18	Marriage credit for joint return when both spouses have taxable earned income or taxable retirement income *(determine from instructions, page 14)*	18 ■	188
19	Credit for taxes paid to another state *(enclose Schedule M1CR)*	19 ■	
20	Other nonrefundable credits *(enclose Schedule M1C)*	20 ■	
21	Total nonrefundable credits. Add lines 18 through 20	21	188
22	Subtract line 21 from line 17 *(if result is zero or less, leave blank)*	22	9082
23	Nongame Wildlife Fund contribution (*see instructions, page 15*) This will reduce your refund or increase amount owed	23 ■	
24	Add lines 22 and 23	24	9082
25	**Minnesota income tax withheld.** Complete and enclose Schedule M1W to report Minnesota withholding from W-2, 1099 and W-2G forms *(do not send in W-2s, 1099s, W-2Gs)*	25 ■	11276
26	Minnesota estimated tax and extension *(Form M13)* payments made for 2010	26 ■	
27	Child and dependent care credit *(enclose Schedule M1CD).* Enter number of qualifying persons here:	27 ■	
28	Minnesota working family credit *(enclose Schedule M1WFC).* Enter number of qualifying children here:	28 ■	
29	K-12 education credit *(enclose Schedule M1ED).* Enter number of qualifying children here:	29 ■	
30	Business and investment credits *(enclose Schedule M1B)*	30 ■	
31	Total payments. Add lines 25 through 30	31	11276
32	**REFUND.** If line 31 is more than line 24, subtract line 24 from line 31 *(see instructions, page 17).* For direct deposit, complete line 33	32 ■	2194

33 Direct deposit of your refund *(you must use an account not associated with a foreign bank)*:

X Checking Savings [redacted] [redacted]

34	**AMOUNT YOU OWE.** If line 24 is more than line 31, subtract line 31 from line 24 *(see instructions, page 17)* **Make check out to Minnesota Revenue and send with Form M60**	34 ■	
35	Penalty amount from Schedule M15 *(see instructions, page 18).* Also subtract this amount from line 32 or add it to line 34 *(enclose Schedule M15)*	35 ■	

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 36 and 37.

36	Amount from line 32 you want sent to you	36 ■	
37	Amount from line 32 you want applied to your 2011 estimated tax	37 ■	

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

Spouse's signature (if filing jointly)

[redacted]

Include a copy of your 2010 federal return and sch[redacted]

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

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.

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

M1W
Sequence #2

MINNESOTA • REVENUE

Minnesota Income Tax Withheld 2010

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

1031

AMY	J	KLOBUCHAR	[redacted]
JOHN	D	BESSLER	

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

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

A If the W-2 is for: • you, enter 1 • spouse, enter 2	B - Box 13 If Retirement Plan box is checked, mark an X below.	C - Box 15 Employer's 7-digit Minnesota state tax ID number	D - Box 16 State wages, tips, etc. *(round to nearest whole dollar)*	E - Box 17 Minnesota tax withheld *(round to nearest whole dollar)*
1	X	[redacted]	145149	11276

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

Total Minnesota tax withheld from all W-2 forms *(add amounts in line 1, column E)* 1   11276

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

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

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

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

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

4 Total. Add the Minnesota tax withheld on lines 1, 2 and 3.
Enter the total here and on line 25 of Form M1 4   11276

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

059111
11-17-10

1116

MINNESOTA • REVENUE

Nonresidents/Part-Year Residents 2010

Schedule M1NR
Sequence #7

Your last name	Social Security number	Your residency status in 2010:	
KLOBUCHAR	[redacted]	☐ Nonresident of Minnesota; Resident of MINNESOTA (state)	☐ Minnesota resident from ___ to ___ (mm/dd/yyyy)
Spouse's last name	**Spouse's Social Security number**	**Spouse's 2010 residency status:**	
BESSLER	[redacted]	X Nonresident of Minnesota; Resident of VIRGINIA (state)	☐ Minnesota resident from ___ to ___ (mm/dd/yyyy)

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

Income

		A. Total amount	B. Minnesota portion (see instructions)
1	Wages, salaries, tips, etc. *(from line 7 of federal Form 1040 or 1040A or line 1 of Form 1040EZ)*	265,450.	145,149.
2	Taxable interest and ordinary dividend income *(add lines 8a and 9a of Form 1040 or 1040A or from line 2 of Form 1040EZ)*	308.	281.
3	Business income or loss *(from line 12 of Form 1040)*	-55.	0.
4	Capital gain or loss *(from line 13 of Form 1040 or line 10 of Form 1040A)*		
5	IRA distributions and pensions and annuities *(add lines 15b and 16b of Form 1040, or lines 11b and 12b of Form 1040A)*		
6	Net income from rents, royalties, partnerships, S corporations, estates and trusts *(from line 17 of Form 1040)*	47.	47.
7	Farm income or loss *(from line 18 of Form 1040)*		
8	Other income *(add lines 10, 11, 14, 19, 20b and 21 of Form 1040, or lines 13 and 14b of Form 1040A, or from line 3 of 1040EZ)*	2,917.	
9	Interest and dividends from non-Minnesota state or municipal bonds *(add lines 1 and 2 of Schedule M1M)*		
10	Other additions required by Minnesota *(add lines 3, 4, 8, 10, 13, 14 and 17 of Schedule M1M)*		
11	Add lines 1 through 10 for each column	268,667.	145,477.

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.

Deductions and subtractions

		A. Total amount	B. Minnesota portion
12	Certain business expenses *(from line 24 of Form 1040)*		
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)*		
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)*		
15	Moving expenses *(from line 26 of Form 1040)*		
16	One-half of self-employment tax and self-employed health insurance *(add lines 27 and 29 of Form 1040)*		
17	Deductions for alimony paid and student loan interest *(add lines 31a and 33 of Form 1040 or from line 18 of Form 1040A)*		
18	Penalty on early withdrawal of savings *(from line 30 of Form 1040)*		
19	Other subtractions required by Minnesota *(from lines 20, 21 and 36 of Schedule M1M)*		
20	Net U.S. bond interest *(from line 6 of Form M1)* and active military pay received while a nonresident *(from line 28 of Schedule M1M)*		
21	Job Opportunity Building Zone (JOBZ) business and investment income exemptions *(from line 31 of Schedule M1M)*		

Tax calculation

		A. Total amount	B. Minnesota portion
22	Add lines 12 through 21 for each column		0.
23	Subtract line 22, column B, from line 11, column B. Enter here and on line 14a of Form M1. If you're below the filing requirement or the result is a negative amount, enter 0		145,477.
24	Subtract line 22, column A, from line 11, column A. Enter the result here and on line 14b of Form M1	268,667.	
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		.54148
26	Amount from line 13 of Form M1		17,120.
27	Multiply line 25 by line 26. Enter the result here and on line 14 of Form M1		9,270.

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

MINNESOTA • REVENUE

Alternative Minimum Tax 2010

Schedule M1MT
Sequence #8

Your first name and initial	Last name	Social Security number
AMY J. KLOBUCHAR		[redacted]

Round amounts to the nearest whole dollar.

Before you complete this schedule, read the instructions.

Additions	1	Federal adjusted gross income *(from line 37 of federal Form 1040)*			1	268,667.
	2	Medical and dental adjustment *(from line 2 of federal Form 6251)*			2	
	3	Other adjustments and preferences *(combine lines 8 through 27 of federal Form 6251)*			3	
	4	Other additions from Schedule M1M *(add lines 3, 4, 6, 8, 9, 13 and 14 of Schedule M1M)*			4	
	5	State and municipal bond interest from outside Minnesota *(determine from worksheet in instructions)*			5	
	6	Intangible drilling costs *(determine from instructions)*			6	
	7	Depletion *(determine from instructions)*			7	
	8	Add lines 1 through 7			8	268,667.
Allowable federal deductions	9	Medical and dental deduction *(from line 4 of federal Schedule A)*	9			
	10	Investment interest expense *(from line 14 of federal Schedule A)*	10			
	11	Charitable contributions *(from line 19 of federal Schedule A)*	11	5,856.		
	12	Casualty and theft losses *(determine from instructions)*	12			
	13	Impairment-related work expenses of a disabled person *(included on line 28 of federal Schedule A)*	13			
Minnesota subtractions	14	State income tax refund *(from line 10 of federal Form 1040)*	14	2,917.		
	15	Federal bonus depreciation subtraction *(from line 20 of Schedule M1M)*	15			
	16	Net interest from U.S. bonds *(from line 6 of Form M1)*	16			
	17	JOBZ zone business and investment income exemptions *(from line 31 of Schedule M1M)*	17			
	18	Other subtractions from Schedule M1M *(add lines 19, 21, 23, 25-29 and 32 of Schedule M1M)*	18			
	19	Add lines 9 through 18			19	8,773.
Determining Minnesota alternative minimum tax	20	Subtract line 19 from line 8			20	259,894.
	21	If married and filing a joint return, or qualifying widow(er): enter $66,610 If married and filing a separate return: enter $33,300 If single or head of household: enter $49,960			21	66,610.
	22	If married and filing a joint return, or qualifying widow(er): enter $150,000 If married and filing a separate return: enter $ 75,000 If single or head of household: enter $112,500			22	150,000.
	23	Subtract line 22 from line 20 *(if result is zero or less, enter 0)*			23	109,894.
	24	Multiply line 23 by 25% (.25)			24	27,474.
	25	Subtract line 24 from line 21 *(if result is zero or less, enter 0)*			25	39,136.
	26	Subtract line 25 from line 20			26	220,758.
	27	Multiply line 26 by 6.4% (.064)			27	14,129.
	28	Tax from the table *(from line 11 of Form M1)*			28	17,120.
	29	If line 27 is more than line 28, you must pay Minnesota alternative minimum tax. Subtract line 28 from line 27. Enter the result here and on line 12 of Form M1. *(If line 28 is more than line 27, see instructions on how to continue)*			29	

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

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11-08-10

MN M1 STATE INCOME TAX OR SALES TAX STATEMENT 1

DESCRIPTION	AMOUNT
1. TOTAL ITEMIZED DEDUCTIONS FROM FEDERAL SCHEDULE A, LINE 29	39,522.
2. TABLE AMOUNT	11,400.
3. SUBTRACT STEP 2 FROM STEP 1	28,122.
4. STATE INCOME OR SALES TAX FROM FEDERAL SCHEDULE A, LINE 5	24,270.
5. SMALLER OF STEP 3 OR STEP 4 TO FCRM M1, PAGE 1, LINE 2	24,270.

FORM 505 **MARYLAND NONRESIDENT INCOME TAX RETURN** **2010**

OR FISCAL YEAR BEGINNING 2010, ENDING $

Social Security Number	Spouse's Social Security Number
[redacted]	

Your first name	Initial	Last name
JOHN	D	BESSLER
Spouse's first name	Initial	Last name

Present Address (No. and street)
[redacted]

City or Town	State	ZIP Code
[redacted]	[redacted]	[redacted]

[redacted]

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

Check Only One Box

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

RESIDENCE INFORMATION - See Instructions

Enter your state of legal residence. VIRGINIA

Were you a resident for the entire year of 2010? Yes [X] No [ ] If no, attach explanation.

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

Did you file a Maryland income tax return for 2009? [X] Yes [ ] No

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

Advise dates you resided within Maryland for 2010. If none, enter "NONE."

FROM NONE TO

Check here for Maryland taxes withheld in error ▶ [ ]

EXEMPTIONS - See Instructions

(A) Yourself [X] Spouse [ ]

Check here if you are: (B) ▶ [ ] 65 or over ▶ [ ] Blind; Spouse is: ▶ [ ] 65 or over ▶ [ ] Blind

				Exemption Amount
(A) Enter No. Checked	1	See Instructions	$	2400
(B) Enter No. Checked		x $1,000	$	
(C) Enter No. Checked in Columns 4 & 5		See Instructions	$	
(D) Enter the Total Exemptions (Add A, B, and C) ▶	1	**Total Amount**	$	2400

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

INCOME AND ADJUSTMENTS INFORMATION (See Instructions)

		(1) FEDERAL INCOME (LOSS)	(2) MARYLAND INCOME (LOSS)	(3) NON-MARYLAND INCOME (LOSS)
1. Wages, salaries, tips, etc.	1	120301		120301
2. Taxable interest income	2			
3. Dividend income	3			
4. Taxable refunds, credits or offsets of state and local income taxes	4			
5. Alimony received	5			
6. Business income or (loss)	6			
7. Capital gain or (loss)	7			
8. Other gains or (losses) (from federal Form 4797)	8			
9. Taxable amount of pensions, IRA distributions, and annuities	9			
10. Rents, royalties, partnerships, estates, trusts, etc. (Mark appropriate item)	10			
11. Farm income or (loss)	11			
12. Unemployment compensation (insurance)	12			
13. Taxable amount of Social Security and tier 1 railroad retirement benefits	13			
14. Other income (including lottery or other gambling winnings)	14			
15. Total income (Add lines 1 through 14)	15	120301		120301
16. Total adjustments to income from federal return (IRA, alimony, etc.)	16			
17. Adjusted gross income (Subtract line 16 from 15) ▶	17	120301		120301

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 Instructions)

		Dollars
18. Non-Maryland loss and adjustments	18	
19. Other (Enter code letter(s) from Instructions) ▶	19	
20. Total additions (Add lines 18 and 19) ▶	20	
21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20)	21	120301

SUBTRACTIONS FROM INCOME (See Instructions)

22. Taxable Military Income of Nonresident ▶	22	
23. Other (Enter code letter(s) from Instructions) ▶	23	
24. Total subtractions (Add lines 22 and 23) ▶	24	
25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21)	25	120301

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

STANDARD DEDUCTION METHOD (Enter amount on line 26a)	[X]	26a	2000
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 included in federal Schedule A, line 5 ▶		26c	
Net itemized deductions (Subtract line 26c from line 26b) ▶		26d	

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

COM/RAD-022 10-05
056201 12-06-10

NAME JOHN D. BESSLE SSN [redacted]

		Dollars
27. Net income (Subtract line 26 from line 25)	27	118301
28. Total exemption amount (from EXEMPTIONS area, page 1) See Instructions	28	2400
29. Enter your AGI factor (from worksheet in Instructions)	29	1.0000
30. Maryland exemption allowance (Multiply line 28 by line 29)	30	2400
31. Taxable net income (Subtract line 30 from line 27) Figure tax on Form 505NR	31	115901

MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING

32a. **Maryland tax** from line 16 of Form 505NR (Attach Form 505NR)	32a	
32b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR)	32b	
32c. Total Maryland tax (Add lines 32a and 32b)	32c	
33. Earned income credit from worksheet in Instructions	▶ 33	0
34. Poverty level credit from worksheet in Instructions	▶ 34	
35. Other income tax credits for individuals from Part G, line 8 of Form 502CR (Attach Form 502CR)	35	
36. Business tax credits (Attach Form 500CR)	▶ 36	
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 Instructions)	▶ 39	
40. Contribution to Developmental Disabilities Waiting List Equity Fund (See Instructions)	▶ 40	
41. Contribution to Maryland Cancer Fund (See Instructions)	▶ 41	
42. **Total Maryland income tax and contributions** (Add lines 38 through 41)	42	
43. Total Maryland tax withheld (Enter total from and **attach your W-2 and 1099 forms if MD tax is withheld**)	▶ 43	6348
44. 2010 estimated tax payments, amount applied from 2009 return, payments made with Form 502E and Form MW506NRS	▶ 44	0
45. Refundable earned income credit from worksheet in Instructions	▶ 45	0
46. Nonresident tax paid by pass-through entities (Attach Schedule K-1 or other statement)	▶ 46	
47. Refundable income tax credits from Part H, line 6 of Form 502CR (Attach Form 502CR. See Instructions)	47	
48. Total payments and credits (Add lines 43 through 47)	48	6348
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	6348
51. Amount of overpayment **TO BE APPLIED TO 2011 ESTIMATED TAX** ▶ 51		
52. Amount of overpayment **TO BE REFUNDED TO YOU** (Subtract line 51 from line 50) See line 55 **REFUND**	▶ 52	6348
53. Interest charges from Form 502UP ____ or for late filing ____ (See Instructions) Total	▶ 53	
54. **TOTAL AMOUNT DUE** (Add line 49 and line 53) IF $1 OR MORE, PAY IN FULL WITH THIS RETURN.	54	

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

DIRECT DEPOSIT OF REFUND (See Instructions) Please be sure the account information is correct. **For Splitting Direct Deposit, see Form 588.**

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

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

55b. Routing number ▶ ____ (9-digit) **55c.** Account number ▶ ____

▶ [redacted] ▶ ☐☐☐

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge. Check here ☒ if you authorize your preparer to discuss this return with us. Check here ▶ ☐ if you authorize your paid preparer not to file electronically. Check here ▶ ☐ if you would prefer to receive your 1099G Income Tax Refund statement electronically.

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

Your signature Date

▶ [redacted]

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

[redacted]

Spouse's signature Date

Address and telephone number of preparer [redacted]

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

2010

Print Using Blue or Black Ink Only

Social Security number		Spouse's Social Security number
[redacted]		[redacted]
Your first name	Initial	Last name
JOHN	D	BESSLER
Spouse's first name	Initial	Last name
AMY	J	KLOBUCHAR

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

PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS

1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) 1 115901
2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. 2 5454
   Continue to Part II.

PART II - CALCULATION OF MARYLAND TAX

3. Enter your federal adjusted gross income from Form 505 (or Form 515), line 17 (Column 1) 3 120301
4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21 ..... 4 120301
5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505 ..... 5 0
6a. Enter your subtractions from line 23 of Form 505 or Form 515 ..... 6a
6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5 or 6a of this form **(see instructions)** ... ▶ 6b 120301
7. Add lines 5 through 6b 7 120301
8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. 8
   If you are using the standard deduction, recalculate the standard deduction based on the income on line 8 and enter on line 8a 8a
9. **Maryland Income Factor.** Divide line 8 by line 3. The factor cannot exceed 1 (100%) and cannot be less than zero (0%). If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and line 3 is 0 or less, the factor is 1. 9 .0000
10. Deduction amount.
    If you are using the standard deduction, multiply the standard deduction on line 8a by line 9 of this form and enter on line 10a. 10a
    If you are itemizing your deductions, multiply the deduction on Form 505, line 26d, by line 9 of this form and enter on line 10b. 10b
    Form 515 Users, see Instructions.
11. Net income (Subtract line 10a or 10b from line 8) 11
12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9. 12
13. Maryland Taxable Net Income (Subtract line 12 from line 11) 13
14. Enter the tax amount from line 2 of this form. 14 5454
15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1. If more than 1.0000, enter 1.0000. If 0 or less, the factor is 0 ..... 15 .0000
16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33). 16
17. Special nonresident tax. Multiply line 13 of this form by 1.25%. Enter this amount on Form 505, line 32b. If line 13 is 0 or less, enter 0 17

For Form 515 filers ONLY.

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

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

2010 VA760CG Page 1 [ ]
Individual Income Tax Return

JOHN D BESSLER

[redacted]

[redacted]

Filing Status:	3	Head of Household:	
Name or Filing Change:		Amended:	
Address Change:		NOL:	
Virginia Return Not Filed Last Year:		Federal Earned Income Credit	
		Locality:	013

Exemptions	Dependents	Total	65 and over	Blind	Total
Yourself	1	01			
Spouse					

Vendor ID: [redacted]

Your SSN BESS [redacted]

Spouse's SSN

1.	Fed Adj Gross Income	1.	120327.
2.	Additions, see Pg 2, Line 3	2.	
3.	Subtotal	3.	120327.
4a.	Age Deduction - You	4a.	
4b.	Age Deduction - Spouse	4b.	
5.	Soc Sec & Tier 1 Railroad	5.	
6.	State Inc Tax Overpayment	6.	
7.	Other Subtractions, see Pg 2, Line 7	7.	
8.	Subtotal Subtractions	8.	
9.	Total VAGI	9.	120327.
10a.	Federal Sch. A Itemized Deductions	10a.	
10b.	State/Local Income Tax	10b.	
10.	Standard/Itemized Deductions	10.	3000.
11.	Exemptions	11.	930.
12.	Deductions VAGI, see Pg 2, Line 9	12.	
13.	Subtotal Lines 10, 11 and 12	13.	3930.
14.	VA Taxable Income	14.	116397.
15.	Tax Amount	15.	6435.
16.	Spouse Tax Adjustment	16.	
16a.	Your VAGI	16a.	120327.
16b.	Spouse's VAGI	16b.	
17.	Net Tax	17.	6435.
18a.	Your Withholding	18a.	
18b.	Spouse's Withholding	18b.	
19.	Estimated Payments	19.	7500.
20.	Extension Payments	20.	
21.	Credit for Low Income	21.	
22.	Credit tax paid another state	22.	
23.	Other Credits	23.	
24.	Total Payments /Credits	24.	7500.
25.	Tax You Owe	25.	
26.	Overpayment Amount	26.	1065.
27.	Amount to Credit to Next Year's Tax	27.	999.
28.	Adjustments/Contributions	28.	66.

Amount You Owe:
Paid by Credit Card

Refund:
Bank Routing Number
Bank Account Number

083001 11-09-10 1019

__LAR __DLAR __DTD __LTD $______ ______________

[redacted]

[redacted]

ADDITIONAL FILING INFORMATION

Dependent on another's return:

Farmer/Fisherman, Merchant Seaman:

Taxpayer Deceased:

Overseas when due:

Additions - SCH ADJ/CG - Part 1

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

   b.

   c.
3. Total Additions:

Subtractions

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

   5b. Spouse
6. Other Subtractions:
   a. Fixed Date Conformity

   b.

   c.

   d.
7. Total Subtractions:

Deductions

8. Deduction Code and Amount

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

9. Total Deductions:

Spouse's Name - Filing Status 3 Only
AMY J KLOBUCHAR

AGE DEDUCTION DETAILS

You

Spouse

Contact Information

Your Phone [redacted]

Spouse

Dept of Taxation may discuss my return with my preparer. X

Preparer Phone Number [redacted]

Preparer Info [redacted] 2

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

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

Your Signature ______________________ Date ____________

Spouse's Signature ______________________ Date ____________

Preparer Signature ______________________ Date ____________

NANCY M HEIMER CPA
HEIMER DIXON LINDSEY, LTD
[redacted]

2010 Virginia Schedule ADJ/CG Part 2

[redacted]

Tax Credit for Low Income Individuals or VA Earned Income Credit

10. Exemption Information	Social Security Number	VAGI
a.		
b.		
c.		
d.		

e. Total Family VAGI 10e.

11. Total Exemptions 11.

12. Personal Exemptions 12.

13. Form 760 exemptions multiply Line 12 by $300 13.

14. Federal Earned Income Credit 14.

15. Multiply Line 14 by 20% (.20) 15.

16. Greater of Line 13 or Line 15 16.

17. Credit (Lesser of Line 16 above or Page 1, Line 17) 17.

22. Voluntary Contributions from refund or tax payment

a.

b.

c.

23. School or Library Foundation Contributions

a.

b.

c.

24. Total Adjustments 66.

Adjustments to Amount of Tax

18. Addition to Tax 18. 66.

a. Addition from Form 760C X

b. Addition from Form 760F

19. Penalty 19.

a. Late Filing Penalty

b. Extension Penalty

20. Interest 20.

21. Consumer's Use Tax 21.

083101 10-01-10 1019 **AVOID DELAYS.** If this schedule contains information, always submit it with your return.

760C - 2010 **Underpayment of Virginia Estimated Tax by Individuals, Estates and Trusts**

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

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

First Name, Middle Initial and Last Name (of Both If Joint) - OR - Name of Estate or Trust	Your Social Security Number or FEIN
JOHN D. BESSLER	[redacted]
If Estate or Trust, Name and Title of Fiduciary	Spouse's Social Security Number
	Office Use SC / Office Use Payment

Part I - Compute Your Underpayment

1. 2010 Income Tax Liability After Spouse Tax Adjustment and Nonrefundable Credits (If $150 or less, you are not required to file Form 760C.)	1.	6435.
2. Enter 90% of the Amount Shown on Line 1	2.	5792.
3. 2009 Income Tax Liability After Spouse Tax Adjustment and Nonrefundable Credits	3.	6347.
4. Enter the Amount From Line 2 or Line 3, Whichever Is Less	4.	5792.
5. Enter the Number of Installment Periods for Which You Were Liable to Make Payments	5.	4.

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

	Date	Amount	A	B	C	D
6. Due Dates of Installment Payments			May 1, 2010	June 15, 2010	Sept. 15, 2010	Jan. 15, 2011
7. Tax Liability (Divide the amount on Line 4 by the number of installments reported on Line 5 and enter the result in the appropriate columns.)			1448.	1448.	1448.	1448.
8. Enter the Income Tax Withheld for Each Installment Period			0.	0.	0.	0.
9. Enter the Overpayment Credit From Your 2009 Income Tax Return						
10. Enter the Amount of Any **Timely** Payment Made for Each Installment Period in the Appropriate Column (Do not enter any late payments.)					3750.	3750.
11. Underpayment or [Overpayment] (Subtract Lines 8, 9 and 10 From Line 7. See instructions for overpayment.)			1448.	1448.	-2302.	-2302.
12. Other Payments (Enter the payments from the Late Payment/Overpayment Table below, beginning with the earliest payment recorded. **Do not enter more than the underpayment in any column.**)						
a. First Payment	09/15/10	2302.	1448.	854.		
b. Second Payment	01/18/11	2302.		594.		
c. Third Payment						
d. Fourth Payment						
13. Enter the Total **Timely** Payments Made as of Each Installment Due Date From Lines 8, 9, 10 and 12 (For ex., in Column A enter all payments made by May 1, 2010)					3750.	3750.
14. Subtract Line 13 From Line 7 (If the sum of all underpayments (**do not include any OVERPAYMENTS**) reported is $150 or less, stop here; you are not subject to an addition to tax. If your underpayments total more than $150, proceed to Part II.)			1448.	1448.	0.	0.

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

Date of Payment	Date of Payment	Date of Payment	Date of Payment
09/15/10	01/18/11		
Payment Amount $ 2302.	Payment Amount $ 2302.	Payment Amount $	Payment Amount $

JOHN D. BESSLER [redacted]

Part II - Exceptions That Void the Addition to Tax

		A May 1, 2010	B June 15, 2010	C Sept. 15, 2010	D Jan. 15, 2011
15. Total Amount Paid and Withheld From January 1, 2010 Through the Installment Date Indicated				3750.	7500.
16. Exception 1: Prior Year's Tax (Multiply the 2009 tax by the percentage in each column.)	100% of 2009 Tax 6347.	25% 1587.	50% 3174.	75% 4760.	100% 6347.
17. Exception 2: Tax on Prior Year's Income Using the 2010 Rates and Exemptions (Multiply the 2009 tax by the percentage in each column.)	100% of Tax	25%	50%	75%	100%

18. Exception 3 Worksheet: Tax on Annualized 2010 Income (Use the formula below to compute the amount on lines 18a, b and c for each column.)
Lines 18a, b and c: April 30 column: Multiply the actual amount for the period ended April 30, 2010, by 3.
May 31 column: Multiply the actual amount for the period ended May 31, 2010, by 2.4.
August 31 column: Multiply the actual amount for the period ended August 31, 2010, by 1.5.

From January 1 to:	April 30	May 31	August 31
a. Annualized Virginia Adjusted Gross Income (VAGI) for Each Period			
b. Compute the Annualized Itemized Deductions Using the Formula Above OR Enter the Full Standard Deduction in Each Column If You Did Not Claim Itemized Deductions			
c. Compute the Annualized Child and Dependent Care Expenses and other deductions for Each Period			
d. Total Dollar Amount of Exemptions Claimed on Your Return			
e. Virginia Taxable Income (Subtract Lines 18b, c and d from Line 18a.)			
f. Virginia Tax (Enter the Va. income tax on the amount(s) shown on line 18e above.)			
g. Multiply Line 18f by the Percentage Shown for Each Period	22.5%	45%	67.5%

Note
Estates and trusts should use end dates of March 31, April 30 & July31.

19. Exception 4 Worksheet: Tax on 2010 Income Over a 4, 5 and 8 Month Period* (*3, 4 and 7 months for estates and trusts)

From January 1 to:	April 30	May31	August 31
a. Enter Your Virginia Adjusted Gross Income (VAGI) for Each Period			
b. Enter the Itemized Deductions Claimed for Each Period OR (If Greater) the Full Standard Deduction			
c. Enter the Child and Dependent Care Expenses and other deductions for Each Period			
d. Enter the Total Dollar Amount of Exemptions Claimed on Your Return			
e. Virginia Taxable Income (Subtract Lines 19b, c and d from Line 19a.)			
f. Virginia Tax (Enter the Va. income tax on the amount(s) shown on Line 19e above.)			
g. Multiply Line 19f by 90% (.90) for Each Period			

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

Part III - Compute the Addition to Tax

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

	A May 1, 2010	B June 15, 2010	C Sept. 15, 2010	D Jan. 15, 2011
20. Amount of Underpayment From Line 14, Part I	1448.	1448.		
21. Date of Payment From Line 12, Part I (If no payments were entered on Line 12, enter the actual date of payment or May 1, 2011, whichever is earlier.)	SEE UNDERP	AYMENT OF	ESTIMATED	TAX WKST
22a. Number of Days After Installment Due Date Through Date Paid or December 31, 2010, Whichever Is Earlier (If December 31, 2010, is earlier, enter 244, 199, and 107 respectively.)				
b. Number of Days After December 31, 2010, (January 15, 2011 for 4th installment), Through Date Paid or May 1, 2011, Whichever Is Earlier (if May 1, 2011, is earlier, enter 121, 121, 121 and 106 respectively.)				
23a. Multiply the Number of Days in Each Column on Line 22a by the Daily Rate .00016 (6% Per Annum)				
b. Multiply the Number of Days in Each Column on Line 22b by the Daily Rate .00014 (5% Per Annum)				
c. Add Line 23a and Line 23b in Each Column				
24. Multiply the Amount on Line 20 by Line 23c for Each Column				

25. Addition to Tax
(Total the amounts on Line 24. Enter here and on the "Addition to Tax" line on your income tax return.) 66.

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

VA

Name(s): JOHN D. BESSLER

Identifying Number: [redacted]

	(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
			-0-			
	05/01/10	1,448.	1,448.	45	.000164000	11.
	06/15/10	1,448.	2,896.	92	.000164000	44.
	09/15/10	1,448.	0.			
	09/15/10	<3,750.>	594.	107	.000164000	10.
	12/31/10	0.	594.	15	.000137000	1.
*	01/15/11	1,448.	0.			
*	01/15/11	<3,750.>	<1,708.>			

Penalty Due (Sum of Column F) .... 66.

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

* EXCEPTION MET

012511
05-01-10