

Form **1040** U.S. Individual Income Tax Return (99) **2011**

OMB No. 1545-0074

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

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning

2011, ending

20

See separate instructions.

Your first name and initial

AMY J.

Last name

KLOBUCHAR

Your social security number

If a joint return, spouse's first name and initial

JOHN D.

Last name

BESSLER

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

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

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

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name

Foreign province/county

Foreign postal code

☒ You ☒ Spouse

Filing Status

1 ☐ Single2 ☒ 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

Check only one box.

Exemptions

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

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ If child under age 17 qualifying for child tax credit

ABIGAIL KLOBUCHAR

BESSLER

DAUGHTER

Boxes checked on 6a and 6b 2

No. of children on 6c who:

● lived with you 1
● did not live with you due to divorce or separation (see instructions)If more than four dependents, see instructions and check here ☐

Dependents on 6c not entered above

Add numbers on lines above ▶ 3

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7 242,457.

8a Taxable interest. Attach Schedule B if required

8a 165.

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 3,530.

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12 -86.

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

13 -3,000.

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount

15b 319.

16a Pensions and annuities

16a

b Taxable amount

16b 4,125.

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17 87.

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 ▶

22 247,597.

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 Deductible part 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 35

36

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

37 247,597.

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11-07-11

Tax and Credits

Standard Deduction for -
• People who check any box on line 39a or 39b or who can be claimed as a dependent.

• All others:
Single or Married filing separately, \$5,800
Married filing jointly or Qualifying widow(er), \$11,600
Head of household, \$8,500

38	Amount from line 37 (adjusted gross income)	38	247,597.
39a	Check <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. Total boxes checked ...	39a	
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	39b	
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	40,326.
41	Subtract line 40 from line 38	41	207,271.
42	Exemptions. Multiply \$3,700 by the number on line 6d	42	11,100.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	196,171.
44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	42,997.
45	Alternative minimum tax. Attach Form 6251	45	5,530.
46	Add lines 44 and 45	46	48,527.
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	150.
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	150.
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	48,377.

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55 through 60. This is your total tax	61	48,377.

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	56,919.
63	2011 estimated tax payments and amount applied from 2010 return	63	
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	69	95.
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	57,014.

Refund

Direct deposit? See instructions.

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	8,637.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	8,637.

75	Amount of line 73 you want applied to your 2012 estimated tax	75	
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Amount You Owe

76	Amount you owe. Subtract line 72 from line 61. 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)? ☒ Yes. Complete below. ☐ No

Designee's name **NANCY M. HEIMER, CPA** Phone no. [REDACTED] Personal identification number (PIN) **12345**

Sign Here

Joint return? See instructions. Keep a copy for your records.

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

Your signature	Date	Your occupation	Daytime phone number
[REDACTED]	[REDACTED]	US SENATOR	[REDACTED]
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here
[REDACTED]	[REDACTED]	ATTORNEY	[REDACTED]

Print/Type preparer's name Preparer's signature Date Check ☐ If PTIN

Paid

Preparer **NANCY M. HEIMER, CPA** **3/27/12** self-employed

Use Only Firm's name **HEIMER DIXON ASSOCIATES, LTD.** Firm's EIN [REDACTED] Phone no. [REDACTED]

Child Tax Credit Worksheet (keep for your records)

Name(s): First AMY J. & JOHN D.	Last KLOBUCHAR	Your SSN <div style="background-color: black; color: black;">[REDACTED]</div>
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Part 1

1. Number of qualifying children: 1 X \$1,000. Enter the result. 1 1,000.
2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 37. 2 247,597.
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 15.3 0.
- 1040A and 1040NR filers:** Enter -0-.
4. Add lines 2 and 3. Enter the total. 4 247,597.
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 - \$55,0005 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. 6 138,000.
 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 6,900.
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. 11 _____
☐ Yes. Complete the Line 11 Worksheet to figure the amount to enter here.
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. 13 _____
☐ Yes. Enter the amount from line 12. **This is your child tax credit.**

* Also include amounts from:

Form 5695, line 14
 Form 8834, line 23
 Form 8910, line 22
 Form 8936, line 15
 Schedule R, line 22

**SCHEDULE A
(Form 1040)**

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

Itemized Deductions

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

OMB No. 1545-0074

2011
Attachment
Sequence No. **07**

Your social security number

AMY J. KLOBUCHAR & JOHN D. BESSLER

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see 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):	5	20,852.
	a <input checked="" type="checkbox"/> Income taxes, or		
	b <input type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions)	6	4,664.
7	Personal property taxes	7	94.
8	Other taxes. List type and amount ▶	8	
9	Add lines 5 through 8	9	25,610.
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	5,759.
	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	100.
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	5,859.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)	21	9,200.
	SEE STATEMENT 8	22	875.
	22 Tax preparation fees		
	23 Other expenses - investment, safe deposit box, etc. List type and amount ▶	23	3,734.
	EXCESS DEDUCTIONS ON TERMINATION - ESTATE OF ROSE K KLOBUCHAR	24	13,809.
	24 Add lines 21 through 23		
	25 Enter amount from Form 1040, line 38	25	247,597.
	26 Multiply line 25 by 2% (.02)	26	4,952.
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	8,857.
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	40,326.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here		

SCHEDULE B
(Form 1040A or 1040)

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

Interest and Ordinary Dividends

▶ **Attach to Form 1040A or 1040.**

▶ **See instructions.**

OMB No. 1545-0074

2011
Attachment
Sequence No. **08**

Your social security number

AMY J. KLOBUCHAR & JOHN D. BESSLER

Part I
Interest

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

TRUSTONE FINANCIAL

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

165.

1

- 2** Add the amounts on line 1 **2** 165.
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** 165.

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

Amount

Part II
Ordinary
Dividends

- 5** List name of payer ▶

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

5

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

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

Part III
Foreign
Accounts
and
Trusts

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

- 7a** At any time during 2011, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions **Yes** **No**
If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements **X**
b If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located
8 During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? **Yes** **No**
If "Yes," you may have to file Form 3520. See instructions

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11-02-11

LHA For Paperwork Reduction Act Notice, see separate instructions.

Schedule B (Form 1040A or 1040) 2011

Interest and Dividend Summary

Name: AMY J. KLOBUCHAR & JOHN D. BESSLER

FEIN/SSN:

[illegible]

130191
11-07-11

TOTALS:

165.

5.1

14280321 766837 11175

2011.03021 KLOBUCHAR, AMY J.

111751

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

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2011

Attachment
Sequence No. **09**

Name of proprietor

JOHN D. BESSLER

Social security number (SSN)

B Enter code from instructions

► **711510**

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

AUTHOR

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

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

E Business address (including suite or room no.) ►

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

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2011, check here ☐

I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

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

Part I Income

1 a Merchant card and third party payments. For 2011, enter -0-	1a	0.
b Gross receipts or sales not entered on line 1a (see instructions)	1b	
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution. See instr. before completing this line	1c	
d Total gross receipts. Add lines 1a through 1c	1d	
2 Returns and allowances plus any other adjustments (see instructions)	2	
3 Subtract line 2 from line 1d	3	
4 Cost of goods sold (from line 42)	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	86.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	86.	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-86.	27 a Other expenses (from line 48)	27a	
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	30		b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29.	31	-86.			

• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.
 If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3.
 • If a loss, you must go to line 32.
 32 If you have a loss, check the box that describes your investment in this activity (see instructions).
 • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.
 If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on Form 1041, line 3.
 • If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a ☒ All investment
is at risk.

32b ☐ Some investment
is not at risk.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Schedule C (Form 1040) 2011

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

Name(s) shown on return

Capital Gains and Losses

- ▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

2011
Attachment
Sequence No. **12**

Your social security number

AMY J. KLOBUCHAR & JOHN D. BESSLER

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

Complete Form 8949 before completing line 1, 2, or 3.
This form may be easier to complete if you round off
cents to whole dollars.

	(e) Sales price from Form(s) 8949, line 2, column (e)	(f) Cost or other basis from Form(s) 8949, line 2, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 2, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
1 Short-term totals from all Forms 8949 with box A checked in Part I		()		
2 Short-term totals from all Forms 8949 with box B checked in Part I		()		
3 Short-term totals from all Forms 8949 with box C checked in Part I		()		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7

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

Complete Form 8949 before completing line 8, 9, or 10.
This form may be easier to complete if you round off
cents to whole dollars.

	(e) Sales price from Form(s) 8949, line 4, column (e)	(f) Cost or other basis from Form(s) 8949, line 4, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 4, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
8 Long-term totals from all Forms 8949 with box A checked in Part II		()		
9 Long-term totals from all Forms 8949 with box B checked in Part II		()		
10 Long-term totals from all Forms 8949 with box C checked in Part II		()		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
SEE STATEMENT 11				
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12 <7,861.>
13 Capital gain distributions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (h). Then go to Part III on page 2				15 <7,861.>

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

Schedule D (Form 1040) 2011

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	<7,861.>
<ul style="list-style-type: none">• If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.• If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.• If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.			
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none">• The loss on line 16 or• (\$3,000), or if married filing separately, (\$1,500) <div style="text-align: right;">} SEE STATEMENT 12</div>	21	(3,000.)
Note. When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2011

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 separate instructions.

OMB No. 1545-0074

2011

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

AMY J. KLOBUCHAR & JOHN D. BESSLER

A Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Caution. For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax.

1	Physical address of each property-street, city, state, ZIP	Type-from list below	2	For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.	Fair Rental Days	Personal Use Days	QJV
A		6			A		
B					B		
C					C		

Type of Property:

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

Income:

		Properties		
		A	B	C
3a	Merchant card and third party payments. For 2011, enter -0-	0.		
b	Payments not reported to you on line 3a	87.		
4	Total not including amounts on line 3a that are not income (see instructions)	87.		

Expenses:

5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7			
8	Commissions	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest	13			
14	Repairs	14			
15	Supplies	15			
16	Taxes	16			
17	Utilities	17			
18	Depreciation expense or depletion	18			
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20			
21	Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file Form 6198	21	87.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22			

23a	Total of all amounts reported on line 3a for all rental properties	23a		
b	Total of all amounts reported on line 3a for all royalty properties	23b		
c	Total of all amounts reported on line 4 for all rental properties	23c		
d	Total of all amounts reported on line 4 for all royalty properties	23d	87.	
e	Total of all amounts reported on line 12 for all properties	23e		
f	Total of all amounts reported on line 18 for all properties	23f		
g	Total of all amounts reported on line 20 for all properties	23g		

24	Income. Add positive amounts shown on line 21. Do not include any losses	24	87.
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	87.

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

Your social security number

AMY J. KLOBUCHAR & JOHN D. BESSLER

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

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

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

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

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

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A	ESTATE OF ROSE K KLOBUCHAR	
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A	0.		
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below					39

Part V Summary * ENTIRE DISPOSITION OF PASSIVE ACTIVITY

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	87.
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see instructions)	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2011

SCHEDULE E

Name **AMY J. KLOBUCHAR**

Passthrough ESTATE OF ROSE K KLOBUCHAR - JOHN BESSLER, PERS REP

ID

SSN/EIN

TAXPAYER

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)								
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)								
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)	-7,861.							-7,861.
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other	3,734.							3,734.

SCHEDULE E

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2011

Name **AMY J. KLOBUCHAR**

Passthrough ESTATE OF ROSE K KLOBUCHAR - JOHN BESSLER, PERS REP
ESTATE OR TRUST

SSN/EIN

ID

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

Alternative Minimum Tax - Individuals

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2011
Attachment
Sequence No. **32**

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

Your social security number

AMY J. KLOBUCHAR & JOHN D. BESSLER

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 7. (If less than zero, enter as a negative amount.)	1	207,271.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	25,610.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	8,857.
6	Skip this line. It is reserved for future use	6	
7	Tax refund from Form 1040, line 10 or line 21	7	-3,530.
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 \$223,900, see instructions.)	28	238,208.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2011, 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 \$48,450 Married filing jointly or qualifying widow(er) 150,000 74,450 Married filing separately 75,000 37,225 } STMT 13	29	52,398.
30	If line 28 is over the amount shown above for your filing status, see instructions. Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	185,810.
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on 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	48,527.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	48,527.
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	42,997.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	5,530.

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

Form 6251 (2011)

Part III Tax Computation Using Maximum Capital Gains Rates

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

36 Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for this line		36
37 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	
38 Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	
40 Enter the smaller of line 36 or line 39		40
41 Subtract line 40 from line 36		41
42 If line 41 is \$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:		
• \$69,000 if married filing jointly or qualifying widow(er),	}	43
• \$34,500 if single or married filing separately, or		
• \$46,250 if head of household.		
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 for line 31		54

Form **6251** (2011)

Nondeductible IRAs

▶ See separate instructions.

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

2011Attachment
Sequence No. **48**

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

AMY J. KLOBUCHAR

Your social security number

**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 2011.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2011 and you made nondeductible contributions to a traditional IRA in 2011 or an earlier year. For this purpose, a distribution does not include a rollover, qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2011 (excluding any portion you recharacterized) and you made nondeductible contributions to a traditional IRA in 2011 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2011, including those made for 2011 from January 1, 2012, through April 17, 2012 (see instructions)	1	5,000.
2	Enter your total basis in traditional IRAs (see instructions)	2	19,000.
3	Add lines 1 and 2	3	24,000.
In 2011, 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, 2012, through April 17, 2012	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, 2011, plus any outstanding rollovers (see instructions)	6	
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2011. Do not include rollovers, qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions)	7	
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2011. 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 2011 and earlier years	14	24,000.
15	Taxable amount. Subtract line 12 from line 7. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	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 2011 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 2011 (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 2011. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2011 or 2012 (see instructions)	16	
17	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see instructions)	17	
18	Taxable amount. Subtract line 17 from line 16. Also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	18	

Part III Distributions From Roth IRAs

Complete this part only if you took a distribution from a Roth IRA in 2011. For this purpose, a distribution does not include a rollover, a qualified charitable distribution, a one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions).

19	Enter your total nonqualified distributions from Roth IRAs in 2011, including any qualified first-time homebuyer distributions and certain qualified distributions (see instructions)	19	
20	Qualified first-time homebuyer expenses (see instructions). Do not enter more than \$10,000	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-, skip lines 22 through 24, and enter -0- on line 25	21	
22	Enter your basis in Roth IRA contributions (see instructions)	22	
23	Subtract line 22 from line 21. If zero or less, enter -0-, skip line 24, and enter -0- on line 25. If more than zero, you may be subject to an additional tax (see instructions)	23	
24	Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA (see instructions)	24	
25	Subtract line 24 from line 23. If zero or less, enter -0- and see the Note below	25	
	Note. If you completed lines 20a and 20b or 25a and 25b of your 2010 Form 8606, go to line 26 (see instructions). Otherwise, skip lines 26 through 35 and go to line 36.		
26	Enter the total of lines 20a, 20b, 25a, and 25b from your 2010 Form 8606. (If zero, see the note above)	26	
27	Enter the smaller of line 23 or line 24	27	
28	Enter the portion of line 24, if any, that was converted before 2010 (see instructions)	28	
29	Subtract line 28 from line 27	29	
30	Enter the amount, if any, from your 2010 Form 8606, line 33	30	
31	Subtract line 30 from line 26	31	
32	Enter the smaller of line 29 or line 31	32	
33	Enter the total of lines 20a and 25a from your 2010 Form 8606	33	
34	Add lines 32 and 33	34	
35	Enter the smaller of line 31 or line 34	35	
36	Taxable amount. Add lines 25 and 35. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	36	
	Next. If the amount on line 26 is more than zero, complete lines 37 and 38 to refigure the amount you must include in your income in 2012; otherwise, skip lines 37 and 38.		
37	Add lines 30 and 35	37	
38	Amount subject to tax in 2012. Subtract line 37 from line 26. If you do not take a distribution in 2012 from a Roth IRA, enter this amount on the applicable line of your 2012 tax return	38	

Part IV Certain Distributions from Designated Roth Accounts

Complete this part only if you took a distribution from your designated Roth account in 2011 and, in 2010, you had an in-plan rollover to your designated Roth account and you completed lines 25a and 25b of your 2010 Form 8606 that you filed to report the in-plan rollover.

39	Enter the amount from box 10 of your 2011 Form 1099-R	39	
40	Enter the total of lines 25a and 25b from your 2010 Form 8606	40	
41	Enter the amount, if any, from line 3 of the Designated Roth Account Income Acceleration Worksheet in your 2010 Instructions for Form 8606	41	
42	Subtract line 41 from line 40	42	
43	Enter the smaller of line 39 or line 42	43	
44	Enter the amount from line 25a of your 2010 Form 8606	44	
45	Add lines 43 and 44	45	
46	Taxable amount. Enter the smaller of line 42 or line 45. Include this amount on Form 1040, line 16b; Form 1040A, line 12b; or Form 1040NR, line 17b	46	
47	Add lines 41 and 45	47	
48	Amount subject to tax in 2012. Subtract line 47 from line 40. Include this amount on the applicable line of your 2012 tax return	48	

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 <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

Nondeductible IRAs

► See separate instructions.

OMB No. 1545-0074

2011Attachment
Sequence No. **48**

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

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

JOHN D. BESSLER

Your social security number

**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 2011.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2011 and you made nondeductible contributions to a traditional IRA in 2011 or an earlier year. For this purpose, a distribution does not include a rollover, qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2011 (excluding any portion you recharacterized) and you made nondeductible contributions to a traditional IRA in 2011 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2011, including those made for 2011 from January 1, 2012, through April 17, 2012 (see instructions)	1	5,000.
2	Enter your total basis in traditional IRAs (see instructions)	2	15,000.
3	Add lines 1 and 2	3	20,000.
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> In 2011, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? </div> <div style="display: inline-block; vertical-align: top; margin-left: 20px;"> <p>No —————> Enter the amount from line 3 on line 14. Do not complete the rest of Part I.</p> <p>Yes —————> Go to line 4.</p> </div>			
4	Enter those contributions included on line 1 that were made from January 1, 2012, through April 17, 2012	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, 2011, plus any outstanding rollovers (see instructions)	6	
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2011. Do not include rollovers, qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions)	7	
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2011. 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 2011 and earlier years	14	20,000.
15	Taxable amount. Subtract line 12 from line 7. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	15	
Note: You may be subject to an additional 10% tax on the amount on line 15 if you were under age 59 1/2 at the time of the distribution (see instructions).			

Part II 2011 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 2011 (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 2011. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2011 or 2012 (see instructions)	16	
17	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see instructions)	17	
18	Taxable amount. Subtract line 17 from line 16. Also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	18	

Part III Distributions From Roth IRAs

Complete this part only if you took a distribution from a Roth IRA in 2011. For this purpose, a distribution does not include a rollover, a qualified charitable distribution, a one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions).

19	Enter your total nonqualified distributions from Roth IRAs in 2011, including any qualified first-time homebuyer distributions and certain qualified distributions (see instructions)	19	
20	Qualified first-time homebuyer expenses (see instructions). Do not enter more than \$10,000	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-, skip lines 22 through 24, and enter -0- on line 25	21	
22	Enter your basis in Roth IRA contributions (see instructions)	22	
23	Subtract line 22 from line 21. If zero or less, enter -0-, skip line 24, and enter -0- on line 25. If more than zero, you may be subject to an additional tax (see instructions)	23	
24	Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA (see instructions)	24	
25	Subtract line 24 from line 23. If zero or less, enter -0- and see the Note below	25	
Note. If you completed lines 20a and 20b or 25a and 25b of your 2010 Form 8606, go to line 26 (see instructions). Otherwise, skip lines 26 through 35 and go to line 36.			
26	Enter the total of lines 20a, 20b, 25a, and 25b from your 2010 Form 8606. (If zero, see the note above)	26	
27	Enter the smaller of line 23 or line 24	27	
28	Enter the portion of line 24, if any, that was converted before 2010 (see instructions)	28	
29	Subtract line 28 from line 27	29	
30	Enter the amount, if any, from your 2010 Form 8606, line 33	30	
31	Subtract line 30 from line 26	31	
32	Enter the smaller of line 29 or line 31	32	
33	Enter the total of lines 20a and 25a from your 2010 Form 8606	33	
34	Add lines 32 and 33	34	
35	Enter the smaller of line 31 or line 34	35	
36	Taxable amount. Add lines 25 and 35. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	36	
Next. If the amount on line 26 is more than zero, complete lines 37 and 38 to refigure the amount you must include in your income in 2012; otherwise, skip lines 37 and 38.			
37	Add lines 30 and 35	37	
38	Amount subject to tax in 2012. Subtract line 37 from line 26. If you do not take a distribution in 2012 from a Roth IRA, enter this amount on the applicable line of your 2012 tax return	38	

Part IV Certain Distributions from Designated Roth Accounts

Complete this part only if you took a distribution from your designated Roth account in 2011 and, in 2010, you had an in-plan rollover to your designated Roth account and you completed lines 25a and 25b of your 2010 Form 8606 that you filed to report the in-plan rollover.

39	Enter the amount from box 10 of your 2011 Form 1099-R	39	
40	Enter the total of lines 25a and 25b from your 2010 Form 8606	40	
41	Enter the amount, if any, from line 3 of the Designated Roth Account Income Acceleration Worksheet in your 2010 Instructions for Form 8606	41	
42	Subtract line 41 from line 40	42	
43	Enter the smaller of line 39 or line 42	43	
44	Enter the amount from line 25a of your 2010 Form 8606	44	
45	Add lines 43 and 44	45	
46	Taxable amount. Enter the smaller of line 42 or line 45. Include this amount on Form 1040, line 16b; Form 1040A, line 12b; or Form 1040NR, line 17b	46	
47	Add lines 41 and 45	47	
48	Amount subject to tax in 2012. Subtract line 47 from line 40. Include this amount on the applicable line of your 2012 tax return	48	

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.

Health Savings Accounts (HSAs)**2011**Attachment
Sequence No. **53**▶ **Attach to Form 1040 or Form 1040NR.**▶ **See separate instructions.**

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2011 (see instructions)	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2011 (or those made on your behalf), including those made from January 1, 2012, through April 17, 2012, that were for 2011. 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 2011, and on the first day of every month during 2011, 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 2011 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2011, 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 2011, see the instructions for the amount to enter	6	
7	If you were age 55 or older at the end of 2011, married, and you or your spouse had family coverage under an HDHP at any time during 2011, enter your additional contribution amount (see instructions)	7	
8	Add lines 6 and 7	8	
9	Employer contributions made to your HSAs for 2011	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 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 2011 from all HSAs (see instructions)	14a	1,225.
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	1,225.
15	Unreimbursed qualified medical expenses (see instructions)	15	1,225.
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 20% Tax (see instructions), check here		<input type="checkbox"/>
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 60, or Form 1040NR, line 59. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 59, enter "HSA" and the amount	17b	

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

18	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** (2011)

Employee Business Expenses

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

2011Attachment
Sequence No. **129**

Your name

JOHN D. BESSLER

Occupation in which you incurred expenses

LAW PROFESSOR

Social security number

[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 14	4	369.
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	369.

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	369.
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	369.
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.)	10	369.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **2106** (2011)

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 2011	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

19 Do you (or your spouse) have another vehicle available for personal use? ☐ 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 51¢ (.51) for miles driven **before** July 1, 2011, and by 55.5¢ (.555) for miles driven **after** June 30, 2011. Add the amounts, then enter the result here and on line 1

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 line 14	27	
28	Depreciation (see instructions)	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

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

		(a) Vehicle	(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 line 35	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 (2011)

Employee Business ExpensesDepartment of the Treasury
Internal Revenue Service (99)▶ See separate instructions.
▶ Attach to Form 1040 or Form 1040NR.**2011**
Attachment
Sequence No. **129**

Your name

Occupation in which you incurred expenses

Social security number

AMY J. KLOBUCHAR

UNITED STATES SENATOR

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 15	4	4,147.
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	4,147.

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	4,147.
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	4,147.
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.)	10	4,147.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **2106** (2011)

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 2011	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

19 Do you (or your spouse) have another vehicle available for personal use? ☐ 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 51¢ (.51) for miles driven **before** July 1, 2011, and by 55.5¢ (.555) for miles driven **after** June 30, 2011. Add the amounts, then 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** (2011)

Residential Energy Credits

▶ See instructions.

▶ Attach to Form 1040 or Form 1040NR.

2011Attachment
Sequence No. 158

Name(s) shown on return

AMY J. KLOBUCHAR & JOHN D. BESSLER

Your social security number

Part I Nonbusiness Energy Property Credit

- 1 a** Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) ▶

Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part I.

- b** Print the complete address of the main home where you made the qualifying improvements.

Caution: You can only have one main home at a time.

[Redacted Address]

Unit No.

City, State, and ZIP code

- c** Were any of these improvements related to the construction of this main home? ▶

Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.

- 2** Lifetime limitation. Amounts claimed in 2006, 2007, 2009, and 2010.

- a** Amount, if any, from line 12 of your 2006 Form 5695 **2a**
- b** Amount, if any, from line 15 of your 2007 Form 5695 **2b**
- c** Amount, if any, from line 11 of your 2009 Form 5695 **2c**
- d** Amount, if any, from line 11 of your 2010 Form 5695 **2d**

- e** Add lines 2a through 2d. If \$500 or more, **stop**; you cannot take the nonbusiness energy property credit

- 3** Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions)

- a** Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC
- b** Exterior doors that meet or exceed the Energy Star program requirements
- c** Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home
- d** Exterior windows and skylights that meet or exceed the Energy Star program requirements

- e** Maximum amount of cost on which the credit can be figured

- f** If you claimed window expenses on your Form 5695 for 2006, 2007, 2009, or 2010, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0-

- g** Subtract line 3f from line 3e. If zero or less, enter -0-

- h** Enter the smaller of line 3d or line 3g

- 4** Add lines 3a, 3b, 3c, and 3h

- 5** Multiply line 4 by 10% (.10)

- 6** Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).

- a** Energy-efficient building property. Do not enter more than \$300

- b** Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150

- c** Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50

- 7** Add lines 6a through 6c

- 8** Add lines 5 and 7

- 9** Maximum credit amount. (If you jointly occupied the home, see instructions)

- 10** Enter the amount, if any, from line 2e

- 11** Subtract line 10 from line 9. If zero or less, **stop**; you cannot take the nonbusiness energy property credit

- 12** Enter the smaller of line 8 or line 11

- 13** Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet (see instructions) **STMT 16**

- 14** **Nonbusiness energy property credit.** Enter the smaller of line 12 or line 13. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49

1a ☒ Yes ☐ No1c ☐ Yes ☒ No

2e

3a

3b

3c

3d

3e \$2,000

3f

3g 2,000.

3h

4

5

6a

6b 150.

6c

7 150.

8 150.

9 \$500

10

11 500.

12 150.

13 48,527.

14 150.

Part II Residential Energy Efficient Property Credit (See instructions before completing this part.)**Note.** Skip lines 15 through 25 if you only have a credit carryforward from 2010.

15	Qualified solar electric property costs	15	
16	Qualified solar water heating property costs	16	
17	Qualified small wind energy property costs	17	
18	Qualified geothermal heat pump property costs	18	
19	Add lines 15 through 18	19	
20	Multiply line 19 by 30% (.30)	20	
21 a	Qualified fuel cell property. Was qualified fuel cell property installed on or in connection with your main home located in the United States? (See instructions)	21a	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 21b through 25.			
b Print the complete address of the main home where you installed the fuel cell property.			
Number and street		Unit No.	
City, State, and ZIP code			
22	Qualified fuel cell property costs	22	
23	Multiply line 22 by 30% (.30)	23	
24	Kilowatt capacity of property on line 22 above ▶ X \$1,000	24	
25	Enter the smaller of line 23 or line 24	25	
26	Credit carryforward from 2010. Enter the amount, if any, from your 2010 Form 5695, line 28	26	
27	Add lines 20, 25, and 26	27	
28	Enter the amount from Form 1040, line 46, or Form 1040NR, line 44	28	
29	1040 filers: Enter the total, if any, of your credits from Form 1040, lines 47 through 50; line 14 of this form; line 12 of the Line 11 Worksheet in Pub. 972 (see instructions); Form 8396, line 9; Form 8859, line 9; Form 8834, line 23; Form 8910, line 22; Form 8936, line 15; and Schedule R, line 22. 1040NR filers: Enter the amount, if any, from Form 1040NR, lines 45 through 47; line 14 of this form; line 12 of the Line 11 Worksheet in Pub. 972 (see instructions); Form 8396, line 9; Form 8859, line 9; Form 8834, line 23; Form 8910, line 22; and Form 8936, line 15.	29	
30	Subtract line 29 from line 28. If zero or less, enter -0- here and on line 31	30	
31	Residential energy efficient property credit. Enter the smaller of line 27 or line 30. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49	31	
32	Credit carryforward to 2012. If line 31 is less than line 27, subtract line 31 from line 27	32	

Form **5695** (2011)

**INDIVIDUAL RETIREMENT ACCOUNT
COMPUTATION FOR
FEDERAL 1040**

Name: AMY J. KLOBUCHAR

SSN [REDACTED]

Traditional IRA Deduction Computation

Covered by an employer retirement plan? ☒ Yes ☐ No

1	Traditional IRA limitation (zero if age 70 1/2 or older)	6,000.	
2	Less: Amount contributed to Roth IRA	0.	
3	Net traditional IRA amount		6,000.
4	Wages and other earned income after Keogh deduction	242,457.	
5	Enter foreign housing and earned income exclusion		
6	Net compensation (line 4 minus line 5)		242,457.
7	Amount contributed to traditional IRA		5,000.
8	Allowable contribution (lesser of line 3, line 6 or line 7)		5,000.
9	Contribution credit:		
a	IRA limitation		
b	IRA contributions from line 3		
c	Contribution credit, line 9a minus line 9b		
d	Prior year excess contribution not previously eliminated		
e	Additional allowable contribution (lesser of line 9c or line 9d)		
10	Total allowable contribution, line 8 plus line 9e		5,000.
11	Excess Contribution		
12	Limitation Reduction:		
a	Traditional IRA limitation	6,000.	
b	Adjusted gross income before traditional IRA deduction	247,597.	
c	Phaseout level	90,000.	
d	Excess AGI, line 12b minus line 12c	157,597.	
e	Reduction ratio, line 12d divided by \$10,000 or \$20,000	100.00%	
f	Amount of limitation reduction, line 12a times line 12e	6,000.	
g	Reduced limitation, line 12a minus line 12f		0.
13	Traditional IRA deduction, lesser of line 10 or line 12g		0.

Roth IRA Contribution Computation

1	Roth IRA limitation		
2	Amount contributed to traditional IRA		
3	Net Roth IRA limitation		
4	Wages and other earned income after Keogh deduction and foreign earned income exclusion		
5	Amount contributed to Roth IRA		
6	Allowable Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5)		
7	Limitation Reduction:		
a	Modified AGI for Roth IRA purposes		
b	Phaseout level		
c	Excess AGI, line 7a minus line 7b		
d	Reduction ratio, line 7c divided by \$10,000 or \$15,000		
e	Amount of limitation reduction, line 1 times line 7d		
8	Roth IRA contribution (lesser of line 1 minus line 7e or line 6)		

**INDIVIDUAL RETIREMENT ACCOUNT
COMPUTATION FOR
FEDERAL 1040**

Name: JOHN D. BESSLER

SSN: XXXXXXXXXX

Traditional IRA Deduction Computation

Covered by an employer retirement plan? ☒ Yes ☐ No

1	Traditional IRA limitation (zero if age 70 1/2 or older)	5,000.	
2	Less: Amount contributed to Roth IRA	0.	
3	Net traditional IRA amount		5,000.
4	Wages and other earned income after Keogh deduction	242,457.	
5	Enter foreign housing and earned income exclusion		
6	Net compensation (line 4 minus line 5)		242,457.
7	Amount contributed to traditional IRA		5,000.
8	Allowable contribution (lesser of line 3, line 6 or line 7)		5,000.
9	Contribution credit:		
a	IRA limitation		
b	IRA contributions from line 3		
c	Contribution credit, line 9a minus line 9b		
d	Prior year excess contribution not previously eliminated		
e	Additional allowable contribution (lesser of line 9c or line 9d)		
10	Total allowable contribution, line 8 plus line 9e		5,000.
11	Excess Contribution		
12	Limitation Reduction:		
a	Traditional IRA limitation	5,000.	
b	Adjusted gross income before traditional IRA deduction	247,597.	
c	Phaseout level	90,000.	
d	Excess AGI, line 12b minus line 12c	157,597.	
e	Reduction ratio, line 12d divided by \$10,000 or \$20,000	100.00%	
f	Amount of limitation reduction, line 12a times line 12e	5,000.	
g	Reduced limitation, line 12a minus line 12f		0.
13	Traditional IRA deduction, lesser of line 10 or line 12g		0.

Roth IRA Contribution Computation

1	Roth IRA limitation		
2	Amount contributed to traditional IRA		
3	Net Roth IRA limitation		
4	Wages and other earned income after Keogh deduction and foreign earned income exclusion		
5	Amount contributed to Roth IRA		
6	Allowable Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5)		
7	Limitation Reduction:		
a	Modified AGI for Roth IRA purposes		
b	Phaseout level		
c	Excess AGI, line 7a minus line 7b		
d	Reduction ratio, line 7c divided by \$10,000 or \$15,000		
e	Amount of limitation reduction, line 1 times line 7d		
8	Roth IRA contribution (lesser of line 1 minus line 7e or line 6)		

FORM 1040

PENSIONS AND ANNUITIES

STATEMENT

1

MARYLAND TEACHERS & STATE EMPLOYEES

AMOUNT RECEIVED THIS YEAR

4,125.

NONTAXABLE AMOUNT

CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

4,125.

TOTAL INCLUDED IN FORM 1040, LINE 16B

4,125.

FORM 1040 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 2

	2010	2009	2008
	MINNESOTA		
GROSS STATE/LOCAL INC TAX REFUNDS	2,194.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS MINNESOTA	2,194.		
	MARYLAND		
GROSS STATE/LOCAL INC TAX REFUNDS	6,348.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS MARYLAND	6,348.		
	VIRGINIA		
GROSS STATE/LOCAL INC TAX REFUNDS	1,065.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS VIRGINIA	1,065.		
TOTAL NET TAX REFUNDS	9,607.		

FORM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	3
	2010	2009	2008
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	9,607.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION	6,077.		
1 NET REFUNDS FOR RECALCULATION	3,530.		
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	39,522.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1	3,530.		
5 LINE 2 MINUS LINES 3 AND 4	35,992.		
6 MULT LN 5 BY APPL SEC. 68 PCT			
7 PRIOR YEAR AGI			
8 ITEM. DED. PHASEOUT THRESHOLD			
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)			
10 MULT LN 9 BY APPL SEC. 68 PCT			
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)			
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS	35,992.		
13B PRIOR YR. STD. DED. AVAILABLE	11,400.		
14 PRIOR YR. ALLOWABLE ITEM. DED.	39,522.		
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	3,530.		
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	3,530.		
17 ALLOWABLE PRIOR YR. ITEM. DED.	39,522.		
18 PRIOR YEAR STD. DED. AVAILABLE	11,400.		
19 SUBTRACT LINE 18 FROM LINE 17	28,122.		
20 LESSER OF LINE 16 OR LINE 19	3,530.		
21 PRIOR YEAR TAXABLE INCOME	218,195.		
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			3,530.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2008			
TOTAL TO FORM 1040, LINE 10			3,530.

FORM 1040	IRA DISTRIBUTIONS	STATEMENT	4
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NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT
FIDUCIARY TRUST CO NH-WR ADVISORS ASSET	319.	319.
TOTAL TO FORM 1040, LINE 15	319.	319.

FORM 1040	WAGES RECEIVED AND TAXES WITHHELD	STATEMENT	5
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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	145,242.	35,860.	11,397.		4,486.	2,425.
S PRESIDENT & DIRECTORS OF GEORGETOWN COLLEGE	2,250.		66.		95.	33.
S STATE OF MARYLAND CENTRAL PAYROLL BUREAU	94,965.	20,856.	2,842.		4,486.	1,770.
TOTALS	242,457.	56,716.	14,305.		9,066.	4,228.

FORM 1040	EXCESS SOCIAL SECURITY TAX WORKSHEET	STATEMENT 6
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	TAXPAYER	SPOUSE
1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN \$4,485.60 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE	4,486.	4,581.
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	4,486.	4,581.
4. SOCIAL SECURITY TAX LIMIT	4,486.	4,486.
5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN FORM 1040, LINE 69.	0.	95.

FORM 1040	FEDERAL INCOME TAX WITHHELD	STATEMENT 7
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T S DESCRIPTION	AMOUNT
T UNITED STATES SENATE	35,860.
S STATE OF MARYLAND CENTRAL PAYROLL BUREAU	20,856.
S MARYLAND TEACHERS & STATE EMPLOYEES	203.
TOTAL TO FORM 1040, LINE 62	56,919.

SCHEDULE A	UNREIMBURSED EMPLOYEE EXPENSES	STATEMENT 8
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DESCRIPTION	AMOUNT
UNREIMBURSED BUSINESS EXPENSES	4,684.
FROM FORM 2106	369.
FROM FORM 2106	4,147.
TOTAL TO SCHEDULE A, LINE 21	9,200.

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 9
DESCRIPTION	AMOUNT	
MARYLAND TEACHERS & STATE EMPLOYEES	108.	
UNITED STATES SENATE	11,397.	
PRESIDENT & DIRECTORS OF GEORGETOWN COLLEGE	66.	
STATE OF MARYLAND CENTRAL PAYROLL BUREAU	2,842.	
VA ESTIMATES	5,440.	
VA OVERPAYMENT APPLIED	999.	
TOTAL TO SCHEDULE A, LINE 5	20,852.	

SCHEDULE A	CONTRIBUTIONS OTHER THAN CASH OR CHECK			STATEMENT 10
DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
GOODWILL U OF BALTIMORE FOUNDATION		50.		
		50.		
SUBTOTALS		100.		
TOTAL TO SCHEDULE A, LINE 17				100.

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 11
DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
ESTATE OF ROSE K KLOBUCHAR	-7,861.	
TOTAL TO SCHEDULE D, PART II, LINE 12	-7,861.	

SCHEDULE D	CAPITAL LOSS CARRYOVER	STATEMENT 12
1. ENTER THE AMOUNT FROM FORM 1040, LINE 41		207,271.
2. ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT.		3,000.
3. COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0-		210,271.
4. ENTER THE SMALLER OF LINE 2 OR LINE 3		3,000.
5. ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT .		
6. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15		
7. ADD LINES 4 AND 6		
8. SHORT-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0- . . .		
9. ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT.		7,861.
10. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7		
11. SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0-	3,000.	
12. ADD LINES 10 AND 11		3,000.
13. LONG-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0- . . .		4,861.

FORM 6251

EXEMPTION WORKSHEET

STATEMENT 13

- 1 ENTER: \$48,450 IF SINGLE OR HEAD OF HOUSEHOLD; \$74,450 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$37,225 IF MARRIED FILING SEPARATELY. 74,450.
- 2 ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FORM 6251, LINE 28 238,208.
- 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- 88,208.
- 5 MULTIPLY LINE 4 BY 25% (.25). 22,052.
- 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 52,398.
- 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 14

LAW PROFESSOR

DESCRIPTION

AMOUNT

PROFESSIONAL DUES

369.

TOTAL TO FORM 2106/SBE, PART I, LINE 4

369.



FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 15
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UNITED STATES SENATOR

DESCRIPTION	AMOUNT
TOTAL REFLECTS \$3000 IRC 162(A) LIMIT ON DC LIVING EXPENSES	4,147.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	4,147.

FORM 5695

CREDIT LIMIT WORKSHEET

STATEMENT 16

NONBUSINESS ENERGY PROPERTY

- 1 ENTER THE AMOUNT FROM FORM 1040, LINE 46 OR FORM 1040NR,
LINE 44 48,527.
- 2A ENTER THE AMOUNT FROM FORM 1040, LINE 47 OR
FORM 1040NR, LINE 45.
- B ENTER THE AMOUNT FROM FORM 1040, LINE 48 OR
FORM 1040NR, LINE 46.
- C ENTER THE AMOUNT FROM FORM 1040, LINE 49 .
- D ENTER THE AMOUNT FROM FORM 1040, LINE 50 OR
FORM 1040NR, LINE 47.
- E ENTER THE AMOUNT FROM FORM SCHEDULE R . . .
- F ENTER THE TOTAL OF LINES 2A THROUGH 2E
- 3 SUBTRACT LINE 2F FROM LINE 1. ALSO ENTER THIS AMOUNT
ON FORM 5695, LINE 13. IF ZERO OR LESS, STOP. YOU
CANNOT TAKE THIS CREDIT 48,527.

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

AMY J KLOBUCHAR

Place an
X if a
Foreign
Address:

JOHN D BESSLER

2011 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)

Wisconsin Residents Working in Minnesota: Was any of your income from personal or professional services performed in Minnesota while a Wisconsin resident? (see instructions)

If yes, enter

Minnesota income:

Minnesota Residents Working in Wisconsin: Was any of your income from personal or professional services performed in Wisconsin while a Minnesota resident? (see instructions)

If yes, enter

Wisconsin income:

State Elections Campaign Fund

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

Political Party and Code Number:

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

11

11

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

242457

4444

247597

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 ■

196171

2 State income tax or sales tax addition. If you itemized deductions onfederal Form 1040, complete the worksheet on page 10 of the instructions **STMT 1**

2 ■

20852

3 Other additions to income, including non-Minnesota bond interest, disallowed standard or itemized deductions and personal exemptions

(see instructions, page 11; enclose Schedule M1M)

3 ■

2341

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

4

219364

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

5 ■

3530

6 Other subtractions, such as net interest or mutual fund dividends from U.S. bonds or K-12 education expenses (see instructions, page 11; enclose Schedule M1M)

6 ■

7 Total subtractions. Add lines 5 and 6

7

3530

8 Minnesota taxable income. Subtract line 7 from line 4. If zero or less, leave blank.

8

215834

9 Tax from the table on pages 24-29 of the M1 instructions

9

15296

10 Alternative minimum tax (enclose Schedule M1MT)

10 ■

11 Add lines 9 and 10

11

15296

12 Full-year residents: Enter the amount from line 11 on line 12. Skip lines 12a and 12b.**Part-year residents and nonresidents:** From Schedule M1NR, enter the tax from line 27 on line 12, from line 23 on line 12a, and from line 24 on line 12b (enclose Schedule M1NR) 12

8823

a.

142813

b.

247597

13 Tax on lump-sum distribution (enclose Schedule M1LS)

13 ■

14 Tax before credits. Add lines 12 and 13

14

8823

15 Tax before credits. Amount from line 14	15	8823
16 Marriage credit for joint return when both spouses have taxable earned income or taxable retirement income (enclose Schedule M1MA)	16 ■	203
17 Credit for taxes paid to another state (enclose Schedule M1CR)	17 ■	
18 Other nonrefundable credits (enclose Schedule M1C)	18 ■	
19 Total nonrefundable credits. Add lines 16 through 18	19	203
20 Subtract line 19 from line 15 (if result is zero or less, leave blank)	20	8620
21 Nongame Wildlife Fund contribution (see instructions, page 15) This will reduce your refund or increase amount owed	21 ■	
22 Add lines 20 and 21	22	8620
23 Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minnesota withholding from W-2, 1099 and W-2G forms (do not send in W-2s, 1099s, W-2Gs)	23 ■	11505
24 Minnesota estimated tax and extension (Form M13) payments made for 2011	24 ■	
25 Child and Dependent Care Credit (enclose Schedule M1CD). Enter number of qualifying persons here:	25 ■	
26 Minnesota Working Family Credit (enclose Schedule M1WFC). Enter number of qualifying children here:	26 ■	
27 K-12 Education Credit (enclose Schedule M1ED). Enter number of qualifying children here:	27 ■	
28 Business and investment credits (enclose Schedule M1B)	28 ■	
29 Total payments. Add lines 23 through 28	29	11505
30 REFUND. If line 29 is more than line 22, subtract line 22 from line 29 (see instructions, page 19). For direct deposit, complete line 31	30 ■	2885
31 Direct deposit of your refund (you must use an account not associated with a foreign bank):		

X Checking

Savings

32 AMOUNT YOU OWE. If line 22 is more than line 29, subtract line 29 from line 22 (see instructions, page 19)	32 ■	Make check out to Minnesota Revenue and send with Form M60
33 Penalty amount from Schedule M15 (see instructions, page 19). Also subtract this amount from line 30 or add it to line 32 (enclose Schedule M15)	33 ■	
IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 34 and 35.		
34 Amount from line 30 you want sent to you	34 ■	
35 Amount from line 30 you want applied to your 2012 estimated tax	35 ■	

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

Paid preparer: You must sign below.

Your signature

Date

Spouse's signature (if filing jointly)

Include a copy of your 2011 federal return and schedules.

Mail to: Minnesota Individual Income Tax

St. Paul, MN 55145-0010

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

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.

MINNESOTA - REVENUE

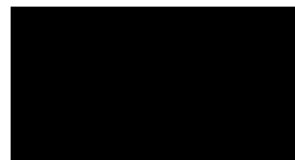
1131

2011 Schedule M1W, Minnesota Income Tax Withheld

Sequence #2

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

AMY J KLOBUCHAR
JOHN D BESSLER



If you received a W-2, 1099, W-2G, Schedule KPI, KS or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 23 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your W-2, 1099 or W-2G forms; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and tax withheld from W-2s, other than from W-2G. If you have more than five W-2s, complete line 5 on 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		145242	11397

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 11397

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 by partnerships, S corporations and fiduciaries
(from line 7 on page 2) 3

4 Total. Add the Minnesota tax withheld on lines 1, 2 and 3.
Enter the total here and on line 23 of Form M1 4 11397

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

MINNESOTA • REVENUE

2011 Schedule M1NR, Nonresidents/Part-Year Residents

Sequence #7

Your Last Name KLOBUCHAR Social Security Number [REDACTED]
 Spouse's Last Name BESSLER Spouse's Social Security Number [REDACTED]

Your Residency
Status in 2011:
 Spouse's 2011
Residency Status:

☐ Nonresident of Minnesota; Resident of MINNESOTA (state)
☐ Minnesota Resident From _____ to _____ (mm/dd/yyyy)
☒ 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 11 of Form M1.

	A. Total Amount	B. Minnesota Portion (see instructions)
Income		
1 Wages, salaries, tips, etc. (from line 7 of federal Form 1040 or 1040A or line 1 of Form 1040EZ)	1 242,457.	145,242.
2 Taxable interest and ordinary dividend income (add lines 8a and 9a of Form 1040 or 1040A or from line 2 of Form 1040EZ)	2 165.	165.
3 Business income or loss (from line 12 of Form 1040)	3 -86.	0.
4 Capital gain or loss (from line 13 of Form 1040 or line 10 of Form 1040A)	4 -3,000.	-3,000.
5 IRA distributions and pensions and annuities (add lines 15b and 16b of Form 1040, or lines 11b and 12b of Form 1040A)	5 4,444.	319.
6 Net income from rents, royalties, partnerships, S corporations, estates and trusts (from line 17 of Form 1040)	6 87.	87.
7 Farm income or loss (from line 18 of Form 1040)	7	
8 Other income (add lines 10, 11, 14, 19, 20b and 21 of Form 1040, or lines 13 and 14b of Form 1040A, or from line 3 of 1040EZ)	8 3,530.	
9 Interest and dividends from non-Minnesota state or municipal bonds (add lines 4 and 5 of Schedule M1M)	9	
10 Other additions required by Minnesota (add lines 6, 7, 10, 13 and 15 of Schedule M1M)	10	
11 Add lines 1 through 10 for each column	11 247,597.	142,813.
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		
12 Educator expenses and certain business expenses (add lines 23 and 24 of Form 1040 or from line 16 of Form 1040A)	12	
13 Self-employed SEP, SIMPLE and qualified plans and IRA deduction (add lines 28 and 32 of Form 1040, or from line 17 of Form 1040A)	13	
14 Health savings account and Archer MSA deductions (add line 25 of Form 1040 and the Archer MSA amount included on line 36 of Form 1040)	14	
15 Moving expenses (from line 26 of Form 1040)	15	
16 One-half of self-employment tax and self-employed health insurance (add lines 27 and 29 of Form 1040)	16	
17 Deductions for alimony paid, student loan interest and tuition and fees (see instructions)	17	
18 Penalty on early withdrawal of savings (from line 30 of Form 1040)	18	
19 Other subtractions required by Minnesota (from lines 21, 22, 35 and 36 of Schedule M1M)	19	
20 Net U.S. bond interest (from line 18 of Schedule M1M) and active military pay received while a nonresident (from line 29 of Schedule M1M)	20	
21 Job Opportunity Building Zone (JOBZ) business and investment income exemptions (from line 32 of Schedule M1M)	21	
22 Add lines 12 through 21 for each column	22	0.
Tax Calculation		
23 Subtract line 22, column B, from line 11, column B. Enter here and on line 12a of Form M1. If you're below the filing requirement or the result is a negative amount, enter 0	23	142,813.
24 Subtract line 22, column A, from line 11, column A. Enter the result here and on line 12b of Form M1	24	247,597.
25 Divide line 23 by line 24, and enter the result as a decimal (carry to five decimal places). If line 23 is more than line 24, enter 1.0. If line 23 is zero, enter 0	25	.57680
26 Amount from line 11 of Form M1	26	15,296.
27 Multiply line 25 by line 26. Enter the result here and on line 12 of Form M1	27	8,823.

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

2011 Schedule M1MT, Alternative Minimum Tax

Sequence #8

Your First Name and Initial

Last Name

Social Security Number

AMY J. KLOBUCHAR**Before you complete this schedule, read the instructions.****Round amounts to the nearest whole dollar.**

Additions	1	Federal adjusted gross income (from line 37 of federal Form 1040)	1	247,597.
	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 6, 7, 9, 13 and 15 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	247,597.
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	5,859.
	12	Casualty and theft losses (determine from instructions)	12	
Minnesota Subtractions	13	Impairment-related work expenses of a disabled person (included on line 28 of federal Schedule A)	13	
	14	State income tax refund (from line 10 of federal Form 1040)	14	3,530.
	15	Federal bonus depreciation subtraction (from line 21 of Schedule M1M)	15	
	16	Net interest or mutual fund dividends from U.S. bonds (from line 18 of Schedule M1M)	16	
	17	JOBZ zone business and investment income exemptions (from line 32 of Schedule M1M)	17	
	18	Other subtractions from Schedule M1M (add lines 20, 22, 24, 26-30, 33 and 35 of Schedule M1M)	18	
	19	Add lines 9 through 18	19	9,389.
	20	Subtract line 19 from line 8	20	238,208.
Determining Minnesota Alternative Minimum Tax	21	If married and filing a joint return, or qualifying widow(er): enter \$67,590 If married and filing a separate return: enter \$33,800 If single or head of household: enter \$50,700	21	67,590.
	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	88,208.
	24	Multiply line 23 by 25% (.25)	24	22,052.
	25	Subtract line 24 from line 21 (if result is zero or less, enter 0)	25	45,538.
	26	Subtract line 25 from line 20	26	192,670.
	27	Multiply line 26 by 6.4% (.064)	27	12,331.
	28	Tax from the table (from line 9 of Form M1)	28	15,296.
	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 10 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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2011.03021 KLOBUCHAR, AMY J.

111751

2011 Schedule M1M, Income Additions and Subtractions

Sequence #3

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

AMY

J

KLOBUCHAR

Additions to Income

- 1** If you took the standard deduction on your federal return, enter \$1,950 if married filing joint or qualifying widow(er), or \$975 if married filing separate. Otherwise, skip this line **1** |
- 2** Limitation on itemized deductions for taxpayers with an adjusted gross income that exceeds the applicable threshold (see instructions) SEE STATEMENT 2 **2** | 2341
- 3** Phase out of personal exemption(s) for taxpayers with an adjusted gross income that exceeds the applicable threshold (see instructions) **3** |
- 4** Interest from municipal bonds of another state or its governmental units included on line 8b of federal Form 1040 or 1040A **4** |
- 5** Federally tax-exempt dividends from mutual funds investing in bonds of another state or its governmental units included on line 8b of federal Form 1040 or 1040A **5** |
- 6** Federal bonus depreciation addition (determine from worksheet in the instructions) **6** |
- 7** Federal section 179 expensing addition (determine from worksheet in the instructions) **7** |
- 8** State income taxes passed through to you as a partner of a partnership, a shareholder of an S corporation or a beneficiary of a trust (see instructions) **8** |
- 9** Domestic production activities deduction (from line 35 of federal Form 1040) **9** |
- 10** Expenses deducted on your federal return attributable to income not taxed by Minnesota (other than interest or mutual fund dividends from U.S. bonds) **10** |
- 11** If you are an employer who provides prescription drug coverage to your retirees, enter the amount of federal tax-exempt subsidies you received for continuing these benefits **11** |
- 12** Fines, fees and penalties federally deducted as a trade or business expense (see instructions) **12** |
- 13** Suspended loss from 2001 through 2005, 2008, 2009 or 2010 on your federal return that was generated by bonus depreciation (determine from worksheet in the instructions) **13** |
- 14** Capital gain portion of a lump-sum distribution (from line 6 of federal Form 4972; enclose Form 4972) **14** |
- 15** Net operating loss carryover adjustment (see instructions) **15** |
- 16** This line intentionally left blank **16** |
- 17** Add lines 1 through 16. Enter the total here and on line 3 of Form M1 **17** | 2341
- Subtractions are on page 2 of this schedule.**

AMY

J

KLOBUCHAR

Subtractions From Income

- 18** Net interest or mutual fund dividends from U.S. bonds **18** |
- 19** Education expenses you paid for your qualifying children in grades K-12
Enter the name and grade of each child: **19** |
- 20** If you did not itemize deductions on your federal return and your charitable
contributions were more than \$500, see instructions **20** |
- 21** Subtraction for federal bonus depreciation added back to Minnesota taxable
income in 2006 through 2010 (*determine from worksheet in the instructions*) **21** |
- 22** Subtraction for federal section 179 expensing added back to Minnesota
taxable income in 2006 through 2010 (*see instructions*) **22** |
- 23** Subtraction for persons age 65 or older, or permanently and totally
disabled (*enclose Schedule M1R*) **23** |
- 24** Benefits paid by the Railroad Retirement Board (*included on lines 7, 16b, 19
and 20b of Form 1040 or lines 7, 12b, 13 and 14b of Form 1040A*) **24** |
- 25** If you are a resident of a reciprocity state filing Form M1 only to receive a refund of all
Minnesota tax withheld, enter the amount from line 1 of Form M1.
If the amount is a negative number (less than zero), enter zero **25** |
- Place an X in one box to indicate the reciprocity state of
which you were a resident during 2011 Michigan:
- North Dakota:
- 26** American Indians: Total amount earned on an Indian reservation while living
on the reservation, to the extent the income is federally taxable **26** |
- 27** Federal active duty military pay received for services performed while a Minnesota resident,
to the extent the income is federally taxable. Do not include military pensions **27** |
- 28** If you are a member of the Minnesota National Guard or other reserve component
in Minnesota, see instructions **28** |
- 29** If you are a resident of another state, enter your federal active service military pay, to the extent
the income is federally taxable. Do not include military pensions **29** |
- 30** If you, your spouse (if filing a joint return) or your dependent donated all or part of a human
organ, enter your unreimbursed expenses for travel and lodging and for any lost wages net of
sick pay (*see instructions*) **30** |
- 31** Income taxes paid to a subnational level of a foreign country other than Canada
(*determine from worksheet in the instructions*) **31** |
- 32** Job Opportunity Building Zone (JOBZ) business and investment income exemptions (*enclose
Schedule JOBZ*) **32** |
- 33** Portion of the gain from the sale of your farm property if you were insolvent at the time
of the sale (*determine from worksheet in the instructions*) **33** |
- 34** Post service education awards received for service in an
AmeriCorps National Service program **34** |
- 35** Net operating loss (NOL) carryover adjustment (*see instructions*) **35** |
- 36** Subtraction for prior addback of reacquisition of business indebtedness income
included in federal taxable income (*see instructions*) **36** |
- 37** This line intentionally left blank **37**
- 38** Add lines 18 through 37. Enter the total here and on line 6 of Form M1 **38**

You must include this schedule with your Form M1.

2011 Schedule M1MA, Marriage Credit

Sequence # 19

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

Taxpayer/Spouse Information

	A Taxpayer	B Spouse
1 Wages, salaries, tips, etc. (from line 7 of federal Form 1040 or 1040A or line 1 of Form 1040EZ)	1 145,242.	97,215.
2 Self-employment income (from line 3 of federal Schedule SE less the self-employment tax deduction from line 6 of Schedule SE)	2	-86.
3 Taxable pension income (from line 15b and 16b of federal Form 1040 or lines 11b and 12b of Form 1040A, less any income from the Railroad Retirement Board included on line 16b of Form 1040 or line 12b of Form 1040A)	3 319.	4,125.
4 Taxable Social Security income (from line 20b of Form 1040 or line 14b of Form 1040A)	4	
5 Add lines 1 through 4 for each column	5 145,561.	101,254.
6 Amount from line 5, Column A or B, whichever is less (If less than \$20,000, STOP HERE . You do not qualify)	6	101,254.
7 Joint taxable income from line 8 of Form M1. (If less than \$34,000, STOP HERE . You do not qualify)	7	215,834.
8 If line 6 is less than \$86,000, determine the amount of your credit using lines 6 and 7 and the table in the instructions. Full-year residents: Enter the result here and on line 16 of Form M1. Part-year residents and nonresidents: Continue with line 20	8	

If line 6 is \$86,000 or more, complete lines 9 through 19.

9 Enter the amount from line 6	9	101,254.
10 Value of one personal exemption plus one-half of the Minnesota married-joint standard deduction	10	\$8,525
11 Subtract line 10 from line 9	11	92,729.
12 Using the rate schedule for single persons in the M1 instructions, compute the tax for the amount on line 11	12	6,279.
13 Amount from line 7	13	215,834.
14 Amount from line 11	14	92,729.
15 Subtract line 14 from line 13 (if zero or less, you do not qualify)	15	123,105.
16 Using the rate schedule for single persons in the M1 instructions, compute the tax for the amount on line 15	16	8,664.
17 Tax from line 9 of Form M1	17	15,296.
18 Add lines 12 and 16	18	14,943.
19 Subtract line 18 from line 17. If the result is more than \$352, enter \$352. If result is zero or less, you do not qualify. Full-year residents: Enter the result here and on line 16 of Form M1. Part-year residents and nonresidents: Continue with line 20	19	352.

If Line 6 is \$86,000 or More

Part-Year/
Nonresidents**Part-Year Residents and Nonresidents**

20 Part-year residents and nonresidents: Enter the percentage from line 25 of Schedule M1NR	20	.57680
21 Multiply line 8 or line 19, whichever is applicable, by line 20. Enter the result here and on line 16 of Form M1	21	203.

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

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MN M1	STATE INCOME TAX OR SALES TAX	STATEMENT	1
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DESCRIPTIONAMOUNT

1. TOTAL ITEMIZED DEDUCTIONS FROM FEDERAL SCHEDULE A, LINE 29	40,326.
2. TABLE AMOUNT	9,650.
3. SUBTRACT STEP 2 FROM STEP 1	30,676.
4. STATE INCOME OR SALES TAX FROM FEDERAL SCHEDULE A, LINE 5	20,852.
5. SMALLER OF STEP 3 OR STEP 4 TO FORM M1, PAGE 1, LINE 2	20,852.

MN SCHEDULE M1M LIMITATION ON ITEMIZED DEDUCTIONS - LINE 2 STATEMENT 2

DESCRIPTION	AMOUNT
1. ENTER THE AMOUNT FROM SCHEDULE A, LINE 29	40,326.
2. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14 AND 20 PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28	
3. IS STEP 2 LESS THAN STEP 1? NO. STOP HERE AND ENTER ZERO ON SCHEDULE M1M, LINE 2 X YES. SUBTRACT STEP 2 FROM STEP 1	40,326.
4. MULTIPLY STEP 3 BY 80% (.80)	32,261.
5. ENTER THE AMOUNT FROM FORM 1040, LINE 38	247,597.
6. ENTER: \$169,550 (\$84,775 IF MFS)	169,550.
7. IS STEP 6 LESS THAN STEP 5? NO. STOP HERE AND ENTER ZERO ON SCHEDULE M1M, LINE 2. YOU DO NOT HAVE A LINE 2 ADDITION. X YES. SUBTRACT STEP 6 FROM STEP 5	78,047.
8. MULTIPLY STEP 7 BY 3% (.03)	2,341.
9. ENTER THE SMALLER OF STEP 4 OR STEP 8	2,341.
10. AMOUNT FROM FORM M1, LINE 2	20,852.
11. ADD STEP 9 AND STEP 10	23,193.
12. ENTER THE AMOUNT FROM STEP 1	40,326.
13. ENTER AMOUNT CORRESPONDING TO YOUR FILING STATUS: - SINGLE: \$5,800 - MARRIED FILING SEPARATELY: \$4,825 - HEAD OF HOUSEHOLD: \$8,500 - MFJ OR QUALIFYING WIDOW(ER): \$9,650	9,650.
14. SUBTRACT STEP 13 FROM STEP 12 (IF RESULT IS ZERO OR LESS, ENTER ZERO HERE AND ON STEP 15. ALSO ENTER 0 ON SCHEDULE M1M, LINE 2	30,676.
15. COMPARE THE AMOUNTS ON STEP 11 AND STEP 14. - IF STEP 11 IS LESS THAN OR EQUAL TO STEP 14, ENTER STEP 9 HERE AND ON SCHEDULE M1M, LINE 2 (IF MARRIED FILING SEPARATELY, SEE INSTRUCTIONS); OR - IF STEP 11 IS MORE THAN STEP 14, SUBTRACT STEP 10 FROM STEP 14 (IF RESULT IS ZERO OR LESS, ENTER ZERO). ENTER THE RESULT HERE AND ON SCHEDULE M1M, LINE 2	2,341.

FORM MARYLAND
505 NONRESIDENT INCOME TAX RETURN
 OR FISCAL YEAR BEGINNING 2011, ENDING



2011

\$

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

FILING STATUS

See Instructions to determine if you are required to file.

CHECK ONE BOX

1. ☐ Single (If you can be claimed on another person's tax return, use Filing Status 6.)
 2. ☐ Married filing joint return or spouse had no income
 3. ☒ Married filing separately
 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. Enter 2-letter state code: **VA** Borough/Township (PA):
 Were you a resident for the entire year of 2011? Yes ☒ No ☐ If no, attach explanation.
 Are you or your spouse a member of the military? Yes ☐ No ☒
 Did you file a Maryland income tax return for 2010? Yes ☒ No ☐
 If "Yes," was it a ☐ Resident or a ☒ Nonresident return?
 Advise dates you resided within Maryland for 2011. If none, enter "NONE."
FROM NONE TO

EXEMPTIONS

See Instructions

- (A) ☒ Yourself ☐ Spouse
 (B) ☐ 65 or over ☐ Blind ☐ 65 or over ☐ Blind

NOTE: If you are claiming dependents, you must attach the Dependent Form 502B to this form in order to receive the applicable exemption amount.

(A) Enter No. Checked... **1** \$ **3200** See Instructions
 (B) Enter No. Checked... ☐ \$ ☐ X \$1,000
 (C) Enter No. Checked from line 1 of Dependent Form 502B... ☐ \$ ☐ See Instructions
 (D) Enter Total Exemptions (Add A, B and C) **1** \$ **3200** Total Amount

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		
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		
16. Total adjustments to income from federal return (IRA, alimony, etc.)	16		
17. Adjusted gross income (Subtract line 16 from line 15)	17	97215	97215

ADDITIONS TO INCOME (See Instructions)

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

SUBTRACTIONS FROM INCOME (See Instructions)

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

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

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

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** (from worksheet in Instructions) **26**

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



NAME JOHN D. BESSLE SSN [REDACTED]

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

MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING

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	2842
44. 2011 estimated tax payments, amount applied from 2010 return, payments made with Form 502E and Form MW506NRS	44	
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	2842
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	2842
51. Amount of overpayment TO BE APPLIED TO 2012 ESTIMATED TAX	51	
52. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 51 from line 50) See line 55	52	2842
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	

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

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

55b. Routing number 55c. Account number

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

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

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

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

See the instruction book for the income tax return you will file to determine the amounts for Lines 1 through 4.

See Section I on Page 1 to see if you are required to file Form 760ES 1

OR

Single: \$3,000, Married, filing joint or combined return: \$6,000, Married, filing separately: \$3,000 2b

10. TOTAL ESTIMATED 2012 VIRGINIA INCOME TAX (Line 9, Column A plus Column B)

See Section I before continuing to see if you are required to make estimated income tax payments.

14. Enter the number of payments required (See Section II or the Payment Schedule below) _____

this installment.) Enter the amount here and on Form 760ES. Attach your check or money order for this amount*

* To pay electronically, see our website www.tax.virginia.gov. Use the estimated tax payment record section to record your tax payments.

The estimated income tax return and payment of an individual, other than a self-employed farmer, fisherman, or merchant seaman is to be filed on or before May 1 of the taxable year, unless the requirements to file are not met until after April 15. Use the table below to determine the number and amount of each installment payment. (Fiscal year filers substitute the corresponding fiscal year months for the months specified in this table.)

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10-31-11 1019

Individual Income Tax Return



JOHN

D BESSLER

Filing
Status: 3Head of
Household:Name or Filing
Change:
Address
Change:
Virginia Return
Not Filed Last Year:Amended:

NOL:
Federal Earned
Income Credit
Locality: 013

Exemptions	Dependents	Total	65 and over	Blind	Total
1	01				

Yourself
Spouse

Your SSN BESS

Vendor ID:

Spouse's SSN

1. Fed Adj Gross Income 1. 97215.

16a. Your VAGI 16a. 97215.

2. Additions, see Pg 2, Line 3 2.

16b. Spouse's VAGI 16b.

3. Subtotal 3. 97215.

17. Net Tax 17. 5106.

4a. Age Deduction - You 4a.

18a. Your Withholding 18a. 66.

4b. Age Deduction - Spouse 4b.

18b. Spouse's Withholding 18b.

5. Soc Sec & Tier 1 Railroad 5.

19. Estimated Payments 19. 6439.

6. State Inc Tax Overpayment 6.

20. Extension Payments 20.

7. Other Subtractions,
see Pg 2, Line 7 7.

21. Credit for Low Income 21.

8. Subtotal Subtractions 8.

22. Credit tax paid another state 22.

9. Total VAGI 9. 97215.

23. Other Credits 23.

10a. Federal Sch. A
Itemized Deductions 10a.24. Total Payments
/Credits 24. 6505.

10b. State/Local Income Tax 10b.

25. Tax You Owe 25.

10. Standard/Itemized
Deductions 10. 3000.

26. Overpayment Amount 26. 1399.

11. Exemptions 11. 930.

27. Amount to
Credit to Next Year's Tax 27. 1399.12. Deductions VAGI,
see Pg 2, Line 9 12.

28. Adjustments/Contributions 28.

13. Add Lines 10,
11 and 12 13. 3930.**Amount You Owe:**
Paid by Credit Card

14. VA Taxable Income 14. 93285.

Refund:

15. Tax Amount 15. 5106.

Bank Routing
NumberBank Account
Number

16. Spouse Tax Adjustment 16.

**ADDITIONAL FILING INFORMATION**

Dependent on another's return: Farmer/Fisherman,
Merchant Seaman:
Taxpayer Overseas
Deceased: 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.
- b.
- c.

9. Total Deductions:

Spouse's Name - Filing Status 3 Only

AMY J KLOBUCHAR**AGE DEDUCTION DETAILS**

You

Spouse

Contact Information

Your Phone

Spouse

Dept of Taxation may discuss
my return with my preparer.

X

Preparer Phone Number

Preparer Info

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 ASSOCIATES, LTD.**

2011 Virginia Schedule INC/CG

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



JOHN

D BESSLER



Your/
Spouse SSN

Withholding
Type

Virginia
Withholding

Employer
FEIN

Virginia
Account Number

Virginia Wages,
tips, other comp.



W

66.



2250.



Virginia Approved Form

Total Virginia Withholding:

SSN

VA Withholding

YOU



66.

SPOUSE

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

01



183042
10-31-11

1019

2012 FORM 760ES/CG - Voucher 1

(DOC ID 762)

VIRGINIA ESTIMATED INCOME TAX PAYMENT VOUCHER
FOR INDIVIDUALS

DUE DATE:

05/01/12

First time filers or address
change check here

LOCALITY NO.

013

FOR OFFICE USE

Check here if this is your first payment for
this taxable year.

FISCAL YEAR FILERS: BEGINNING MONTH:

Your account number

Spouse's account number

JOHN D BESSLER

Amount of payment

- Do not write below this line. -

Daytime Phone Number

REV 09/11

183042
10-31-11

1019

2012 FORM 760ES/CG - Voucher 2

(DOC ID 762)

VIRGINIA ESTIMATED INCOME TAX PAYMENT VOUCHER

FOR INDIVIDUALS

DUE DATE:

06/15/12

First time filers or address
change check here

LOCALITY NO.

013

FOR OFFICE USE

Check here if this is your first payment for
this taxable year.

FISCAL YEAR FILERS: BEGINNING MONTH:

Your account number

Spouse's account number

JOHN D BESSLER

Amount of payment

1121.00

- Do not write below this line. -

Daytime Phone Number

REV 09/11

183042
10-31-11

1019

2012 FORM 760ES/CG - Voucher 3

(DOC ID 762)

VIRGINIA ESTIMATED INCOME TAX PAYMENT VOUCHER
FOR INDIVIDUALS

DUE DATE:

09/15/12

First time filers or address
change check here

LOCALITY NO.

013

FOR OFFICE USE

Check here if this is your first payment for
this taxable year.

FISCAL YEAR FILERS: BEGINNING MONTH:

Your account number

Spouse's account number

JOHN D BESSLER

Amount of payment

1260.00

- Do not write below this line. -

Daytime Phone Number

REV. 09/11

183042
10-31-11

1019

2012 FORM 760ES/CG - Voucher 4

(DOC ID 762)

VIRGINIA ESTIMATED INCOME TAX PAYMENT VOUCHER
FOR INDIVIDUALS

DUE DATE:

01/15/13

First time filers or address
change check here

LOCALITY NO.

013

FOR OFFICE USE

Check here if this is your first payment for
this taxable year.

FISCAL YEAR FILERS: BEGINNING MONTH:

Your account number

Spouse's account number

JOHN D BESSLER

Amount of payment

1260.00

- Do not write below this line, -

Daytime Phone Number

REV 09/11