

SIMMA
FLOTTEMESCH
& ORENSTEIN



Certified Public Accountants

AMY J. KLOBUCHAR & JOHN D. BESSLER

DEAR AMY AND JOHN,

ENCLOSED ARE YOUR INCOME TAX RETURN(S):

2015 U.S. INDIVIDUAL INCOME TAX RETURN
2015 U.S. INDIVIDUAL INCOME TAX PAYMENT VOUCHER
2015 IRS E-FILE SIGNATURE AUTHORIZATION FORM FOR FORM 1040
2016 U.S. INDIVIDUAL ESTIMATED TAX
2015 MINNESOTA INDIVIDUAL INCOME TAX RETURN
2015 DISTRICT OF COLUMBIA INDIVIDUAL INCOME TAX DECLARATION FOR
ELECTRONIC FILING
2016 DISTRICT OF COLUMBIA ESTIMATE INCOME TAX RETURN
2015 DISTRICT OF COLUMBIA INDIVIDUAL INCOME TAX RETURN
2014 MARYLAND DECLARATION FOR ELECTRONIC FILING
2015 MARYLAND INDIVIDUAL INCOME TAX RETURN
2015 NEW JERSEY INDIVIDUAL INCOME TAX RETURN
2015 NEW JERSEY DECLARATION FOR ELECTRONIC FILING

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

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

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

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

SINCERELY,

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

**Two Year Comparison
2015 to 2014**

Description	2015	2014	Difference
Gross Income			
Wages, salaries, tips, etc.	266,869.	253,526.	13,343.
Taxable interest	11.	1.	10.
Ordinary dividends			
Taxable refunds, credits, or offsets of state and local income taxes	NONE	NONE	NONE
Alimony received			
Business income or (loss)	68,023.	-7,859.	75,882.
Capital gain or (loss)			
Other gains or (losses)			
IRA distributions, pensions and annuities	415.	2,581.	-2,166.
Rent and Royalty Income		-42.	42.
Partnership and S Corporation Income			
Estate and Trust Income			
REMIC			
Farm income or (loss)			
Taxable social security benefits and unemployment compensation			
Other income	NONE	NONE	NONE
Total income	335,318.	248,207.	87,111.
Adjustments to Gross Income			
Educator expenses			
Certain business expenses of reservists			
Health savings account deduction			
Moving expenses			
One-half of self-employment tax	912.		912.
Self-employed SEP, SIMPLE, and qualified plans			
Self-employed health insurance deduction			
Penalty on early withdrawal of savings			
Alimony paid			
IRA deduction			
Student loan interest deduction			
Tuition and fees deduction			
Domestic production activities deduction			
Other adjustments			
Total adjustments	912.		912.
Adjusted Gross Income	334,406.	248,207.	86,199.

**Two Year Comparison
2015 to 2014**

Description	2015	2014	Difference
Itemized Deductions			
Medical and dental			
Taxes	36,985.	28,085.	8,900.
Interest			
Contributions	6,053.	6,485.	-432.
Casualty or theft losses			
Miscellaneous deductions	4,885.	4,875.	10.
Less: Itemized deduction phaseout	735.		735.
 Total itemized deductions	47,188.	39,445.	7,743.
 Standard deduction			
Total exemptions	12,000.	11,850.	150.
Plus: Phase-out	2,400.		2,400.
 Taxable income	277,618.	196,912.	80,706.
Tax Liability			
Gross income tax	67,143.	42,382.	24,761.
Alternative Minimum Tax	9,597.	4,659.	4,938.
Additional taxes			
Less: Tax credits			
Balance	76,740.	47,041.	29,699.
Plus: Other taxes	3,079.	554.	2,525.
 Total tax liability	79,819.	47,595.	32,224.
Less: Withholding	77,171.	67,223.	9,948.
Estimated tax and other payments	791.	140.	651.
Plus: Penalties and interest			
 Balance due (overpayment)	1,857.	-19,768.	21,625.
 Effective tax rate	23.9%	19.2%	

Marginal Tax Planning Calculation

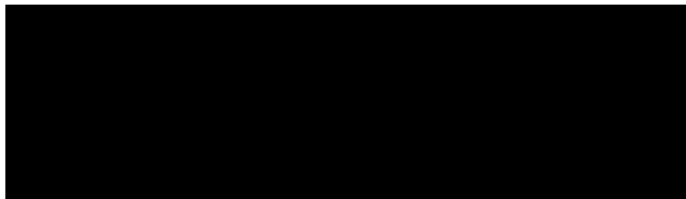
Filing status	MFJ
Current tax rate	33.00%
Marginal rate (next highest bracket)	35.00%
Upper income limit of current tax rate	411,500.
Taxable income	277,618.
Unused amount (upper limit-taxable income)	133,882.

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

SIMMA
FLOTTEMESCH
& ORENSTEIN



Certified Public Accountants



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

2015 IRS E-FILE SIGNATURE AUTHORIZATION FORM FOR FORM 1040

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

RETURN YOUR SIGNED FORM 8879 TO:

SIMMA FLOTTEMESCH & ORENSTEIN, LTD.



OR FAX YOUR SIGNED FORM 8879 TO:

SIMMA FLOTTEMESCH & ORENSTEIN, LTD.
ATTN: E-EFILE PROCESSING



A CHECK OR MONEY ORDER PAYABLE TO "UNITED STATES TREASURY" IN THE AMOUNT
OF \$1,857 SHOULD BE ENCLOSED WITH THE 1040-V PAYMENT VOUCHER. "2015 FORM
1040" SHOULD BE WRITTEN ON YOUR CHECK OR MONEY ORDER.

THE AMOUNT PAYABLE DOES NOT INCLUDE ANY PENALTIES OR INTEREST.

MAIL YOUR CHECK OR MONEY ORDER WITH YOUR PAYMENT VOUCHER BY APRIL 18, 2016
TO:

INTERNAL REVENUE SERVICE
P.O. BOX 802501
CINCINNATI, OH 45280-2501

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

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT
YOUR RETURN, WHICH IS DUE ON APRIL 18, 2016. WE WOULD APPRECIATE YOUR
RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING
OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR
RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL
REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE
DATE OF YOUR RETURN.

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

2015

Form 1040-V

Department of the Treasury
Internal Revenue Service**What Is Form 1040-V**

It is a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2015 Form 1040, Form 1040A, or Form 1040EZ.

Consider Making Your Tax Payment Electronically - It's Easy

You can make electronic payments online, by phone, or from a mobile device. Paying electronically is safe and secure. When you schedule your payment you will receive immediate confirmation from the IRS. Go to www.irs.gov/payments to see all your electronic payment options.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to "United States Treasury." Do not send cash.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you have an Individual Taxpayer Identification Number (ITIN), enter it wherever your SSN is requested. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2015 Form 1040," "2015 Form 1040A," or "2015 Form 1040EZ," whichever is appropriate.

- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX—" or "\$ XXX ^{xx}/₁₀₀").

How To Send In Your 2015 Tax Return, Payment, and Form 1040-V

- Do not staple or otherwise attach your payment or Form 1040-V to your return. Instead, just put them loose in the envelope.
- Mail your 2015 tax return, payment, and Form 1040-V in the large envelope that came with this package.

How To Pay Electronically**Pay Online**

Paying online is convenient, secure, and helps make sure we get your payments on time. You can pay using either of the following electronic payment methods. To pay your taxes online or for more information, go to www.irs.gov/payments.

Direct Pay

Pay your taxes directly from your checking or savings account at no cost to you. You receive instant confirmation that your payment has been made, and you can schedule your payment up to 30 days in advance.

Debit or Credit Card

The IRS does not charge a fee for this service; the card processors do. The authorized card processors and their phone numbers are all on www.irs.gov/payments.

Form 1040-V (2015)

JSA
5A9067 2.000

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2015

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the "United States Treasury."
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount
of your payment ▶

Dollars

Cents

1,857.

1062

AMY J KLOBUCHAR & JOHN D BESSLER

INTERNAL REVENUE SERVICE CENTER
P.O. BOX 802501
CINCINNATI, OH 45280-2501

Department of the Treasury
Internal Revenue Service

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

▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.**2015**

Submission Identification Number (SID) ▶

Taxpayer's name

AMY J KLOBUCHAR

Social security number

Spouse's name

JOHN D BESSLER

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2015 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	334,406.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	79,819.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	77,171.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	1,857.

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2015, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only☒ I authorize SIMMA FLOTTEMESCH & ORENSTEIN, LT to enter or generate my PIN

ERO firm name

as my signature on my tax year 2015 electronically filed income tax return.



Enter five digits, but do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____

Date ▶ _____

Spouse's PIN: check one box only☒ I authorize SIMMA FLOTTEMESCH & ORENSTEIN, LT to enter or generate my PIN

ERO firm name

as my signature on my tax year 2015 electronically filed income tax return.



Enter five digits, but do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____

Date ▶ _____

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

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



Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2015 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____

Date ▶ 03/22/2016

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

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

Form **8879** (2015)

a Employee's social security number [REDACTED]		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
b Employer identification number (EIN) [REDACTED]		1 Wages, tips, other compensation 139,689.		2 Federal income tax withheld 41,099.	
c Employer's name, address, and ZIP code [REDACTED]		3 Social security wages 118,500.		4 Social security tax withheld 7,347.	
		5 Medicare wages and tips 163,689.		6 Medicare tax withheld 2,373.	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff.		11 Nonqualified plans		12a See instructions for box 12 Code D | 24,000.	
AMY J KLOBUCHAR [REDACTED]		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b Code DD | 11,663.	
		14 Other 14A 8,603.		12c Code |	
				12d Code |	
f Employee's address and ZIP code					
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MN [REDACTED]	139,689.	14,251.			

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

2015

Department of the Treasury—Internal Revenue Service

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

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

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

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

a Employee's social security number [REDACTED]		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b Employer identification number (EIN) [REDACTED]				1 Wages, tips, other compensation 2,250.		2 Federal income tax withheld 87.	
c Employer's name, address, and ZIP code GEORGETOWN UNIVERSITY [REDACTED]				3 Social security wages 2,250.		4 Social security tax withheld 140.	
				5 Medicare wages and tips 2,250.		6 Medicare tax withheld 33.	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial JOHN D BESSLER		Last name [REDACTED]		Suff.		11 Nonqualified plans	
f Employee's address and ZIP code				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12	
				14 Other		12b	
						12c	
						12d	
15 State DC		Employer's state ID number [REDACTED]		16 State wages, tips, etc. 2,250.		17 State income tax 130.	
				18 Local wages, tips, etc.		19 Local income tax	
						20 Locality name	

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

2015

Department of the Treasury--Internal Revenue Service

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

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

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

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

a Employee's social security number [REDACTED]		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b Employer identification number (EIN) [REDACTED]				1 Wages, tips, other compensation 114,430.		2 Federal income tax withheld 33,912.	
c Employer's name, address, and ZIP code STATE OF MARYLAND CENTRAL PAYROLL BUREAU P.O. BOX 2396 ANNAPOLIS MD 21404				3 Social security wages 118,500.		4 Social security tax withheld 7,347.	
				5 Medicare wages and tips 150,429.		6 Medicare tax withheld 2,181.	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial JOHN D BESSLER		Last name [REDACTED]		Suff. [REDACTED]		11 Nonqualified plans	
f Employee's address and ZIP code [REDACTED]				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12 D | 18,000.	
				14 Other		12b G | 18,000.	
						12c	
						12d	
15 State Employer's state ID number MD [REDACTED]		16 State wages, tips, etc. 114,430.		17 State income tax 6,755.		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

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

2015

Department of the Treasury--Internal Revenue Service

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

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

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

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

a Employee's social security number [REDACTED]		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b Employer identification number (EIN) [REDACTED]				1 Wages, tips, other compensation 10,500.		2 Federal income tax withheld 2,073.	
c Employer's name, address, and ZIP code RUTGERS UNIVERSITY [REDACTED]				3 Social security wages 10,500.		4 Social security tax withheld 651.	
				5 Medicare wages and tips 10,500.		6 Medicare tax withheld 152.	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial JOHN D BESSLER		Last name [REDACTED]		Suff. [REDACTED]		11 Nonqualified plans	
f Employee's address and ZIP code [REDACTED]				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12	
				14 Other		12b	
						12c	
						12d	
15 State NJ		Employer's state ID number [REDACTED]		16 State wages, tips, etc. 10,500.		17 State income tax 467.	
						18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

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

2015

Department of the Treasury--Internal Revenue Service

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

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

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

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

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code FIDUCIARY TRUST CO NH CUST [REDACTED] [REDACTED]		1 Gross distribution		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		\$ 415.		2015 Form 1099-R		
		2a Taxable amount				
		\$ 415.		2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>		Copy C For Recipient's Records
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld		
[REDACTED]	[REDACTED]	\$		\$		
RECIPIENT'S name AMY J KLOBUCHAR Street address (including apt. no.) [REDACTED] City or town, state or province, country, and ZIP or foreign postal code [REDACTED]		5 Employee contributions / Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		This information is being furnished to the Internal Revenue Service.
		\$		\$		
		7 Distribution code(s) 4		IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other	
		9a Your percentage of total distribution %		9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 State tax withheld		13 State/Payer's state no.		14 State distribution
		\$		MN		\$ 415.
		\$				\$
Account number (see instructions)		15 Local tax withheld		16 Name of locality		17 Local distribution
		\$				\$
		\$				\$

Form **1099-R**

(keep for your records)

Department of the Treasury - Internal Revenue Service

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

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning 2015, ending 20 See separate instructions.

Your first name and initial AMY J Last name KLOBUCHAR Your social security number [REDACTED]

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. [REDACTED] Make sure the SSN(s) above and on line 6c are correct.

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

Foreign country name Foreign province/state/county Foreign postal code Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☒ 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) 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. 5 ☐ Qualifying widow(er) with dependent child

Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. 6b ☒ Spouse. Boxes checked on 6a and 6b No. of children on 6c who: 1 ☒ 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

c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if child under age 17 qualifying for child tax credit (see instructions)

ABIGAIL KLOBUCHAR BESSLER	[REDACTED]	DAUGHTER	

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed 3

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 STMT. 1. 7 266,869. 8a Taxable interest. Attach Schedule B if required 8a 11. b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 10 Taxable refunds, credits, or offsets of state and local income taxes STMT. 3. 10 NONE 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 68,023. 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 415. 16a Pensions and annuities 16a b Taxable amount 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 NONE 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 SEE STATEMENT 2 21 NONE 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 335,318.

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 27 912. 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 36 912. 37 Subtract line 36 from line 22. This is your adjusted gross income 37 334,406.

Tax and Credits**Standard Deduction for -**

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

• All others:
Single or Married filing separately, \$6,300
Married filing jointly or Qualifying widow(er), \$12,600
Head of household, \$9,250

38	Amount from line 37 (adjusted gross income).	38	334,406.
39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> checked <input type="checkbox"/> 39b		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin).	40	47,188.
41	Subtract line 40 from line 38.	41	287,218.
42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	9,600.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	277,618.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	67,143.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	9,597.
46	Excess advance premium tax credit repayment. Attach Form 8962.	46	
47	Add lines 44, 45, and 46	47	76,740.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credit. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits.	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	76,740.
57	Self-employment tax. Attach Schedule SE	57	1,822.
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	1,257.
63	Add lines 56 through 62. This is your total tax	63	79,819.
64	Federal income tax withheld from Forms W-2 and 1099.	64	77,171.
65	2015 estimated tax payments and amount applied from 2014 return	65	NONE
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8.	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	791.
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments.	74	77,962.
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid.	75	
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text"/>		
77	Amount of line 75 you want applied to your 2016 estimated tax	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	1,857.
79	Estimated tax penalty (see instructions).	79	

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ NoDesignee's name THERESA L PIETENPOL Phone no. [REDACTED] Personal identification number (PIN) [REDACTED]**Sign Here**

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

Your signature [REDACTED] Date [REDACTED] Your occupation US SENATOR Daytime phone number [REDACTED]

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

Spouse's signature. If a joint return, both must sign. [REDACTED] Date [REDACTED] Spouse's occupation ATTORNEY If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [REDACTED]**Paid Preparer Use Only**Print/Type preparer's name THERESA L PIETENPOL Date 03/22/2016 Check ☐ if PTIN self-employed [REDACTED]
Firm's name SIMMA FLOTTEMESCH & ORENSTEIN, LTD. Firm's EIN [REDACTED]
Firm's address [REDACTED] Phone no. [REDACTED]

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

► Attach to Form 1040.

OMB No. 1545-0074

2015

Attachment
Sequence No. **07**

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)
- 2 Enter amount from Form 1040, line 38 2
- 3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

1

3

4

**Taxes You
Paid**

5 State and local (check only one box):

- a ☒ Income taxes, or
- b ☐ General sales taxes

STMT. 4.

5

32,652.

6 Real estate taxes (see instructions)

6

4,161.

7 Personal property taxes

7

172.

8 Other taxes. List type and amount ►

8

9 Add lines 5 through 8

9

36,985.

**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**

If you made a gift and got a benefit for it, see instructions.

16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . SEE. STATEMENT. 4.

16

3,623.

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

2,430.

18 Carryover from prior year

18

19 Add lines 16 through 18

19

STMT 5

6,053.

**Casualty and
Theft Losses**

20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)

20

**Job Expenses
and Certain
Miscellaneous
Deductions**

21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►

21

4,205.

22 Tax preparation fees

22

1,000.

23 Other expenses - investment, safe deposit box, etc. List type and amount ► SEE STATEMENT 5

23

6,368.

24 Add lines 21 through 23

24

11,573.

25 Enter amount from Form 1040, line 38 25 334,406.

25

26 Multiply line 25 by 2% (.02).

26

6,688.

27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-

27

4,885.

**Other
Miscellaneous
Deductions**

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

28

**Total
Itemized
Deductions**

29 Is Form 1040, line 38, over \$154,950? SEE STMT 6

☐ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.

29

47,188.

☒ Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.

30 If you elect to itemize deductions even though they are less than your standard deduction, check here ☐

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2015

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 and its instructions is at www.irs.gov/scheduleb.

OMB No. 1545-0074

2015

Attachment
Sequence No. 08

Name(s) shown on return

Your social security number

AMY J KLOBUCHAR & JOHN D BESSLER

Part I
Interest

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

S WELLS FARGO BANK

T US SENATE FEDERAL CREDIT UNION

(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 2 11.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 3
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a 4 11.

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

Part II

- 5 List name of payer ▶

Ordinary Dividends

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

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

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

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

Part III
Foreign Accounts and Trusts

(See instructions on back.)

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

- 7a At any time during 2015, 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. X

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements.

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

- 8 During 2015, 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. X

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

Schedule B (Form 1040A or 1040) 2015

JSA
5A1600 2-000

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment
Sequence No. 09

Name of proprietor JOHN D BESSLER		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) INDEPENDENT ARTISTS, WRITERS, PERFORMERS		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) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2015, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file all required Forms 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	3,548.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	3,548.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	3,548.
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	3,548.

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	2,542.	27a Other expenses (from line 48)	27a	2,542.
29 Tentative profit or (loss). Subtract line 28 from line 7	29	1,006.	b Reserved for future use	27b	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	1,006.			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

JSA
5X0110 2.000

3960IB 5838 03/22/2016 08:08:50 V15-4F 838120

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35		
36	Purchases less cost of items withdrawn for personal use	36		
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 2015, enter the number of miles you used your vehicle for:	
	a Business	b Commuting (see instructions)
	c Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47 a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

PROMOTION	2,542.
48 Total other expenses. Enter here and on line 27a	48 2,542.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment
Sequence No. **09**

Name of proprietor

AMY J KLOBUCHAR

Social security number (SSN)

B Enter code from instructions

► 711510

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

WRITER

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

AMY KLOBUCHAR

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 2015? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2015, check here ☒ Yes ☐ No

I Did you make any payments in 2015 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	<u>75,000.</u>
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	<u>75,000.</u>
4	Cost of goods sold (from line 42).	4	
5	Gross profit. Subtract line 4 from line 3	5	<u>75,000.</u>
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	<u>75,000.</u>

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

8	Advertising	8		18	Office expense (see instructions)	18	<u>483.</u>
9	Car and truck expenses (see instructions).	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees.	10	<u>7,500.</u>	20	Rent or lease (see instructions):		
11	Contract labor (see instructions).	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19).	14		22	Supplies (not included in Part III).	22	
15	Insurance (other than health).	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits).	26	
				27a	Other expenses (from line 48)	27a	
				b	Reserved for future use.	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	<u>7,983.</u>				
29	Tentative profit or (loss). Subtract line 28 from line 7	29	<u>67,017.</u>				
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30					
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	<u>67,017.</u>				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35		
36	Purchases less cost of items withdrawn for personal use	36		
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 2015, enter the number of miles you used your vehicle for:		
a	Business	b Commuting (see instructions)	c Other
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
47 a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

Social security number of person
with self-employment income**AMY J KLOBUCHAR****Section B - Long Schedule SE****Part I Self-Employment Tax****Note.** If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I <input type="checkbox"/>	
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions).
1b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions). SEE STATEMENT. 7.
3	Combine lines 1a, 1b, and 2
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3. Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.
4b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here
4c	Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income
5b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-
6	Add lines 4c and 5b
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2015
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$118,500 or more, skip lines 8b through 10, and go to line 11
8b	Unreported tips subject to social security tax (from Form 4137, line 10)
8c	Wages subject to social security tax (from Form 8919, line 10)
8d	Add lines 8a, 8b, and 8c
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)
11	Multiply line 6 by 2.9% (.029)
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income ¹ was not more than \$7,320, or (b) your net farm profits ² were less than \$5,284.	
14	Maximum income for optional methods
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,880. Also include this amount on line 4b above
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$5,284 and also less than 72.189% of your gross nonfarm income ⁴ , and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times.	
16	Subtract line 15 from line 14
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

Social security number of person
with self-employment income**JOHN D BESSLER****Section B - Long Schedule SE****Part I Self-Employment Tax****Note.** If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I <input type="checkbox"/>	
1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions).	1a
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b ()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions). SEE. STATEMENT. 8.	2 1,006.
3 Combine lines 1a, 1b, and 2	3 1,006.
4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3. Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a 929.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here.	4b
c Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income , enter -0- and continue	4c 929.
5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a
b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b
6 Add lines 4c and 5b	6 929.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2015	7 118,500.00
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$118,500 or more, skip lines 8b through 10, and go to line 11	8a 131,250.
b Unreported tips subject to social security tax (from Form 4137, line 10)	8b
c Wages subject to social security tax (from Form 8919, line 10)	8c
d Add lines 8a, 8b, and 8c	8d 131,250.
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11.	9
10 Multiply the smaller of line 6 or line 9 by 12.4% (.124).	10
11 Multiply line 6 by 2.9% (.029)	11 27.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55	12 27.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13 14.

Part II Optional Methods To Figure Net Earnings (see instructions)**Farm Optional Method.** You may use this method **only** if (a) your gross farm income¹ was not more than \$7,320, or (b) your net farm profits² were less than \$5,284.

14 Maximum income for optional methods	14 4,880.00
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,880. Also include this amount on line 4b above	15

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$5,284 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution.** You may use this method no more than five times.

16 Subtract line 15 from line 14.	16
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

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

Your social security number

AMY J KLOBUCHAR & JOHN D BESSLER

Part I Alternative Minimum Taxable Income (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	287,218.
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0- . . .	2	
3	Taxes from Schedule A (Form 1040), line 9 . . .	3	36,985.
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	4,885.
6	If Form 1040, line 38, is \$154,950 or less, enter -0-. Otherwise, see instructions . . .	6	(735.)
7	Tax refund from Form 1040, line 10 or line 21. . .	7	(NONE)
8	Investment interest expense (difference between regular tax and AMT) . . .	8	
9	Depletion (difference between regular tax and AMT). . .	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount . . .	10	
11	Alternative tax net operating loss deduction . . .	11	()
12	Interest from specified private activity bonds exempt from the regular tax . . .	12	
13	Qualified small business stock, see instructions . . .	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income) . . .	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) . . .	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6). . .	16	
17	Disposition of property (difference between AMT and regular tax gain or loss). . .	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT). . .	18	
19	Passive activities (difference between AMT and regular tax income or loss) . . .	19	
20	Loss limitations (difference between AMT and regular tax income or loss) . . .	20	
21	Circulation costs (difference between regular tax and AMT). . .	21	
22	Long-term contracts (difference between AMT and regular tax income) . . .	22	
23	Mining costs (difference between regular tax and AMT). . .	23	
24	Research and experimental costs (difference between regular tax and AMT). . .	24	
25	Income from certain installment sales before January 1, 1987 . . .	25	()
26	Intangible drilling costs preference . . .	26	
27	Other adjustments, including income-based related adjustments . . .	27	NONE
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$246,250, see instructions.) . . .	28	328,353.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2015, see instructions.) STMT 9 IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . . Single or head of household . . . \$119,200 . . . \$53,600 Married filing jointly or qualifying widow(er) . . . 158,900 . . . 83,400 Married filing separately . . . 79,450 . . . 41,700 If line 28 is over the amount shown above for your filing status, see instructions.	29	41,037.
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	287,316.
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. • All others: If line 30 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result.	31	76,740.
32	Alternative minimum tax foreign tax credit (see instructions) . . .	32	
33	Tentative minimum tax. Subtract line 32 from line 31 . . .	33	76,740.
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions) . . .	34	67,143.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45 . . .	35	9,597.

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

Form 6251 (2015)

Part III Tax Computation Using Maximum Capital Gains Rates

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

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36	
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	
38	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	
40	Enter the smaller of line 36 or line 39	40	
41	Subtract line 40 from line 36	41	
42	If line 41 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result ▶	42	
43	Enter: <ul style="list-style-type: none"> • \$74,900 if married filing jointly or qualifying widow(er), • \$37,450 if single or married filing separately, or • \$50,200 if head of household. 	43	
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	
46	Enter the smaller of line 36 or line 37.	46	
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	
48	Subtract line 47 from line 46	48	
49	Enter: <ul style="list-style-type: none"> • \$413,200 if single • \$232,425 if married filing separately • \$464,850 if married filing jointly or qualifying widow(er) • \$439,000 if head of household 	49	
50	Enter the amount from line 45	50	
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter.	51	
52	Add line 50 and line 51	52	
53	Subtract line 52 from line 49. If zero or less, enter -0-	53	
54	Enter the smaller of line 48 or line 53.	54	
55	Multiply line 54 by 15% (.15) ▶	55	
56	Add lines 47 and 54	56	
	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.		
57	Subtract line 56 from line 46	57	
58	Multiply line 57 by 20% (.20) ▶	58	
	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		
59	Add lines 41, 56, and 57.	59	
60	Subtract line 59 from line 36	60	
61	Multiply line 60 by 25% (.25) ▶	61	
62	Add lines 42, 55, 58, and 61	62	
63	If line 36 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result	63	
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	

Form **8606**Department of the Treasury
Internal Revenue Service (99)**Nondeductible IRAs**► Information about Form 8606 and its separate instructions is at www.irs.gov/form8606.

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

OMB No. 1545-0074

2015Attachment
Sequence No. **48**

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

Your social security number

AMY J KLOBUCHAR

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

Apt. no.

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

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

Foreign country name

Foreign province/state/county

Foreign postal code

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

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

- You made nondeductible contributions to a traditional IRA for 2015.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2015 and you made nondeductible contributions to a traditional IRA in 2015 or an earlier year. For this purpose, a distribution does not include a rollover, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2015 (excluding any portion you recharacterized) and you made nondeductible contributions to a traditional IRA in 2015 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2015, including those made for 2015 from January 1, 2016, through April 18, 2016 (see instructions).	1	
2	Enter your total basis in traditional IRAs (see instructions).	2	24,000.
3	Add lines 1 and 2	3	24,000.
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> In 2015, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? </div> <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> No —————> Enter the amount from line 3 on line 14. Do not complete the rest of Part I. Yes —————> Go to line 4. </div>			
4	Enter those contributions included on line 1 that were made from January 1, 2016, through April 18, 2016	4	
5	Subtract line 4 from line 3.	5	
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2015, plus any outstanding rollovers (see instructions).	6	
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2015. Do not include rollovers, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions).	7	
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2015. Do not include amounts converted that you later recharacterized (see instructions). Also enter this amount on line 16.	8	
9	Add lines 6, 7, and 8.	9	
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"	10	x
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17.	11	
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA.	12	
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions.	13	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2015 and earlier years	14	24,000.
15	Taxable amount. Subtract line 12 from line 7. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b.	15	

Note. You may be subject to an additional 10% tax on the amount on line 15 if you were under age 59 1/2 at the time of the distribution (see instructions).

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

Form **8606** (2015)

Part II 2015 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2015 (excluding any portion you recharacterized).

16	If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2015. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2015 or 2016 (see instructions).	16	
17	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see instructions).	17	
18	Taxable amount. Subtract line 17 from line 16. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b.	18	

Part III Distributions From Roth IRAs

Complete this part only if you took a distribution from a Roth IRA in 2015. For this purpose, a distribution does not include a rollover, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions).

19	Enter your total nonqualified distributions from Roth IRAs in 2015, including any qualified first-time homebuyer distributions (see instructions).	19	
20	Qualified first-time homebuyer expenses (see instructions). Do not enter more than \$10,000.	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-.	21	
22	Enter your basis in Roth IRA contributions (see instructions). If line 21 is zero, stop here .	22	
23	Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see instructions).	23	
24	Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA (see instructions).	24	
25	Taxable amount. Subtract line 24 from line 23. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b.	25	

**Sign Here Only If You
Are Filing This Form
by Itself and Not With
Your Tax Return**

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




Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	THERESA L PIETENPOL		03/22/2016		
	Firm's name	SIMMA FLOTTEMESCH & ORENSTEIN, LTD.		Firm's EIN	
	Firm's address			Phone no.	

Form **8606** (2015)

Form **8606**Department of the Treasury
Internal Revenue Service (99)**Nondeductible IRAs**► Information about Form 8606 and its separate instructions is at www.irs.gov/form8606.

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

OMB No. 1545-0074

2015Attachment
Sequence No. **48**

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

Your social security number

JOHN D BESSLER

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

Apt. no.

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

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

Foreign country name

Foreign province/state/county

Foreign postal code

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

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

- You made nondeductible contributions to a traditional IRA for 2015.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2015 **and** you made nondeductible contributions to a traditional IRA in 2015 or an earlier year. For this purpose, a distribution does not include a rollover, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2015 (excluding any portion you recharacterized) **and** you made nondeductible contributions to a traditional IRA in 2015 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2015, including those made for 2015 from January 1, 2016, through April 18, 2016 (see instructions).	1	
2	Enter your total basis in traditional IRAs (see instructions).	2	20,000.
3	Add lines 1 and 2	3	20,000.
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> In 2015, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? </div> <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> No —————> Enter the amount from line 3 on line 14. Do not complete the rest of Part I. Yes —————> Go to line 4. </div>			
4	Enter those contributions included on line 1 that were made from January 1, 2016, through April 18, 2016	4	
5	Subtract line 4 from line 3.	5	
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2015, plus any outstanding rollovers (see instructions).	6	
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2015. Do not include rollovers, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions).	7	
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2015. Do not include amounts converted that you later recharacterized (see instructions). Also enter this amount on line 16.	8	
9	Add lines 6, 7, and 8.	9	
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000".	10	x
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17.	11	
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA.	12	
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions.	13	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2015 and earlier years	14	20,000.
15	Taxable amount. Subtract line 12 from line 7. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b.	15	

Note. You may be subject to an additional 10% tax on the amount on line 15 if you were under age 59 1/2 at the time of the distribution (see instructions).

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

Form **8606** (2015)

Part II 2015 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2015 (excluding any portion you recharacterized).

16	If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2015. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2015 or 2016 (see instructions).	16	
17	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see instructions).	17	
18	Taxable amount. Subtract line 17 from line 16. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b.	18	

Part III Distributions From Roth IRAs

Complete this part only if you took a distribution from a Roth IRA in 2015. For this purpose, a distribution does not include a rollover, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions).

19	Enter your total nonqualified distributions from Roth IRAs in 2015, including any qualified first-time homebuyer distributions (see instructions).	19	
20	Qualified first-time homebuyer expenses (see instructions). Do not enter more than \$10,000.	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-.	21	
22	Enter your basis in Roth IRA contributions (see instructions). If line 21 is zero, stop here .	22	
23	Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see instructions).	23	
24	Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA (see instructions).	24	
25	Taxable amount. Subtract line 24 from line 23. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b.	25	

**Sign Here Only If You
Are Filing This Form
by Itself and Not With
Your Tax Return**

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

 Your signature
  Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	THERESA L PIETENPOL		03/22/2016		
	Firm's name	SIMMA FLOTTEMESCH & ORENSTEIN, LTD.		Firm's EIN	
	Firm's address			Phone no.	

Form 8606 (2015)

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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.

2015

Attachment
Sequence No. 53

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

JOHN D BESSLER

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

	Self-only	Family
1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2015 (see instructions) ▶	<input type="checkbox"/>	<input type="checkbox"/>
2 HSA contributions you made for 2015 (or those made on your behalf), including those made from January 1, 2016, through April 18, 2016, that were for 2015. 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 2015, and on the first day of every month during 2015, you were, or were considered, an eligible individual with the same coverage, enter \$3,350 (\$6,650 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 2015 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2015, 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 2015, see the instructions for the amount to enter.	6	
7 If you were age 55 or older at the end of 2015, married, and you or your spouse had family coverage under an HDHP at any time during 2015, enter your additional contribution amount (see instructions)	7	
8 Add lines 6 and 7	8	
9 Employer contributions made to your HSAs for 2015	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 2015 from all HSAs (see instructions)	14a	28.
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	28.
15 Qualified medical expenses paid using HSA distributions (see instructions)	15	28.
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	
17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box.	17b	

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

Form 8889 (2015)

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.
▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
▶ Information about Form 8959 and its instructions is at www.irs.gov/form8959.

Your social security number: [REDACTED]

AMY J KLOBUCHAR & JOHN D BESSLER

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	326,868.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	326,868.		
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		76,868.	
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go to Part II.	7		692.	

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8	62,819.		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9	250,000.		
10	Enter the amount from line 4	10	326,868.		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	NONE		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		62,819.	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter here and go to Part III	13		565.	

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

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

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V.	18	1,257.		
----	---	----	--------	--	--

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	4,739.		
20	Enter the amount from line 1	20	326,868.		
21	Multiply line 20 by 1.45% (.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,740.		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		NONE	
23	Additional Medicare Tax withholding on railroad retirement (RTTA) compensation from Form W-2, box 14 (see instructions)	23			
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24		NONE	

Employee Business Expenses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.**2015**Attachment
Sequence No. **129**

Your name

AMY J KLOBUCHAR

Occupation in which you incurred expenses

UNITED STATES SENATO

Social security number

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

	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work.	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment. SEE STATEMENT. 10	4	4,205.
5 Meals and entertainment expenses (see instructions).	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5.	6	4,205.

Note. If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.**Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1**

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

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

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8).	8	4,205.
Note. If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.		
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	9	4,205.
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	4,205.

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

Form **2106** (2015)

Part II Vehicle Expenses**Section A - General Information** (You must complete this section if you are claiming vehicle expenses.)

		(a) Vehicle 1	(b) Vehicle 2
11	Enter the date the vehicle was placed in service		
12	Total miles the vehicle was driven during 2015.	miles	miles
13	Business miles included on line 12	miles	miles
14	Percent of business use. Divide line 13 by line 12	%	%
15	Average daily roundtrip commuting distance	miles	miles
16	Commuting miles included on line 12.	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1.	22	
-----------	--	-----------	--

Section C - Actual Expenses

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

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

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

Noncash Charitable Contributions

▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

▶ Information about Form 8283 and its separate instructions is at www.irs.gov/form8283.

OMB No. 1545-0008

Attachment
Sequence No. **155**

Name(s) shown on your income tax return

Identifying number

AMY J KLOBUCHAR & JOHN D BESSLER

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 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 publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part I Information on Donated Property - If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	BOOKS FOR AFRICA 26 EAST EXCHANGE STREET		BOOKS
B			
C			
D			
E			

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	03/26/2015			2,430.	2,430.	COST
B						
C						
D						
E						

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

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

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

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

Name of charitable organization (donee)

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

City or town, state, and ZIP code

d For tangible property, enter the place where the property is located or kept ▶

e Name of any person, other than the donee organization, having actual possession of the property ▶

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

Yes No

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

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

For Paperwork Reduction Act Notice, see separate instructions.

Form **8283** (Rev. 12-2014)

JSA

5X6400 1,000

3960IB 5838 03/22/2016 08:08:50 V15-4F 838120

Name(s) shown on your income tax return

Identifying number

AMY J KLOBUCHAR & JOHN D BESSLER

Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities) - Complete this section for one item (or one group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions of publicly traded securities reported in Section A). Provide a separate form for each property donated unless it is part of a group of similar items. An appraisal is generally required for property listed in Section B. See instructions.

Part I Information on Donated Property - To be completed by the taxpayer and/or the appraiser.
4 Check the box that describes the type of property donated:

- | | | | |
|---|---|---|---|
| a <input type="checkbox"/> Art* (contribution of \$20,000 or more) | d <input type="checkbox"/> Art* (contribution of less than \$20,000) | g <input type="checkbox"/> Collectibles** | j <input type="checkbox"/> Other |
| b <input type="checkbox"/> Qualified Conservation Contribution | e <input type="checkbox"/> Other Real Estate | h <input type="checkbox"/> Intellectual Property | |
| c <input type="checkbox"/> Equipment | f <input type="checkbox"/> Securities | i <input type="checkbox"/> Vehicles | |

*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

**Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

Note. In certain cases, you must attach a qualified appraisal of the property. See instructions.

5 (a) Description of donated property (if you need more space, attach a separate statement)		(b) If tangible property was donated, give a brief summary of the overall physical condition of the property at the time of the gift		(c) Appraised fair market value	
A					
B					
C					
D					

(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	See instructions	
				(h) Amount claimed as a deduction	(i) Date of contribution
A					
B					
C					
D					

Part II Taxpayer (Donor) Statement - List each item included in Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Part I and describe the specific item. See instructions. ►

Signature of taxpayer (donor) ►

Date ►

Part III Declaration of Appraiser

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). In addition, I understand that I may be subject to a penalty under section 6695A if I know, or reasonably should know, that my appraisal is to be used in connection with a return or claim for refund and a substantial or gross valuation misstatement results from my appraisal. I affirm that I have not been barred from presenting evidence or testimony by the Office of Professional Responsibility.

Sign

Here

Signature ►

Title ►

Date ►

Business address (including room or suite no.)

Identifying number

City or town, state, and ZIP code

Part IV Donee Acknowledgment - To be completed by the charitable organization.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date ►

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file Form 8282, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? ► ☐ Yes ☐ No

Name of charitable organization (donee)

Employer identification number

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

City or town, state, and ZIP code

Authorized signature

Title

Date

SUPPLEMENT TO FORM 1040

SOURCES OF COMPENSATION

OWNER- SHIP	DESCRIPTION	TOTAL WAGES	FEDERAL WITHHELD	SOC. SEC. WITHHELD	MEDICARE WITHHELD
WAGES					
T	UNITED STATES SENATE	139,689.	41,099.	7,347.	2,373.
S	GEORGETOWN UNIVERSITY	2,250.	87.	140.	33.
S	STATE OF MARYLAND	114,430.	33,912.	7,347.	2,181.
S	RUTGERS UNIVERSITY	10,500.	2,073.	651.	152.
TOTAL - WAGES		266,869.	77,171.	15,485.	4,739.
GRAND TOTAL		266,869.	77,171.	15,485.	4,739.

OWNER- SHIP	WITHHOLDING FROM WAGES	STATE WITHHELD	CITY/LOCAL WITHHELD
T	UNITED STATES SENATE	14,251.	
S	GEORGETOWN UNIVERSITY	130.	
S	STATE OF MARYLAND	6,755.	
S	RUTGERS UNIVERSITY	467.	
TOTAL WITHHOLDING FROM WAGES		21,603.	

SUPPLEMENT TO FORM 1040

IRA DISTRIBUTIONS

OWNER- SHIP	DESCRIPTION	TOTAL RECEIVED	TAXABLE PORTION
T	FIDUCIARY TRUST CO NH CUST	415.	415.
	TOTAL	415.	415.

SOURCES OF OTHER INCOME

QUALIFIED TUITION PROGRAM EARNINGS

NONE

TOTAL TO 1040, LINE 21

NONE

QUALIFIED TUITION PROGRAM (QTP) DISTRIBUTIONS

	TAXPAYER	SPOUSE
EARNINGS DISTRIBUTED FROM SECTION 529 PLANS	1,083.	
LESS: PORTION USED TOWARD HIGHER EDUCATION EXPENSE	2,160.	
TAXABLE PORTION TO FORM 1040, LINE 21	NONE	



SUPPLEMENT TO FORM 1040

TAXABLE STATE/LOCAL TAX REFUNDS

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

1	TAXES PAID IN 2014	15,548.
2	TAXES PAID IN 2015	
3	TOTAL STATE AND LOCAL TAX PAYMENTS ON 2014 RETURN	15,548.
4	TOTAL REFUND RECEIVED IN 2015	8,708.
5	PERCENTAGE OF TAXES PAID IN 2014 (LINE 1/LINE 3)	100.00%
6	REFUND ATTRIBUTABLE TO TAXES PAID IN 2014	8,708.

TAXABLE REFUND:

1	REFUND ATTRIBUTABLE TO TAXES PAID IN 2014	8,708.
2	2014 ALLOWABLE ITEMIZED DEDUCTIONS	39,445.
3	2014 BASIC STANDARD DEDUCTION:	
	\$ 6,200, IF SINGLE	
	\$ 12,400, IF MFJ OR QUALIFYING WIDOW(ER)	
	\$ 6,200, IF MARRIED FILING SEPARATELY	
	\$ 9,100, IF HEAD OF HOUSEHOLD	12,400.
4	2014 ADDITIONAL STANDARD DEDUCTION(S)	
5	ADD LINES 3 AND 4	12,400.
6	SUBTRACT LINE 5 FROM LINE 2	27,045.
7	TAXABLE TAX REFUNDS (SMALLER OF LINES 1 OR 6)	8,708.
LESS:	STATE/LOCAL TAX REFUND THAT HAD NO TAX BENEFIT IN PRIOR YEAR	-8,708.
	TOTAL TAXABLE REFUND	NONE

SUPPLEMENT TO SCHEDULE A

STATE INCOME TAXES

TAXES WITHHELD FROM WAGES	21,603.
ESTIMATED TAX AND EXTENSION PAYMENTS	8,120.
OTHER TAXES PAID AND BALANCE DUE	2,849.
STATE UNEMPLOYMENT AND DISABILITY TAXES	80.

TOTAL TO SCHEDULE A, LINE 5	32,652.
-----------------------------	---------

CASH CONTRIBUTIONS

OTHER CASH CONTRIBUTIONS

50% ORGANIZATION(S)	
COMMON HOPE	360.
COLLEGE POSSIBLE	250.
HUMAN RIGHTS PROGRAM	100.
GROWTH AND JUSTICE	50.
YALE UNIVERSITY	82.
PACER	120.
UNICEF	50.
RED CROSS	25.
DOCTORS WITHOUT BORDERS	35.
ADVOCATES FOR HUMAN RIGHTS	100.
BRIDGE 2 RWANDA	1,473.
FRIENDS OF SAN LUCAS	300.
CONSERVE	50.
ABA	100.
U OF MN ALUMNI ASSOCIATION	78.
OTHER CASH CONTRIBUTIONS	200.
UNIVERSITY OF BALTIMORE	250.

TOTAL CASH CONTRIBUTIONS BEFORE LIMITATION	3,623.
--	--------

CASH CONTRIBUTION LIMITATION	NONE
------------------------------	------

TOTAL TO SCHEDULE A, LINE 16	3,623.
------------------------------	--------



SUPPLEMENT TO SCHEDULE A

NONCASH CHARITABLE CONTRIBUTIONS

NONCASH CONTRIBUTIONS FROM FORM 8283	2,430.
TOTAL NONCASH CONTRIBUTIONS BEFORE LIMITATION	2,430.
NONCASH CONTRIBUTION LIMITATION	NONE
TOTAL TO SCHEDULE A, LINE 17	2,430.

OTHER MISC. DEDUCTIONS SUBJECT TO 2% LIMIT

UNREIMBURSED BUSINESS EXPENSES	6,368.
TOTAL TO SCHEDULE A, LINE 23	6,368.

SUPPLEMENT TO SCHEDULE A

ITEMIZED DEDUCTION WORKSHEET

1. SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28 47,923.

2. SCHEDULE A, LINES 4, 14, 20, PLUS ANY GAMBLING AND
CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28

3. IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1?
NO. -----
X YES. SUBTRACT LINE 2 FROM LINE 1 47,923.
=====

4. LINE 3 MULTIPLIED BY 80% (.80) 38,338.
=====

5. ENTER THE AMOUNT FROM FORM 1040, LINE 38 334,406.

6. ENTER LIMIT BASED ON FILING STATUS 309,900.

7. IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5?
NO. -----
X YES. SUBTRACT LINE 6 FROM LINE 5.. 24,506.
=====

8. LINE 7 MULTIPLIED BY 3% (.03) 735.
=====

9. ENTER THE SMALLER OF LINE 4 OR LINE 8 735.
=====

10. TOTAL ITEMIZED DEDUCTIONS (LINE 1 LESS LINE 9) 47,188.
=====



SUPPLEMENT TO SCHEDULE SE

TAXPAYER'S NET SELF-EMPLOYMENT INCOME

NET NONFARM PROFIT OR (LOSS)

SCHEDULE C

67,017.

TOTAL NET NONFARM PROFIT OR (LOSS), SECTION B, LINE 2

67,017.



SUPPLEMENT TO SCHEDULE SE

SPOUSE'S NET SELF-EMPLOYMENT INCOME

NET NONFARM PROFIT OR (LOSS)

SCHEDULE C

1,006.

TOTAL NET NONFARM PROFIT OR (LOSS), SECTION B, LINE 2

1,006.

SUPPLEMENT TO FORM 6251

LINE 29 - EXEMPTION WORKSHEET

1.	\$53,600. IF SINGLE OR HEAD OF HOUSEHOLD	
	\$83,400. IF MARRIED FILING JT. OR QUAL. WIDOW(ER)	83,400.
	\$41,700. IF MARRIED FILING SEPARATELY	
2.	ALTERNATIVE MINIMUM TAXABLE INCOME, LINE 28	328,353.
3.	\$119,200. IF SINGLE OR HEAD OF HOUSEHOLD	
	\$158,900. IF MFJ OR QUAL. WIDOW(ER)	158,900.
	\$ 79,450. IF MARRIED FILING SEPARATELY	-----
4.	LINE 2 LESS LINE 3	169,453.
5.	MULTIPLY LINE 4 BY 25%	42,363.

6.	EXEMPTION AMOUNT (LINE 1 LESS LINE 5)	41,037.
		=====

LINE 31 - WORKSHEET

1.	AMOUNT FROM FORM 6251, LINE 30	287,316.
2.	LINE 1 MULTIPLIED BY 28%	80,448.
3.	\$3,708 OR \$1,854 IF MARRIED FILING SEPARATELY	3,708.

4.	TOTAL TO FORM 6251, LINE 31 (LINE 2 LESS LINE 3)	76,740.
		=====



SUPPLEMENT TO FORM 2106 - EMPLOYEE BUSINESS EXPENSES

NAME: AMY J KLOBUCHAR
OCCUPATION: UNITED STATES SENATOR

BUSINESS EXPENSES

AMOUNT

REFLECTS \$3,000 IRC 162(A) LIMITATION
INCLUDES DC LIVING EXPENSES FOR MEMBER OF CONGRESS

4,205.

TOTAL BUSINESS EXPENSES TO FORM 2106, LINE 4

4,205.

AMY J. KLOBUCHAR & JOHN D. BESSLER
INSTRUCTIONS FOR FILING FORM
1040-ES
2016 U.S. INDIVIDUAL ESTIMATED TAX

THE APPROPRIATE VOUCHER FORM SHOULD ACCOMPANY EACH PAYMENT AS FOLLOWS:

VOUCHER	ON OR BEFORE	AMOUNT
1	APRIL 18, 2016	\$2,700
2	JUNE 15, 2016	\$2,700
3	SEPTEMBER 15, 2016	\$2,700
4	JANUARY 17, 2017	\$2,700
TOTAL ESTIMATED TAX		\$10,800
OVERPAYMENT OF 2015 INCOME TAX CREDITED AGAINST 2016 TAX		\$0
TOTAL 2016 ESTIMATED TAX PAYMENTS		\$10,800
ESTIMATED INCOME TAX TO BE WITHHELD IN 2016		\$77,171
ESTIMATED CREDITS		
TOTAL ESTIMATE OF 2016 INCOME TAX		\$87,971

THE IRS ALSO ACCEPTS PAYMENTS ONLINE AND BY PHONE. TO PAY ONLINE USING DIRECT TRANSFER FROM YOUR BANK ACCOUNT, GO TO WWW.IRS.GOV AND CLICK ON 'PAY YOUR TAX BILL' AND THEN 'IRS DIRECT PAY'.

THE IRS, THROUGH OUTSIDE VENDORS, ALSO ACCEPTS DEBIT OR CREDIT CARD PAYMENTS. THE IRS DOES NOT CHARGE FOR THIS SERVICE, HOWEVER, THE VENDOR CHARGES A FLAT FEE FOR DEBIT CARDS AND A FEE BASED ON THE AMOUNT OWED FOR CREDIT CARDS. TO PAY USING A DEBIT OR CREDIT CARD, GO TO WWW.IRS.GOV AND CLICK ON 'PAY YOUR TAX BILL' AND THEN 'PAY BY CARD'. CLICK ON A LINK TO ONE OF THE VENDOR'S WEBSITES TO PAY ONLINE OR CALL THE APPLICABLE PHONE NUMBER.

EACH VOUCHER, TOGETHER WITH A CHECK OR MONEY ORDER MADE PAYABLE TO "UNITED STATES TREASURY," SHOULD BE FILED WITH:

INTERNAL REVENUE SERVICE
P.O. BOX 802502
CINCINNATI, OH 45280-2502

YOUR SOCIAL SECURITY NUMBER AND "2016 FORM 1040-ES" SHOULD BE WRITTEN ON YOUR CHECK OR MONEY ORDER.

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

CREDIT AND WITHHOLDING DURING THE YEAR MUST TOTAL AT LEAST \$77,171 TO MAINTAIN AN ADEQUATE ESTIMATE. YOU SHOULD CONFIRM THIS FIGURE WITH YOUR EMPLOYER AND IF IT IS

INCORRECT, EITHER (1) AMEND YOUR ESTIMATE OR (2) HAVE YOUR EMPLOYER ADJUST YOUR WITHHOLDING.

THE ENCLOSED ESTIMATED TAX VOUCHERS HAVE BEEN PREPARED BASED ON THE ASSUMPTION THAT YOUR 2016 WITHHOLDING WILL AT LEAST EQUAL YOUR 2015 WITHHOLDING. IF IT APPEARS THAT THIS ASSUMPTION IS INCORRECT, PLEASE CONTACT US IMMEDIATELY TO DETERMINE IF REVISED ESTIMATES ARE REQUIRED TO AVOID ANY UNDERPAYMENT PENALTIES.

YOUR 2016 ESTIMATED TAX HAS BEEN COMPUTED BASED ON 110% OF YOUR 2015 ACTUAL TAX LIABILITY. TIMELY PAYMENT OF THESE AMOUNTS WILL ENSURE THAT YOU WILL NOT BE SUBJECT TO ANY LIABILITY FOR UNDERPAYMENT OF ESTIMATED TAX, REGARDLESS OF YOUR TAX LIABILITY FOR 2016.

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

2016 Estimated Tax Worksheet

Keep for Your Records

1	Adjusted gross income you expect in 2016 (see instructions)	1	
2	<ul style="list-style-type: none"> If you plan to itemize deductions, enter the estimated total of your itemized deductions. <p>Caution: If line 1 is over \$155,650 your deduction may be reduced. See Pub. 505 for details.</p> <ul style="list-style-type: none"> If you do not plan to itemize deductions, enter your standard deduction. 	2	
3	Subtract line 2 from line 1	3	
4	Exemptions. Multiply \$4,050 by the number of personal exemptions. Caution: See Worksheet 2-6 in Pub. 505 to figure the amount to enter if line 1 is over: \$155,650	4	
5	Subtract line 4 from line 3	5	
6	Tax. Figure your tax on the amount on line 5 by using the 2016 Tax Rate Schedules . Caution: If you will have qualified dividends or a net capital gain, or expect to exclude or deduct foreign earned income or housing, see Worksheets 2-7 and 2-8 in Pub. 505 to figure the tax	6	
7	Alternative minimum tax from Form 6251 or included on Form 1040A , line 28	7	
8	Add lines 6 and 7. Add to this amount any other taxes you expect to include in the total on Form 1040, line 44	8	
9	Credits (see instructions). Do not include any income tax withholding on this line	9	
10	Subtract line 9 from line 8. If zero or less, enter -0-	10	
11	Self-employment tax (see instructions)	11	
12	Other taxes (see instructions)	12	
13a	Add lines 10 through 12	13a	
b	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and refundable credit from Form 8885	13b	
c	Total 2016 estimated tax. Subtract line 13b from line 13a. If zero or less, enter -0-	13c	
14a	Multiply line 13c by 90% (66 ² / ₃ % for farmers and fishermen)	14a	
b	Required annual payment based on prior year's tax (see instructions)	14b	87,801.
c	Required annual payment to avoid a penalty. Enter the smaller of line 14a or 14b Caution: Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 14c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 13c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you can pay the amount shown on line 13c. For details, see chapter 2 of Pub. 505.	14c	87,801.
15	Income tax withheld and estimated to be withheld during 2016 (including income tax withholding on pensions, annuities, certain deferred income, etc.)	15	77,171.
16a	Subtract line 15 from line 14c. "ROUNDED".	16a	10,800.
	Is the result zero or less?		
	<input type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments.		
	<input checked="" type="checkbox"/> No. Go to line 16b.		
b	Subtract line 15 from line 13c	16b	
	Is the result less than \$1,000?		
	<input checked="" type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments.		
	<input type="checkbox"/> No. Go to line 17 to figure your required payment.		
17	If the first payment you are required to make is due April 18, 2016, enter 1/4 of line 16a (minus any 2015 overpayment that you are applying to this installment) here, and on your estimated tax payment voucher(s) if you are paying by check or money order	17	2,700.

2016 Estimated Tax**Payment
Voucher 3**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2016 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Sept. 15, 2016Amount of estimated tax you are paying
by check or
money order.

Dollars

Cents

2,700.

Print or type	Your first name and initial AMY J	Your last name KLOBUCHAR	Your social security number [REDACTED]
	If joint payment, complete for spouse		
	Spouse's first name and initial JOHN D	Spouse's last name BESSLER	Spouse's social security number [REDACTED]
	Address (number, street, and apt. no.) [REDACTED]		
	City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) [REDACTED]		
	Foreign country name	Foreign province/county	Foreign postal code

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

JSA

Tear off here

2016 Estimated Tax**Payment
Voucher 2**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2016 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due June 15, 2016Amount of estimated tax you are paying
by check or
money order.

Dollars

Cents

2,700.

Print or type	Your first name and initial AMY J	Your last name KLOBUCHAR	Your social security number [REDACTED]
	If joint payment, complete for spouse		
	Spouse's first name and initial JOHN D	Spouse's last name BESSLER	Spouse's social security number [REDACTED]
	Address (number, street, and apt. no.) [REDACTED]		
	City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) [REDACTED]		
	Foreign country name	Foreign province/county	Foreign postal code

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

JSA

Tear off here

2016 Estimated Tax**Payment
Voucher 1**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2016 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due April 18, 2016Amount of estimated tax you are paying
by check or
money order.

Dollars

Cents

2,700.

Print or type	Your first name and initial AMY J	Your last name KLOBUCHAR	Your social security number [REDACTED]
	If joint payment, complete for spouse		
	Spouse's first name and initial JOHN D	Spouse's last name BESSLER	Spouse's social security number [REDACTED]
	Address (number, street, and apt. no.) [REDACTED]		
	City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) [REDACTED]		
	Foreign country name	Foreign province/county	Foreign postal code

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

JSA

5A1920 2,000
AMY J & JOHN D KLOBUCHAR

Form 1040-ES (2016)

03/22/2016

Record of Estimated Tax Payments (Farmers, fishermen, and fiscal year taxpayers, see *Payment Due Dates*.)

Keep for Your Records

Payment number	Payment due date	(a) Amount due	(b) Date paid	(c) Check or money order number, or credit or debit card confirmation number	(d) Amount paid (do not include any convenience fee)*	(e) 2015 overpayment credit applied	(f) Total amount paid and credited (add (d) and (e))
1	4/18/2016	2,700.	04/18/16		2,700.		2,700.
2	6/15/2016	2,700.	06/15/16		2,700.		2,700.
3	9/15/2016	2,700.	09/15/16		2,700.		2,700.
4	1/17/2017**	2,700.	01/17/17		2,700.		2,700.
Total					10,800.		10,800.

* You can deduct the convenience fee charged by the service provider in 2016 as a miscellaneous itemized deduction (subject to the 2%-of-AGI limit) on your 2016 income tax return.

** You do not have to make this payment if you file your 2016 tax return by January 31, 2017, and pay the entire balance due with your return.

Tear off here

Form **1040-ES**
Department of the Treasury
Internal Revenue Service

2016 Estimated Tax

Payment Voucher 4

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2016 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Jan. 17, 2017

Amount of estimated tax you are paying by check or money order.

Dollars	Cents
2,700.	

Print or type	Your first name and initial AMY J	Your last name KLOBUCHAR	Your social security number [REDACTED]
	If joint payment, complete for spouse		
	Spouse's first name and initial JOHN D	Spouse's last name BESSLER	Spouse's social security number [REDACTED]
	Address (number, street, and apt. no.) [REDACTED] (also complete spaces below.)		
	Foreign country name	Foreign province/county	Foreign postal code

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

Form 1040-ES (2016)

JSA

AMY J. KLOBUCHAR & JOHN D. BESSLER
INSTRUCTIONS FOR FILING FORM
M1 & M1NR
2015 MINNESOTA INDIVIDUAL INCOME TAX RETURN

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

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

YOUR RETURN SHOWS A \$4,415 OVERPAYMENT. OF THIS AMOUNT, \$4,415 WILL BE REFUNDED TO YOU.

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

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

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

NO MINNESOTA INDIVIDUAL ESTIMATED TAX PAYMENTS WILL BE REQUIRED FOR 2016 NOR WILL YOU BE SUBJECT TO UNDERPAYMENT PENALTIES IF THE INCOME TAX WITHHELD FROM ALL SOURCES IN 2016 AMOUNTS TO AT LEAST \$9,836, OR, IF LESS, 90% OF YOUR TOTAL 2016 INCOME TAX.

M1 MINNESOTA • REVENUE Individual Income Tax 2015

1511

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

Your First Name and Initial

Last Name

AMY

J KLOBUCHAR

Place an X if a Foreign Address:

If a Joint Return, Spouse's First Name and Initial

Spouse's Last Name

JOHN

D BESSLER

Current Home Address (Street, Apartment Number, Route)

2015

Filing Status

(1) Single

X

(2) Married filing joint

(3) Married filing separate:

(place an X in one oval box):

(4) Head of household

(5) Qualifying widow(er)

Enter spouse's name and Social Security number here

State Elections Campaign Fund

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

Political Party and Code Number:

Republican 11 Grassroots - Legalize Cannabis . 14 Legal Marijuana Now . . . 17
Democratic Farmer-Labor 12 Green 15 General Campaign
Independence 13 Libertarian 16 Fund 99

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

A Wages, salaries, tips, etc.:

B IRA, Pensions and annuities: C Unemployment:

D Federal adjusted gross income:

266869

415

334406

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 ☐ 277618
- 2 State income tax or sales tax addition. If you itemized deductions SEE STMT 1 on federal Form 1040, complete the worksheet in the instructions 2 ☐ 32652
- 3 Other additions to income, including disallowed itemized deductions, personal exemptions, non-Minnesota bond interest and domestic production activities deduction (see instructions; enclose Schedule M1M) 3 ☐ 5296
- 4 Add lines 1 through 3 (if a negative number, place an X in the oval box) 4 315566
- 5 State income tax refund from line 10 of federal Form 1040 5 ☐ NONE
- 6 Other subtractions, such as net interest or mutual fund dividends from U.S. bonds or K-12 education expenses (see instructions; enclose Schedule M1M) 6 ☐
- 7 Total subtractions. Add lines 5 and 6 7 NONE
- 8 Minnesota taxable income. Subtract line 7 from line 4. If zero or less, leave blank. 8 315566
- 9 Tax from the table in the M1 instructions 9 24130
- 10 Alternative minimum tax (enclose Schedule M1MT) 10 ☐
- 11 Add lines 9 and 10 11 24130
- 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 10110
 - a. ☐ 140104
 - b. ☐ 334406
- 13 Tax on lump-sum distribution (enclose Schedule M1LS) 13 ☐
- 14 Tax before credits. Add lines 12 and 13. 14 10110

15 Tax before credits. Amount from line 14	15	10110
16 Marriage credit for joint return when both spouses have taxable earned income or taxable retirement income (enclose Schedule M1MA)	16	274
17 Credit for taxes paid to another state (enclose Schedule(s) M1CR)	17	
18 Other nonrefundable credits (enclose Schedule M1C)	18	
19 Total nonrefundable credits. Add lines 16 and 18	19	274
20 Subtract line 19 from line 15 (if result is zero or less, leave blank)	20	9836
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	9836
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)	23	14251
24 Minnesota estimated tax and extension payments made for 2015.	24	NONE
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	14251
30 REFUND. If line 29 is more than line 22, subtract line 22 from line 29 (see instructions). For direct deposit, complete line 31.	30	4415
31 Direct deposit of your refund (you must use an account not associated with a foreign bank): <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings </div> <div style="background-color: black; width: 400px; height: 30px; margin-top: 5px;"></div>		
32 AMOUNT YOU OWE. If line 22 is more than line 29, subtract line 29 from line 22 (see instructions)	32	
33 Penalty amount from Schedule M15 (see instructions). 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 2016 estimated tax	35	NONE

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.
P. _____ Date _____

Spouse's signature (if filing jointly) _____

Taxpayer's daytime phone _____

Preparer's daytime phone _____

03222016

Include a copy of your 2015 federal return and _____

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

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.

2015 Schedule M1W, Minnesota Income Tax Withheld

Sequence # 2

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

AMY J

KLOBUCHAR

JOHN D

BESSLER

If you received a W-2, 1099, W-2G, Schedule KPI, KS or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 22 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your W-2, 1099 or W-2G forms; keep them with your tax records. All instructions are included on this schedule.

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

A	B - Box 13	C - Box 15	D - Box 16	E - Box 17
If the W-2 is for:	If Retirement Plan box is checked, mark an X below.	Employer's 7-digit Minnesota state tax ID number	State wages, tips, etc. (round to nearest whole dollar)	Minnesota tax withheld (round to nearest whole dollar)
<input type="radio"/> you, enter 1 <input type="radio"/> spouse, enter 2	X		139689	14251

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** 14251**2** Minnesota tax withheld from 1099 and W-2G forms. If you have more than four forms, complete line 6 on the back.

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

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

Total Minnesota tax withheld from all 1099 and W-2G forms (add amounts in line 2, column D) **2****3** Total Minnesota tax withheld by partnerships, S corporations and fiduciaries(from line 7 on the back) **3****4** Total. Add the Minnesota tax withheld on lines 1, 2 and 3.Enter the total here and on line 22 of Form M1 **4** 14251

Include this schedule with your Form M1.

If required, include Schedules KPI, KS and/or KF.

2015 Schedule M1M, Income Additions and Subtractions

Sequence #3

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

AMY J

KLOBUCHAR

Additions to Income

- | | | | |
|----|---|----|------|
| 1 | Itemized deduction limitation for taxpayers with an adjusted gross income which exceeds \$184,000 (\$92,000 if married filing separate) | 1 | 1936 |
| 2 | Personal exemption phase out for taxpayers with an adjusted gross income that exceeds the applicable threshold (see instructions) | 2 | 3360 |
| 3 | Interest from municipal bonds of another state or its governmental units included on line 8b of federal Form 1040 or 1040A | 3 | |
| 4 | Federally tax-exempt dividends from mutual funds investing in bonds of another state or its governmental units included on line 8b of federal Form 1040 or 1040A | 4 | |
| 5 | Federal bonus depreciation addition (determine from worksheet in the instructions) | 5 | |
| 6 | Federal section 179 expensing addition (determine from worksheet in the instructions) | 6 | |
| 7 | State income taxes passed through to you as a partner of a partnership, a shareholder of an S corporation or a beneficiary of a trust (see instructions) | 7 | |
| 8 | Domestic production activities deduction (from line 35 of federal Form 1040) | 8 | |
| 9 | Expenses deducted on your federal return attributable to income not taxed by Minnesota (other than interest or mutual fund dividends from U.S. bonds) | 9 | |
| 10 | Fines, fees and penalties federally deducted as a trade or business expense (see instructions) | 10 | |
| 11 | Suspended loss from 2001 through 2005 or 2008 through 2014 on your federal return that was generated by bonus depreciation (determine from worksheet in the instructions) | 11 | |
| 12 | Capital gain portion of a lump-sum distribution (from line 6 of federal Form 4972; enclose Form 4972) | 12 | |
| 13 | Net operating loss carryover adjustment (see instructions) | 13 | |
| 14 | Addition from Schedule M1NC, Federal Adjustments, line 18. | 14 | |
| 15 | Add lines 1 through 14. Enter the total here and on line 3 of Form M1 | 15 | 5296 |

Subtractions From Income

- | | | | |
|----|---|----|--|
| 16 | Net interest or mutual fund dividends from U.S. bonds (see instructions) | 16 | |
| 17 | Education expenses you paid for your qualifying children in grades K-12 (see instructions)
Enter the name and grade of each child: | 17 | |
| 18 | If you did not itemize deductions on your federal return and your charitable contributions were more than \$500, see instructions | 18 | |
| 19 | Subtraction for federal bonus depreciation added back to Minnesota taxable income in 2010 through 2014 (determine from worksheet in the instructions) | 19 | |
| 20 | Subtraction for federal section 179 expensing added back to Minnesota taxable income in 2010 through 2014 (see instructions) | 20 | |
| 21 | Subtraction for persons age 65 or older, or permanently and totally disabled (enclose Schedule M1R) | 21 | |

AMY J

KLOBUCHAR

- 22 Benefits paid by the Railroad Retirement Board
(see instructions) 22
- 23 If you are a resident of a reciprocity state filing Form M1 only to receive a refund
of all Minnesota tax withheld, enter the amount from line 1 of Form M1.
If the amount is less than zero, enter zero. 23
- Place an X in one box to indicate the reciprocity state
of which you were a resident during 2015. Michigan:
- North Dakota:
- 24 American Indians: Total amount earned on an Indian reservation while
living on the reservation, to the extent the income is federally taxable 24
- 25 Federal active duty military pay received for services performed while a Minnesota
resident, to the extent the income is federally taxable. Do not include military pensions 25
- 26 If you are a member of the Minnesota National Guard or other reserve component
in Minnesota, see instructions. 26
- 27 If you are a resident of another state, enter your federal active service military pay,
to the extent the income is federally taxable. Do not include military pensions 27
- 28 If you, your spouse (if filing a joint return) or your dependent donated all
or part of a human organ, enter your unreimbursed expenses for travel
and lodging and for any lost wages net of sick pay (see instructions) 28
- 29 Income taxes paid to a subnational level of a foreign country other than Canada
(determine from worksheet in the instructions) 29
- 30 Job Opportunity Building Zone (JOBZ) business and investment
income exemptions (enclose Schedule JOBZ) 30
- 31 Portion of the gain from the sale of your farm property if you were insolvent
at the time of the sale (determine from worksheet in the instructions) 31
- 32 Post service education awards received for service in an
AmeriCorps National Service program. 32
- 33 Net operating loss (NOL) carryover adjustment (see instructions) 33
- 34 Subtraction for prior addback of reacquisition of business indebtedness income
included in federal taxable income (see instructions) 34
- 35 Subtraction for railroad maintenance expenses 35
- 36 This line is intentionally left blank 36
- 37 If you filed federal Schedule A and your limited itemized deductions are less than your
standard deduction, see instructions 37
- 38 Subtraction from Schedule M1NC, Federal Adjustments, line 18 38
- 39 Add lines 16 through 38. Enter the total here and on line 6 of Form M1 39

You must include this schedule with your Form M1.

2015 Schedule M1NR, Nonresidents / Part-Year Residents

Sequence#11

Other State (see inst.)

Your Last Name
KLOBUCHAR

Social Security Number

Full-year Nonresident of MN.
X Part-year MN Resident From 01/01/2015 to 12/31/2015 (mm/dd/yyyy) MNSpouse's Last Name
BESSLER

Spouse's Social Security Number

Full-year Nonresident of MN.
X Part-year MN Resident From to (mm/dd/yyyy) DC

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

A. Total Amount

B. Minnesota Portion
(see instructions)

Income

1	Wages, salaries, tips, etc. (from line 7 of Form 1040 or Form 1040A or line 1 of Form 1040EZ)	1	266869	139689
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	11	
3	Business income or loss (from line 12 of Form 1040)	3	68023	
4	Capital gain or loss (from line 13 of Form 1040 or line 10 of Form 1040A)	4		
5	IRA distributions and pensions and annuities (add lines 15b and 16b of Form 1040 or lines 11b and 12b of Form 1040A)	5	415	415
6	Net income from rents, royalties, partnerships, S corporations, estates and trusts (from line 17 of Form 1040)	6	NONE	
7	Farm income or loss (from line 18 of Form 1040)	7		
8	Other income (add lines 10, 11, 14, 19, 20b and 21 of Form 1040, lines 13 and 14b of Form 1040A or line 3 of Form 1040EZ).	8	NONE	
9	Interest and dividends from non-Minnesota state or municipal bonds (add lines 3 and 4 of Schedule M1M)	9		
10	Other additions required by Minnesota (add lines 5, 6, 9, 11 and 13 of Schedule M1M)	10		
11	Add lines 1 through 10 for each column	11	335318	140104

If your Minnesota gross income is below the minimum filing requirement, see the instructions.

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 (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 19, 20, 33 and 34 of Schedule M1M)	19
20	Net U.S. bond interest (from line 16 of Schedule M1M) and active military pay received while a nonresident (from line 27 of Schedule M1M)	20
21	Job Opportunity Building Zone (JOBZ) business and investment income exemptions (from line 30 of Schedule M1M)	21

Tax Calculation

22	Add lines 12 through 21 for each column	22	912	
23	Subtract line 22, column B, from line 11, column B. Enter here and on line 12a of Form M1. If your Minnesota gross income is below \$10,300 or the result is a negative amount, enter 0	23		140104
24	Subtract line 22, column A, from line 11, column A. Enter the result here and on line 12b of Form M1	24	334406	
25	Divide line 23 by line 24, and enter the result as a decimal (carry to five decimal places). If line 23 is more than line 24, enter 1.0. If line 23 is zero, enter 0	25		0.41896
26	Amount from line 11 of Form M1	26		24130
27	Multiply line 25 by line 26. Enter the result here and on line 12 of Form M1	27		10110

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.

1114

2015 Schedule M1MA, Marriage Credit

Sequence #19

Your First Name and Initial

AMY J

Spouse's First Name and Initial

JOHN D

Last Name

KLOBUCHAR

Last Name

BESSLER

Social Security Number

Social Security Number

A
TaxpayerB
Spouse

Taxpayer/Spouse Income Information

1	Wages, salaries, tips, etc. (from line 7 of federal Form 1040 or Form 1040A or line 1 of Form 1040EZ)	1	139689	127180
2	Self-employment income (from line 3 of federal Schedule SE less the self-employment tax deduction from line 6 of Schedule SE)	2		
3	Taxable pension income (see instructions)	3	415	
4	Taxable Social Security income (from line 20b of Form 1040 or 14b of Form 1040A)	4		
5	Add lines 1 through 4 for each column	5	140104	127180
6	Amount from line 5, Column A or B, whichever is less (If less than \$22,000, STOP HERE . You do not qualify)	6		127180
7	Joint taxable income from line 8 of Form M1. (If less than \$37,000, STOP HERE . You do not qualify)	7		315566
8	If line 6 is less than \$100,000, determine the amount of your credit using lines 6 and 7 and the table in the instructions. Full-year residents: Enter the result here and on line 16 of Form M1. Part-year residents and nonresidents: Continue with line 20.	8		

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

If Line 6 is \$100,000 or More

9	Enter the amount from line 6	9		127180
10	Value of one personal exemption plus one-half of the married-joint standard deduction	10		\$10,300
11	Subtract line 10 from line 9	11		116880
12	Using the rate schedule for single persons in the M1 instructions, compute the tax for the amount on line 11	12		8090
13	Amount from line 7	13		315566
14	Amount from line 11	14		116880
15	Subtract line 14 from line 13 (if zero or less, you do not qualify)	15		198686
16	Using the rate schedule for single persons in the M1 instructions, compute the tax for the amount on line 15	16		15387
17	Tax from line 9 of Form M1	17		24130
18	Add lines 12 and 16	18		23477
19	Subtract line 18 from line 17. If the result is more than \$1,415, enter \$1,415. 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		653

Part-Year/
Nonresidents

Part-Year Residents and Nonresidents

20	Part-year residents and nonresidents: Enter the percentage from line 25 of Schedule M1NR.	20		0.41896
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		274

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

SUPPLEMENT TO MINNESOTA

=====

ADJUSTMENT FOR STATE TAXES

=====

1.	ITEMIZED DEDUCTIONS FROM FEDERAL SCHEDULE A	47188
2.	STANDARD AMOUNT FROM TABLE	12600
3.	LINE 1 LESS LINE 2	34588
4.	STATE INCOME TAX OR SALES TAX FROM LINE 5 OF SCHEDULE A	32652
5.	ADJUSTMENT (LESSER OF LINE 3 AND LINE 4)	32652

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

2015 DISTRICT OF COLUMBIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC
FILING

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

RETURN YOUR SIGNED FORM D-40 E DECLARATION TO:



OR FAX YOUR SIGNED FORM D-40 E TO:

SIMMA FLOTTEMESCH & ORENSTEIN, LTD.
ATTN: E-FILE PROCESSING



A CHECK OR MONEY ORDER PAYABLE TO "D.C. TREASURER" IN THE AMOUNT OF \$552
SHOULD BE ENCLOSED WITH THE D-40P PAYMENT VOUCHER. YOUR SOCIAL SECURITY
NUMBER AND "2015 FORM D-40" SHOULD BE WRITTEN ON YOUR CHECK OR MONEY
ORDER.

MAIL YOUR CHECK OR MONEY ORDER WITH YOUR D-40P PAYMENT VOUCHER BY APRIL
18, 2016 TO:

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

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

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT
YOUR RETURN, WHICH IS DUE ON APRIL 18, 2016. WE WOULD APPRECIATE YOUR
RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING
OF YOUR RETURN.

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

2015 D-40P SUB Payment Voucher

Instructions

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

- Do not use the voucher to make estimated tax payments.
- Enter your name(s), social security number (SSN) and address exactly as shown on your return. If you are filing a joint return, or filing separately on the same return, enter the name and SSN shown first on your return, then enter the name and SSN shown second on your return.
- Enter the amount of your payment. Whole dollars only. Do not enter cents.
- Make your check or moneyorder (US dollars) payable to DC Treasurer.
- Make sure your name and address appear on your payment (check or money order).
- Enter your SSN, tax period and the form filed - D-40 or D-40EZ on your payment.
- Tax Period Ending Date should be formatted as MMY.
- To avoid penalties and interest, pay in full by April 18, 2016.
- Staple your payment to the D-40P voucher; Do not attach your payment to your D-40 or D-40EZ return.
- Mail the D-40P with, but not attached to your D-40 or D-40EZ tax return to:

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

Detach at perforation before mailing

Government of the
District of Columbia

2015 D-40P SUB Payment Voucher



Tax period ending (MMYY)

Amount of payment \$

552.00

Do not enter cents, enter dollars only. To avoid penalties and interest,
your payment must be postmarked no later than April 18, 2016

Your first name

M.I.

Last name

JOHN

D

BESSLER

SOFTWARE DEVELOPER USE ONLY

Spouse's/registered domestic partner's first name

M.I.

Last name

AMY

J

KLOBUCHAR

VENDOR ID#

Your social security number (SSN)

Spouse's/registered domestic partner's SSN

Taxpayer daytime telephone number

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

2015 D-40P SUB

2015 D-40E SUB
District of Columbia Individual Income Tax
Declaration for Electronic Filing

Tax period ending 1215

IRS Declaration Control Number (DCN)

Your First name and initial

JOHN D

Last name

BESSLER

Social Security Number

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

Last name

KLOBUCHAR

Spouse's Social Security Number

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

Federal Filing Status

MFS

City, Town, and State

Zip Code + 4

District of Columbia Filing Status

MFS

PART I - TAX RETURN INFORMATION

PLEASE ENTER WHOLE DOLLAR AMOUNTS

- | | |
|---|-----------|
| 1. District of Columbia Adjusted Gross Income, Form D-40, Line 14 or D-40EZ, Line 3 | 128173.00 |
| 2. District of Columbia Tax, Form D-40, Line 21 or D-40EZ, Line 6 | 8802.00 |
| 3. DC Income Tax Withheld, Form D-40, Line 30 or D-40EZ, Line 11 | 130.00 |
| 4. District of Columbia Refund Net, Form D-40, Line 40 or D-40EZ, Line 19 | .00 |
| 5. District of Columbia Total Amount Due, Form D-40, Line 45 or D-40EZ, Line 18 | 552.00 |

PART II - REFUND METHOD

Direct Deposit

Refund Card

Paper Check

For Direct Deposit or Direct Debit enter the following information:

6. Routing Number*

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

7. Account Number

8. Type of Account

Checking

Savings

PART III - DECLARATION OF TAXPAYER

Under penalties of perjury, I/we declare that I/we have examined a copy of my/our electronic individual income tax return and accompanying schedules and statements for the 2015 tax year, and to the best of my knowledge and belief, it is true, correct and complete. I/we further declare that the amounts in Part I above are the amounts from my/our electronic income tax return. I consent to allow my/our intermediate service provider, transmitter, or electronic return originator (ERO) to send my/our return to the District of Columbia (DC). I/we authorize DC and its designated financial institution to initiate an ACH electronic funds withdrawal (direct debit). Refunds cannot be direct deposited and payments cannot be transmitted from a financial institution.

Your Signature

Date

Spouse's Signature

Date

PART IV - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the individual income tax return and that the entries on D40-E are complete and correct to the best of my knowledge. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with DC. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above individual income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

ERO's Signature

Date

SSN, EIN, or PTIN

Paid Preparer's Signature

Date

SSN, EIN, or PTIN

PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.

2015 D-40 SUB Individual Income Tax Return



▼ Tax period ending

Personal information

Mark if

Amended return

SOFTWARE DEVELOPER USE ONLY

Your telephone number

Mark if

Filing for a deceased taxpayer

VENDOR ID#

Your social security number (SSN)

and Date of Birth (MMDDYYYY)

Spouse's/registered domestic partner's SSN

and Date of Birth (MMDDYYYY)

Your first name

M.I.

Last name

JOHN

D

BESSLER

Spouse's/registered domestic partner's first name

M.I.

Last name

AMY

J

KLOBUCHAR

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

City

State

ZIP Code + 4

Filing Status

- 1 Mark only one: Single Married filing jointly ☒ Married filing separately Dependent claimed by someone else
- Married filing separately on same return Enter combined amounts for lines 4 - 42. See instructions.
- Registered domestic partners filing jointly or filing separately on same return
- Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.
- Qualifying widow(er) with dependent child. Enter qualifying dependent information on Schedule S.

- 2 Mark if you are: Part-year resident in DC from (month) to (month); # of months in DC See instructions.

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

Income Information

- | | | | | |
|---|--|--------------|----|------------|
| a | Wages, salaries, unemployment compensation and/or tips, see instructions | a | \$ | 127180.00 |
| b | Business income or loss, see instructions. | Mark if loss | b | \$ 1006.00 |
| c | Capital gain (or loss). | Mark if loss | c | \$.00 |
| d | Rental real estate, royalties, partnerships, etc. | Mark if loss | d | \$.00 |

Computation of DC Gross and Adjusted Gross Income

- 3 Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040A, 1040EZ, 1040NR or 1040NR-EZ. Mark if loss 3 \$ 128173.00

Additions to DC Income

- | | | | | |
|---|--|--------------|----|--------------|
| 4 | Franchise tax deducted on federal forms, see instructions. | 4 | \$ | .00 |
| 5 | Other additions from DC Schedule I, Calculation A, Line 8. | 5 | \$ | .00 |
| 6 | Add Lines 3, 4 and 5. | Mark if loss | 6 | \$ 128173.00 |

Subtractions from DC Income

- | | | | | |
|----|---|--------------|----|--------------|
| 7 | Part year residents, enter income received during period of nonresidence, see instructions. | 7 | \$ | .00 |
| 8 | Taxable refunds, credits or offsets of state and local income tax. | 8 | \$ | .00 |
| 9 | Taxable amount of social security and tier 1 railroad retirement | 9 | \$ | .00 |
| 10 | Income reported and taxed this year on a DC franchise or fiduciary return. | 10 | \$ | .00 |
| 11 | DC and federal government survivor benefits, see instructions. | 11 | \$ | .00 |
| 12 | Other subtractions from DC Schedule I, Calculation B, Line 16. | 12 | \$ | .00 |
| 13 | Total subtractions from DC income, Lines 7 - 12. | 13 | \$ | .00 |
| 14 | DC adjusted gross income, Line 6 minus Line 13. | Mark if loss | 14 | \$ 128173.00 |

Enter your last name **BESSLER**
Enter your SSN [REDACTED]



15 Deduction type Take the same type of deduction you took on your federal return. Mark which type: <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Itemized See instructions for amount to enter on Line 16.			
16 DC deduction amount. Do not copy from federal return. For amount to enter, see instructions.	16	\$	5200.00
17 Number of exemptions If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S. *If AGI is greater than \$150,000, see instructions on page 25.	17	1	
18 Exemption amount. Multiply \$1,775 by number on Line 17. Part-year DC residents see Cal E.	18	\$	1775.00
19 Add Lines 16 and 18.	19	\$	6975.00
20 DC Taxable income Subtract Line 19 from Line 14. Enter result. Mark if loss	20	\$	121198.00
DC tax, credits and payments			
21 Tax If Line 20 is \$100,000 or less, use tax tables. If more, use Calculation I. Mark if filing separately on same return. Complete Calculation J on Schedule S.	21	\$	8802.00
22 Credit for child and dependent care expenses \$.00 x .32 Enter result > From federal Form 2441; if part-year DC resident, from Line 5, DC Form D-2441.	22	\$	.00
23 Non-refundable credits from DC Schedule U, Part 1a, Line 7 Attach DC Schedule U.	23	\$	.00
24 DC Low Income Credit Use Calc. LIC/EITC to see if LIC or EITC is a greater benefit. See instructions.	24	\$	.00
24a Enter the number of exemptions claimed on your federal return. 1			
25 Total non-refundable credits. Add Lines 22, 23 and 24.	25	\$	.00
26 Total tax. Subtract Line 25 from Line 21. If Line 21 is less than Line 25, leave Line 26 blank.	26	\$	8802.00
27 DC Earned Income Tax Credit Leave blank if you took Line 24 DC Low Income Credit (LIC)			
27a Enter the number of qualified EITC children.	27b	Enter earned income amount	27b \$.00
27c For filers with qualifying children. Enter federal EITC \$.00 X .40 Enter result >	27d		27d \$.00
27e For filers without qualifying children. See instructions for special calculations. Enter result >	27e		27e \$.00
28 Property Tax Credit. From your DC Schedule H; attach a copy.	28	\$	.00
29 Refundable credits from DC Schedule U, Part 1b, Line 3 Attach DC Schedule U.	29	\$	.00
30 DC income tax withheld shown on Forms W-2 and 1099. Attach these forms.	30	\$	130.00
31 2015 estimated income tax payments and amount applied from 2014 return.	31	\$	8120.00
32 Tax paid with extension of time to file or with original return if this is an amended return.	32	\$	.00
33 Total payments and refundable credits. Add Lines 27d or 27e and 28 - 32.	33	\$	8250.00

Refund Complete if Line 33 is <u>more</u> than Line 26.		Amount owed Complete if Line 33 is <u>equal to or less</u> than Line 26.	
34 Amount you overpaid Subtract Line 26 from Line 33	34	\$	.00
35 Amount to be applied to your 2016 estimated tax	35	\$	.00
36 Penalty See instructions	36	\$	.00
Mark if Form D-2210 is attached			
37 Underpayment Interest	37	\$	.00
38 Refund Subtract sum of Lines 35, 36 and 37 from Line 34.	38	\$	.00
39 Contribution amount from Sched. U, Part II, Line 5 Can not exceed refund amt on Line 38 Put additional amt on Line 42.	39	\$	.00
40 Net Refund Subtract Line 39 from Line 38	40	\$	.00
		41 Tax due Subtract Line 33 from Line 26	41 \$ 552.00
		42 Contribution amount from Schedule U, Part II, Line 6	42 \$.00
		43a Penalty \$.00	
		43b Interest \$.00	
		Enter total P & I.	43 \$.00
		Mark if Form D-2210 is attached	
		44 Underpayment Penalty	44 \$.00
		45 Total amount due Add Lines 41 - 44	45 \$ 552.00

Will this refund request or amount owed go to or come from an account outside the U.S.? Yes No See instructions

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

Make one refund choice: Direct deposit Tax refund card Paper check

Direct Deposit To have your refund deposited into your checking OR savings account, mark X and enter bank routing and account numbers.
Routing Number Account Number

Third Party Designee To authorize another person discuss this return with OTR, mark here X and enter the name and phone number of that person

Designee's name **THERESA L PIETENPOL**

Phone number [REDACTED]

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

Your signature

Date

Preparer's signature

Date

Spouse's/registered domestic partner's signature if filing jointly

Date

Preparer's Tax Identification Number (PTIN)

PTIN telephone number

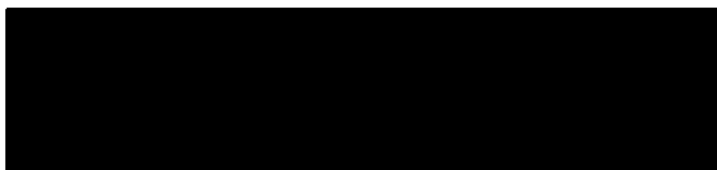


SUPPLEMENT TO D.C.

STATE ALLOCATION OF FEDERAL INCOME

WAGES

EMPLOYER NAME	FEDERAL	D.C.
GEORGETOWN UNIVERSITY	2,250.	2,250.
STATE OF MARYLAND CENTRAL	114,430.	114,430.
RUTGERS UNIVERSITY	10,500.	10,500.
TOTAL WAGES	127,180.	127,180.



JOHN D. BESSLER
INSTRUCTIONS FOR FILING FORM
D-40 ES
2016 DISTRICT OF COLUMBIA ESTIMATED INCOME TAX RETURN

THE APPROPRIATE VOUCHER FORM SHOULD ACCOMPANY EACH PAYMENT AS FOLLOWS:

VOUCHER	ON OR BEFORE	AMOUNT
1	APRIL 18, 2016	\$2,390
2	JUNE 15, 2016	\$2,390
3	SEPTEMBER 15, 2016	\$2,390
4	DECEMBER 31, 2016	<u>\$2,390</u>
		\$9,560

OVERPAYMENT OF 2015 INCOME TAX CREDITED
AGAINST 2016 TAX

TOTAL 2016 ESTIMATED TAX PAYMENTS	\$9,560
ESTIMATED INCOME TAX TO BE WITHHELD IN 2016	\$130
ESTIMATED CREDITS	

TOTAL ESTIMATE OF 2016 INCOME TAX **\$9,690**

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

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

YOUR SOCIAL SECURITY NUMBER AND "2016 FORM D-40 ES" SHOULD BE INDICATED ON CHECK OR MONEY ORDER.

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

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

THE ENCLOSED ESTIMATED TAX VOUCHERS HAVE BEEN PREPARED BASED ON THE ASSUMPTION THAT YOUR 2016 WITHHOLDING WILL AT LEAST EQUAL YOUR 2015 WITHHOLDING. IF IT APPEARS

THAT THIS ASSUMPTION IS INCORRECT, PLEASE CONTACT US IMMEDIATELY TO DETERMINE IF REVISED ESTIMATES ARE REQUIRED TO AVOID ANY UNDERPAYMENT PENALTIES.

YOUR 2016 ESTIMATED TAX HAS BEEN COMPUTED BASED ON 110% OF YOUR 2015 ACTUAL TAX LIABILITY. TIMELY PAYMENT OF THESE AMOUNTS WILL ENSURE THAT YOU WILL NOT BE SUBJECT TO ANY LIABILITY FOR UNDERPAYMENT OF ESTIMATED TAX, REGARDLESS OF YOUR TAX LIABILITY FOR 2016.

Worksheet to Estimate DC Tax Payments

1	Federal adjusted gross income expected for 2016. Include taxable pensions and annuities subject to DC income tax.	1	
2	a. If you expect to itemize your deductions, enter the estimated deduction amount allowed by DC. Note: State and local income taxes and sales taxes are not allowable deductions in DC. Use Calculation F in 2015 D-40 package if you expect your DC adjusted gross income to be over \$200,000 OR b. If you expect to take a standard deduction, enter \$5,200 if single, married/registered domestic partners filing separately or a dependent. Enter \$6,500 if head of household. Enter \$8,350 if married/registered domestic partner filing jointly, married/registered domestic partners filing separately on the same return, or qualifying widow(er) with dependent children.	2	
3	Subtract Line 2 from Line 1.	3	
4	Number of exemptions.	4	1
5	Exemption amount. Multiply \$1,775 by Line 4.	5	1725
6	Estimated taxable income. Subtract Line 5 from Line 3.	6	
7	DC tax. Use the 2015 tax rate table or the tax computation worksheet.	7	9682
8	DC income tax to be withheld during 2016 plus DC tax credits, if any.	8	130
9	Estimated DC tax. Subtract Line 8 from Line 7. (ROUNDED)	9	9560
10	Amount of each payment. Divide Line 9 by the number of voucher payments due this year. Apply the full amount of any overpayment of tax from your prior year's DC Income tax return to the first payment of your estimated taxes. See page 9.	10	2390

**2016 D-40ES SUB Estimated Payment for
Individual Income Tax**

Instructions

- Make check or money order (US Dollars) payable to DC Treasurer.
- Include your Social Security Number (SSN), "D-40ES" and tax period on your payment.
- Tax Period Ending Date should be formatted as MMYYY.
- Mail return and payment to: DC Office of Tax and Revenue, Estimated Individual Income Tax, PO Box 96018, Washington, DC 20090-6018.

Detach at perforation before mailing

Government of the
District of Columbia

**2016 D-40ES SUB Estimated Payment
for Individual Income Tax**



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

Tax period ending (MMYY)

Quarterly Payment (dollars only) \$ 2390 .00

Make check or money order payable to the DC Treasurer.

Your Social Security Number (SSN)

Spouse's/registered domestic partner's SSN

SOFTWARE DEVELOPER USE ONLY

VENDOR ID#

Your first name

JOHN

M.I. Last name

D BESSLER

Your spouse's/registered domestic partner's first name

AMY

M.I. Last name

J KLOBUCHAR

Address (number, street, and suite/apartment number if applicable)

Voucher Number 01

Due Date: 041816

**2016 D-40ES SUB Estimated Payment for
Individual Income Tax**

Instructions

- Make check or money order (US Dollars) payable to DC Treasurer.
- Include your Social Security Number (SSN), "D-40ES" and tax period on your payment.
- Tax Period Ending Date should be formatted as MMYYY.
- Mail return and payment to: DC Office of Tax and Revenue, Estimated Individual Income Tax, PO Box 96018, Washington, DC 20090-6018.

Detach at perforation before mailing

Government of the
District of Columbia

**2016 D-40ES SUB Estimated Payment
for Individual Income Tax**



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

Tax period ending (MMYY)

Quarterly Payment (dollars only) \$ 2390.00

Make check or money order payable to the DC Treasurer.

Your Social Security Number (SSN)

Spouse's/registered domestic partner's SSN

SOFTWARE DEVELOPER USE ONLY

VENDOR ID#

Your first name

JOHN

M.I. Last name

D BESSLER

Your spouse's/registered domestic partner's first name

AMY

M.I. Last name

J KLOBUCHAR

Address (number, street, and suite/apartment number if applicable)

Voucher Number 02

Due Date: 061516

**2016 D-40ES SUB Estimated Payment for
Individual Income Tax**

Instructions

- Make check or money order (US Dollars) payable to DC Treasurer.
- Include your Social Security Number (SSN), "D-40ES" and tax period on your payment.
- Tax Period Ending Date should be formatted as MMYYY.
- Mail return and payment to: DC Office of Tax and Revenue, Estimated Individual Income Tax, PO Box 96018, Washington, DC 20090-6018.

Detach at perforation before mailing

Government of the
District of Columbia

**2016 D-40ES SUB Estimated Payment
for Individual Income Tax**



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

Tax period ending (MMYY)

Quarterly Payment
(dollars only)

Make check or money order payable to the DC Treasurer.
\$ 2390.00

Your Social Security Number (SSN)

Spouse's/registered domestic partner's SSN

SOFTWARE DEVELOPER USE ONLY

VENDOR ID#

Your first name

JOHN

M.I. Last name

D BESSLER

Your spouse's/registered domestic partner's first name

AMY

M.I. Last name

J KLOBUCHAR

Address (number, street, and suite/apartment number if applicable)

Voucher Number 03

Due Date: 091516

**2016 D-40ES SUB Estimated Payment for
Individual Income Tax**

Instructions

- Make check or money order (US Dollars) payable to DC Treasurer.
- Include your Social Security Number (SSN), "D-40ES" and tax period on your payment.
- Tax Period Ending Date should be formatted as MMYYY.
- Mail return and payment to: DC Office of Tax and Revenue, Estimated Individual Income Tax, PO Box 96018, Washington, DC 20090-6018.

Detach at perforation before mailing

Government of the
District of Columbia

**2016 D-40ES SUB Estimated Payment
for Individual Income Tax**



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

Tax period ending (MMYY)

Quarterly Payment (dollars only) \$ 2390 .00

Make check or money order payable to the DC Treasurer.

Your Social Security Number (SSN)

Spouse's/registered domestic partner's SSN

SOFTWARE DEVELOPER USE ONLY

VENDOR ID#

Your first name

JOHN

M.I.

D

Last name

BESSLER

Your spouse's/registered domestic partner's first name

AMY

M.I.

J

Last name

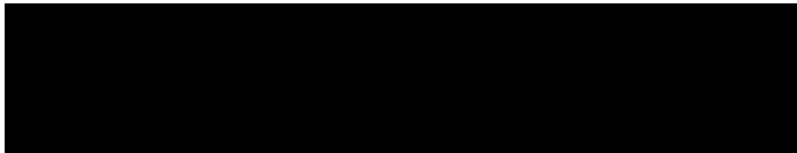
KLOBUCHAR

Address (number, street, and suite/apartment number if applicable)

Voucher Number 04

Due Date: 011717

SIMMA
FLOTTEMESCH
& ORENSTEIN

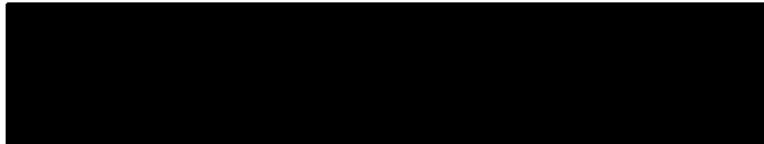


JOHN D. BESSLER
INSTRUCTIONS FOR FILING FORM
EL101

2015 MARYLAND DECLARATION FOR ELECTRONIC FILING

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

RETURN YOUR SIGNED FORM EL101 DECLARATION TO:



OR FAX YOUR SIGNED FORM EL101 TO:

SIMMA FLOTTEMESCH & ORENSTEIN, LTD.
ATTN: E-EFILE PROCESSING



YOUR RETURN SHOWS A \$6,755 OVERPAYMENT. OF THIS AMOUNT, \$6,755 WILL BE REFUNDED TO YOU.

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

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

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON APRIL 18, 2016. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN.

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

NO MARYLAND INDIVIDUAL ESTIMATED TAX PAYMENTS WILL BE REQUIRED FOR 2016 NOR WILL YOU BE SUBJECT TO UNDERPAYMENT PENALTIES IF THE INCOME TAX WITHHELD FROM ALL SOURCES IN 2016 AMOUNTS TO AT LEAST \$0, OR, IF LESS, 90% OF YOUR TOTAL 2016 INCOME TAX.

MARYLAND
FORM
EL101

**e-File DECLARATION
FOR ELECTRONIC FILING**



2015

151010004

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

Print using blue or black ink only.

JOHN D BESSLER
First name Initial Last name SSN/Taxpayer Identification Number

Spouse's first name Initial Last name SSN/Taxpayer Identification Number

City or Town State ZIP code

Part I Tax Return Information (whole dollars only)

1. Amount of overpayment to be applied to 2016 estimated tax. 1.
2. Amount of overpayment to be refunded to you. **REFUND** 2. 6755
3. Total amount due (Pay in full by April 18, 2016. See instructions.) 3.

If you file your Maryland income tax return electronically by 4/18/16, you have until 4/30/16 to make your electronic payment.

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

Part II Taxpayer Declaration and Signature Authorization

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

1. Amount to be withdrawn from/deposited in first account. 1. 6755

Routing number (9-digit) ☒ Checking ☐ Savings

Account number

Direct Debit Settlement Date (Enter the date you want your payment withdrawn from your account.)

2. Amount to be deposited in second account. 2.

Routing number (9-digit) ☐ Checking ☐ Savings

Account number

3. Amount to be deposited in third account. 3.

Routing number (9-digit) ☐ Checking ☐ Savings

Account number

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

MARYLAND
FORM
EL101

e-File DECLARATION
FOR ELECTRONIC FILING



151010104

2015

Last NAME BESSLER SSN [REDACTED]

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my electronic return originator or entered on-line and that the name(s), address and amounts described above agree with the amounts shown on the corresponding lines of my 2015 Maryland electronic income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return, including accompanying schedules and statements, be sent to the Maryland Revenue Administration Division by my electronic return originator or by my electronic return software provider.

Sign Here

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

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

Part III Declaration of Electronic Return Originator (paid preparer)

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

Electronic Return Originator Use Only

Originator's Signature [REDACTED] Date [REDACTED] EFIN [REDACTED]
 Firm's name (or yours if self-employed) and address SIMMA FLOTTEMESCH & ORENSTEIN, LTD.
[REDACTED]

Purpose of Form EL101

Form EL101 is the signature document for an e-Filed return filed by an online electronic transmitter or Electronic Return Originator (ERO). It also serves as a declaration document regarding consent for: direct deposit of refund, electronic funds withdrawal (direct debit) for a liability and for a return to be electronically filed. This form should be completed for all Maryland e-Filed returns and retained by the taxpayer and ERO for 3 years from the return due date or Maryland received date, whichever is later. **Do not send this form to the State of Maryland unless specifically requested to do so.**

ERO Responsibilities

The ERO must:

1. Enter the name(s) and Social Security Number(s) of the taxpayer(s) at the top of the form. Do not use the ERO's address.
2. Complete Part I using the amounts from the taxpayer's 2015 tax return.
3. If the taxpayer(s) elected to have direct deposit of their refund, or electronic funds withdrawal (direct debit) for all or part of their liability, check the appropriate box in Part II. The taxpayer(s) should check with their financial institution to make sure their deposit or debit will be accepted and to get the correct routing and account numbers. For direct debit only account (1) should be used.
4. After completing the form through Part II, give the taxpayer(s) Form EL101 for review and signature(s). This can be done in person, by mail or by secure e-mail.
5. The originator (paid preparer) must sign Form EL101 and include their Electronic Filer Identification Number (EFIN) and firm name and address. An electronically transmitted income tax return will be considered incomplete unless and until a correctly completed Form EL101 is signed by the taxpayer(s) and/or by the ERO if applicable. If a joint return is filed, both taxpayers must sign. The taxpayer(s) must sign the completed EL101 before the electronic record is transmitted.

6. If the ERO makes changes to the electronic return after EL101 has been signed by the taxpayer(s), but before the return is transmitted, the originator must have the taxpayer(s) sign a corrected Form EL101. See the 2015 Maryland Personal MeF e-File Handbook.
7. Provide a completed copy of Form EL101 to the taxpayer(s) for their records.
8. A copy of Form EL101 with applicable attachments must be retained for 3 years at the site of the ERO. The ERO must make a copy of Form EL101 available to the State of Maryland if specifically requested to do so by the Revenue Administration.

Taxpayer Responsibilities

Taxpayer(s) must:

1. Verify the accuracy of the prepared income tax return, including direct deposit and direct debit information if applicable.
2. Sign and date Form EL101 authorizing electronic transmission of the state income tax return, even if the return is filed from a personal computer and the federal PIN is used as electronic signature on the state return.
3. Retain a copy of the Form EL101 along with a copy of the state income tax return for a period of 3 years from the return due date or Maryland received date, whichever is later.
4. Make a copy of the Form EL101 available to the State of Maryland if formally requested to do so by the Revenue Administration Division.

The Form EL101 should not be mailed to Maryland Revenue Administration Division unless specifically requested to do so.

**MARYLAND
FORM
505**

**NONRESIDENT INCOME
TAX RETURN**



2015
\$

OR FISCAL YEAR BEGINNING _____ 2015, ENDING _____

Print Using Blue or Black Ink Only

Social Security Number

Spouse's Social Security Number

JOHN
First Name

D
Initial

BESSLER
Last Name

Spouse's First Name

Initial

Maryland County

Spouse's Last Name

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, Spouse's SSN

4. ☐ Head of household
5. ☐ Qualifying widow(er) with dependent child
6. ☐ Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

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

If PA resident, enter both County _____ and City, Borough or Township _____

Were you a resident of another state for the entire year of 2015? If no, attach explanation.

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Are you or your spouse a member of the military?

Did you file a Maryland income tax return for 2014?

If "Yes," was it a ☐ Resident or a ☒ Nonresident return?

Dates you resided in Maryland for 2015. If none, enter "NONE": FROM NONE TO NONE (MMDDYYYY).

☒ Check here for Maryland taxes withheld in error. (See Instruction 4.)

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

A. ☒ Yourself ☐ Spouse Enter number checked 1 See Instruction 10 A. \$ 800

B. ☐ 65 or over ☐ 65 or over

☐ Blind ☐ Blind Enter number checked 1 X \$1,000 B. \$

C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$

D. Enter Total Exemptions (Add A, B and C.) 1 Total Amount D. \$ 800

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



155050104

Name BESSLER SSN [REDACTED]

INCOME AND ADJUSTMENTS INFORMATION

(See Instruction 11.)

	(1) FEDERAL INCOME (LOSS)	(2) MARYLAND INCOME (LOSS)	(3) NON-MARYLAND INCOME (LOSS)
1. Wages, salaries, tips, etc	1. <u>127180</u>		<u>127180</u>
2. Taxable interest income	2. <u>1</u>		<u>1</u>
3. Dividend income	3. _____		
4. Taxable refunds, credits or offsets of state and local income taxes	4. _____		
5. Alimony received	5. _____		
6. Business income or (loss)	6. <u>1006</u>		<u>1006</u>
7. Capital gain or (loss)	7. _____		
8. Other gains or (losses) (from federal Form 4797)	8. _____		
9. Taxable amount of pensions, IRA distributions, and annuities	9. _____		
10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item.)	10. _____		
11. Farm income or (loss)	11. _____		
12. Unemployment compensation (insurance)	12. _____		
13. Taxable amount of Social Security and Tier 1 Railroad Retirement benefits	13. _____		
14. Other income (including lottery or other gambling winnings)	14. _____		
15. Total income (Add lines 1 through 14.)	15. <u>128187</u>		<u>128187</u>
16. Total adjustments to income from federal return (IRA, alimony, etc.)	16. <u>14</u>		<u>14</u>
17. Adjusted gross income (Subtract line 16 from line 15.) ▶ 17.	<u>128173</u>		<u>128173</u> ◀

ADDITIONS TO INCOME (See Instruction 12.)

18. Non-Maryland loss and adjustments	18. <u>14</u>
19. Other (Enter code letter(s) from Instruction 12.) ▶ 19.	
20. Total additions (Add lines 18 and 19.) ▶ 20.	<u>14</u>
21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.) ▶ 21.	<u>128187</u>

SUBTRACTIONS FROM INCOME (See Instruction 13.)

22. Taxable Military Income of Nonresident ▶ 22.	
23. Other (Enter code letter(s) from Instruction 13.) ▶ 23.	
24. Total subtractions (Add lines 22 and 23.) ▶ 24.	<u>128187</u>
25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.) ▶ 25.	

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

26. a. STANDARD DEDUCTION METHOD (Enter amount on line 26a.) ▶ <input checked="" type="checkbox"/> 26a. <u>1500</u>	
ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and d.) <input type="checkbox"/>	
b. Total federal itemized deductions (from line 29, federal Schedule A) ▶ 26b.	
c. State and local income taxes (See Instruction 16.) ▶ 26c.	
d. Net itemized deductions (Subtract line 26c from line 26b.) ▶ 26d.	
e. Deduction amount (Multiply lines 26a or 26d by the AGI factor.) . 26e. _____ (from worksheet in Instruction 14.) ▶ 26.	
27. Net income (Subtract line 26 from line 25.) ▶ 27.	
28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10 ▶ 28.	<u>800</u>
29. Enter your AGI factor (from worksheet in Instruction 14) ▶ 29.	
30. Maryland exemption allowance (Multiply line 28 by line 29.) ▶ 30.	
31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR ▶ 31.	

MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING.

32. a. Maryland tax from line 16 of Form 505NR (Attach Form 505NR.) ▶ 32a.	
b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.) ▶ 32b.	
c. Total Maryland tax (Add lines 32a and 32b.) ▶ 32c.	
33. Poverty level credit from worksheet in Instruction 20. ▶ 33.	



155050204

Name BESSLER SSN [REDACTED]

34. Other income tax credits for individuals from Part J, line 10 of Form 502CR (Attach Form 502CR.) 34. _____

35. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR

36. Total credits (Add lines 33 through 35.) 36. _____

37. Maryland tax after credits (Subtract line 36 from line 32c.) If less than 0, enter 0 37. _____

38. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 21.) 38. _____

39. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 21.) 39. _____

40. Contribution to Maryland Cancer Fund (See Instruction 21.) 40. _____

41. Contribution to Fair Campaign Financing Fund (See Instruction 21.) 41. _____

42. Total Maryland income tax and contributions (Add lines 37 through 41.) 42. _____

43. Total Maryland tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld.) 43. 6755

44. 2015 estimated tax payments, amount applied from 2014 return, payments made with Form 502E and Form MW506NRS 44. _____

45. Nonresident tax paid by pass-through entities (Attach Maryland Schedule K-1 (510)). 45. _____

46. Refundable income tax credits from Part L, line 6 of Form 502CR (Attach Form 502CR. See Instruction 22.) 46. _____

47. Total payments and credits (Add lines 43 through 46.) 47. 6755

48. Balance due (If line 42 is more than line 47, subtract line 47 from line 42.) 48. _____

49. Overpayment (If line 42 is less than line 47, subtract line 42 from line 47.) 49. 6755

50. Amount of overpayment TO BE APPLIED TO 2016 ESTIMATED TAX 50. _____

51. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 50 from line 49.) See line 54 REFUND 51. 6755

52. Interest charges from Form 502UP _____ or for late filing _____ (See Instruction 23.) Total 52. _____

53. TOTAL AMOUNT DUE (Add line 48 and line 52.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN 53. _____

DIRECT DEPOSIT OF REFUND (See Instruction 23.) Be sure the account information is correct. For Splitting Direct Deposit, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box ☐ and see Instruction 23.

54. For the direct deposit option, complete the following information, clearly and legibly: 54a. Type of account: ☒ Checking ☐ Savings

54b. Routing number (9-digit) [REDACTED] 54c. Account number [REDACTED]

Check here ☒ if you authorize your preparer to discuss this return with us. Check here ☐ if you authorize your paid preparer not to file electronically. Check here ☐ if you agree to receive your 1099G Income Tax Refund statement electronically (See Instructions). 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.

Your signature _____ Date _____ Signature of preparer other than taxpayer [REDACTED]

Spouse's signature _____ Date _____ Street address of preparer [REDACTED]

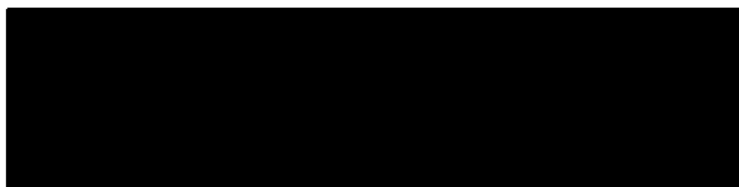
Daytime telephone no. _____ City, State, ZIP [REDACTED]

Home telephone no. _____ Telephone number of preparer [REDACTED] Preparer's PTIN (Required by law) [REDACTED]

Make checks payable to and mail to:
Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001

CODE NUMBERS (3 digits per line)

It is recommended that you include your Social Security Number on check using blue or black ink.



JOHN D. BESSLER
INSTRUCTIONS FOR FILING FORM
NJ-8879
2015 NEW JERSEY E-FILE SIGNATURE AUTHORIZATION

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

RETURN YOUR SIGNED FORM NJ-8879 DECLARATION TO:



OR FAX YOUR SIGNED FORM NJ-8879 TO:

SIMMA FLOTTEMESCH & ORENSTEIN, LTD.
ATTN: E-FILE PROCESSING



A CHECK OR MONEY ORDER PAYABLE TO "STATE OF NEW JERSEY - TGI" IN THE AMOUNT OF \$22 SHOULD BE ENCLOSED WITH THE NJ-1040-NRV PAYMENT VOUCHER. YOUR SOCIAL SECURITY NUMBER AND "2015" SHOULD BE WRITTEN ON YOUR CHECK OR MONEY ORDER.

MAIL YOUR CHECK OR MONEY ORDER WITH YOUR NJ-1040-NRV PAYMENT VOUCHER BY APRIL 18, 2016 TO:

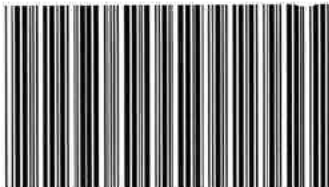
STATE OF NEW JERSEY DIV OF TAXATION
P.O. BOX 643
TRENTON, NEW JERSEY 08646-0643

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

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON APRIL 18, 2016. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN.

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

NO NEW JERSEY INDIVIDUAL ESTIMATED TAX PAYMENTS WILL BE REQUIRED FOR 2016 NOR WILL YOU BE SUBJECT TO UNDERPAYMENT PENALTIES IF THE INCOME TAX WITHHELD FROM ALL SOURCES IN 2016 AMOUNTS TO AT LEAST \$538, OR, IF LESS, 80% OF YOUR TOTAL 2016 INCOME TAX.



0130201010

2015 NJ-1040-NR-V PAYMENT VOUCHER**Payment by Credit Card**

You may pay your 2015 New Jersey income taxes or make payment of estimated tax for 2016 by credit card by visiting the Division's website at www.nj.gov/treasury/taxation/ and selecting electronic services.

Payment by E-Check

You may pay your 2015 New Jersey income taxes or make a payment of estimated tax for 2016 by e-check. This option is available on the Division's Website at: www.nj.gov/treasury/taxation/ Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2015 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 244, Trenton, NJ 08646-0244.

If you are paying your 2015 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2016, use separate checks or money orders for each payment. Send your 2016 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax
Nonresident Payment Voucher
NJ-1040-NR-V

BESSLER, JOHN D

N011 2015

Make your check payable to 'State of New Jersey - TGI'.
Write your social security # and tax year on your check.

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 643
Trenton, NJ 08646-0643

Enter amount of payment here:

22.00

NJ-8879Department of the Treasury
Division of Revenue**NJ e-file Signature Authorization**▶ Do not send to New Jersey. Keep for your records.
▶ See instructions.**2015****Do not mail the ▶ NJ-8879 to New Jersey**

Taxpayer's name JOHN D BESSLER	Social security number [REDACTED]
Spouse's name or Civil Union Prtnr's AMY J KLOBUCHAR	Spouse's social security number or Civil Union Prtnr's [REDACTED]

Part I Tax Return Information - Tax Year Ending December 31, 2015 (Whole Dollars Only)

1 New Jersey Taxable income	1 127,187.
2 Total tax	2 489.
3 New Jersey income tax withheld	3 467.
4 Refund	4
5 Amount you owe	5 22.

Part II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2015 and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize SIMMA FLOTTEMESCH & ORENSTEIN, LT to enter my PIN [REDACTED] as my signature
ERO firm name
on my tax year 2015 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only
(or Civil Union Prtnr's PIN)

- ☐ I authorize _____ to enter my PIN [] [] [] [] [] as my signature
ERO firm name do not enter all zeros
on my tax year 2015 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____
or Civil Union Prtnr's**Practitioner PIN Method Returns Only - continue below****Part III Certification and Authentication - Practitioner PIN Method****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

[REDACTED] do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the tax year 2015 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ▶ [REDACTED] Date ▶ 03/22/2016

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

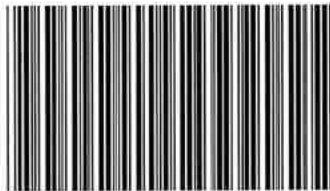
Form **NJ-8879**

5Y3303 2.000

3954IB 5838 03/22/2016 07:56:55 V15-4F 838120

33

NJ-1040-NR
2015



040NV01150

STATE OF NEW JERSEY
INCOME TAX - NONRESIDENT RETURN

For Tax Year Jan. - Dec. 31, 2015 or Other Tax Year

Beginning _____, 20____ Ending _____, 20____

Check block [] if application for Federal extension is attached
or enter confirmation number _____

N011

(JOINT FILERS ENTER FIRST NAME AND INITIAL OF EACH- ENTER SPOUSE/CIVIL UNION PARTNER LAST NAME ONLY IF DIFFERENT)

LAST NAME, FIRST NAME AND MIDDLE INITIAL

BESSLER

JOHN D

STREET ADDRESS

CITY, TOWN, POST OFFICE

STATE

ZIP CODE

CHANGE OF ADDRESS

YOUR SOCIAL SECURITY NUMBER

SPOUSE/CIVIL UNION PARTNER'S SOCIAL SECURITY NUMBER

STATE OF RESIDENCY

CHECK AMOUNT (SEE LINE 52)

22.00

IF YOU WERE A NEW JERSEY RESIDENT FOR ANY PART OF THE
TAXABLE YEAR, GIVE THE PERIOD OF NEW JERSEY RESIDENCY:

NJ RESIDENCY
STATUS

FILING STATUS (CHECK ONLY ONE BOX)

1. SINGLE
2. MARRIED/CU, FILING JOINT RETURN
3. ☒ MARRIED/CU, FILING SEPARATE RETURN

NAME AND SS# OF SPOUSE/CU PARTNER
AMY J KLOBUCHAR

4. HEAD OF HOUSEHOLD
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

13. DEPENDENT'S INFORMATION FROM LINES 9 AND 10
LAST NAME, FIRST NAME, MIDDLE INITIAL

- A.
B.
C.
D.

EXEMPTIONS

6. REGULAR ☒ YOURSELF [] SPOUSE/CU PARTNER
7. AGE 65 OR OLDER [] YOURSELF [] SPOUSE/CU PARTNER
8. BLIND OR DISABLED [] YOURSELF [] SPOUSE/CU PARTNER
9. DEPENDENT CHILDREN
10. OTHER DEPENDENTS
11. ATTENDING COLLEGE
12. TOTALS (FOR LINE 12A - ADD LINES 6, 7, 8, AND 11)
(FOR LINE 12B - ADD LINE 9 AND LINE 10)

FROM:

MONTH DAY YEAR

TO:

MONTH DAY YEAR

DOMESTIC
PARTNER

6. 1
7.
8.
9.
10.
11.
12A. 1 12B.

GOVERNMENTAL
ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND?

YES

NO

IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1?

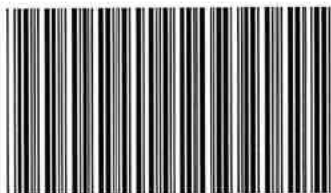
YES

NO

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE)

COL. B - AMOUNT FROM NEW JERSEY SOURCES

14. WAGES, SALARIES, TIPS, AND OTHER COMPENSATION LINES 61-67 COMPLETED	14.	127180	14.	10500
15. INTEREST	15.	1	15.	*
16. DIVIDENDS	16.	*	16.	*
17. NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART I, LINE 4)	17.	1006	17.	*
18. NET GAINS FROM DISPOSITION OF PROPERTY (FROM LINE 60)	18.	*	18.	*
19. NET GAINS FROM RENT, ROYALTIES, PATENTS (SCH. NJ-BUS-1, PART II, LINE 4)	19.	*	19.	*
20. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE 18)	20.	*	20.	*
21. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS	21.	*	21.	*
22. DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH. NJ-BUS-1, PART III, LINE 4)	22.	*	22.	*
23. NET PRO RATA SHARE OF S CORP INCOME (SCH. NJ-BUS-1, PART IV, LINE 4)	23.	*	23.	*
24. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED	24.	*	24.	*
25. OTHER - STATE NATURE AND SOURCE	25.	*	25.	*
26. TOTAL INCOME (ADD LINES 14 THROUGH 25)	26.	128187	26.	10500
27A. PENSION EXCLUSION (SEE INSTRUCTION PAGE 23)	27A.	*	27A.	*
27B. OTHER RETIREMENT INCOME EXCLUSION (SEE WORKSHEET AND INSTR.)	27B.	*	27B.	*
27C. TOTAL EXCLUSION (ADD LINE 27A AND LINE 27B)	27C.	*	27C.	*



040NV02150

28. GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26)	28.	128187	28.	10500
29. GROSS INCOME FROM LINE 28	29.	128187	29.	10500
30. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 25)	30.	1000		
31. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTIONS PAGE 25)	31.			
32. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS	32.			
33. QUALIFIED CONSERVATION CONTRIBUTION	33.			
34. HEALTH ENTERPRISE ZONE DEDUCTION	34.			
35. ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCH. NJ-BUS-2, LINE 11)	35.			
36. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 30 THROUGH 35)	36.	1000		
37. TAXABLE INCOME (SUBTRACT LINE 36 FROM LINE 29, COLUMN A)	37.	127187		
38. TAX ON AMOUNT ON LINE 37 (FROM TAX TABLES PAGE 34)	38.	5976		
39. INCOME PERCENTAGE	B. (LINE 29) = 8.19%			
	A. (LINE 29)			
40. NEW JERSEY TAX (MULTIPLY AMOUNT FROM LINE 38 <u>5976</u> x <u>8.19</u> % FROM LINE 39)			40.	489
41. SHELTERED WORKSHOP TAX CREDIT (ENCLOSE FORM GIT-317. SEE INSTRUCTIONS PAGE 27)			41.	
42. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 41 FROM LINE 40)			42.	489
43. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAXES. CHECK BOX [] IF FORM NJ-2210 IS ENCLOSED.			43.	
44. TOTAL TAX AND PENALTY (ADD LINE 42 AND LINE 43)			44.	489
45. TOTAL NEW JERSEY INCOME TAX WITHHELD (FROM ENCLOSED FORMS W-2 AND 1099)	45.	467		
46. NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2014 TAX RETURN	46.			
47. TAX PAID ON YOUR BEHALF BY PARTNERSHIP(S)	47.			
48. EXCESS NJ UI/WF/SWF WITHHELD (ENCLOSE FORM NJ-2450. SEE INSTR.)	48.			
49. EXCESS NJ DISABILITY INSURANCE WITHHELD (ENCLOSE FORM NJ-2450. SEE INSTR.)	49.			
50. EXCESS NJ FAMILY LEAVE INSURANCE WITHHELD (ENCLOSE FORM NJ-2450. SEE INSTR.)	50.			
51. TOTAL PAYMENTS/CREDITS (ADD LINE 45 THROUGH 50)			51.	467
52. IF LINE 51 IS LESS THAN LINE 44, ENTER AMOUNT YOU OWE (ENTER CHECK AMOUNT ON PAGE 1)			52.	22
53. IF LINE 51 IS MORE THAN LINE 44, ENTER OVERPAYMENT			53.	
54. DEDUCTIONS FROM OVERPAYMENT ON LINE 53 WHICH YOU ELECT TO CREDIT TO:				
(A) YOUR 2016 TAX	54A.			
(B) N.J. ENDANGERED WILDLIFE FUND	54B.			
(C) N.J. CHILDREN'S TRUST FUND	54C.			
(D) N.J. VIETNAM VETERANS' MEMORIAL FUND	54D.			
(E) N.J. BREAST CANCER RESEARCH FUND	54E.			
(F) U.S.S. N.J. EDUCATIONAL MUSEUM FUND	54F.			
(G) DESIGNATED CONTRIBUTION	54G.			
55. TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 54A, B, C, D, E, F AND G)			55.	
56. REFUND (AMOUNT TO BE SENT TO YOU, SUBTRACT LINE 55 FROM LINE 53)			56.	

Under the penalties of perjury, I declare that I have examined this income tax 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, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on Line 52 in full. Write Social Security Number(s) on check or money order and make payable to:

STATE OF NEW JERSEY - TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244

You may also pay by e-check or credit card.

Your Signature _____ Date _____		Spouse/CU Partner's Signature (If filing jointly, BOTH must sign) _____	
If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 49) <input type="checkbox"/>			
I authorize the Division of Taxation to discuss my return and enclosures with my preparer <input checked="" type="checkbox"/>			
Firm's Name		Federal Identification Number	
SIMMA FLOTTEMESCH & ORENSTEIN, LTD.		[REDACTED]	
		Federal Employer Identification Number	
		[REDACTED]	

Name(s) as shown on Form NJ-1040NR JOHN D BESSLER	Your Social Security Number <div style="background-color: black; width: 100px; height: 1.2em;"></div>
---	--

PART I	NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY	List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.			
(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
57.					
58. Capital Gains Distribution					58
59. Other Net Gains					59
60. Net Gains (Add Lines 57, 58, and 59) (Enter here and on Line 18) (If Loss, enter ZERO)					60

PART II	ALLOCATION OF WAGE AND SALARY INCOME EARNED PARTLY INSIDE AND OUTSIDE NEW JERSEY	(See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)			
61. Amount reported on Line 14 in Column A required to be allocated					61
62. Total days in taxable year					62
63. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)					63
64. Total days worked in taxable year (subtract Line 63 from Line 62)					64
65. Deduct days worked outside New Jersey					65
66. Days worked in New Jersey (subtract Line 65 from Line 64)					66
67. ALLOCATION FORMULA $\frac{\text{(Line 66)}}{\text{(Line 64)}} \times \frac{\text{(Enter amount from Line 61)}}{\text{(Salary earned inside N.J.)}}$ = $\frac{\text{(Include this amount on Line 14, Col. B)}}$					

PART III	ALLOCATION OF BUSINESS INCOME TO NEW JERSEY	(See instructions if other than Formula Basis of allocation is used.)			
BUSINESS ALLOCATION PERCENTAGE (From Schedule NJ-NR-A)					
Enter below the line number and amount of each item of business income reported in Column A which is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.					
From Line No. _____ \$ _____ X _____ % = \$ _____					
From Line No. _____ \$ _____ X _____ % = \$ _____					
From Line No. _____ \$ _____ X _____ % = \$ _____					

**SCHEDULE
NJ-BUS-1**
(Form NJ-1040NR)

**NEW JERSEY GROSS INCOME TAX
BUSINESS INCOME SUMMARY SCHEDULE**

2015

Name(s) as shown on Form NJ-1040NR BESSLER JOHN D		Your Social Security Number <div style="background-color: black; width: 150px; height: 1.2em;"></div>	
---	--	--	--

PART I NET PROFITS FROM BUSINESS		List the net profit (loss) from business(es). See instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.	JOHN D. BE	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	1006
2.			
3.			
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 17, Column A. If loss, enter ZERO on Line 17, Column A.)		4. 1006

PART II NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights	
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above Income or (Loss)
1.			
2.			
3.			
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 19, Column A. If loss, enter ZERO on Line 19, Column A.)		4.

PART III DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME		List the distributive share of income (loss) from partnership(s). See instructions.	
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22, Column A. If loss, enter ZERO on Line 22, Column A.)		4.

PART IV NET PRO RATA SHARE OF S CORPORATION INCOME		List the pro rata share of income (usable loss) from S corporation(s). See instructions.	
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 23, Column A. If loss, enter ZERO on Line 23, Column A.)		4.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment
Sequence No. **09**

Name of proprietor

JOHN D BESSLER

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

INDEPENDENT ARTISTS, WRITERS, PERFORMERS

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

JOHN D. BESSLER

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 2015? If "No," see instructions for limit on losses . ☒ Yes ☐ No

H If you started or acquired this business during 2015, check here . ☐ Yes ☐ No

I Did you make any payments in 2015 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	<u>3,548.</u>
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	<u>3,548.</u>
4	Cost of goods sold (from line 42).	4	
5	Gross profit. Subtract line 4 from line 3	5	<u>3,548.</u>
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	<u>3,548.</u>

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

8	Advertising	8		18	Office expense (see instructions).	18	
9	Car and truck expenses (see instructions).	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees.	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions).	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19).	14		22	Supplies (not included in Part III).	22	
15	Insurance (other than health).	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits).	26	
				27a	Other expenses (from line 48)	27a	<u>2,542.</u>
				b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	<u>2,542.</u>				
29	Tentative profit or (loss). Subtract line 28 from line 7	29	<u>1,006.</u>				
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30					
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	<u>1,006.</u>				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35		
36	Purchases less cost of items withdrawn for personal use	36		
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 2015, enter the number of miles you used your vehicle for:	
a	Business	b Commuting (see instructions)
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47 a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

PROMOTION	2,542.
48 Total other expenses. Enter here and on line 27a	48 2,542.