

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2012** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space

For the year Jan 1–Dec 31, 2012, or other tax year beginning

2012 ending

20

See separate instructions

Your first name and initial

AMY J

Last name

KLOBUCHAR

Your social security number

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 (see instructions)

Foreign country name

Foreign province/state/country

Foreign postal code

Presidential Election Campaign

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

☒ You ☒ Spouse

Filing Status

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

- 4 ☐ Head of household (with qualifying person). (See instructions.) 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 6a.
 b ☒ Spouse
 c Dependents

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)

Dependents on 6c not entered above

Add numbers on lines above **3**If more than four dependents see instructions and check here ☐

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> If child under age 17, qualify for child tax credit (see instr.) |
|----------------|-----------|--|-------------------------------------|--|
| ABIGAIL | K BESSLER | | DAUGHTER | |
| | | | | |
| | | | | |
| | | | | |

d Total number of exemptions claimed

Income

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

If you did not get a W 2 see instructions

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

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

| | |
|-----|---------|
| 7 | 236,827 |
| 8a | 137 |
| 9a | |
| 10 | 7,126 |
| 11 | |
| 12 | -108 |
| 13 | -3,000 |
| 14 | |
| 15b | 292 |
| 16b | |
| 17 | 25 |
| 18 | |
| 19 | |
| 20b | |
| 21 | |
| 22 | 241,299 |

Adjusted Gross Income

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

| | |
|-----|---------|
| 23 | |
| 24 | |
| 25 | |
| 26 | |
| 27 | |
| 28 | |
| 29 | |
| 30 | |
| 31a | |
| 32 | |
| 33 | |
| 34 | |
| 35 | |
| 36 | |
| 37 | 241,299 |

Form 1040 (2012) **AMY J KLOBUCHAR JOHN D BESSLER**

Page 2

Tax and Credits

| | | | |
|------------|--|-----------|----------------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 241,299 |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1948 <input type="checkbox"/> Blind <input type="checkbox"/> Total boxes checked 39a | | |
| | if <input type="checkbox"/> Spouse was born before January 2, 1948 <input type="checkbox"/> Blind <input type="checkbox"/> 39b | | |
| 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 | 31,173 |
| 41 | Subtract line 40 from line 38 | 41 | 210,126 |
| 42 | Exemptions. Multiply \$3,800 by the number on line 6d | 42 | 11,400 |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 198,726 |
| 44 | Tax (see instr.). Check if any <input type="checkbox"/> Form 8814 <input type="checkbox"/> Form 4872 <input type="checkbox"/> 982 elec. | 44 | 43,422 |
| 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | 904 |
| 46 | Add lines 44 and 45 | 46 | 44,326 |
| 47 | Foreign tax credit. Attach Form 1116 if required | 47 | |
| 48 | Credit for child and dependent care expenses. Attach Form 2441 | 48 | |
| 49 | Education credits from Form 8863, line 19 | 49 | |
| 50 | Retirement savings contributions credit. Attach Form 8880 | 50 | |
| 51 | Child tax credit. Attach Schedule 8812 if required | 51 | |
| 52 | Residential energy credits. Attach Form 5695 | 52 | |
| 53 | Other credits from Form <input type="checkbox"/> 3800 <input type="checkbox"/> 8801 <input type="checkbox"/> 53 | 53 | |
| 54 | Add lines 47 through 53. These are your total credits | 54 | |
| 55 | Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- | 55 | 44,326 |

Standard Deduction for—

People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions

All others
Single or Married filing separately \$5,850
Married filing jointly or Qualifying widow(er) \$11,900
Head of household \$8,700**Other Taxes**

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

Payments

If you have a qualifying child, attach Schedule EIC

| | | | |
|------------|---|------------|---------------|
| 62 | Federal income tax withheld from Forms W-2 and 1099 | 62 | 59,594 |
| 63 | 2012 estimated tax payments and amount applied from 2011 return | 63 | |
| 64a | Earned income credit (EIC) | 64a | |
| b | Nontaxable combat pay election 64b | | |
| 65 | Additional child tax credit. Attach Schedule 8812 | 65 | |
| 66 | American opportunity credit from Form 8863, line 8 | 66 | |
| 67 | Reserved | 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 <input type="checkbox"/> 2439 <input type="checkbox"/> Reserved <input type="checkbox"/> 8801 <input type="checkbox"/> 8885 | 71 | |
| 72 | Add lines 62, 63, 64a, and 65 through 71. These are your total payments | 72 | 59,689 |

Refund

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

Direct deposit? See instructions

| | | | |
|-----------|---|-----------|---|
| b | Routing number XXXXXXXXXX | c | Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number XXXXXXXXXXXXXXXXXXXX | | |
| 75 | Amount of line 73 you want applied to your 2013 estimated tax | 75 | |

Amount You Owe

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

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes Complete below ☐ No**Third Party Designee**Designee's name **NANCY HEIMER**

Personal identification number (PIN)

Phone no

Sign Here

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

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

| | | | |
|--|------|---------------------|--|
| Your signature | Date | Your occupation | Daytime phone number |
| NANCY HEIMER | | US SENATOR | |
| Spouse's signature (if a joint return, both must sign) | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see instr.) |
| | | ATTORNEY | |

Print/Type preparer's name

Date

Check ☐ if self-employed

PTIN

Paid**NANCY HEIMER****03/26/13****Preparer**Firm's name **HEIMER DIXON ASSOCIATES, LTD.**

Firm's EIN

Use Only

Firm's address

Phone no

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

OMB No 1545-0074

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

(99)

► Information about Schedule A and its separate instructions is at www.irs.gov/form1040

► Attach to Form 1040

Name(s) shown on Form 1040

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 38 241,299 | 2 | |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 18,097 |
| 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 | 16,370 |
| a <input checked="" type="checkbox"/> Income taxes or | | | |
| b <input type="checkbox"/> General sales taxes | | | |
| 6 | Real estate taxes (see instructions) | 6 | 4,820 |
| 7 | Personal property taxes | 7 | 302 |
| 8 | Other taxes List type and amount ► | 8 | |
| 9 | Add lines 5 through 8 | 9 | 21,492 |
| Interest You Paid | 10 Home mortgage interest and points reported to you on Form 1098 | 10 | |
| Note Your mortgage interest deduction may be limited (see instructions) | 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address | 11 | |
| 12 | Points not reported to you on Form 1098. See instructions for special rules | 12 | |
| 13 | Mortgage insurance premiums (see instructions) | 13 | |
| 14 | Investment interest. Attach Form 4952 if required (See instructions) | 14 | |
| 15 | Add lines 10 through 14 | 15 | |
| Gifts to Charity | 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 16 | 4,165 |
| If you made a gift and got a benefit for it, see instructions | 17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 17 | 620 |
| 18 | Carryover from prior year | 18 | |
| 19 | Add lines 16 through 18 | 19 | 4,785 |
| Casualty and Theft Losses | 20 Casualty or theft loss(es). Attach Form 4684 (See instructions) | 20 | |
| Job Expenses and Certain Miscellaneous Deductions | 21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required (See instructions) ► SEE STATEMENT 1 | 21 | 8,847 |
| 22 | Tax preparation fees | 22 | 875 |
| 23 | Other expenses—investment, safe deposit box, etc. List type and amount ► | 23 | |
| 24 | Add lines 21 through 23 | 24 | 9,722 |
| 25 | Enter amount from Form 1040 line 38 241,299 | 25 | |
| 26 | Multiply line 25 by 2% (0.02) | 26 | 4,826 |
| 27 | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | 27 | 4,896 |
| Other Miscellaneous Deductions | 28 Other—from list in instructions. List type and amount ► | 28 | |
| Total Itemized Deductions | 29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040 line 40 | 29 | 31,173 |
| | 30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/> | | |

For Paperwork Reduction Act Notice, see Form 1040 Instructions

Schedule A (Form 1040) 2012

SCHEDULE B

(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)**Interest and Ordinary Dividends**

▶ Attach to Form 1040A or 1040

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

OMB No 1545-0074

2012Attachment
Sequence No **08**

Name(s) shown on return

AMY J KLOBUCHAR & JOHN D BESSLER

Your social security number

Part I**Interest**

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

Amount

137(See instructions
on back and the
instructions for
Form 1040A or
Form 1040
line 8a)

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

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

1

2

3

4

137**137****Note** If line 4 is over \$1,500, you must complete Part III

Amount

Part II

- 5 List name of payer ♦

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

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

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

5

6

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

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

Part III**Foreign Accounts and Trusts**

(See instructions on back)

- 7a At any time during 2012, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions.
If Yes, are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements.
- b If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located ♦
- 8 During 2012, did you receive a distribution from or were you the grantor of or transferor to a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back.

Yes

No

SCHEDULE C
(Form 1040)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No 1545-0074

2012Attachment
Sequence No **09**Department of the Treasury
Internal Revenue Service

(99)

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

Name of proprietor

JOHN D BESSLER

Social security number (SSN)

[REDACTED]

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

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

MN**F** Accounting method (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ◆**G** Did you materially participate in the operation of this business during 2012? If No see instructions for limit on losses☒ Yes ☐ No**H** If you started or acquired this business during 2012 check here◆ ☐ Yes ☒ No**I** Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions)☐ Yes ☒ No**J** If "Yes," did you or will you file all required Forms 1099?☐ Yes ☒ No**Part I Income**

| | | | |
|---|----------------------------|----------|--------------|
| 1 Gross receipts or sales See instructions for line 1 and check the box if this income was reported to you on Form W 2 and the Statutory employee box on that form was checked | ◆ <input type="checkbox"/> | 1 | 1,000 |
| 2 Returns and allowances (see instructions) | | 2 | |
| 3 Subtract line 2 from line 1 | | 3 | 1,000 |
| 4 Cost of goods sold (from line 42) | | 4 | |
| 5 Gross profit. Subtract line 4 from line 3 | | 5 | 1,000 |
| 6 Other income including federal and state gasoline or fuel tax credit or refund (see instructions) | | 6 | |
| 7 Gross income Add lines 5 and 6 | ◆ | 7 | 1,000 |

Part II Expenses

Enter expenses for business use of your home only on line 30

| | | | | |
|---|------------|--|------------|---|
| 8 Advertising | 8 | 18 Office expense (see instructions) | 18 | |
| 9 Car and truck expenses (see instructions) | 9 | 19 Pension and profit sharing plans | 19 | |
| 10 Commissions and fees | 10 | 20 Rent or lease (see instructions) | 20a | |
| 11 Contract labor (see instructions) | 11 | a Vehicles machinery and equipment | 20b | |
| 12 Depletion | 12 | b Other business property | 21 | |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | 21 Repairs and maintenance | 22 | |
| 14 Employee benefit programs (other than on line 19) | 14 | 22 Supplies (not included in Part III) | 23 | |
| 15 Insurance (other than health) | 15 | 23 Taxes and licenses | 24 | |
| 16 Interest | | 24 Travel meals and entertainment | 24a | |
| a Mortgage (paid to banks etc) | 16a | a Travel | 24b | |
| b Other | 16b | b Deductible meals and entertainment (see instructions) | 25 | |
| 17 Legal and professional services | 17 | 25 Utilities | 26 | |
| | | 26 Wages (less employment credits) | 27a | 1,108 |
| | | 27a Other expenses (from line 48) | 27b | |
| | | b Reserved for future use | 28 | 1,108 |
| 28 Total expenses before expenses for business use of home Add lines 8 through 27a | ◆ | | 29 | -108 |
| 29 Tentative profit or (loss) Subtract line 28 from line 7 | | | 30 | |
| 30 Expenses for business use of your home Attach Form 8829 Do not report such expenses elsewhere | | | 31 | -108 |
| 31 Net profit or (loss) Subtract line 30 from line 29 | | | | |
| • If a profit enter on both Form 1040 line 12 (or Form 1040NR line 13) and on Schedule SE line 2 (If you checked the box on line 1 see instructions) Estates and trusts enter on Form 1041 line 3 | | | | |
| • If a loss you must go to line 32 | | | | |
| 32 If you have a loss check the box that describes your investment in this activity (see instructions) | | | 32a | <input checked="" type="checkbox"/> All investment is at risk |
| • If you checked 32a enter the loss on both Form 1040 line 12 (or Form 1040NR line 13) and on Schedule SE line 2 (If you checked the box on line 1 see the line 31 instructions) Estates and trusts enter on Form 1041 line 3 | | | 32b | <input type="checkbox"/> Some investment is not at risk |
| • If you checked 32b you must attach Form 6198 Your loss may be limited | | | | |

For Paperwork Reduction Act Notice see your tax return instructions

Schedule C (Form 1040) 2012

JOHN D BESSLERSchedule C (Form 1040) 2012 **AUTHOR**

Page 2

Part III Cost of Goods Sold (see instructions)

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

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

☐ Yes ☐ No

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

35

36 Purchases less cost of items withdrawn for personal use

36

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

37

38 Materials and supplies

38

39 Other costs

39

40 Add lines 35 through 39

40

41 Inventory at end of year

41

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

42

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

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

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

a Business

b Commuting (see instructions)

c Other

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

☐ Yes☐ No

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

☐ Yes☐ No

47a Do you have evidence to support your deduction?

☐ Yes☐ No

b If "Yes," is the evidence written?

☐ Yes☐ No

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

BOOK AWARD ENTRY FEES

594

PRINT PACKAGING

396

POSTAGE & DELIVERY

118

48 Total other expenses. Enter here and on line 27a

48

1,108

SCHEDULE D
(Form 1040)**Capital Gains and Losses**

OMB No 1545-0074

Department of the Treasury
Internal Revenue Service (99)

- ◆ Attach to Form 1040 or Form 1040NR
- ◆ Information about Schedule D and its separate instructions is at www.irs.gov/form1040
- ◆ Use Form 8949 to list your transactions for lines 1 2 3 8 9 and 10

2012
Attachment
Sequence No **12**

Name(s) shown on return

AMY J KLOBUCHAR & JOHN D BESSLER

Your social security number

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

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

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

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

For Paperwork Reduction Act Notice see your tax return instructions

Schedule D (Form 1040) 2012

AMY J KLOBUCHAR & JOHN D BESSLER
 Schedule D (Form 1040) 2012

Page **2****Part III Summary****16** Combine lines 7 and 15 and enter the result**16** **-4,861**

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

17 Are lines 15 and 16 both gains?

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

18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions**18****19** Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions**19****20** Are lines 18 and 19 both zero or blank?

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

21 If line 16 is a **loss**, enter here and on Form 1040 line 13 or Form 1040NR line 14 the smaller of

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

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?

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

Schedule D (Form 1040) 2012

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

(99)

Supplemental Income and Loss

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

" Attach to Form 1040 1040NR or Form 1041

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

OMB No 1545-0074

2012Attachment
Sequence No **13**

Name(s) shown on return

Your social security number

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

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

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

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

A

B

C

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

Type of Property

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

| Income | Properties | A | B | C |
|--|------------|----|---|---|
| 3 Rents received | 3 | | | |
| 4 Royalties received | 4 | 25 | | |
| Expenses | | | | |
| 5 Advertising | 5 | | | |
| 6 Auto and travel (see instructions) | 6 | | | |
| 7 Cleaning and maintenance | 7 | | | |
| 8 Commissions | 8 | | | |
| 9 Insurance | 9 | | | |
| 10 Legal and other professional fees | 10 | | | |
| 11 Management fees | 11 | | | |
| 12 Mortgage interest paid to banks etc (see instructions) | 12 | | | |
| 13 Other interest | 13 | | | |
| 14 Repairs | 14 | | | |
| 15 Supplies | 15 | | | |
| 16 Taxes | 16 | | | |
| 17 Utilities | 17 | | | |
| 18 Depreciation expense or depletion | 18 | | | |
| 19 Other (list) ▶ | 19 | | | |
| 20 Total expenses Add lines 5 through 19 | 20 | | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties) If result is a (loss) see instructions to find out if you must file Form 6198 | 21 | 25 | | |
| 22 Deductible rental real estate loss after limitation if any on Form 8582 (see instructions) | 22 | | | |

23a Total of all amounts reported on line 3 for all rental properties**b** Total of all amounts reported on line 4 for all royalty properties**c** Total of all amounts reported on line 12 for all properties**d** Total of all amounts reported on line 18 for all properties**e** Total of all amounts reported on line 20 for all properties**24** Income Add positive amounts shown on line 21 Do not include any losses**25** Losses Add royalty losses from line 21 and rental real estate losses from line 22 Enter total losses here**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

For Paperwork Reduction Act Notice see your tax return instructions

DAA

Schedule E (Form 1040) 2012

Form **6251****Alternative Minimum Tax—Individuals**

OMB No 1545-0074

2012Attachment
Sequence No **32**Department of the Treasury
Internal Revenue Service (99)◆ Information about Form 6251 and its separate instructions is at www.irs.gov/form6251

◆ Attach to Form 1040 or Form 1040NR

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

AMY J KLOBUCHAR & JOHN D BESSLER**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line)

| | | |
|--|----|---------|
| 1 If filing Schedule A (Form 1040) enter the amount from Form 1040 line 41 and go to line 2. Otherwise enter the amount from Form 1040 line 38 and go to line 7. (If less than zero enter as a negative amount.) | 1 | 210,126 |
| 2 Medical and dental. Enter the smaller of Schedule A (Form 1040) line 4 or 2.5% (0.025) of Form 1040 line 38. If zero or less enter -0- | 2 | |
| 3 Taxes from Schedule A (Form 1040) line 9 | 3 | 21,492 |
| 4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line. | 4 | |
| 5 Miscellaneous deductions from Schedule A (Form 1040) line 27 | 5 | 4,896 |
| 6 Skip this line. It is reserved for future use. | 6 | |
| 7 Tax refund from Form 1040 line 10 or line 21 | 7 | 7,126 |
| 8 Investment interest expense (difference between regular tax and AMT) | 8 | |
| 9 Depletion (difference between regular tax and AMT) | 9 | |
| 10 Net operating loss deduction from Form 1040 line 21. Enter as a positive amount. | 10 | |
| 11 Alternative tax net operating loss deduction | 11 | |
| 12 Interest from specified private activity bonds exempt from the regular tax | 12 | |
| 13 Qualified small business stock (7% of gain excluded under section 1202) | 13 | |
| 14 Exercise of incentive stock options (excess of AMT income over regular tax income) | 14 | |
| 15 Estates and trusts (amount from Schedule K-1 (Form 1041) box 12, code A) | 15 | |
| 16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B) box 6) | 16 | |
| 17 Disposition of property (difference between AMT and regular tax gain or loss) | 17 | |
| 18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | 18 | |
| 19 Passive activities (difference between AMT and regular tax income or loss) | 19 | 0 |
| 20 Loss limitations (difference between AMT and regular tax income or loss) | 20 | 0 |
| 21 Circulation costs (difference between regular tax and AMT) | 21 | |
| 22 Long-term contracts (difference between AMT and regular tax income) | 22 | |
| 23 Mining costs (difference between regular tax and AMT) | 23 | |
| 24 Research and experimental costs (difference between regular tax and AMT) | 24 | |
| 25 Income from certain installment sales before January 1, 1987 | 25 | |
| 26 Intangible drilling costs preference | 26 | |
| 27 Other adjustments including income-based related adjustments | 27 | |
| 28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately see instructions.) | 28 | 229,388 |

Part II Alternative Minimum Tax (AMT)

| | | |
|--|----|---------|
| 29 Exemption. See instructions. | 29 | 58,903 |
| 30 Subtract line 29 from line 28. If more than zero go to line 31. If zero or less enter -0- here and on lines 31, 33, and 35 and go to line 34. | 30 | 170,485 |
| 31 <ul style="list-style-type: none"> If you are filing Form 2555 or 2555-EZ see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040 line 13 you reported qualified dividends on Form 1040 line 9b or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT if necessary) complete Part III on the back and enter the amount from line 54 here. All others. If line 30 is \$175,000 or less (\$87,500 or less if married filing separately) multiply line 30 by 26% (26). Otherwise multiply line 30 by 28% (28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. | 31 | 44,326 |
| 32 Alternative minimum tax foreign tax credit (see instructions) | 32 | |
| 33 Tentative minimum tax. Subtract line 32 from line 31. | 33 | 44,326 |
| 34 Tax from Form 1040 line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040 line 47). If you used Schedule J to figure your tax the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions). | 34 | 43,422 |
| 35 AMT. Subtract line 34 from line 33. If zero or less enter -0-. Enter here and on Form 1040, line 45. | 35 | 904 |

For Paperwork Reduction Act Notice see your tax return instructions

Form **6251** (2012)

Form **8889****Health Savings Accounts (HSAs)**

OMB No. 1545-0074

2012Attachment
Sequence No **53**Department of the Treasury
Internal Revenue Service◆ Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889

◆ Attach to Form 1040 or Form 1040NR

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

**JOHN D
AMY J****BESSLER
KLOBUCHAR**

Social security number of HSA

beneficiary If both spouses have

HSAs see instructions ◆

Before you begin Complete Form 8853 Archer MSAs and Long-Term Care Insurance Contracts if required**Part I HSA Contributions and Deduction** See the instructions before completing this part If you are filing jointly and both you and your spouse each have separate HSAs complete a separate Part I for each spouse

| | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family |
|---|------------------------------------|---------------------------------|
| 1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2012 (see instructions) | | |
| 2 HSA contributions you made for 2012 (or those made on your behalf) including those made from January 1 2013 through April 15 2013 that were for 2012 Do not include employer contributions contributions through a cafeteria plan or rollovers (see instructions) | 2 | |
| 3 If you were under age 55 at the end of 2012 and on the first day of every month during 2012 you were or were considered an eligible individual with the same coverage enter \$3 100 (\$6 250 for family coverage) All others see the instructions for the amount to enter | 3 | |
| 4 Enter the amount you and your employer contributed to your Archer MSAs for 2012 from Form 8853 lines 1 and 2 If you or your spouse had family coverage under an HDHP at any time during 2012 also include any amount contributed to your spouse's Archer MSAs | 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 2012 see the instructions for the amount to enter | 6 | |
| 7 If you were age 55 or older at the end of 2012 married and you or your spouse had family coverage under an HDHP at any time during 2012 enter your additional contribution amount (see instructions) | 7 | |
| 8 Add lines 6 and 7 | 8 | |
| 9 Employer contributions made to your HSAs for 2012 | 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 2012 from all HSAs (see instructions) | 14a | 588 |
| 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 | 588 |
| 15 Unreimbursed qualified medical expenses (see instructions) | 15 | 588 |
| 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 | 17a | |
| 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 | |

For Paperwork Reduction Act Notice see your tax return instructions

Form **8889** (2012)

JOHN D BESSLER

Form 8889 (2012)

Page **2**

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

18 Last-month rule**18****19** Qualified HSA funding distribution**19**

20 **Total income.** Add lines 18 and 19. Include this amount on Form 1040 line 21 or Form 1040NR line 21. On the dotted line next to Form 1040 line 21 or Form 1040NR line 21, enter HSA and the amount.

20

21 **Additional tax.** Multiply line 20 by 10% (10). Include this amount in the total on Form 1040 line 60 or Form 1040NR line 59. On the dotted line next to Form 1040 line 60 or Form 1040NR line 59, enter HDHP and the amount.

21Form **8889** (2012)

Form **2106****Employee Business Expenses**

OMB No 1545-0074

2012Department of the Treasury
Internal Revenue Service (89)

◆ Attach to Form 1040 or Form 1040NR

◆ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106Attachment
Sequence No **129**

Your name

JOHN D**BESSLER**

Occupation in which you incurred expenses

LAW PROFESSOR

Social security number

Part I Employee Business Expenses and Reimbursements**Step 1 Enter Your Expenses**

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

| | Column A Other Than Meals and Entertainment | Column B Meals and Entertainment |
|---|---|--|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | 130 | |
| 5 | | |
| 6 | 130 | |

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

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

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

| | | |
|---|--|--|
| 7 | | |
|---|--|--|

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

- 8 Subtract line 7 from line 6 If zero or less enter -0- However if line 7 is greater than line 6 in Column A report the excess as income on Form 1040 line 7 (or on Form 1040NR line 8)

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)

| | | |
|---|-----|--|
| 8 | 130 | |
| 9 | 130 | |

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

| | | |
|----|--|-----|
| 10 | | 130 |
|----|--|-----|

For Paperwork Reduction Act Notice see your tax return instructions

Form **2106** (2012)

Form **2106****Employee Business Expenses**

OMB No 1545-0074

Department of the Treasury
Internal Revenue Service

(59)

◆ Attach to Form 1040 or Form 1040NR.
◆ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106**2012**Attachment
Sequence No **129**

Your name

AMY J**KLOBUCHAR**

Occupation in which you incurred expenses

UNITED STATES SENATOR

Social security number

Part I Employee Business Expenses and Reimbursements**Step 1 Enter Your Expenses**

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

| | Column A Other Than Meals and Entertainment | Column B Meals and Entertainment |
|---|---|--|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | 4,570 | |
| 5 | | |
| 6 | 4,570 | |

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

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

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

| | | |
|---|--|--|
| 7 | | |
|---|--|--|

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

- 8 Subtract line 7 from line 6 If zero or less enter -0- However if line 7 is greater than line 6 in Column A report the excess as income on Form 1040 line 7 (or on Form 1040NR line 8)

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)

| | | |
|---|--------------|--|
| 8 | 4,570 | |
| 9 | 4,570 | |

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

10 4,570

For Paperwork Reduction Act Notice see your tax return instructions

Form **2106** (2012)

Form **8283**

(Rev. December 2012)

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

OMB No 1545-0048

Attachment
Sequence No **155**◆ Information about Form 8283 and its separate instructions is at www.irs.gov/form8283

Name(s) shown on your income tax return

AMY J KLOBUCHAR & JOHN D BESSLER

Identifying number

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

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

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

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

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

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

2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest. If Part II applies to more than one property, attach a separate statement. ▶ _____

b Total amount claimed as a deduction for the property listed in Part I. (1) For this tax year: ▶ _____
(2) For any prior tax years: ▶ _____

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

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

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

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

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

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

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

| | Yes | No |
|----|-----|----|
| 3a | | |
| 3b | | |
| 3c | | |

For Paperwork Reduction Act Notice, see separate instructions

DAA

Form **8283** (Rev. 12-2012)

☐ CORRECTED (if checked)

| | | | |
|--|---|---|---|
| DONEE S name street address city state ZIP code and telephone no GREATER WASHINGTON EDUCATIONAL TELECOM 2775 SOUTH QUINCY STREET ARLINGTON VA 22206 | | OMB No 1545-1959 2012 Form 1098-C | Attachment Sequence No 155A Contributions of Motor Vehicles, Boats, and Airplanes |
| | | 1 Date of contribution 12/17/12 | |
| | | 2a Year 2003 | 2b Make SATURN |
| | | 2c Model L300 | |
| DONEE S federal identification number [REDACTED] | DONOR S identification number [REDACTED] | 3 Vehicle or other identification number [REDACTED] | |
| DONOR S name AMY J KLOBUCHAR Street address (including apt no) City state and ZIP code | | 4a Donee certifies that vehicle was sold in arm's length transaction to unrelated party <input checked="" type="checkbox"/> | |
| | | 4b Date of sale 01/30/13 | |
| | | 4c Gross proceeds from sale (see instructions) \$ 600 | |
| 5a <input type="checkbox"/> Donee certifies that vehicle will not be transferred for money other property or services before completion of material improvements or significant intervening use | | | |
| 5b <input type="checkbox"/> Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose | | | |
| 5c Donee certifies the following detailed description of material improvements or significant intervening use and duration of use | | | |
| 6a Did you provide goods or services in exchange for the vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 6b Value of goods and services provided in exchange for the vehicle \$ | | | |
| 6c Describe the goods and services if any that were provided If this box is checked donee certifies that the goods and services consisted solely of intangible religious benefits <input type="checkbox"/> | | | |
| 7 Under the law the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked <input type="checkbox"/> | | | |

Copy B**For Donor**

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

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

Form 1098-C

Department of the Treasury Internal Revenue Service

Statement 1 - Schedule A, Line 21 - Unreimbursed Employee Expenses

| <u>Description</u> | <u>Amount</u> |
|-------------------------------|-----------------|
| UNREIMBURSED BUSINESS EXPENSE | \$ 4,147 |
| FORM 2106 EXPENSES | 4,700 |
| TOTAL | <u>\$ 8,847</u> |

Form **1040****Capital Loss Carryover Worksheets****2012**

Name

AMY J KLOBUCHAR & JOHN D BESSLER

Taxpayer Identification Number

2012 to 2013 Capital Loss Carryover Worksheet

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

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

2012 to 2013 Capital Loss Carryover Worksheet, AMT

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

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

Form 982 Reduction of Capital Loss Carryovers to 2013

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

Form **1040****Excess Social Security and RRTA Tax Withholding Worksheets****2012**

Name

Taxpayer Identification Number

JOHN D BESSLER**Worksheet for Nonrailroad Employees**

- | | | | |
|---|--|---|-------------------|
| 1 | Add all social security tax withheld (but not more than \$4 624 00 for each employer) This tax should be shown in box 4 of your Forms W 2 Enter the total here | 1 | <u>4,719</u> |
| 2 | Enter any uncollected social security tax on tips or group-term life insurance included in the total on Form 1040 line 60 | 2 | <u> </u> |
| 3 | Add lines 1 and 2 If \$4 624 00 or less stop here You cannot claim the credit | 3 | <u>4,719</u> |
| 4 | Social security tax limit | 4 | <u>4,624</u> |
| 5 | Credit Subtract line 4 from line 3 Enter the credit on Form 1040 line 69 | 5 | <u>95</u> |

Worksheet for Railroad Employees

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

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

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

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

Form 6251, Line 29 - Exemption Worksheet

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

Form **1040****AMT Passive Activity and Loss Limit Adjustment Worksheet****2012**

Name

AMY J KLOBUCHAR & JOHN D BESSLER

Taxpayer Identification Number

| Activity Name | Form/Schedule | Unit | Basis | At risk | Passive | PTP | Farm |
|--|---------------|----------|-------|---------|----------|-----|------|
| Column A ROYALTY WAVELAND PRESS | SCH E | 1 | | | X | | |
| Column B | | | | | | | |
| Column C | | | | | | | |
| Column D | | | | | | | |
| Column E | | | | | | | |

| | Column A | Column B | Column C | Column D | Column E |
|---|-----------|----------|----------|----------|----------|
| Current Inc / (Loss) Before Adjustments | | | | | |
| 1a Sch C E F / 4835 Inc/(Loss) | 25 | | | | |
| 1b K1 Rec Sch E P2 Inc / (Loss) | | | | | |
| 1c K1 Rec Sch E P1 Inc / (Loss) | | | | | |
| 1d K1 Rec 1040 P1 Inc / (Loss) | | | | | |
| 1e K1 Rec Sch A Deductions | | | | | |
| 1f K1 Rec Form 4684 Losses | | | | | |
| 1g K1 Rec Other Deductions | | | | | |
| 1 Total Current Inc / (Loss) (Lines 1a to 1g) | 25 | | | | |
| Adjustments & Preference Items | | | | | |
| 2a Depreciation post 86 | | | | | |
| 2b Depletion | | | | | |
| 2c Circulation expenditures | | | | | |
| 2d Depreciation pre 87 | | | | | |
| 2e Long term contracts | | | | | |
| 2f Research & experimental | | | | | |
| 2g Tax shelter farm | | | | | |
| 2h Large partnership | | | | | |
| 2i Mining costs / amortization / patron s adj | | | | | |
| 2j Trust/Estate adjustment | | | | | |
| 2 Total Adjustment & Preference (Lines 2a to 2j) | | | | | |
| Alternative Minimum Tax Income | | | | | |
| 3a Current Inc/(Loss) (from Line 1) ^{At-risk recapture} _{Excess distribution} | 25 | | | | |
| 3b Adjustments & Preference (from Line 2) | | | | | |
| 3c PY Suspended Basis | | | | | |
| 3d Disallowed Basis | | | | | |
| 3e PY Suspended At Risk | | | | | |
| 3f Disallowed At Risk | | | | | |
| 3g Section 179 Adjustment + Excess Farm | | | | | |
| 3h PY Suspended Passive | | | | | |
| 3i Disallowed Passive | | | | | |
| 3 AMT Income / Loss (Line 3a to 3i) | 25 | | | | |
| Regular Tax Income | | | | | |
| 4a Current Inc/(Loss) (from Line 1) ^{At-risk recapture} _{Excess distribution} | 25 | | | | |
| 4b PY Suspended Basis | | | | | |
| 4c Disallowed Basis | | | | | |
| 4d PY Suspended At Risk | | | | | |
| 4e Disallowed At Risk | | | | | |
| 4f Section 179 Adjustment + Excess Farm | | | | | |
| 4g PY Suspended Passive | | | | | |
| 4h Disallowed Passive | | | | | |
| 4 Regular Tax Inc / (Loss) (Lines 4a to 4h) | 25 | | | | |
| Form 6251 Line 19 Passive Activities (All activities marked passive or PTP) | | | | | |
| 5 Passive Activities (Line 3 less Line 4) | 0 | | | | |
| Form 6251 Line 20 Loss Limitations (All activities not marked passive or PTP) | | | | | |
| 6 Loss Limitation Activities (Line 3 less Line 4) | | | | | |

TOTAL OF ALL PASSIVE ACTIVITIES TO FORM 6251, LINE 19**0**

Form **1040****Rent and Royalty Reconciliation****2012**

Name

AMY J KLOBUCHAR & JOHN D BESSLER

Taxpayer identification number

Property description

ROYALTY WAVELAND PRESS

Unit

1 Ownership Percentage

T S J

T Business Use PercentagePassive type **PASSIVE**

State

MN Personal Use Percentage

1 Physical address

Street

City state zip

Property type

ROYALTIES

2 Property Use Information

Fair Rental Days

Personal Use Days

QJV

| | Column A | Column B | Column C | (Column A B C) |
|---|-------------------------|-------------------------|---|---|
| | Total Income/Expense | Nonbusiness Expenses | Vacation Home / Personal Use Expenses | Income / Expenses Reported on Schedule E |
| Income | | | | |
| 3 Rents received | | | | |
| 4 Royalties received | 25 | | | 25 |
| Expenses | | | | |
| 5 Advertising | | | | |
| Auto | | | | |
| Travel | | | | |
| 6 Auto and travel (total) | | | | |
| 7 Cleaning and maintenance | | | | |
| 8 Commissions | | | | |
| 9 Insurance | | | | |
| 10 Legal and other professional fees | | | | |
| 11 Management fees | | | | |
| Mortgage interest from 1098 | | | | |
| Refinancing points on 1098 | | | | |
| 12 Mortgage interest paid to banks etc | | | | |
| Other mortgage interest | | | | |
| Other interest | | | | |
| Refinancing points | | | | |
| Qualified mortgage insurance | | | | |
| 13 Other interest (total) | | | | |
| 14 Repairs | | | | |
| 15 Supplies | | | | |
| Real estate taxes | | | | |
| All other taxes | | | | |
| 16 Taxes (total) | | | | |
| 17 Utilities | | | | |
| 18 Depreciation expense or depletion | | | | |
| 19 Other (list) | | | | |
| 20 Total expenses Add lines 5 through 19 | | | | 25 |
| 21 Income or (loss) from rental or royalty properties | | | | |

Form **1040****Tax Refund Worksheets****2012**

Name

Taxpayer Identification Number

AMY J KLOBUCHAR & JOHN D BESSLER

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

Tax Refund Worksheet for Itemized Deduction Limitation

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

Form **1040****Tax Refund Worksheet - 2012 State and Local Refunds****2013**

Name

Taxpayer Identification Number

AMY J KLOBUCHAR & JOHN D BESSLER

MN

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

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

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

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

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

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

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

2,625

Form **1040****Tax Refund Worksheet - No Tax Benefit Derived Due to AMT****2013**

Name

Taxpayer Identification Number

AMY J KLOBUCHAR & JOHN D BESSLER**2012 State and Local Refunds Not Taxable in 2013 Due to AMT**

| | | | | |
|----|--|----|----------------|---------------|
| 1 | Total refund attributable to 2012 (from total on Wrk 10 Tax Refund Wrk 2012 State and Local Refunds) | | 1 | <u>2,625</u> |
| 2 | 2012 regular tax | 2 | <u>43,422</u> | |
| 3 | 2012 AMT | 3 | <u>904</u> | |
| 4 | 2012 Total Tax (line 2 + line 3) | | 4 | <u>44,326</u> |
| 5 | 2012 Federal Marginal Tax Rate | 5 | <u>0.280</u> | |
| 6 | Tentative no benefit (line 3 divided by line 5) | 6 | <u>3,229</u> | |
| 7 | Adjustment (smaller of line 1 or line 6) | 7 | <u>2,625</u> | |
| 8 | Recalculated 2012 Itemized Deductions | 8 | <u>28,548</u> | |
| 9 | Recalculated 2012 Taxable Income | 9 | <u>201,351</u> | |
| 10 | Recalculated 2012 Tax | 10 | <u>44,157</u> | |
| | Recalculated 2012 Tax using Sch D Tax Wrk or QDCGTW | | | |
| | Recalculated 2012 Form 8815 | | | |
| | Recalculated 2012 Schedule J | | | |
| 11 | Recalculated 2012 AMT | 11 | <u>169</u> | |
| 12 | New 2012 Total Tax (line 10 + line 11) | 12 | <u>44,326</u> | |
| 13 | 2012 state and local refunds not taxable in 2013 (equals line 7 if line 12 < or = line 4) | 13 | <u>2,625</u> | |

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

UNITED STATES SENATE

Form W-2, Box 12

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

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

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

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

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

Schedule A, Line 6 - Real Estate Taxes

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

Schedule A, Line 7 - Personal Property Taxes

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

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

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

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

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

ROYALTY WAVELAND PRESS

Schedule E, Line 4 - Royalties Received

| <u>Description</u> | <u>Amount</u> |
|---------------------|---------------|
| RENTS AND ROYALTIES | \$ 25 |
| TOTAL | <u>\$ 25</u> |

Form 6251, Line 19 - Passive Activities

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

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

| <u>Description</u> | <u>Amount</u> |
|--------------------|---------------|
| PROFESSIONAL DUES | \$ 130 |
| TOTAL | <u>\$ 130</u> |

UNITED STATES SENATOR

Form 2106, Line 4 - Business Expenses Not Included on Lines 1 through 3

| <u>Description</u> | <u>Amount</u> |
|---------------------------------------|---------------|
| TOTAL REFLECTS \$3000 IRC 162(A) LIMI | \$ 4,570 |
| TOTAL | \$ 4,570 |

2011 State and Local Income Tax Refunds

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

| | | |
|------------------|-------------------------|-------------|
| Form 1040 | Carryover Report | 2012 |
|------------------|-------------------------|-------------|

| | |
|---|--|
| Name AMY J KLOBUCHAR & JOHN D BESSLER | Taxpayer Identification Number <div style="background-color: black; width: 100%; height: 1.2em;"></div> |
|---|--|

| Carryover Item | Available to 2012 | 2012 Amounts | Carryover to 2013 |
|---------------------------------------|-------------------|-----------------|-------------------|
| Excess section 179 | | | |
| Excess section 179 AMT | | | |
| Minimum tax credit | | | |
| Investment interest | | | |
| Investment interest AMT | | | |
| Short term capital loss | | | |
| Short term capital loss AMT | | | |
| Long term capital loss | 4,861 | <u>UTILIZED</u> | 1,861 |
| Long term capital loss AMT | 4,861 | <u>UTILIZED</u> | 1,861 |
| Residential energy efficient property | | | |
| D C first time homebuyer credit | | | |
| Tax credit bonds | | | |

| Nonrecaptured Section 1231 Losses Line 8 Form 4797 | | | AMT Nonrecaptured Section 1231 Losses Line 8 Form 4797 | | |
|--|--|--|--|--|--|
| 2007 Amounts | | | 2007 Amounts | | |
| 2008 Amounts | | | 2008 Amounts | | |
| 2009 Amounts | | | 2009 Amounts | | |
| 2010 Amounts | | | 2010 Amounts | | |
| 2011 Amounts | | | 2011 Amounts | | |
| Available to 2012 | | | Available to 2012 | | |
| 2012 Amounts | | | 2012 Amounts | | |
| Carryover to 2013 | | | Carryover to 2013 | | |

Form **1040****IRA Distribution Report****2012**

Name

Taxpayer Identification Number

AMY J KLOBUCHAR & JOHN D BESSLER

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

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

Form **1040****Salaries & Wages Report****2012**Name **AMY J KLOBUCHAR & JOHN D BESSLER** Taxpayer Identification Number [REDACTED]

| T/S | Employer | Federal Wages | Federal Withheld | Soc Sec Wages |
|----------|-------------------------------------|---------------|------------------|---------------|
| A T | UNITED STATES SENATE | 143,465 | 35,151 | 110,100 |
| B S | GEORGETOWN UNIVERSITY | 2,250 | | 2,250 |
| C S | STATE OF MARYLAND CENTRAL PAYROLL B | 91,112 | 24,443 | 110,100 |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |
| I | | | | |
| J | | | | |
| K | | | | |
| L | | | | |
| M | | | | |
| Taxpayer | | 143,465 | 35,151 | 110,100 |
| Spouse | | 93,362 | 24,443 | 112,350 |
| Totals | | 236,827 | 59,594 | 222,450 |

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

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

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

Name

AMY J KLOBUCHAR & JOHN D BESSLER

Taxpayer Identification Number

| | | 2011 | 2012 | Differences |
|--|----|-----------------|-----------------|---------------|
| | | MFJ | MFJ | |
| Filing Status | | 0 | 1 | 1 |
| Dependents claimed | | | | |
| 1 Salaries and wages | 1 | 242,457 | 236,827 | -5,630 |
| 2 Interest income | 2 | 165 | 137 | -28 |
| 3 Tax exempt interest income | 3 | | | |
| 4 Dividend income | 4 | | | |
| 5 Qualified dividend income | 5 | | | |
| 6 Taxable state/local refunds | 6 | 3,530 | 7,126 | 3,596 |
| 7 Alimony received | 7 | | | |
| 8 Business income/loss | 8 | -86 | -108 | -22 |
| 9 Capital gain/loss | 9 | -3,000 | -3,000 | |
| 10 Other gains/losses | 10 | | | |
| 11 Taxable IRA distributions | 11 | 319 | 292 | -27 |
| 12 Taxable pensions | 12 | 4,125 | | -4,125 |
| 13 Rent and royalty income including farm rental | 13 | 87 | 25 | -62 |
| 14 Partnership/S corp income | 14 | | | |
| 15 Estate or trust income | 15 | | | |
| 16 Farm income/loss | 16 | | | |
| 17 Unemployment compensation | 17 | | | |
| 18 Taxable social security | 18 | | | |
| 19 Other income | 19 | | | |
| 20 Total income | 20 | 247,597 | 241,299 | -6,298 |
| Adjustments | | | | |
| 21 Moving expenses | 21 | | | |
| 22 Self-employment tax adjustment | 22 | | | |
| 23 SEP/SIMPLE/Qualified plans deductions | 23 | | | |
| 24 SE health insurance | 24 | | | |
| 25 Forfeited interest | 25 | | | |
| 26 Alimony paid | 26 | | | |
| 27 IRA deductions | 27 | | | |
| 28 Student loan interest | 28 | | | |
| 29 Other adjustments | 29 | | | |
| 30 Adjusted gross income | 30 | 247,597 | 241,299 | -6,298 |
| Deductions | | | | |
| 31 Medical | 31 | | | |
| 32 Taxes | 32 | 25,610 | 21,492 | -4,118 |
| 33 Interest | 33 | | | |
| 34 Contributions | 34 | 5,859 | 4,785 | -1,074 |
| 35 Casualty losses | 35 | | | |
| 36 Miscellaneous expenses | 36 | 8,857 | 4,896 | -3,961 |
| 37 Allowable itemized deductions | 37 | 40,326 | 31,173 | -9,153 |
| 38 Standard deduction | 38 | | 11,900 | 11,900 |
| | | ITEMIZED | ITEMIZED | |
| 39 Deduction taken | 39 | 40,326 | 31,173 | -9,153 |
| 40 Subtract line 39 from line 30 | 40 | 207,271 | 210,126 | 2,855 |
| 41 Exemptions | 41 | 11,100 | 11,400 | 300 |
| 42 Taxable income | 42 | 196,171 | 198,726 | 2,555 |

Form **1040****Two Year Comparison Report - Page 2****2011 & 2012**

Name

AMY J KLOBUCHAR & JOHN D BESSLER

Taxpayer Identification Number

| | | 2011 | 2012 | Differences |
|----|--|---------|---------|-------------|
| 43 | Taxable income from 2YR page 1 line 42 | 196,171 | 198,726 | 2,555 |
| 44 | Tax on taxable income | 42,997 | 43,422 | 425 |
| 45 | Alternative minimum tax | 5,530 | 904 | -4,626 |
| 46 | Child care credit | | | |
| 47 | Education credits | | | |
| 48 | Retirement savings credit | | | |
| 49 | Child tax credit | | | |
| 50 | General business credit | | | |
| 51 | Other credits | 150 | | -150 |
| 52 | Total credits | 150 | | -150 |
| 53 | Net tax liability | 48,377 | 44,326 | -4,051 |
| 54 | Self-employment taxes | | | |
| 55 | Other taxes | | | |
| 56 | Total tax | 48,377 | 44,326 | -4,051 |
| 57 | Income tax withheld | 56,919 | 59,594 | 2,675 |
| 58 | Estimated tax payments | | | |
| 59 | Earned income credit | | | |
| 60 | Additional Child tax credit | | | |
| 61 | Other refundable tax credits | | 95 | 95 |
| 62 | Other payments | 95 | | -95 |
| 63 | Total payments | 57,014 | 59,689 | 2,675 |
| 64 | Tax due/ refund | -8,637 | -15,363 | -6,726 |
| 65 | Penalties and interest | | | |
| 66 | Net tax due/-refund | -8,637 | -15,363 | -6,726 |
| 67 | Refund applied to estimated tax payments | | | |
| 68 | Refund received | -8,637 | -15,363 | -6,726 |
| 69 | Marginal tax rate | 28.0% | 28.0% | |
| 70 | Effective tax rate | 25% | 22% | |

| | | |
|------------------|--|------------------------|
| Form 1040 | Two Year Comparison Report - Schedule C | 2011 & 2012 |
|------------------|--|------------------------|

Name **JOHN D BESSLER** Taxpayer identification number XXXXXXXXXX

Principal business or profession **AUTHOR** Unit **1**

| Income | | 2011 | 2012 | Differences |
|--------|-------------------------|------|-------|-------------|
| 1 | Gross receipts or sales | 1 | 1,000 | 1,000 |
| 2 | Returns and allowances | 2 | | |
| 3 | Cost of goods sold | 3 | | |
| 4 | Gross profit | 4 | 1,000 | 1,000 |
| 5 | Other income | 5 | | |
| 6 | Gross income | 6 | 1,000 | 1,000 |

| Expenses | | 2011 | 2012 | Differences |
|----------|--|------|-------|-------------|
| 7 | Advertising | 7 | | |
| 8 | Car and truck expenses | 8 | | |
| 9 | Commissions and fees | 9 | | |
| 10 | Contract labor | 10 | | |
| 11 | Depletion | 11 | | |
| 12 | Depreciation and section 179 expense deduction | 12 | | |
| 13 | Employee benefit programs | 13 | | |
| 14 | Insurance (other than health) | 14 | | |
| 15 | Interest mortgage (paid to banks etc) | 15 | | |
| 16 | Interest other | 16 | | |
| 17 | Legal and professional services | 17 | | |
| 18 | Office expense | 18 | | |
| 19 | Pension and profit sharing plans | 19 | | |
| 20 | Rent or lease vehicles machinery and equipment | 20 | | |
| 21 | Rent or lease other business property | 21 | | |
| 22 | Repairs and maintenance | 22 | | |
| 23 | Supplies (not included in cost of goods sold) | 23 | 86 | -86 |
| 24 | Taxes and licenses | 24 | | |
| 25 | Travel | 25 | | |
| 26 | Total meals and entertainment | 26 | | |
| 26a | Nondeductible meals and entertainment | 26a | | |
| 26b | Deductible meals and entertainment | 26b | | |
| 27 | Utilities | 27 | | |
| 28 | Wages (less employment credits) | 28 | | |
| 29 | Other expenses | 29 | 1,108 | 1,108 |
| 30 | Total expenses | 30 | 86 | 1,022 |

| Profit/ (loss) | | | | | |
|----------------|-----------------------------------|----|-----|------|-----|
| 31 | Tentative profit (loss) | 31 | -86 | -108 | -22 |
| 32 | Expenses for business use of home | 32 | | | |
| 33 | Net profit or (loss) | 33 | -86 | -108 | -22 |

| Cost of Goods Sold | | 2011 | 2012 | Differences |
|--------------------|---|------|------|-------------|
| 34 | Inventory Beginning of year | 34 | | |
| 35 | Purchases | 35 | | |
| 36 | Labor | 36 | | |
| 37 | Materials | 37 | | |
| 38 | Other costs | 38 | | |
| 39 | Goods available for sale (sum of lines 34-38) | 39 | | |
| 40 | Inventory End of year | 40 | | |

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

Name **AMY J KLOBUCHAR** Taxpayer identification number [REDACTED]

Property description **ROYALTY WAVELAND PRESS** Unit **1**

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

M1 MINNESOTA REVENUE Individual Income Tax 2012

1211

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

**2012 Federal
Filing Status**
(place an X in
one box)

☐

(1) Single

☒

(2) Married filing joint

☐

(3) Married filing separate

☐

(4) Head of
household

☐

(5) Qualifying widow(er)

Enter spouse's name and
Social Security number here

State Elections Campaign Fund

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

Political Party and Code Number

Republican

11

Grassroots

14

Democratic Farmer-Labor

12

Green

15

Independent

13

General Campaign Fund

16

From Your Federal Return (for line references see instructions page 10) enter the amount of

A Wages salaries tips etc

B IRA Pensions and annuities

C Unemployment

D Federal adjusted gross income

236827

292

241299

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

1 Federal taxable income (from line 43 of federal Form 1040
line 27 of Form 1040A or line 6 of Form 1040EZ)

1 ■

198726

2 State income tax or sales tax addition If you itemized deductions
on federal Form 1040 complete the worksheet on page 10 of the instructions

2 ■

16370

3 Other additions to income including non Minnesota bond interest disallowed
standard or itemized deductions and personal exemptions
(see instructions page 11 enclose Schedule M1M)

3 ■

2029

4 Add lines 1 through 3 (if a negative number place an X in the box)

4

217125

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

5 ■

7126

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

6 ■

7 Total subtractions Add lines 5 through 6

7

7126

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

8

209999

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

9

14797

10 Alternative minimum tax (enclose Schedule M1MT)

10 ■

11 Add lines 9 and 10

11

14797

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

12

8818

a. 143804

b. ■

241299

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

13 ■

14 Tax before credits Add lines 12 and 13

14

8818

| | | |
|---|------|-------|
| 15 Tax before credits Amount from line 14 | 15 | 8818 |
| 16 Marriage credit for joint return when both spouses have taxable earned income or taxable retirement income (enclose Schedule M1MA) | 16 ■ | 215 |
| 17 Credit for taxes paid to another state (enclose Schedule M1CR) | 17 ■ | |
| 18 Other nonrefundable credits (enclose Schedule M1C) | 18 ■ | |
| 19 Total nonrefundable credits Add lines 16 through 18 | 19 | 215 |
| 20 Subtract line 19 from line 15 (if result is zero or less leave blank) | 20 | 8603 |
| 21 Nongame Wildlife Fund contribution (see instructions page 15) This will reduce your refund or increase amount owed | 21 ■ | |
| 22 Add lines 20 and 21 | 22 | 8603 |
| 23 Minnesota income tax withheld Complete and enclose Schedule M1W to report Minnesota withholding from W 2 1099 and W 2G forms (do not send in W 2s 1099s W 2Gs) | 23 ■ | 11228 |
| 24 Minnesota estimated tax and extension (Form M13) payments made for 2012 | 24 ■ | |
| 25 Child and Dependent Care Credit (enclose Schedule M1CD) Enter number of qualifying persons here | 25 ■ | |
| 26 Minnesota Working Family Credit (enclose Schedule M1WFC) Enter number of qualifying children here | 26 ■ | |
| 27 K-12 Education Credit (enclose Schedule M1ED) Enter number of qualifying children here | 27 ■ | |
| 28 Business and investment credits (enclose Schedule M1B) | 28 ■ | |
| 29 Total payments Add lines 23 through 28 | 29 | 11228 |
| 30 REFUND If line 29 is more than line 22 subtract line 22 from line 29 (see instructions page 19) For direct deposit complete line 31 | 30 ■ | 2625 |
| 31 Direct deposit of your refund (you must use an account not associated with a foreign bank) | | |
| Checking Savings | | |
| 32 AMOUNT YOU OWE If line 22 is more than line 29 subtract line 29 from line 22 (see instructions page 19) | 32 ■ | |
| 33 Penalty amount from Schedule M15 (see instructions page 19) Also subtract this amount from line 30 or add it to line 32 (enclose Schedule M15) | 33 ■ | |
| IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax complete lines 34 and 35 | | |
| 34 Amount from line 30 you want sent to you | 34 ■ | |
| 35 Amount from line 30 you want applied to your 2013 estimated tax | 35 ■ | |

I declare that this return is correct and complete to the best of my knowledge and belief
 Your signature _____ Date _____

Paid preparer You must sign below

03/26/13

Spouse's signature (if filing jointly)

Include a copy of your 2012 federal return and schedules
 Mail to Minnesota Individual Income Tax
 St Paul MN 55145-0010
 To check on the status of your refund visit www.revenue.state.mn.us

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

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

MINNESOTA REVENUE

1231

Schedule M1W, Minnesota Income Tax Withheld 2012

Sequence #2

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

AMY J

KLOBUCHAR

JOHN D

BESSLER

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

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

| A 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 | | 143465 | 11228 |

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

Total Minnesota tax withheld from all W 2 forms (add amounts in line 1, column E) **1** **11228**

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

| A 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 (see the table on the back for amounts to include) | D Minnesota tax withheld (round to nearest whole dollar) |
|--|---|--|--|
| | | | |

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

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

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

4 Total. Add the Minnesota tax withheld on lines 1, 2 and 3. Enter the total here and on line 23 of Form M1 **4** **11228**

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

MINNESOTA REVENUE

1255

Schedule M1M, Income Additions and Subtractions 2012

Sequence #3

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

AMY J

KLOBUCHAR

Additions to Income

- | | | |
|--|----|------|
| 1 If you took the standard deduction on your federal return enter \$2 000 if married filing joint or qualifying widow(er) or \$1 000 if married filing separate Otherwise skip this line | 1 | |
| 2 Limitation on itemized deductions for taxpayers with an adjusted gross income that exceeds the applicable threshold (see instructions) | 2 | 2029 |
| 3 Phase out of personal exemption(s) for taxpayers with an adjusted gross income that exceeds the applicable threshold (see instructions) | 3 | |
| 4 Interest from municipal bonds of another state or its governmental units included on line 8b of federal Form 1040 or 1040A | 4 | |
| 5 Federally tax-exempt dividends from mutual funds investing in bonds of another state or its governmental units included on line 8b of federal Form 1040 or 1040A | 5 | |
| 6 Federal bonus depreciation addition (determine from worksheet in the instructions) | 6 | |
| 7 Federal section 179 expensing addition (determine from worksheet in the instructions) | 7 | |
| 8 State income taxes passed through to you as a partner of a partnership a shareholder of an S corporation or a beneficiary of a trust (see instructions) | 8 | |
| 9 Domestic production activities deduction (from line 35 of federal Form 1040) | 9 | |
| 10 Expenses deducted on your federal return attributable to income not taxed by Minnesota (other than interest or mutual fund dividends from U S bonds) | 10 | |
| 11 If you are an employer who provides prescription drug coverage to your retirees enter the amount of federal tax-exempt subsidies you received for continuing these benefits | 11 | |
| 12 Fines fees and penalties federally deducted as a trade or business expense (see instructions) | 12 | |
| 13 Suspended loss from 2001 through 2005 or 2008 through 2011 on your federal return that was generated by bonus depreciation (determine from worksheet in the instructions) | 13 | |
| 14 Capital gain portion of a lump-sum distribution (from line 6 of federal Form 4972 enclose Form 4972) | 14 | |
| 15 Net operating loss carryover adjustment (see instructions) | 15 | |
| 16 This line intentionally left blank | 16 | |
| 17 Add lines 1 through 16 Enter the total here and on line 3 of Form M1 | 17 | 2029 |

Subtractions are on the back of this schedule

201233

MINNESOTA REVENUE

Schedule M1NR, Nonresidents/Part-Year Residents 2012

Sequence #7

Other State (see instr)

| | | | |
|--------------------------------------|---|--|-----------|
| Your Last Name KLOBUCHAR | Social Security Number [REDACTED] | <input type="checkbox"/> Full-year Nonresident of MN | |
| Spouse's Last Name BESSLER | Spouse's Social Security Number [REDACTED] | <input checked="" type="checkbox"/> Part year MN Resident From 01/01 to 12/31 (mm/dd/yyyy) | MN |
| | | <input checked="" type="checkbox"/> Full year Nonresident of MN | VA |
| | | Part year MN 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 Form 1040A or line 1 of Form 1040EZ) | 1 <u>236,827</u> | <u>143,465</u> |
| 2 Taxable interest and ordinary dividend income (add lines 8a and 9a of Form 1040 or Form 1040A or from line 2 of Form 1040EZ) | 2 <u>137</u> | <u>137</u> |
| 3 Business income or loss (from line 12 of Form 1040) | 3 <u>-108</u> | |
| 4 Capital gain or loss (from line 13 of Form 1040 or line 10 of Form 1040A) | 4 <u>-3,000</u> | <u>-3,000</u> |
| 5 IRA distributions and pensions and annuities (add lines 15b and 16b of Form 1040 or lines 11b and 12b of Form 1040A) | 5 <u>292</u> | <u>292</u> |
| 6 Net income from rents royalties partnerships S corporations estates and trusts (from line 17 of Form 1040) | 6 <u>25</u> | <u>25</u> |
| 7 Farm income or loss (from line 18 of Form 1040) | 7 _____ | |
| 8 Other income (add lines 10 11 14 19 20b and 21 of Form 1040 lines 13 and 14b of Form 1040A or from line 3 of Form 1040EZ) | 8 <u>7,126</u> | <u>2,885</u> |
| 9 Interest and dividends from non-Minnesota state or municipal bonds (add lines 4 and 5 of Schedule M1M) | 9 _____ | |
| 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 <u>241,299</u> | <u>143,804</u> |
| If your Minnesota gross income is below the minimum filing requirement, see the instructions under "Who must file" on how to complete the rest of this schedule | | |
| 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 _____ | <u>0</u> |
| 23 Subtract line 22 column B from line 11 column B. Enter here and on line 12a of Form M1. If you're below the filing requirement or the result is a negative amount enter 0 | 23 _____ | <u>143,804</u> |
| 24 Subtract line 22 column A from line 11 column A. Enter the result here and on line 12b of Form M1 | 24 <u>241,299</u> | |
| 25 Divide line 23 by line 24 and enter the result as a decimal (carry to five decimal places). If line 23 is more than line 24 enter 1.0. If line 23 is zero enter 0 | 25 <u>0.59596</u> | |
| 26 Amount from line 11 of Form M1 | 26 _____ | <u>14,797</u> |
| 27 Multiply line 25 by line 26. Enter the result here and on line 12 of Form M1 | 27 <u>8,818</u> | |

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

MINNESOTA REVENUE

Schedule M1MA, Marriage Credit 2012

Sequence #19

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

| | 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 <u>143,465</u> | 1 <u>93,362</u> |
| 2 Self-employment income (from line 3 of federal Schedule SE less the self-employment tax deduction from line 6 of Schedule SE) | 2 _____ | 2 <u>-108</u> |
| 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 <u>292</u> | 3 _____ |
| 4 Taxable Social Security income (from line 20b of Form 1040 or line 14b of Form 1040A) | 4 _____ | 4 _____ |
| 5 Add lines 1 through 4 for each column | 5 <u>143,757</u> | 5 <u>93,254</u> |
| 6 Amount from line 5 Column A or B whichever is less (If less than \$20,000 STOP HERE You do not qualify) | 6 _____ | 6 <u>93,254</u> |
| 7 Joint taxable income from line 8 of Form M1 (If less than \$35,000 STOP HERE You do not qualify) | 7 _____ | 7 <u>209,999</u> |
| 8 If line 6 is less than \$88,000 determine the amount of your credit using lines 6 and 7 and the table in the instructions Full year residents Enter the result here and on line 16 of Form M1 Part-year residents and nonresidents Continue with line 20 | 8 _____ | 8 _____ |
| If line 6 is \$88,000 or more complete lines 9 through 19 | | |
| 9 Enter the amount from line 6 | 9 _____ | 9 <u>93,254</u> |
| 10 Value of one personal exemption plus one-half of the Minnesota married-joint standard deduction | 10 _____ | 10 <u>\$8,750</u> |
| 11 Subtract line 10 from line 9 | 11 _____ | 11 <u>84,504</u> |
| 12 Using the rate schedule for single persons on page 29 of the M1 instructions compute the tax for the amount on line 11 | 12 _____ | 12 <u>5,609</u> |
| 13 Amount from line 7 | 13 _____ | 13 <u>209,999</u> |
| 14 Amount from line 11 | 14 _____ | 14 <u>84,504</u> |
| 15 Subtract line 14 from line 13 (if zero or less you do not qualify) | 15 _____ | 15 <u>125,495</u> |
| 16 Using the rate schedule for single persons on page 29 of the M1 instructions compute the tax for the amount on line 15 | 16 _____ | 16 <u>8,827</u> |
| 17 Tax from line 9 of Form M1 | 17 _____ | 17 <u>14,797</u> |
| 18 Add lines 12 and 16 | 18 _____ | 18 <u>14,436</u> |
| 19 Subtract line 18 from line 17 If the result is more than \$361 enter \$361 If result is zero or less you do not qualify Full-year residents Enter the result here and on line 16 of Form M1 Part year residents and nonresidents Continue with line 20 | 19 _____ | 19 <u>361</u> |
| Part Year Residents and Nonresidents | | |
| 20 Part-year residents and nonresidents Enter the percentage from line 25 of Schedule M1NR | 20 _____ | 20 <u>59.5960</u> |
| 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 _____ | 21 <u>215</u> |

Include this schedule when you file Form M1 Keep a copy for your records
D 1015

Form **M1****Minnesota Itemized Deductions and Personal Exemptions Worksheets****2012**

Name

Taxpayer Identification Number

AMY J KLOBUCHAR & JOHN D BESSLER**Itemized Deduction Limitation Worksheet**

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

Married couples filing separate returns

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

Personal and Dependent Exemption Worksheet

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

Form **M1****Minnesota State Income and Sales Tax Addition Worksheet****2012**

Name

AMY J KLOBUCHAR & JOHN D BESSLER

Taxpayer Identification Number

1 Federal Schedule A line 29**1 31,173****2 Amount from table if a dependent enter federal standard deduction****2 9,900****3 Line 1 minus line 2****3 21,273****4 State income or sales tax from line 5 of federal Schedule A and any additional state income tax you may have included on line 8 (other taxes) of Schedule A****4 16,370****5 Lessor of line 3 or 4 Enter on Form M1 line 2****5 16,370****Married couples filing separate returns If step 4 is less than step 3 for either spouse enter the amount on line 4 on Form M1 line 2**

Form **M1****Minnesota AGI Worksheet****2012**

Name

Taxpayer Identification Number

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

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

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

| | Federal Amounts | | | State Amounts PART-YEAR AMOUNTS | | |
|----------------------|-----------------|----------------|---------------|------------------------------------|----------------|--------|
| | Federal Total | Taxpayer | Spouse | State Total | Taxpayer | Spouse |
| Wages | 236,827 | 143,465 | 93,362 | 143,465 | 143,465 | |
| Interest | 137 | 137 | | 137 | 137 | |
| Dividends | 0 | | | 0 | | |
| Refunds | 7,126 | 7,126 | | 2,885 | 2,885 | |
| Alimony rec'd | 0 | | | 0 | | |
| Business income | -108 | | -108 | 0 | | |
| Cap gain/loss | -3,000 | -3,000 | | -3,000 | -3,000 | |
| 457/7 gain/loss | 0 | | | 0 | | |
| Taxable IRA | 292 | 292 | | 292 | 292 | |
| Txbl pensions | 0 | | | 0 | | |
| Rents, royalty | 25 | 25 | | 25 | 25 | |
| Farm income | 0 | | | 0 | | |
| Unemployment | 0 | | | 0 | | |
| Txbl soc sec | 0 | | | 0 | | |
| Other income | 0 | | | 0 | | |
| Total income | 241,299 | 148,045 | 93,254 | 143,804 | 143,804 | |
| Educator exp | 0 | | | 0 | | |
| Real/Art/FBO | 0 | | | 0 | | |
| Health saving | 0 | | | 0 | | |
| Moving expenses | 0 | | | 0 | | |
| SE tax adj | 0 | | | 0 | | |
| Keogh/SEP | 0 | | | 0 | | |
| SE health insur | 0 | | | 0 | | |
| Pen-early w/d | 0 | | | 0 | | |
| Alimony paid | 0 | | | 0 | | |
| IRA deduction | 0 | | | 0 | | |
| Student loan int | 0 | | | 0 | | |
| Tuition/fees | 0 | | | 0 | | |
| Domestic prod | 0 | | | 0 | | |
| Other adjusts | 0 | | | 0 | | |
| Tot adjusts | 0 | | | 0 | | |
| Adj gross inc | 241,299 | 148,045 | 93,254 | 143,804 | 143,804 | |

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

◆ Personal Information

Your first name

JOHN

M I Last name

D BESSLER

SOFTWARE DEVELOPER USE ONLY

VENDOR ID#

Your social security number

Your daytime phone number

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

City

State

Zipcode + 4

Country or U S Commonwealth

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

D-40

D-40EZ

D-40B

If not give reason

NOT A RESIDENT OF DC

Refund request

Attach a signed copy of your state return(s)

Round cents to the nearest dollar
If the amount is zero leave the line blank.

| | | | |
|---|--|-----|-----------|
| 1 | Total gross income | 1\$ | 97,495 00 |
| 2 | DC gross income | 2\$ | 2,250 00 |
| 3 | DC income tax withheld Attach copies of your W 2s that show DC address | 3\$ | 102 00 |
| 4 | 2012 DC estimated income tax payments | 4\$ | 00 |
| 5 | Refund request Add lines 3 and 4 | 5\$ | 102 00 |

Will the refund go to an account outside the U S ? Yes ☒ No ☐ In order to comply with new banking rules we will not issue a refund to or through a foreign institution Instead we will issue a paper check

Direct Deposit

If you want your refund deposited in your bank mark type of account

checking

savings and enter the

routing number and account number below

Routing Number

Account Number

Residence Information

6 2012 DC residence From
DC address (number street and zip code)

To
Zipcode + 4

7 2012 permanent residence

State Country or U S commonwealth

VA or

Zipcode + 4

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

Yes

No

☒

If yes enter date you returned or intend to return

Reason you lived in DC during 2012

Reason you moved or intend to move out of DC

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

State From (MMYY) To (MMYY)

a VA 0110 1212

b

c

State From (MMYY) To (MMYY)

d

e

f

**D-40B PAGE 2**Enter your last name **BESSLER**

Your social security number [REDACTED]

Other residence information**9** Place of birth (city and state)

State

Date of birth [REDACTED]

10 State where you last voted

Date you voted

Are you registered to vote in DC?

Yes

☒ No**11** Complete only if you were in military service during 2012

State where enlisted

Enlistment date

State of domicile declared on DD Form 2058

Residence at time of induction

State or Country or U S commonwealth

Employment history**12** Current employer

From

Current employer's address (number and street)

City

State Zipcode

Previous employer

From

To

Previous employer's address (number and street)

City

State Zipcode

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

Type of property

Address (number and street)

City

State Zipcode

Type of property

Address (number and street)

City

State Zipcode

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

| Mark tax type | Income tax | Amount |
|---------------|----------------------------------|--------|
| | | \$ 00 |
| | Intangible personal property tax | \$ 00 |

Signature Under penalties of the law I declare that I have examined this request and any attached statements and to the best of my knowledge it is correct**03/26/13**

Your Signature

Date

Preparer's Signature

Date

Attach all statements showing DC withholding to the front of page 1
and send your signed and completed request to
Office of Tax and Revenue
PO Box 86147
Washington, DC 20090-6147

Form **D-40****District of Columbia AGI Worksheet****2012**

Name

Taxpayer Identification Number

JOHN D BESSLER**In General**

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

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

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



125050035

2012

\$

OR FISCAL YEAR BEGINNING

2012, ENDING

Please Print Using Blue or
Black Ink

| | | | |
|----------------------------------|--|---------------------------------|-----------------------------|
| Social Security number | | Spouse's Social Security number | |
| Your First Name JOHN | | Initial D | Last Name BESSLER |
| Spouse's First Name | | Initial | Last Name |
| Present Address (No. and street) | | | |
| City or Town | | State | ZIP code |

FILING STATUS

See instruction 1 to determine
if you are required to file

CHECK ONE BOX

1 ☐

Single (If you can be claimed on another person's tax return, use Filing Status 6.)

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 instruction 6)

Spouse's Social Security number

RESIDENCE INFORMATION — See instruction 9

Enter 2-letter state code for your state of legal residence

County (PA) City Borough or Township (PA)

Were you a resident for the entire year of 2012?

Yes ☒ No ☐ If no, att. explanationAre you or your spouse a member of the military? Yes ☐ No ☒Did you file a Maryland income tax return for 2011? Yes ☒ No ☐

If "Yes" was it a Resident or a Nonresident return?

Advise dates you resided within Maryland for 2012

If none, enter "NONE"

FROM TO NONE (See instr. 4)

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

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

INCOME AND ADJUSTMENTS INFORMATION (See instruction 11)

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

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

ADDITIONS TO INCOME (See instruction 12)

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

| | |
|----|-------|
| 18 | 108 |
| 19 | |
| 20 | 108 |
| 21 | 97603 |

Dollars

108

108

97603

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

SUBTRACTIONS FROM INCOME (See instruction 13)

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

| | |
|----|-------|
| 22 | |
| 23 | 4241 |
| 24 | 4241 |
| 25 | 93362 |

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

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

STANDARD DEDUCTION METHOD (Enter amount on line 26a)

ITEMIZED DEDUCTION METHOD (Complete lines 26b through 26d)

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

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

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

26 Deduction amount (Multiply lines 26a or 26d by the Applicable Rate) 95 7608 (from worksheet in instruction 14) 26 1915



125050135

NAME **JOHN D BESSLER**

SSN [REDACTED]

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

| | Dollars |
|----|----------|
| 27 | 91447 |
| 28 | 3200 |
| 29 | 0 957608 |
| 30 | 3064 |
| 31 | 88383 |

MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING

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

| | |
|-----|--|
| 32a | |
| 32b | |
| 32c | |
| 33 | |
| 34 | |
| 35 | |
| 36 | |
| 37 | |
| 38 | |
| 39 | |
| 40 | |
| 41 | |
| 42 | |
| 43 | |
| 44 | |
| 45 | |
| 46 | |
| 47 | |
| 48 | |
| 49 | |
| 50 | |
| 51 | |
| 52 | |
| 53 | |
| 54 | |

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

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

In order to comply with banking rules please ☐ check if this refund will go to an account outside the United States. If checked see Instruction 23

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

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

Daytime telephone no

Home telephone no

CODE NUMBERS (3 digits per box)

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

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

Your signature

Date

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

Spouse's signature

Date

Address and telephone number of preparer

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

12505N035

2012

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

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

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

PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS

- 1 Enter Taxable net income from Form 505 line 31 (or Form 515 line 32) 1 88383
- 2 Enter tax from Tax Table or Computation Worksheet Schedules I or II 2 4146
- Continue to Part II

PART II - CALCULATION OF MARYLAND TAX

- 3 Enter your federal adjusted gross income from Form 505 (or Form 515) line 17 (Column 1) 3 97495
- 4 Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21 4 97603
- 5 Enter the Taxable Military Income of a Nonresident from line 22 of Form 505 5
- 6a Enter your subtractions from line 23 of Form 505 or Form 515 6a 4241
- 6b Enter non Maryland income from Form 505 (or 515) not included on lines 5 or 6a of this form (see Instructions on page 2) 6b 93362
- 7 Add lines 5 through 6b 7 97603
- 8 Maryland Adjusted Gross Income Subtract line 7 from line 4. If you are using the standard deduction recalculate the standard deduction based on the income on line 8 and enter on line 8a 8
- 8a 8a 1500
- 9 Maryland Income Factor Divide line 8 by line 3. The factor cannot exceed 1 (100%) and cannot be less than zero (0%). If line 8 is 0 or less the factor is 0. If line 8 is greater than 0 and line 3 is 0 or less the factor is 1 9
- 10 Deduction amount
If you are using the standard deduction multiply the standard deduction on line 8a by line 9 of this form and enter on line 10a 10a 0
If you are itemizing your deductions multiply the deduction on Form 505 line 26d by line 9 of this form and enter on line 10b 10b
Form 515 Users, see Instruction 18
- 11 Net income (Subtract line 10a or 10b from line 8) 11
- 12 Exemption amount Multiply the total exemption amount on Form 505 line 28 (or Form 515 line 29) by line 9 12
- 13 Maryland Taxable Net Income (Subtract line 12 from line 11) 13
- 14 Enter the tax amount from line 2 of this form 14 4146
- 15 Maryland Nonresident factor Divide the amount on line 13 on this form by line 1. If more than 1 000000 enter 1 000000. If 0 or less the factor is 0 15
- 16 Maryland Tax Multiply line 14 by line 15. Enter this amount on Form 505 line 32a (Form 515 line 33) 16
- 17 Special nonresident tax Multiply line 13 of this form by 1 25%. Enter this amount on Form 505 line 32b. If line 13 is 0 or less enter 0 17

FOR FORM 515 FILERS ONLY

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

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

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



12505S035

2012

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

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

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

- a Payments from a pension system to firemen and policemen for job-related injuries or disabilities (but not more than the amount included in your total income) a. _____
- c Amount of refunds of state or local income tax included on line 4 of Form 505 c. 4241
- d Distributions of accumulated income by a fiduciary if income tax has been paid by the fiduciary to the State (but not more than the amount included in your total income) d. _____
- e Profit (without regard to losses) from the sale or exchange of bonds issued by the State or local governments of Maryland e. _____
- j Amount added to taxable income for the use of an official vehicle by a member of a state county or local police or fire department The amount is listed separately on your W 2 j. _____
- n Payment received under a fire rescue or ambulance personnel length of service award program that is funded by any county or municipal corporation of the State n. _____
- r Amount of interest on U S obligations capital gains from the sale or exchange of U S obligations dividends from mutual funds that invest in U S obligations r. _____
- s Amount of interest and dividend income (including capital gain distributions) of a dependent child that is included in the parent's federal gross income under the Internal Revenue Code Section 1(g)(7) s. _____
- t Social Security Tier I Tier II and/or supplemental railroad retirement benefits included in your federal adjusted gross income t. _____
- u Up to \$5 000 of military retirement income received by a qualifying individual during the tax year See Instruction 13 on who is a qualifying individual u. _____
- w Lesser of \$1 200 or the income subject to Maryland tax of the spouse with the lower income if both spouses have income subject to Maryland tax and file a joint return w. _____
- y Any income that is related to tangible or intangible property that was seized misappropriated or lost as a result of the actions or policies of Nazi Germany towards a Holocaust victim y. _____
- aa Payments from a pension system to the surviving spouse or other beneficiary of a law enforcement officer or firefighter whose death arises out of or in the course of their employment aa. _____
- bb Net subtraction modification to Maryland taxable income when claiming the federal depreciation allowances from which the State of Maryland has decoupled Complete and attach Form 500DM See Administrative Release 38 bb. _____
- cc Net subtraction modification to Maryland taxable income when using the federal special 5-year carryback period for a net operating loss under federal law compared to Maryland taxable income without regard to federal provisions Complete and attach Form 500DM See Administrative Release 38 cc. _____
- cd Net subtraction modification to Maryland taxable income resulting from the federal ratable inclusion of deferred income arising from business indebtedness discharged by reacquisition of a debt instrument Complete and attach Form 500DM See Administrative Release 38 cd. _____
- dd Income derived within an arts and entertainment district by a qualifying residing artist. Complete and attach Form 502AE dd. 2AE
- dm Net subtraction modification from multiple decoupling provisions Complete and attach Form 500DM dm. _____
- ee Amount received as a grant under the Solar Energy Grant Program administered by the Maryland Energy Administration but not more than the amount included in your total income ee. _____

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

12505S135

Page 2

NAME **JOHN D BESSLER**

SSN [REDACTED]

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

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

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

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

- b Net Maryland subtraction from federal schedule K 1 for your share of income from pass-through entities or fiduciaries not attributable to decoupling **b** _____
- dp Net subtraction decoupling modification from a pass through entity Complete and attach Form 500DM See Administrative Release 38 **dp** _____
- 3 Subtotal** Add all lines in Part III and enter the amount here **3** _____

Part IV

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

Form **505SU****Maryland Subtractions From Income Worksheet****2012**

Name

Taxpayer Identification Number

JOHN D BESSLER**Part I To the extent one or more of these items is included in federal adjusted gross income**

Taxpayer

Spouse

| | | | | |
|----|--|----|-------------|--|
| a | Disability payments from a pension to firemen and policemen for job-related injuries or disabilities | c | 4241 | |
| c | Amount of refunds of state or local income tax included on Form 505 line 4 | d | | |
| d | Distributions of accumulated income by a fiduciary | e | | |
| e | Profit (without regard to losses) from the sale or exchange of instate bonds | f | | |
| j | Amount from W2 for the use of an official vehicle by police or fire department | j | | |
| n | Payment received under a fire rescue or ambulance personnel length of service award program | | | |
| r | Income from sale or exchange of interest or dividends related to U S Government Obligations | | | |
| s | Child interest and dividend income (including capital gain distributions) of a dependent | s | | |
| t | Taxable Social Security Tier I Tier II and/or supplemental railroad benefits | t | | |
| u | Up to \$5 000 of military retirement income received by a qualifying individual during the tax year | | | |
| w | Two-income subtraction | w | | |
| y | Income related to property seized misappropriated or lost by Holocaust victim of Nazi Germany | | | |
| aa | Payments to the surviving spouse or other beneficiary of a law enforcement officer or firefighter | | | |
| bb | Federal depreciation allowances where Maryland has decoupled | bb | | |
| cc | Net subtraction modification to taxable income when using the federal 5-year carryback period | cc | | |
| cd | Net subtraction modification resulting from the federal ratable inclusion of Section 108 (f) income | cd | | |
| dd | Income derived within an arts and entertainment district by a qualifying residing artist | dd | | |
| dm | Net subtraction modification from multiple decoupling provisions | dm | | |
| ee | Amount received as a grant under the state administered Solar Energy Grant Program | ee | | |
| gg | Income for services performed in Maryland by the civilian spouse of member of armed forces | gg | | |
| hh | Adjusted phase out of exemptions as a result of including U S Obligations in Maryland income | hh | | |
| ii | Interest income from Build America Bonds included in federal adjusted gross income | ii | | |
| jj | Gain resulting from MDOT payment for property acquisition related to principal residence | jj | | |
| 1 | Subtotal all lines Part I enter sum of taxpayer and spouse amounts on Form 505SU line 1 | 1 | 4241 | |

Part II To the extent one or more of these items apply to attributed Maryland income

| | | | | |
|----|--|----|--|--|
| f | Child and dependent care expenses | f | | |
| g | Amount of wages and salaries disallowed as a deduction due to the work opportunity credit | g | | |
| h | Expenses incurred by blind person or employer for a reader | h | | |
| i | Expenses incurred for reforestation or timber stand improvement of commercial forest land | i | | |
| k | Expenses incurred by parents to adopt a child | k | | |
| l | Purchase and installation costs of certain conservation tillage equipment | l | | |
| m | Deductible artist's contribution | m | | |
| o | Value of farm products you donated to a gleaning cooperative | o | | |
| q | Unreimbursed vehicle travel expenses Complete and attach Form 502V | q | | |
| v | Volunteer police fire rescue and emergency medical services personnel subtraction modification | | | |
| xa | College Prepaid Trust contract payments | xa | | |
| xb | College investment/broker-deal plan contributions | xb | | |
| z | Expenses incurred to buy and install handrails in a qualified existing elevator | z | | |
| ff | Cost difference of conventional on-site sewage disposal versus nitrogen removal technology | ff | | |
| kk | Forest conservation expenses | kk | | |
| ll | Income resulting from foreclosure settlement negotiated by the Maryland Attorney General | ll | | |
| 2 | Subtotal all lines in Part II enter sum of taxpayer and spouse amounts on Form 505SU line 2 | 2 | | |

Part III Share of Maryland subtractions flowing from pass-through entity or fiduciary

| | | | | |
|----|--|----|--|--|
| b | Net allowable subtractions from income from pass-through entities not attributable to decoupling | | | |
| dp | Net subtraction decoupling modification from a pass-through entity | dp | | |
| 3 | Subtotal all lines in Part III enter sum of taxpayer and spouse amounts on Form 505SU line 3 | 3 | | |

Part IV

| | | | | |
|---|-----------------------|---|-------------|--|
| 4 | Total lines 1 2 and 3 | 4 | 4241 | |
|---|-----------------------|---|-------------|--|

Total subtractions enter this amount on Form 505SU line 4

4241

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

| Description | Amount |
|---------------|--------|
| BUSINESS LOSS | \$ 108 |
| TOTAL | \$ 108 |

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

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

Form **502/505****Maryland AGI Worksheet****2012**

Name

JOHN D BESSLER

Taxpayer Identification Number

In General

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

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

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



JOHN

D BESSLER

Filing Status **3** Head of Household

Exemptions Dependents Total 65 and over Blind Total

Yourself **1** **1**
Spouse

Vendor ID **1022**

1 Fed Adj Gross Income 1 **97495**

2 Additions see Pg 2 Line 3 2

3 Subtotal 3 **97495**

4a Age Deduction You 4a

4b Age Deduction Spouse 4b

5 Soc Sec & Tier 1 Railroad 5

6 State Inc Tax Overpayment 6 **4241**

7 Other Subtractions
see Pg 2 Line 7 7

8 Subtotal Subtractions 8 **4241**

9 Total VAGI 9 **93254**

10a Federal Sch A
Itemized Deductions 10a

Virginia Approved Form

10b State/Local Income Tax 10b
10 Standard/Itemized
Deductions 10 **3000**

11 Exemptions 11 **930**

12 Deductions VAGI
see Pg 2 Line 9 12

13 Add Lines 10
11 and 12 13 **3930**

14 VA Taxable Income 14 **89324**

15 Tax Amount **L** 15 **4879**

16 Spouse Tax Adjustment 16

Name or Filing
Change
Address
Change
Virginia Return
Not Filed Last Year

Amended

NOL
Federal Earned
Income Credit
Locality **013**

Your SSN **BESS**

Spouse s SSN

16a Your VAGI 16a

16b Spouse s VAGI 16b

17 Net Tax 17 **4879**

18a Your Withholding 18a

18b Spouse s Withholding 18b

19 Estimated Payments 19 **5040**

20 Extension Payments 20

21 Credit for Low Income 21

22 Credit tax paid another state 22

23 Other Credits 23

24 Total Payments
/Credits 24 **5040**

25 Tax You Owe 25

26 Overpayment Amount 26 **161**

27 Amount to
Credit to Next Year's Tax 27 **161**

28 Adjustments/Contributions 28

Amount You Owe
Paid by Credit Card

Refund

Bank Routing
Number

Bank Account
Number

___ LAR ___ DLA ___ DTD ___ LTD \$ ___



ADDITIONAL FILING INFORMATION

Your **DOB** [REDACTED] Spouse **DOB** [REDACTED]

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

Additions SCH ADJ/CG Part 1

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

b
c

3 Total Additions

Subtractions

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

5b Spouse

- 6 Other Subtractions
 - a Fixed Date Conformity

b
c
d

7 Total Subtractions

Deductions

8 Deduction Code and Amount

a
b
c

9 Total Deductions

Spouse's Name Filing Status 3 Only

AMY J KLOBUCHAR

AGE DEDUCTION DETAILS

You

Spouse

Contact Information

Your Phone [REDACTED]

Spouse

Dept of Taxation may discuss my return with my preparer

X

Preparer Phone Number [REDACTED]

Preparer Info [REDACTED]

4

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

Your Signature _____ Date _____

Spouse's Signature _____ Date _____

Preparer Signature _____ Date **03/26/13**

**NANCY HEIMER
HEIMER DIXON ASSOCIATES, LTD**

File by May 1 2013

2012 Virginia Schedule FED/CG**JOHN****D BESSLER****013****SCHEDULE C SCHEDULE C EZ and/or SCHEDULE F INFORMATION**

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

SCHEDULE 2106 and/or SCHEDULE 2106 EZ INFORMATION

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

SCHEDULE 4562 INFORMATION

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

Virginia Approved Form

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2012** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning 2012, ending 20 See separate instructions

Your first name and initial **JOHN D.** Last name **BESSLER** Your social security number [REDACTED]

If a joint return, spouse's first name and initial Last name Spouse's social security number [REDACTED]

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

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

Presidential Election Campaign ☒ You ☐ Spouse

Filing Status 1 ☐ Single 4 ☐ Head of household (with qualifying person) (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

2 ☐ Married filing jointly (even if only one had income) 5 ☐ Qualifying widow(er) with dependent child

3 ☒ Married filing separately. Enter spouse's SSN above and full name here **AMY J. KLOBUCHAR**

Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. Boxes checked on 6a and 6b **1**

b ☐ Spouse No. of children on 6c who

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, qualify for child tax credit (see instructions)

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

Dependents on 6c not entered above

Add numbers on lines above **1**

d Total number of exemptions claimed

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 **93,362**

8a Taxable interest. Attach Schedule B if required 8a

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 10 **4,241**

11 Alimony received 11

12 Business income or (loss). Attach Schedule C or C-EZ 12 **-108**

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

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a b Taxable amount 15b

16a Pensions and annuities 16a b Taxable amount 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 **0**

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 **97,495**

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 **97,495**

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

DAA Form **1040** (2012)

Form 1040 (2012) **JOHN D. BESSLER**

Page 2

Tax and Credits

| | | | |
|-----|---|----|--------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 97,495 |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1948 <input type="checkbox"/> Blind <input type="checkbox"/> Total boxes checked <input checked="" type="checkbox"/> 39a | | |
| | If <input type="checkbox"/> Spouse was born before January 2, 1948 <input type="checkbox"/> Blind <input type="checkbox"/> | | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here <input checked="" type="checkbox"/> 39b | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 5,950 |
| 41 | Subtract line 40 from line 38 | 41 | 91,545 |
| 42 | Exemptions Multiply \$3,800 by the number on line 6d | 42 | 3,800 |
| 43 | Taxable income Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 87,745 |
| 44 | Tax (see instr.) Check if any <input type="checkbox"/> Form 8814 <input type="checkbox"/> Form 4972 <input type="checkbox"/> 982 elec. | 44 | 18,453 |
| 45 | Alternative minimum tax (see instructions) Attach Form 6251 | 45 | |
| 46 | Add lines 44 and 45 | 46 | 18,453 |
| 47 | Foreign tax credit Attach Form 1116 if required | 47 | |
| 48 | Credit for child and dependent care expenses Attach Form 2441 | 48 | |
| 49 | Education credits from Form 8863 line 19 | 49 | |
| 50 | Retirement savings contributions credit Attach Form 8880 | 50 | |
| 51 | Child tax credit Attach Schedule 8812 if required | 51 | |
| 52 | Residential energy credits Attach Form 5695 | 52 | |
| 53 | Other credits from Form <input type="checkbox"/> 3800 <input type="checkbox"/> 8801 <input type="checkbox"/> | 53 | |
| 54 | Add lines 47 through 53. These are your total credits | 54 | |
| 55 | Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- | 55 | 18,453 |

Standard Deduction for—

People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions

All others
Single or Married filing separately \$5,950
Married filing jointly or Qualifying widow(er) \$11,900
Head of household \$8,700**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 | 18,453 |

Payments

If you have a qualifying child, attach Schedule EIC

| | | | |
|-----|---|-----|--------|
| 62 | Federal income tax withheld from Forms W-2 and 1099 | 62 | 24,443 |
| 63 | 2012 estimated tax payments and amount applied from 2011 return | 63 | |
| 64a | Earned income credit (EIC) | 64a | |
| b | Nontaxable combat pay election <input type="checkbox"/> 64b | | |
| 65 | Additional child tax credit Attach Schedule 8812 | 65 | |
| 66 | American opportunity credit from Form 8863 line 8 | 66 | |
| 67 | Reserved | 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"/> Reserved c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885 | 71 | |
| 72 | Add lines 62, 63, 64a, and 65 through 71. These are your total payments | 72 | 24,538 |

Refund

| | | | |
|-----|---|-----|-------|
| 73 | If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid | 73 | 6,085 |
| 74a | Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | 74a | 6,085 |

Direct deposit? See instructions

| | | | |
|----|--|----|--|
| b | Routing number <input type="checkbox"/> XXXXXXXXXX <input checked="" type="checkbox"/> c Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number <input type="checkbox"/> XXXXXXXXXXXXXXXXXXXX | | |
| 75 | Amount of line 73 you want applied to your 2013 estimated tax | 75 | |

Amount You Owe

| | | | |
|----|---|----|--|
| 76 | Amount you owe Subtract line 72 from line 61. For details on how to pay, see instructions | 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 HEIMER** Personal identification number (PIN) ☐ Phone no ☐

Sign Here

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

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

| | | | |
|--|------|---------------------|--|
| Your signature | Date | Your occupation | Daytime phone number |
| NANCY HEIMER | | ATTORNEY | |
| Spouse's signature (if a joint return, both must sign) | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see instr.) |
| | | | |

Print/Type preparer's name

Preparer's signature

Date

Check ☐ PTIN**Paid**

NANCY HEIMER

03/26/13

self-employed

PreparerFirm's name **HEIMER DIXON ASSOCIATES, LTD**Firm's EIN ☐**Use Only**Firm's address ☐Phone no ☐

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

OMB No 1545-0074

2012Attachment
Sequence No **07**Department of the Treasury
Internal Revenue Service (99)► Information about Schedule A and its separate instructions is at www.irs.gov/form1040

► Attach to Form 1040

Name(s) shown on Form 1040

Your social security number

JOHN D. BESSLER

| | | | | |
|--|---|----|--------|--|
| Medical and Dental Expenses | Caution Do not include expenses reimbursed or paid by others | 1 | | |
| | 1 Medical and dental expenses (see instructions) | 1 | | |
| | 2 Enter amount from Form 1040, line 38 | 38 | 97,495 | |
| | 3 Multiply line 2 by 7.5% (0.075) | 3 | 7,312 | |
| | 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 | 5,142 | |
| | a <input checked="" type="checkbox"/> Income taxes or | | | |
| | b <input type="checkbox"/> General sales taxes | | | |
| | 6 Real estate taxes (see instructions) | 6 | | |
| | 7 Personal property taxes | 7 | | |
| | 8 Other taxes List type and amount ► | 8 | | |
| | VEHICLE LICENSES | | | |
| | 9 Add lines 5 through 8 | 9 | 5,142 | |
| Interest You Paid | 10 Home mortgage interest and points reported to you on Form 1098 | 10 | | |
| | 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address | 11 | | |
| | 12 Points not reported to you on Form 1098. See instructions for special rules | 12 | | |
| | 13 Mortgage insurance premiums (see instructions) | 13 | | |
| | 14 Investment interest. Attach Form 4952 if required (See instructions) | 14 | | |
| | 15 Add lines 10 through 14 | 15 | | |
| Gifts to Charity | 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 16 | | |
| | 17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 17 | | |
| | 18 Carryover from prior year | 18 | | |
| | 19 Add lines 16 through 18 | 19 | | |
| Casualty and Theft Losses | 20 Casualty or theft loss(es). Attach Form 4684 (See instructions) | 20 | | |
| Job Expenses and Certain Miscellaneous Deductions | 21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required (See instructions) ► | 21 | | |
| | 22 Tax preparation fees | 22 | | |
| | 23 Other expenses—investment, safe deposit box, etc. List type and amount ► | 23 | | |
| | 24 Add lines 21 through 23 | 24 | | |
| | 25 Enter amount from Form 1040, line 38 | 38 | 97,495 | |
| | 26 Multiply line 25 by 2% (0.02) | 26 | 1,950 | |
| | 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | 27 | | |
| Other Miscellaneous Deductions | 28 Other—from list in instructions. List type and amount ► | 28 | | |
| Total Itemized Deductions | 29 Add the amounts in the far right column for lines 4 through 28. Also enter this amount on Form 1040, line 40 | 29 | 0 | |
| | 30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/> | | | |

For Paperwork Reduction Act Notice, see Form 1040 Instructions

Schedule A (Form 1040) 2012

SCHEDULE C
(Form 1040)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2012Attachment
Sequence No **09**Department of the Treasury
Internal Revenue Service

(99)

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

Name of proprietor

JOHN D. BESSLER

Social security number (SSN)

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

B Enter code from instructions
 ◆ **711510**

C Business name If no separate business name leave blank

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 2012? If "No" see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2012 check here

☐ Yes ☐ No

I Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions)

☐ Yes ☐ No

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

☐ Yes ☐ No

Part I Income

| | | | |
|---|--------------------------|----------|--------------|
| 1 Gross receipts or sales See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked | <input type="checkbox"/> | 1 | 1,000 |
| 2 Returns and allowances (see instructions) | | 2 | |
| 3 Subtract line 2 from line 1 | | 3 | 1,000 |
| 4 Cost of goods sold (from line 42) | | 4 | |
| 5 Gross profit. Subtract line 4 from line 3 | | 5 | 1,000 |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | | 6 | |
| 7 Gross income Add lines 5 and 6 | | 7 | 1,000 |

Part II Expenses

Enter expenses for business use of your home only on line 30

| | | | | |
|---|------------|--|------------|---|
| 8 Advertising | 8 | 18 Office expense (see instructions) | 18 | |
| 9 Car and truck expenses (see instructions) | 9 | 19 Pension and profit-sharing plans | 19 | |
| 10 Commissions and fees | 10 | 20 Rent or lease (see instructions) | 20a | |
| 11 Contract labor (see instructions) | 11 | a Vehicles machinery and equipment | 20b | |
| 12 Depletion | 12 | b Other business property | 21 | |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | 21 Repairs and maintenance | 22 | |
| 14 Employee benefit programs (other than on line 19) | 14 | 22 Supplies (not included in Part III) | 23 | |
| 15 Insurance (other than health) | 15 | 23 Taxes and licenses | 24a | |
| 16 Interest | 16a | 24 Travel, meals and entertainment | 24b | |
| a Mortgage (paid to banks etc.) | 16b | a Travel | 25 | |
| b Other | | b Deductible meals and entertainment (see instructions) | 26 | |
| 17 Legal and professional services | 17 | 25 Utilities | 27a | 1,108 |
| | | 26 Wages (less employment credits) | 27b | |
| | | 27a Other expenses (from line 48) | 28 | 1,108 |
| | | b Reserved for future use | 29 | -108 |
| 28 Total expenses before expenses for business use of home Add lines 8 through 27a | | | 30 | |
| 29 Tentative profit or (loss) Subtract line 28 from line 7 | | | 31 | -108 |
| 30 Expenses for business use of your home Attach Form 8829 Do not report such expenses elsewhere | | | | |
| 31 Net profit or (loss) Subtract line 30 from line 29 | | | | |
| • If a profit enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 (If you checked the box on line 1 see instructions) Estates and trusts enter on Form 1041, line 3 | | | | |
| • If a loss you must go to line 32 | | | | |
| 32 If you have a loss check the box that describes your investment in this activity (see instructions) | | | 32a | <input checked="" type="checkbox"/> All investment is at risk |
| • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2 (If you checked the box on line 1 see the line 31 instructions) Estates and trusts enter on Form 1041, line 3 | | | 32b | <input type="checkbox"/> Some investment is not at risk |
| • If you checked 32b you must attach Form 6198 Your loss may be limited | | | | |

For Paperwork Reduction Act Notice, see your tax return instructions

Schedule C (Form 1040) 2012

JOHN D. BESSLERSchedule C (Form 1040) 2012 **AUTHOR**Page **2****Part III Cost of Goods Sold** (see instructions)

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

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation ☐ Yes ☐ No

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

36 Purchases less cost of items withdrawn for personal use

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

38 Materials and supplies

39 Other costs

40 Add lines 35 through 39

41 Inventory at end of year

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

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

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

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

a Business b Commuting (see instructions) c Other

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

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

47a Do you have evidence to support your deduction?

b If "Yes," is the evidence written?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

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

BOOK AWARD ENTRY FEES

PRINT PACKAGING

POSTAGE & DELIVERY

594

396

118

48 Total other expenses. Enter here and on line 27a

48 1,108

**SCHEDULE E
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Supplemental Income and Loss**

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

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

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

OMB No 1545-0074

2012Attachment
Sequence No **13**

Name(s) shown on return

Your social security number

JOHN D. BESSLER**Part I** **Income or Loss From Rental Real Estate and Royalties** Note If you are in the business of renting personal property use Schedule C or C-EZ (see instructions) If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40**A** Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions)

| | |
|-----|----|
| Yes | No |
| Yes | No |

B If "Yes," did you or will you file all required Forms 1099?**1a** Physical address of each property (street, city, state, ZIP code)**A****B****C**

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

Type of Property

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

| Income | Properties | A | B | C |
|---|------------|---|---|---|
| 3 Rents received | 3 | | | |
| 4 Royalties received | 4 | | | |
| Expenses | | | | |
| 5 Advertising | 5 | | | |
| 6 Auto and travel (see instructions) | 6 | | | |
| 7 Cleaning and maintenance | 7 | | | |
| 8 Commissions | 8 | | | |
| 9 Insurance | 9 | | | |
| 10 Legal and other professional fees | 10 | | | |
| 11 Management fees | 11 | | | |
| 12 Mortgage interest paid to banks, etc (see instructions) | 12 | | | |
| 13 Other interest | 13 | | | |
| 14 Repairs | 14 | | | |
| 15 Supplies | 15 | | | |
| 16 Taxes | 16 | | | |
| 17 Utilities | 17 | | | |
| 18 Depreciation expense or depletion | 18 | | | |
| 19 Other (list) ▶ | 19 | | | |
| 20 Total expenses Add lines 5 through 19 | 20 | | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties) If result is a (loss) see instructions to find out if you must file Form 6198 | 21 | | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | | | |

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

| | |
|------------|--|
| 23a | |
| 23b | |
| 23c | |
| 23d | |
| 23e | |

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

| | |
|-----------|---|
| 24 | 0 |
| 25 | |
| 26 | |

For Paperwork Reduction Act Notice, see your tax return instructions

Schedule E (Form 1040) 2012

DAA

Form **1040****Excess Social Security and RRTA Tax Withholding Worksheets****2012**

Name

Taxpayer Identification Number

JOHN D. BESSLER**Worksheet for Nonrailroad Employees**

- | | | | |
|---|---|---|-------------------|
| 1 | Add all social security tax withheld (but not more than \$4,624.00 for each employer). This tax should be shown in box 4 of your Forms W-2. Enter the total here. | 1 | <u>4,719</u> |
| 2 | Enter any uncollected social security tax on tips or group-term life insurance included in the total on Form 1040, line 60. | 2 | <u> </u> |
| 3 | Add lines 1 and 2. If \$4,624.00 or less, stop here. You cannot claim the credit. | 3 | <u>4,719</u> |
| 4 | Social security tax limit. | 4 | <u>4,624</u> |
| 5 | Credit. Subtract line 4 from line 3. Enter the credit on Form 1040, line 69. | 5 | <u>95</u> |

Worksheet for Railroad Employees

- | | | | |
|---|--|---|-------------------|
| 1 | Add all social security and tier 1 RRTA tax withheld (but not more than \$4,624.00 for each employer). Box 4 of your Forms W-2 should show social security and box 14 should show tier 1 RRTA tax. Enter the total here. | 1 | <u> </u> |
| 2 | Enter any uncollected social security and tier 1 RRTA tax on tips or group-term life insurance included in the total on Form 1040, line 60. | 2 | <u> </u> |
| 3 | Add lines 1 and 2. If \$4,624.00 or less, stop here. You cannot claim the credit. | 3 | <u> </u> |
| 4 | Social security and tier 1 RRTA tax limit. | 4 | <u> </u> |
| 5 | Credit. Subtract line 4 from line 3. Enter the credit on Form 1040, line 69. | 5 | <u> </u> |

Form **1040****Tax Refund Worksheets****2012**

Name

Taxpayer Identification Number

JOHN D. BESSLER

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

Tax Refund Worksheet for Itemized Deduction Limitation

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

Schedule A limitation did not apply for 2010 and 2011 due to the Economic Growth and Tax Relief Reconciliation Act of 2001

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

| Description | Amount |
|-------------------------------|------------------|
| SECTION 457 (B) CONTRIBUTIONS | \$ 16,750 |
| TOTAL | <u>\$ 16,750</u> |

Schedule A, Line 5 - State and Local Taxes

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

| | |
|-------------------|------------|
| GENERAL SALES TAX | <u>891</u> |
| TOTAL SALES TAXES | <u>891</u> |

*INCOME TAXES ARE BEING DEDUCTED

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

| <u>Description</u> | <u>Amount</u> |
|--------------------|---------------|
| MISCELLANEOUS | \$ |
| TOTAL | <u>\$ 0</u> |

2011 State and Local Income Tax Refunds

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

| | | |
|------------------|------------------------------------|-------------|
| Form 1040 | Salaries & Wages Report | 2012 |
|------------------|------------------------------------|-------------|

Name **JOHN D. BESSLER** Taxpayer Identification Number [REDACTED]

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

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

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

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

Name

JOHN D. BESSLER

Taxpayer Identification Number

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

Form **1040****Two Year Comparison Report - Page 2****2011 & 2012**

Name

JOHN D. BESSLER

Taxpayer Identification Number

| | | 2011 | 2012 | Differences |
|----|--|--------|--------|-------------|
| 43 | Taxable income from 2YR page 1 line 42 | 87,715 | 87,745 | 30 |
| 44 | Tax on taxable income | 18,598 | 18,453 | -145 |
| 45 | Alternative minimum tax | | | |
| 46 | Child care credit | | | |
| 47 | Education credits | | | |
| 48 | Retirement savings credit | | | |
| 49 | Child tax credit | | | |
| 50 | General business credit | | | |
| 51 | Other credits | | | |
| 52 | Total credits | | | |
| 53 | Net tax liability | 18,598 | 18,453 | -145 |
| 54 | Self-employment taxes | | | |
| 55 | Other taxes | | | |
| 56 | Total tax | 18,598 | 18,453 | -145 |
| 57 | Income tax withheld | 20,856 | 24,443 | 3,587 |
| 58 | Estimated tax payments | | | |
| 59 | Earned income credit | | | |
| 60 | Additional Child tax credit | | | |
| 61 | Other refundable tax credits | | 95 | 95 |
| 62 | Other payments | 95 | | -95 |
| 63 | Total payments | 20,951 | 24,538 | 3,587 |
| 64 | Tax due/-refund | -2,353 | -6,085 | -3,732 |
| 65 | Penalties and interest | | | |
| 66 | Net tax due/-refund | -2,353 | -6,085 | -3,732 |
| 67 | Refund applied to estimated tax payments | | | |
| 68 | Refund received | -2,353 | -6,085 | -3,732 |
| 69 | Marginal tax rate | 28.0% | 28.0% | |
| 70 | Effective tax rate | 21% | 21% | |