SIMMA FLOTTEMESCH & ORENSTEIN | SFO

Certified Public Accountants

[redacted]

AMY J. KLOBUCHAR & JOHN D. BESSLER
[redacted]

DEAR AMY AND JOHN,

ENCLOSED ARE YOUR INCOME TAX RETURN(S):

2016 U.S. INDIVIDUAL INCOME TAX RETURN
2016 IRS E-FILE SIGNATURE AUTHORIZATION FORM FOR FORM 1040
2016 DISTRICT OF COLUMBIA INDIVIDUAL INCOME TAX RETURN
2016 DISTRICT OF COLUMBIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING
2017 DISTRICT OF COLUMBIA ESTIMATED INCOME TAX RETURN
2016 MARYLAND INDIVIDUAL INCOME TAX RETURN
2016 MARYLAND DECLARATION FOR ELECTRONIC FILING
2016 MINNESOTA INDIVIDUAL INCOME TAX RETURN

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,

[redacted]
THERESA L PIETENPOL, CPA
SIMMA FLOTTEMESCH & ORENSTEIN, LTD.
CERTIFIED PUBLIC ACCOUNTANTS

AMY J KLOBUCHAR & JOHN D BESSLER

Two Year Comparison
2016 to 2015

Description	2016	2015	Difference
Gross Income			
Wages, salaries, tips, etc.	292,479.	266,869.	25,610.
Taxable interest	6.	11.	-5.
Ordinary dividends			
Taxable refunds, credits, or offsets of state and local income taxes	NONE	NONE	NONE
Alimony received			
Business income or (loss)	-339.	68,023.	-68,362.
Capital gain or (loss)			
Other gains or (losses)			
IRA distributions, pensions and annuities	380.	415.	-35.
Rent and Royalty Income			
Partnership and S Corporation Income			
Estate and Trust Income			
REMIC			
Farm income or (loss)			
Taxable social security benefits and unemployment compensation			
Other income		NONE	NONE
Total income	292,526.	335,318.	-42,792.
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	292,526.	334,406.	-41,880.

AMY J KLOBUCHAR & JOHN D BESSLER

Two Year Comparison
2016 to 2015

Description	2016	2015	Difference
Itemized Deductions			
Medical and dental			
Taxes	37,237.	36,985.	252.
Interest			
Contributions	3,287.	6,053.	-2,766.
Casualty or theft losses			
Miscellaneous deductions	5,147.	4,885.	262.
Less: Itemized deduction phaseout		735.	-735.
Total itemized deductions	45,671.	47,188.	-1,517.
Standard deduction			
Total exemptions	12,150.	12,000.	150.
Plus: Phase-out		2,400.	-2,400.
Taxable income	234,705.	277,618.	-42,913.
Tax Liability			
Gross income tax	52,866.	67,143.	-14,277.
Alternative Minimum Tax	9,999.	9,597.	402.
Additional taxes			
Less: Tax credits			
Balance	62,865.	76,740.	-13,875.
Plus: Other taxes	922.	3,079.	-2,157.
Total tax liability	63,787.	79,819.	-16,032.
Less: Withholding	73,197.	77,171.	-3,974.
Estimated tax and other payments	3,116.	791.	2,325.
Plus: Penalties and interest			
Balance due (overpayment)	-12,526.	1,857.	-14,383.
Effective tax rate	21.8%	23.9%	

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	413,350.
Taxable income	234,705.
Unused amount (upper limit-taxable income)	178,645.

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

[redacted]

AMY J. KLOBUCHAR & JOHN D. BESSLER
INSTRUCTIONS FOR FILING FORM
8879
2016 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.
[redacted]

OR FAX YOUR SIGNED FORM 8879 TO:

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

YOUR RETURN SHOWS A $12,526 OVERPAYMENT. OF THIS AMOUNT, $12,526 WILL BE REFUNDED TO YOU.

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

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

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON APRIL 18, 2017. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.
WHEN WE RECEIVE NOTIFICATION THAT YOUR RETURN HAS BEEN ACCEPTED, WE WILL MAIL YOU FORM 9325 - ACKNOWLEDGMENT AND GENERAL INFORMATION FOR TAXPAYERS WHO FILE ELECTRONICALLY.

NO INDIVIDUAL ESTIMATED TAX PAYMENTS WILL BE REQUIRED FOR 2017 NOR WILL YOU BE SUBJECT TO UNDERPAYMENT PENALTIES IF THE INCOME TAX WITHHELD FROM ALL SOURCES IN 2017 AMOUNTS TO AT LEAST $70,166, OR, IF LESS, 90% OF YOUR TOTAL 2017 INCOME TAX. HOWEVER, YOUR EMPLOYER IS REQUIRED TO WITHHOLD TAX BASED ON YOUR SALARY AND WITHHOLDING ALLOWANCE CERTIFICATE (FORM W-4).

NO INDIVIDUAL ESTIMATED TAX PAYMENTS HAVE BEEN PREPARED FOR YOU BECAUSE YOUR 2017 WITHHOLDING IS ESTIMATED TO BE AT LEAST EQUAL TO 110% OF YOUR 2016 TAX LIABILITY. WITHHOLDING EQUAL TO OR GREATER THAN THIS AMOUNT WILL AVOID THE PENALTY FOR UNDERPAYMENT. PLEASE CONTACT US IMMEDIATELY IF YOUR WITHHOLDING FOR 2017 WILL NOT BE SUFFICIENT, SO THAT WE CAN DETERMINE IF INDIVIDUAL ESTIMATED TAX VOUCHERS SHOULD BE PREPARED AND THUS MINIMIZE OR AVOID ANY PENALTY FOR UNDERPAYMENT.

Form **8879**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ Don't send to the IRS. This isn't a tax return.
▶ Keep this form for your records.
▶ Information about Form 8879 and its instructions is at *www.irs.gov/form8879.*

OMB No. 1545-0074

2016

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
AMY J KLOBUCHAR	[redacted]
Spouse's name	**Spouse's social security number**
JOHN D BESSLER	[redacted]

Part I — Tax Return Information - Tax Year Ending December 31, 2016 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	292,526.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	63,787.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	73,197.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	12,526.
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. 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

[X] I authorize SIMMA FLOTTEMESCH & ORENSTEIN, LT to enter or generate my PIN [redacted]
ERO firm name — **Enter five digits, but don't enter all zeros**
as my signature on my tax year 2016 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2016 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

[X] I authorize SIMMA FLOTTEMESCH & ORENSTEIN, LT to enter or generate my PIN [redacted]
ERO firm name — **Enter five digits, but don't enter all zeros**
as my signature on my tax year 2016 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2016 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. [redacted]
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 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 **Pub. 1345**, Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ [redacted] Date ▶ 03/12/2017

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

a Employee's social security number [redacted]	OMB No. 1545-0008	This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
b Employer identification number (EIN) [redacted]		1 Wages, tips, other compensation 137,966.	2 Federal income tax withheld 33,884.
c Employer's name, address, and ZIP code UNITED STATES SENATE [redacted]		3 Social security wages 118,500.	4 Social security tax withheld 7,347.
		5 Medicare wages and tips 161,966.	6 Medicare tax withheld 2,348.
		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. AMY J KLOBUCHAR [redacted]		11 Nonqualified plans	12a See instructions for box 12 Code D 24,000.
		13 Statutory employee [ ] Retirement plan [X] Third-party sick pay [ ]	12b Code DD 12,701.
		14 Other 14A 10,276.	12c Code
f Employee's address and ZIP code			12d 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]	137,966.	12,112.			

Form **W-2** **Wage and Tax Statement** **2016**

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 2,250.	2 Federal income tax withheld 86.
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 / Last name / Suff. JOHN D BESSLER [redacted]	11 Nonqualified plans	12a See instructions for box 12 Code
	13 Statutory employee / Retirement plan / Third-party sick pay	12b Code
	14 Other	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
DC	[redacted]	2,250.	118.			

Form **W-2** **Wage and Tax Statement** **2016** 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		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.
[redacted]			

b Employer identification number (EIN) [redacted]	1 Wages, tips, other compensation 104,263.	2 Federal income tax withheld 30,931.
c Employer's name, address, and ZIP code STATE OF MARYLAND CENTRAL PAYROLL BUREAU [redacted]	3 Social security wages 118,500.	4 Social security tax withheld 7,347.
	5 Medicare wages and tips 140,263.	6 Medicare tax withheld 2,034.
	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. JOHN D BESSLER [redacted]	11 Nonqualified plans	12a See instructions for box 12 Code D 18,000.
	13 Statutory employee [ ] Retirement plan [X] Third-party sick pay [ ]	12b Code G 18,000.
	14 Other	12c Code
f Employee's address and ZIP code		12d 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
MD	[redacted]	104,263.	6,644.			

Form **W-2** **Wage and Tax Statement** **2016**

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 48,000.	2 Federal income tax withheld 8,296.
c Employer's name, address, and ZIP code KELLY & BERENS, PA [redacted]	3 Social security wages 48,000.	4 Social security tax withheld 2,976.
	5 Medicare wages and tips 48,000.	6 Medicare tax withheld 696.
	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. JOHN D BESSLER [redacted]	11 Nonqualified plans	12a See instructions for box 12 Code
	13 Statutory employee / Retirement plan / Third-party sick pay	12b Code
	14 Other	12c Code
f Employee's address and ZIP code		12d 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]	48,000.	3,803.			

Form **W-2** **Wage and Tax Statement** **2016** 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.

☐ 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]	1 Gross distribution $ 380. 2a Taxable amount $ 380.	OMB No. 1545-0119 **2016** Form **1099-R**	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
	2b Taxable amount not determined [X]	Total distribution ☐	**Copy C For Recipient's Records**
PAYER'S federal identification number [redacted] / RECIPIENT'S identification number [redacted]	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name AMY J KLOBUCHAR	5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) [redacted]	7 Distribution code(s) 4 / IRA/SEP/SIMPLE [X]	8 Other $ %	This information is being furnished to the Internal Revenue Service.
City or town, state or province, country, and ZIP or foreign postal code [redacted]	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. / FACTA filing requirement	12 State tax withheld $ $	13 State/Payer's state no. MN	14 State distribution $ $
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.

Form 1040 Department of the Treasury - Internal Revenue Service (99) U.S. Individual Income Tax Return 2016

OMB No. 1545-0074 | IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning , 2016, 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. [redacted]	Apt. no.	Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [redacted]		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. [X] You [X] Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status

Check only one box.

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

Exemptions

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

Boxes checked on 6a and 6b: 2

c Dependents:

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

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

No. of children on 6c who:
- lived with you: 1
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

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

Income

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

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2 STMT. 1.		7	292,479.
8a	Taxable interest. Attach Schedule B if required		8a	6.
b	Tax-exempt interest. Do not include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	
b	Qualified dividends	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes STMT. 3.		10	NONE
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	-339.
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	380.
16a	Pensions and annuities	16a	b Taxable amount 16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits	20a	b Taxable amount 20b	
21	Other income. List type and amount		21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶		22	292,526.

Adjusted Gross Income

23	Educator expenses	23			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24			
25	Health savings account deduction. Attach Form 8889	25			
26	Moving expenses. Attach Form 3903	26			
27	Deductible part of self-employment tax. Attach Schedule SE	27			
28	Self-employed SEP, SIMPLE, and qualified plans	28			
29	Self-employed health insurance deduction	29			
30	Penalty on early withdrawal of savings	30			
31a	Alimony paid b Recipient's SSN ▶	31a			
32	IRA deduction	32			
33	Student loan interest deduction	33			
34	Tuition and fees. Attach Form 8917	34			
35	Domestic production activities deduction. Attach Form 8903	35			
36	Add lines 23 through 35			36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶			37	292,526.

JSA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2016)

6A1210 2.000
RS 3960IB 5838 03/12/2017 11:31:14 V16-3.3F

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	292,526.
39a	Check if: ☐ You were born before January 2, 1952, ☐ Blind. ☐ Spouse was born before January 2, 1952, ☐ Blind. } Total boxes checked ▶ 39a ☐		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐		
40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)	40	45,671.
41	Subtract line 40 from line 38	41	246,855.
42	**Exemptions.** If line 38 is $155,650 or less, multiply $4,050 by the number on line 6d. Otherwise, see instructions	42	12,150.
43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	234,705.
44	**Tax** (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	52,866.
45	**Alternative minimum tax** (see instructions). Attach Form 6251	45	9,999.
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46 ▶	47	62,865.
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 credits. Attach Form 5695	53	
54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	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	62,865.

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, $9,300

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 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 ☒	61	
62	Taxes from: a ☒ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	62	922.
63	Add lines 56 through 62. This is your **total tax** ▶	63	63,787.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	73,197.		
65	2016 estimated tax payments and amount applied from 2015 return	65			
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	3,116.		
72	Credit for federal tax on fuels. Attach Form 4136	72			
73	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐	73			
74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶			74	76,313.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**	75	12,526.
76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	76a	12,526.
b	Routing number [redacted] ▶ c Type: ☒ Checking ☐ Savings		
d	Account number [redacted]		
77	Amount of line 75 you want **applied to your 2017 estimated tax** ▶ 77 NONE		

Direct deposit? ▶ See instructions.

Amount You Owe

78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
79	Estimated tax penalty (see instructions) 79		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ **Yes.** Complete below. ☐ **No**

Designee's name ▶ THERESA L PIETENPOL, CPA Phone no. ▶ [redacted] Personal identification number (PIN) ▶ [redacted]

Sign Here

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

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

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
THERESA L PIETENPOL, CPA	[redacted]	03/12/2017		[redacted]

Firm's name ▶ SIMMA FLOTTEMESCH & ORENSTEIN, LTD. Firm's EIN ▶

Firm's address ▶ [redacted] Phone no.

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
2016
Attachment Sequence No. 07

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

Your social security number: [redacted]

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1			
	2	Enter amount from Form 1040, line 38 — 2				
	3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid	5	State and local (check only one box): a [X] Income taxes, or b [ ] General sales taxes ... STMT 4	5	32,811.		
	6	Real estate taxes (see instructions)	6	3,963.		
	7	Personal property taxes	7	463.		
	8	Other taxes. List type and amount ▶	8			
	9	Add lines 5 through 8			9	37,237.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10			
Note: Your mortgage interest deduction may be limited (see instructions).	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11			
	12	Points not reported to you on Form 1098. See instructions for special rules	12			
	13	Mortgage insurance premiums (see instructions)	13			
	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14			
	15	Add lines 10 through 14			15	
Gifts to Charity	16	Gifts by cash or check. If you made any gift of $250 or more, see instructions .. SEE STATEMENT 4	16	3,247.		
If you made a gift and got a benefit for it, see instructions.	17	Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	17	40.		STMT 5
	18	Carryover from prior year	18			
	19	Add lines 16 through 18			19	3,287.
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	4,352.		
	22	Tax preparation fees	22	1,100.		
	23	Other expenses - investment, safe deposit box, etc. List type and amount ▶ SEE STATEMENT 5	23	5,546.		
	24	Add lines 21 through 23	24	10,998.		
	25	Enter amount from Form 1040, line 38 — 25 — 292,526.				
	26	Multiply line 25 by 2% (0.02)	26	5,851.		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	5,147.
Other Miscellaneous Deductions	28	Other - from list in instructions. List type and amount ▶			28	
Total Itemized Deductions	29	Is Form 1040, line 38, over $155,650? [ ] **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. [X] **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			29	45,671.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ [ ]				

SCHEDULE B
(Form 1040A or 1040)
(Rev. January 2017)
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
2016
Attachment Sequence No. **08**

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

Your social security number: [redacted]

Part I Interest

(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.

			Amount
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 ▶	1	
T	US SENATE FEDERAL CREDIT UNION		4.
S	WELLS FARGO BANK		2.
2	Add the amounts on line 1	2	6.
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	6.

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

Part II 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.

			Amount
5	List name of payer ▶	5	
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	6	

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

Part III Foreign Accounts and Trusts

(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.	Yes	No
7a	At any time during 2016, 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 2016, 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

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

2016

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) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses . [X] Yes [ ] No

H If you started or acquired this business during 2016, check here ▶ [ ]

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) [ ] Yes [X] No

J If "Yes," did you or will you file 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 ▶ [ ]	1	3,205.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	3,205.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	3,205.
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	3,205.

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

8	Advertising	8		18	Office expense (see instructions)	18	45.
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	2,994.	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	525.
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	3,564.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	-359.
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	-359.
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 [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

For Paperwork Reduction Act Notice, see the separate instructions. **Schedule C (Form 1040) 2016**

JSA 6X0110 2.000

Part III **Cost of Goods Sold** (see instructions)

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

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

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

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

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

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:

a Business ____________ b Commuting (see instructions) ____________ c Other ____________

45 Was your vehicle available for personal use during off-duty hours? . . . ☐ Yes ☐ No

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

47a Do you have evidence to support your deduction? . . . ☐ Yes ☐ No

b If "Yes," is the evidence written? . . . ☐ Yes ☐ No

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

PROMOTION	322.
TRAVEL	203.
48 Total other expenses. Enter here and on line 27a . . . 48	525.

Schedule C (Form 1040) 2016

JSA
6X0120 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

2016

Attachment Sequence No. 09

Name of proprietor: AMY J KLOBUCHAR

Social security number (SSN): [redacted]

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

B Enter code from instructions ▶ 711510

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.) ▶ [redacted]

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

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

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses . [X] Yes [ ] No

H If you started or acquired this business during 2016, check here ▶ [ ]

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) [ ] Yes [X] No

J If "Yes," did you or will you file 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 ▶ [ ]	1	20.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	20.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	20.
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	20.

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	
				22	Supplies (not included in Part III)	22	
				23	Taxes and licenses	23	
				24	Travel, meals, and entertainment:		
14	Employee benefit programs (other than on line 19)	14		a	Travel	24a	
15	Insurance (other than health)	15		b	Deductible meals and entertainment (see instructions)	24b	
16	Interest:			25	Utilities	25	
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other	16b		27a	Other expenses (from line 48)	27a	
17	Legal and professional services	17		b	**Reserved for future use.**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	20.
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	20.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

Part III Cost of Goods Sold (see instructions)

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

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

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

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

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

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:

a Business ____________ b Commuting (see instructions) ____________ c Other ____________

45 Was your vehicle available for personal use during off-duty hours? . . . ☐ Yes ☐ No

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

47a Do you have evidence to support your deduction? . . . ☐ Yes ☐ No

b If "Yes," is the evidence written? . . . ☐ Yes ☐ No

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

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

Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

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

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016

Attachment Sequence No. **32**

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

Your social security number: [redacted]

Part I Alternative Minimum Taxable Income (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	246,855.
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% (0.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	37,237.
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	5,147.
6	If Form 1040, line 38, is $155,650 or less, enter -0-. Otherwise, see instructions	6	( )
7	Tax refund from Form 1040, line 10 or line 21	7	(NONE)
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	( )
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, 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 $247,450, see instructions.)	28	289,239.

Part II Alternative Minimum Tax (AMT)

29 Exemption. (If you were under age 24 at the end of 2016, see instructions.) STMT 6

IF your filing status is . . .	**AND line 28 is not over . . .**	**THEN enter on line 29 . . .**
Single or head of household	$119,700	$53,900
Married filing jointly or qualifying widow(er)	159,700	83,800
Married filing separately	79,850	41,900

If line 28 is **over** the amount shown above for your filing status, see instructions. — **29** 51,415.

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	237,824.
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 $186,300 or less ($93,150 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract $3,726 ($1,863 if married filing separately) from the result. STMT 6	31	62,865.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	62,865.
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	52,866.
35	**AMT.** Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	9,999.

For Paperwork Reduction Act Notice, see your tax return instructions. Form **6251** (2016)

JSA
6X4700 2.000

Part III Tax Computation Using Maximum Capital Gains Rates

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

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36	
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured 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 refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	
40	Enter the **smaller** of line 36 or line 39	40	
41	Subtract line 40 from line 36	41	
42	If line 41 is $186,300 or less ($93,150 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract $3,726 ($1,863 if married filing separately) from the result ▶	42	
43	Enter: • $75,300 if married filing jointly or qualifying widow(er), • $37,650 if single or married filing separately, or • $50,400 if head of household.	43	
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	
46	Enter the **smaller** of line 36 or line 37	46	
47	Enter the **smaller** of line 45 or line 46. This amount is taxed at 0%	47	
48	Subtract line 47 from line 46	48	
49	Enter: • $415,050 if single • $233,475 if married filing separately • $466,950 if married filing jointly or qualifying widow(er) • $441,000 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% (0.15) ▶	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% (0.20) ▶	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% (0.25) ▶	61	
62	Add lines 42, 55, 58, and 61	62	
63	If line 36 is $186,300 or less ($93,150 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract $3,726 ($1,863 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

2016

Attachment Sequence No. **48**

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

AMY J KLOBUCHAR

Your social security number: [redacted]

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

Home address (number and street, or P.O. box if mail is not delivered to your home)		Apt. no.
City, town or post office, state, and ZIP code. 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 2016.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2016 **and** you made nondeductible contributions to a traditional IRA in 2016 or an earlier year. For this purpose, a distribution does not include a rollover, qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2016 (excluding any portion you recharacterized) **and** you made nondeductible contributions to a traditional IRA in 2016 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2016, including those made for 2016 from January 1, 2017, through April 18, 2017 (see instructions)			1	
2	Enter your total basis in traditional IRAs (see instructions)			2	24,000.
3	Add lines 1 and 2			3	24,000.
	In 2016, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? No ▶ Enter the amount from line 3 on line 14. Do not complete the rest of Part I. Yes ▶ Go to line 4.				
4	Enter those contributions included on line 1 that were made from January 1, 2017, through April 18, 2017			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, 2016, plus any outstanding rollovers (see instructions)	6			
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2016. **Do not** include rollovers, qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions)	7			
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2016. **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 2016 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.

Part II **2016 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 2016 (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 2016. **Do not** include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2016 or 2017 (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 2016. For this purpose, a distribution does not include a rollover, qualified charitable distribution, 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 2016, including any qualified first-time homebuyer distributions (see instructions)	19	
20	Qualified first-time homebuyer expenses (see instructions). **Do not** enter more than $10,000	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	
22	Enter your basis in Roth IRA contributions (see instructions). If line 21 is zero, **stop here**	22	
23	Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see instructions)	23	
24	Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA (see instructions)	24	
25	**Taxable amount.** Subtract line 24 from line 23. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	25	

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

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

Your signature ______ Date ______

Paid Preparer Use Only			
Print/Type preparer's name: THERESA L PIETENPOL	Preparer's signature	Date: 03/12/2017	Check ☐ if self-employed [redacted] PTIN
Firm's name ▶ SIMMA FLOTTEMESCH & ORENSTEIN, LTD.			Firm's EIN
Firm's address ▶ [redacted]			Phone no.

Form **8606** (2016)

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

2016

Attachment Sequence No. **48**

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

JOHN D BESSLER

Your social security number [redacted]

Fill in Your Address Only If You Are Filing This Form by Itself and Not With Your Tax Return ▶	Home address (number and street, or P.O. box if mail is not delivered to your home)		Apt. no.
	City, town or post office, state, and ZIP code. 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 2016.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2016 **and** you made nondeductible contributions to a traditional IRA in 2016 or an earlier year. For this purpose, a distribution does not include a rollover, qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2016 (excluding any portion you recharacterized) **and** you made nondeductible contributions to a traditional IRA in 2016 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2016, including those made for 2016 from January 1, 2017, through April 18, 2017 (see instructions)			1	
2	Enter your total basis in traditional IRAs (see instructions)			2	20,000.
3	Add lines 1 and 2			3	20,000.
	In 2016, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? — No ▶ Enter the amount from line 3 on line 14. Do not complete the rest of Part I. — Yes ▶ Go to line 4.				
4	Enter those contributions included on line 1 that were made from January 1, 2017, through April 18, 2017			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, 2016, plus any outstanding rollovers (see instructions)	6			
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2016. **Do not** include rollovers, qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions)	7			
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2016. **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 2016 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.

Part II **2016 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 2016 (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 2016. **Do not** include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2016 or 2017 (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 2016. For this purpose, a distribution does not include a rollover, qualified charitable distribution, 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 2016, including any qualified first-time homebuyer distributions (see instructions)	19	
20	Qualified first-time homebuyer expenses (see instructions). **Do not** enter more than $10,000	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	
22	Enter your basis in Roth IRA contributions (see instructions). If line 21 is zero, **stop here**	22	
23	Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see instructions)	23	
24	Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA (see instructions)	24	
25	**Taxable amount.** Subtract line 24 from line 23. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	25	

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

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

▶ Your signature ▶ Date

Paid Preparer Use Only				
Print/Type preparer's name: THERESA L PIETENPOL	Preparer's signature	Date: 03/12/2017	Check ☐ if self-empl[redacted]	PTIN
Firm's name ▶ SIMMA FLOTTEMESCH & ORENSTEIN, LTD.			Firm's EIN	
Firm's address ▶ [redacted]			Phone no.	

Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

▶ Information about Form 8889 and its separate instructions is available at *www.irs.gov/form8889.*

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016

Attachment
Sequence No. **52**

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 ▶ [redacted]

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I **HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2016 (see instructions) . . . ▶		X Self-only ☐ Family
2	HSA contributions you made for 2016 (or those made on your behalf), including those made from January 1, 2017, through April 18, 2017, that were for 2016. **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 2016, and on the first day of **every** month during 2016, you were, or were considered, an eligible individual with the **same** coverage, enter $3,350 ($6,750 for family coverage). **All others,** see the instructions for the amount to enter . . .	3	3,350.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2016 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2016, 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	3,350.
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 2016, see the instructions for the amount to enter . . .	6	3,350.
7	If you were age 55 or older at the end of 2016, married, and you or your spouse had family coverage under an HDHP at any time during 2016, enter your additional contribution amount (see instructions) . . .	7	
8	Add lines 6 and 7 . . .	8	3,350.
9	Employer contributions made to your HSAs for 2016 . . . 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	3,350.
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 2016 from all HSAs (see instructions) . . .	14a	100.
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	100.
c	Subtract line 14b from line 14a . . .	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions) . . .	15	
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 . . . ▶ ☐		
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	

Form **8959**

Department of the Treasury
Internal Revenue Service

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*.

OMB No. 1545-0074
2016
Attachment Sequence No. **71**

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

Your social security number: [redacted]

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	352,479.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	352,479.		
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	102,479.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II			7	922.

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			
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			
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0-	11			
12	Subtract line 11 from line 8. If zero or less, enter -0-			12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III			13	

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

14	Railroad retirement (RRTA) 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 (RRTA) compensation. Multiply line 16 by 0.9% (0.009). 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	922.

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	5,111.		
20	Enter the amount from line 1	20	352,479.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	5,111.		
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 (RRTA) 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

Form **2106**

Department of the Treasury
Internal Revenue Service (99)

Employee Business Expenses

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106 and its separate instructions is available at *www.irs.gov/form2106*.

OMB No. 1545-0074

2016

Attachment Sequence No. **129**

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

Part I **Employee Business Expenses and Reimbursements**

Step 1 Enter Your Expenses		**Column A** Other Than Meals and Entertainment	**Column B** Meals and Entertainment
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **didn't** involve overnight travel or commuting to and from work	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Don't** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Don't** include meals and entertainment SEE STATEMENT 7	4	4,352.	
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	4,352.	

Note: *If you weren't 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 **weren't** 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	4,352.	
Note: *If **both columns** of line 8 are zero, you can't 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% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	9	4,352.	
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	4,352.

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

Form **2106** (2016)

JSA
6A3610 1.000

Part II Vehicle Expenses

Section A - General Information (You must complete this section if you are claiming vehicle expenses.)		(a) Vehicle 1	(b) Vehicle 2
11 Enter the date the vehicle was placed in service	11		
12 Total miles the vehicle was driven during 2016	12	miles	miles
13 Business miles included on line 12	13	miles	miles
14 Percent of business use. Divide line 13 by line 12	14	%	%
15 Average daily roundtrip commuting distance	15	miles	miles
16 Commuting miles included on line 12	16	miles	miles
17 Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

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

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

21 If "Yes," is the evidence written? ☐ Yes ☐ No

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

22 Multiply line 13 by 54¢ (0.54). 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.	23				
24a Vehicle rentals	24a				
b Inclusion amount (see instructions)	24b				
c Subtract line 24b from line 24a	24c				
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2 - see instructions)	25				
26 Add lines 23, 24c, and 25	26				
27 Multiply line 26 by the percentage on line 14	27				
28 Depreciation (see instructions)	28				
29 Add lines 27 and 28. Enter total here and on line 1	29				

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

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

Form **4562**

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at *www.irs.gov/form4562.*

OMB No. 1545-0172

2016

Attachment Sequence No. **179**

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

Identifying number: [redacted]

Business or activity to which this form relates: JOHN D. BESSLER - SCHEDULE C

Part I — Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	2,994.
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000.

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
SEE DEPRECIATION DETAIL		2,994.

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	2,994.
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	2,994.
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	295,134.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	2,994.
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II — Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III — MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV — Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	2,994.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

JSA For Paperwork Reduction Act Notice, see separate instructions.

6X2300 2.000

Form **4562** (2016)

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2016

Description of Property

JOHN D. BESSLER — SCHEDULE C DEPRECIATION AND AMORTIZATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
APPLE COMPUTER	01/21/2016	2,994.	100.0000	2,994.					200DB	HY			5	2,994.	
Less: Retired Assets															
Subtotals		2,994.		2,994.										2,994.	
Listed Property															
Less: Retired Assets															
Subtotals															
TOTALS		2,994.		2,994.										2,994.	

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

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SUPPLEMENT TO FORM 1040

SOURCES OF COMPENSATION

OWNER-SHIP	DESCRIPTION	TOTAL WAGES	FEDERAL WITHHELD	SOC. SEC. WITHHELD	MEDICARE WITHHELD
	WAGES				
T	UNITED STATES SENATE	137,966.	33,884.	7,347.	2,348.
S	GEORGETOWN UNIVERSITY	2,250.	86.	140.	33.
S	STATE OF MARYLAND	104,263.	30,931.	7,347.	2,034.
S	KELLY & BERENS, PA	48,000.	8,296.	2,976.	696.
	TOTAL - WAGES	292,479.	73,197.	17,810.	5,111.
	GRAND TOTAL	292,479.	73,197.	17,810.	5,111.

OWNER-SHIP	WITHHOLDING FROM WAGES	STATE WITHHELD	CITY/LOCAL WITHHELD
T	UNITED STATES SENATE	12,112.	
S	GEORGETOWN UNIVERSITY	118.	
S	STATE OF MARYLAND	6,644.	
S	KELLY & BERENS, PA	3,803.	
	TOTAL WITHHOLDING FROM WAGES	22,677.	

STATEMENT 1

IRA DISTRIBUTIONS

OWNER-SHIP	DESCRIPTION	TOTAL RECEIVED	TAXABLE PORTION
T	FIDUCIARY TRUST CO NH CUST	380.	380.
	TOTAL	380.	380.

STATEMENT 2

TAXABLE STATE/LOCAL TAX REFUNDS

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

1	TAXES PAID IN 2015	22,371.
2	TAXES PAID IN 2016	NONE
3	TOTAL STATE AND LOCAL TAX PAYMENTS ON 2015 RETURN	22,371.
4	TOTAL REFUND RECEIVED IN 2016	11,170.
5	PERCENTAGE OF TAXES PAID IN 2015 (LINE 1/LINE 3)	100.00%
6	REFUND ATTRIBUTABLE TO TAXES PAID IN 2015	11,170.
7	PERCENTAGE OF TAXES PAID IN 2016 (LINE 2/LINE 3)	NONE%
8	REFUND ATTRIBUTABLE TO TAXES PAID IN 2016	NONE

TAXABLE REFUND:

1	REFUND ATTRIBUTABLE TO TAXES PAID IN 2015		11,170.
2	2015 ALLOWABLE ITEMIZED DEDUCTIONS		47,188.
3	2015 BASIC STANDARD DEDUCTION:		
	$ 6,300, IF SINGLE		
	$ 12,600, IF MFJ OR QUALIFYING WIDOW(ER)		
	$ 6,300, IF MARRIED FILING SEPARATELY		
	$ 9,250, IF HEAD OF HOUSEHOLD	12,600.	
4	2015 ADDITIONAL STANDARD DEDUCTION(S)		
5	ADD LINES 3 AND 4		12,600.
6	SUBTRACT LINE 5 FROM LINE 2		34,588.
7	TAXABLE TAX REFUNDS (SMALLER OF LINES 1 OR 6)		11,170.
LESS:	STATE/LOCAL TAX REFUND THAT HAD NO TAX BENEFIT IN PRIOR YEAR		-11,170.
	TOTAL TAXABLE REFUND		NONE

STATEMENT 3

SUPPLEMENT TO SCHEDULE A

STATE INCOME TAXES

TAXES WITHHELD FROM WAGES	22,677.
ESTIMATED TAX AND EXTENSION PAYMENTS	9,560.
OTHER TAXES PAID AND BALANCE DUE	574.
LESS: STATE REFUNDS FROM TAXES PAID IN CY	NONE
TOTAL TO SCHEDULE A, LINE 5	32,811.

CASH CONTRIBUTIONS

OTHER CASH CONTRIBUTIONS

50% ORGANIZATION(S)	
ADVANCING REAL CHANGE	100.
AMERICAN BAR ASSOCIATION	60.
BOOKS FOR AFRICA	100.
BRIDGE 2 RWANDA	719.
COLLEGE POSSIBLE	250.
COMMON HOPE	360.
HOPE AND JUSTICE	100.
HABITAT FOR HUMANITY	35.
INDIANA UNIVERSITY FOUNDATION	100.
MARCY HOLMES NEIGHBORHOOD ASSOCIATION	50.
PACER	100.
PAGE EDUCATION FOUNDATION	50.
SABO ENDOWMENT FUND - AUGSBURG COLLEGE	200.
UNIVERSITY OF MINNESOTA FOUNDATION	200.
UNICEF	50.
UNITED WAY	100.
UNIVERSITY OF BALTIMORE FOUNDATION	450.
YALE UNIVERSITY	182.
AMNESTY INTERNATIONAL	30.
SMITHSONIAN	11.
TOTAL CASH CONTRIBUTIONS BEFORE LIMITATION	3,247.
CASH CONTRIBUTION LIMITATION	NONE
TOTAL TO SCHEDULE A, LINE 16	3,247.

SUPPLEMENT TO SCHEDULE A

NONCASH CHARITABLE CONTRIBUTIONS

NONCASH CHARITABLE CONTRIBUTIONS LESS THAN $501

PROPERTY GIVEN TO 50% ORGANIZATION(S) UNIVERSITY OF BALTIMORE FOUNDATION - BOOKS	40.
TOTAL NONCASH CONTRIBUTIONS BEFORE LIMITATION	40.
NONCASH CONTRIBUTION LIMITATION	NONE
TOTAL TO SCHEDULE A, LINE 17	40.

OTHER MISC. DEDUCTIONS SUBJECT TO 2% LIMIT

UNREIMBURSED BUSINESS EXPENSES	5,546.
TOTAL TO SCHEDULE A, LINE 23	5,546.

STATEMENT 5

SUPPLEMENT TO FORM 6251

LINE 29 - EXEMPTION WORKSHEET

1.	$53,900. IF SINGLE OR HEAD OF HOUSEHOLD $83,800. IF MARRIED FILING JT. OR QUAL. WIDOW(ER) $41,900. IF MARRIED FILING SEPARATELY		83,800.
2.	ALTERNATIVE MINIMUM TAXABLE INCOME, LINE 28	289,239.	
3.	$119,700. IF SINGLE OR HEAD OF HOUSEHOLD $159,700. IF MFJ OR QUAL. WIDOW(ER) $ 79,850. IF MARRIED FILING SEPARATELY	159,700.	
4.	LINE 2 LESS LINE 3	129,539.	
5.	MULTIPLY LINE 4 BY 25%		32,385.
6.	EXEMPTION AMOUNT (LINE 1 LESS LINE 5)		51,415.

LINE 31 - WORKSHEET

1.	AMOUNT FROM FORM 6251, LINE 30	237,824.
2.	LINE 1 MULTIPLIED BY 28%	66,591.
3.	$3,726 OR $1,863 IF MARRIED FILING SEPARATELY	3,726.
4.	TOTAL TO FORM 6251, LINE 31 (LINE 2 LESS LINE 3)	62,865.

SUPPLEMENT TO FORM 2106 - EMPLOYEE BUSINESS EXPENSES

NAME: AMY J KLOBUCHAR
OCCUPATION: UNITED STATES SENATO

BUSINESS EXPENSES	AMOUNT
REFLECTS $3,000 IRC 162(A) LIMITATION INCLUDES DC LIVING EXPENSES FOR MEMBER OF CONGRESS	4,352.
TOTAL BUSINESS EXPENSES TO FORM 2106, LINE 4	4,352.

STATEMENT 7

SIMMA FLOTTEMESCH & ORENSTEIN

Certified Public Accountants

[redacted]

JOHN D. BESSLER
INSTRUCTIONS FOR FILING FORM
D-40 E
2016 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:

SIMMA FLOTTEMESCH & ORENSTEIN, LTD.
[redacted]

OR FAX YOUR SIGNED FORM D-40 E TO:

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

YOUR RETURN SHOWS A $1,876 OVERPAYMENT. OF THIS AMOUNT, $0 WILL BE REFUNDED TO YOU. ALSO, $1,876 HAS BEEN APPLIED TO YOUR 2017 ESTIMATED TAX.

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, 2017. 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.

Government of the District of Columbia

2016 D-40E SUB
District of Columbia Individual Income Tax Declaration for Electronic Filing

1216

IRS Declaration Control Number (DCN) [redacted]

Your First name and initial JOHN D	Last name BESSLER	Social Security Number [redacted]
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) [redacted]		Federal Filing Status MFS 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	154154.00
2. District of Columbia Tax, Form D-40, Line 21 or D-40EZ, Line 6	10916.00
3. DC Income Tax Withheld, Form D-40, Line 30 or D-40EZ, Line 11	118.00
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	.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 2016 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.

[redacted] 03/12/2017 [redacted]

Date SSN, EIN, or PTIN

03/12/2017 [redacted]

Paid Preparer's Signature Date SSN, EIN, or PTIN

PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.

Government of the District of Columbia

2016 D-40 SUB Individual Income Tax Return

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

Personal information

Telephone number

Mark if Amended return

Mark if Filing for a deceased taxpayer

SOFTWARE DEVELOPER USE ONLY VENDOR ID# [redacted]

Your Social Security Number (SSN) [redacted]

and Date of Birth (MMDDYYYY) [redacted]

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)

[redacted]

City State ZIP Code + 4

[redacted]

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Filing Status

1 Mark only one: Single Married filing jointly X Married filing separately Dependent claimed by someone else

Married filing separately on same return Enter combined amounts for lines 4 - 42. See instructions.

Registered domestic partners filing jointly or filing separately on same return

Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.

Qualifying widow(er) with dependent child. Enter qualifying dependent information on Schedule S.

2 Mark if you are: Part-year resident in DC from (MMDD) (MMDD) See instructions.

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

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Income Information

a	Wages, salaries, unemployment compensation and/or tips, see instructions		a	$	154513.00
b	Business income or loss, see instructions.	Mark if loss X	b	$	359.00
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	$	159813.00

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	$	159813.00

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	$	5659.00
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	$	5659.00
14	DC adjusted gross income, Line 6 minus Line 13.	Mark if loss	14	$	154154.00

Enter your last name BESSLER
Enter your SSN [redacted]

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

15	Deduction type Take the same type of deduction you took on your federal return. Mark which type: X Standard 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, or if you or your spouse/registered domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S. 17 1			
18	Exemption amount. Multiply $1,775 by number on Line 17. Part-year DC residents, see inst on page 25. * If AGI is greater than $150,000, see instructions on page 27.	18	$	1704 .00
19	Add Lines 16 and 18.	19	$	6904 .00
20	DC Taxable income Subtract Line 19 from Line 14. Enter result. Mark if loss	20	$	147250 .00

DC tax, credits and payments

21	Tax If Line 20 is $100,000 or less, use tax tables. If more, use Calculation I	21	$	10916 .00
22	Mark if filing separately on same return. Complete Calculation J on Schedule S. 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 8 Attach DC Schedule U.	23	$	3114 .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 if claiming LIC. 24a 1			
25	Total non-refundable credits. Add Lines 22, 23 and 24.	25	$	3114 .00
26	Total tax. Subtract Line 25 from Line 21. If Line 21 is less than Line 25, leave Line 26 blank.	26	$	7802 .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	$	.00
27e	For filers **without** qualifying children. See instructions for special calculations. Enter result >	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	$	118 .00
31	2016 estimated income tax payments and amount applied from 2015 return.	31	$	9560 .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	$	9678 .00

Refund Complete if Line 33 is more than Line 26.

34	Amount you overpaid *Subtract Line 26 from Line 33*	34	$	1876.00
35	Amount to be applied to your 2017 estimated tax	35	$	1876.00
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

Amount owed Complete if Line 33 is equal to or less than Line 26.

41	Tax due *Subtract Line 33 from Line 26*	41	$	.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	$	.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: MyTax.DC.gov**

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 X here 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
[redacted]

Government of the District of Columbia

2016 SCHEDULE U SUB
Additional Miscellaneous Credits and Contributions

1 6 0 4 0 0 4 7 1 0 6 2

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# [redacted]

Important: Print in CAPITAL letters using black ink. Attach to D-40.

Note: Contribution(s) will either decrease a refund or increase the tax owed by the amount of the contribution(s).

Enter your last name BESSLER

Social Security Number [redacted]

Part I Credits

a. Nonrefundable Credits

1 Enter state income tax credit.

List additional states on a separate sheet, attach it to this Schedule. (Enter total of all state tax credits on Line 2 below.)

State (a) MD $ NONE.00 (b) MN $ 3114.00

State (c) $ .00 (d) $ .00

2 Total of Line 1 state tax credits and any additional tax credits from the attachments.		2	$ 3114.00
3 Enter alternative fuel credits, see instructions.			
3(a) Alternative fuel infrastructure - private residence. # of stations	$ .00		
3(b) Alternative fuel infrastructure - public use. # of stations	$ .00		
3(c) Alternative fuel vehicle conversion. # of vehicles	$ .00		
4 Total of Line 3 alternative fuel credits. Add Lines 3(a) - 3(c) only and enter here.		4	$ .00
5 DC Government Employee first-time DC homebuyer credit, see instructions *Dependents cannot claim this credit.*		5	$ .00
6 Food commodity donations credit.		6	$ .00
7 RESERVED		7	$ .00
8 Total your nonrefundable credits, enter here and on Form D-40, Line 23.		8	$ 3114.00

b. Refundable Credits

1 DC Non-custodial parent EITC (see Schedule N).	1	$ .00
2 RESERVED	2	$ .00
3 Total your refundable credits, enter here and on Form D-40, Line 29.	3	$ .00

Part II Contributions (The minimum contribution is $1.00.)

1 **DC Statehood Delegation Fund**	1	$ .00
2 Public Fund for Drug Prevention and Children at Risk	2	$ .00
3 Anacostia River Cleanup and Protection Fund	3	$ .00
4 RESERVED	4	$ .00
5 If due a refund, total your contribution(s), enter here and on Form D-40, Line 39.	5	$ .00
6 If you owe tax, total your contribution(s), enter here and on Form D-40, Line 42.	6	$ .00

If you are not due a refund and do not owe additional tax, total your contribution(s) and enter on Form D-40, Line 42.

If you owe tax, make the payment plus any contribution(s), payable to DC Treasurer and mail it with your return.

Attach this schedule to your D-40 return.

Government of the District of Columbia

2016 D-40WH SUB Withholding Tax Schedule

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

Enter DC withholding information below.
Attach W-2's and/or 1099's to Form D-40 or D-40EZ.
THIS FORM MUST BE FILED IN ORDER TO RECEIVE CREDIT FOR TAX WITHHELD
Important: Print in CAPITAL letters using black ink.

SOFTWARE DEVELOPER USE ONLY
VENDOR ID [redacted]

Primary last name shown on Form D-40 or D-40EZ: BESSLER
Social Security Number [redacted]

1

A-Employer or Payor Information	B-Employee or Taxpayer Information	C-DC Tax Withheld
[redacted] W-2 or 1099 Employer or Payor Name GEORGETOWN UNIV [redacted] WASHINGTON State Zip Code + 4 DC	Name JOHN D BESSLER [redacted] Income Subject to DC Withholding $ 2250.00 from Box #1 of W-2 or the appropriate box from 1099	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 $ 118.00 Check the appropriate box W-2 X 1099 Enter State Abbreviation DC from Box #15 of W-2 or the appropriate box from 1099 **Enter DC Withholding Only**

2

A-Employer or Payor Information	B-Employee or Taxpayer Information	C-DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099 Employer or Payor Name Address City State Zip Code + 4	Name Social Security Number Income Subject to DC Withholding $ .00 from Box #1 of W-2 or the appropriate box from 1099	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 $ .00 Check the appropriate box W-2 1099 Enter State Abbreviation from Box #15 of W-2 or the appropriate box from 1099 **Enter DC Withholding Only**

3

A-Employer or Payor Information	B-Employee or Taxpayer Information	C-DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099 Employer or Payor Name Address City State Zip Code + 4	Name Social Security Number Income Subject to DC Withholding $ .00 from Box #1 of W-2 or the appropriate box from 1099	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 $ .00 Check the appropriate box W-2 1099 Enter State Abbreviation from Box #15 of W-2 or the appropriate box from 1099 **Enter DC Withholding Only**

Total DC tax withheld from column C above .... $ 118..00

If you have DC withholding on multiple pages, add the totals together and enter the GRAND total on Form D-40EZ, Line 11 or D-40, Line 30.

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

D-40WH Page 2
Last name and SSN BESSLER [redacted]

4 A-Employer or Payor Information	B-Employee or Taxpayer Information	C-DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099	Name	DC Withholding from Box #17 of W-2 or the appropriate box from 1099
Employer or Payor Name	Social Security Number	$ .00
		Check the appropriate box
Address	Income Subject to DC Withholding	W-2 1099
	$ .00	
City	from Box #1 of W-2 or the appropriate box from 1099	
State Zip Code + 4		Enter State Abbreviation from Box #15 of W-2 or the appropriate box from 1099
		Enter DC Withholding Only

5 A-Employer or Payor Information	B-Employee or Taxpayer Information	C-DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099	Name	DC Withholding from Box #17 of W-2 or the appropriate box from 1099
Employer or Payor Name	Social Security Number	$ .00
		Check the appropriate box
Address	Income Subject to DC Withholding	W-2 1099
	$ .00	
City	from Box #1 of W-2 or the appropriate box from 1099	
State Zip Code + 4		Enter State Abbreviation from Box #15 of W-2 or the appropriate box from 1099
		Enter DC Withholding Only

6 A-Employer or Payor Information	B-Employee or Taxpayer Information	C-DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099	Name	DC Withholding from Box #17 of W-2 or the appropriate box from 1099
Employer or Payor Name	Social Security Number	$ .00
		Check the appropriate box
Address	Income Subject to DC Withholding	W-2 1099
	$ .00	
City	from Box #1 of W-2 or the appropriate box from 1099	
State Zip Code + 4		Enter State Abbreviation from Box #15 of W-2 or the appropriate box from 1099
		Enter DC Withholding Only

Total DC tax withheld from column C above.................... $ .00

If you have DC withholding on multiple pages, add the totals together and enter the GRAND total on Form D-40EZ, Line 11 or D-40, Line 30.

STATE ALLOCATION OF FEDERAL INCOME

WAGES

EMPLOYER NAME	FEDERAL	D.C.
GEORGETOWN UNIVERSITY	2,250.	2,250.
STATE OF MARYLAND	104,263.	104,263.
KELLY & BERENS, PA	48,000.	48,000.
TOTAL WAGES	154,513.	154,513.

SIMMA FLOTTEMESCH & ORENSTEIN | SFO
Certified Public Accountants

[redacted]

JOHN D. BESSLER
INSTRUCTIONS FOR FILING FORM
D-40 ES
2017 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, 2017	$1,104
2	JUNE 15, 2017	$2,980
3	SEPTEMBER 15, 2017	$2,980
4	DECEMBER 31, 2017	$2,980
		$10,044
OVERPAYMENT OF 2016 INCOME TAX CREDITED AGAINST 2017 TAX		$1,876
TOTAL 2017 ESTIMATED TAX PAYMENTS		**$11,920**
ESTIMATED INCOME TAX TO BE WITHHELD IN 2017		$118
ESTIMATED CREDITS		
TOTAL ESTIMATE OF 2017 INCOME TAX		**$12,038**

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

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

YOUR SOCIAL SECURITY NUMBER AND "2017 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 2017 WITHHOLDING WILL AT LEAST EQUAL YOUR 2016 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 2017 ESTIMATED TAX HAS BEEN COMPUTED BASED ON 110% OF YOUR 2016 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 2017.

Worksheet to Estimate DC Tax Payments

1 Federal adjusted gross income expected for 2017. 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 2016 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 $5,250 if single, married/registered domestic partners filing separately or a dependent. Enter $6,550 if head of household. Enter $8,450 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	1775
6 Estimated taxable income. Subtract Line 5 from Line 3.		6	
7 DC tax. Use the 2016 tax rate table or the tax computation worksheet.		7	12008
8 DC income tax to be withheld during 2017 **plus** DC tax credits, if any.		8	118
9 Estimated DC tax. Subtract Line 8 from Line 7.	(ROUNDED)	9	11920
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	2980

Government of the District of Columbia

2017 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.
- 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

2017 D-40ES SUB Estimated Payment for Individual Income Tax

1 7 0 4 0 0 6 1 1 0 6 2

Quarterly Payment (dollars only) $ 1104.00

Make check or money order payable to the DC Treasurer.

Your Social Security Number (SSN) [redacted]

Spouse's/registered domestic partner's SSN

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# [redacted]

Your first name	M.I.	Last name
JOHN	D	BESSLER
Your spouse's/registered domestic partner's first name	**M.I.**	**Last name**
AMY	J	KLOBUCHAR

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

[redacted]

Voucher Number 01 Due Date: 041817

2017 D-40ES SUB

Rev 06/16 6B1002 3.000

Government of the
District of Columbia

2017 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.
- 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

2017 D-40ES SUB Estimated Payment for Individual Income Tax

1 7 0 4 0 0 6 1 1 0 6 2

Quarterly Payment (dollars only) Make check or money order payable to the DC Treasurer. $ 2980 .00

[redacted] Spouse's/registered domestic partner's SSN

SOFTWARE DEVELOPER USE ONLY
VENDOR ID# [redacted]

Your first name M.I. Last name
JOHN D BESSLER

Your spouse's/registered domestic partner's first name M.I. Last name
AMY J KLOBUCHAR

[redacted]

Voucher Number 02 Due Date: 061517

2017 D-40ES SUB

Rev 06/16 6B1002 3.000

Government of the
District of Columbia

2017 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.
- 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

2017 D-40ES SUB Estimated Payment for Individual Income Tax

1 7 0 4 0 0 6 1 1 0 6 2

Quarterly Payment (dollars only) Make check or money order payable to the DC Treasurer. $ 2980.00

Your Social Security Number (SSN) [redacted] Spouse's/registered domestic partner's SSN

SOFTWARE DEVELOPER USE ONLY
VENDOR ID# [redacted]

Your first name	M.I.	Last name
JOHN	D	BESSLER

Your spouse's/registered domestic partner's first name	M.I.	Last name
AMY	J	KLOBUCHAR

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

Voucher Number 03 Due Date: 091517

2017 D-40ES SUB

Rev 06/16 6B1002 3.000

Government of the District of Columbia

2017 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.
- 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

2017 D-40ES SUB Estimated Payment for Individual Income Tax

1 7 0 4 0 0 6 1 1 0 6 2

Quarterly Payment (dollars only) $ 2980.00

Make check or money order payable to the DC Treasurer.

Your Social Security Number (SSN) [redacted]

Spouse's/registered domestic partner's SSN

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# [redacted]

Your first name	M.I.	Last name
JOHN	D	BESSLER

Your spouse's/registered domestic partner's first name	M.I.	Last name
AMY	J	KLOBUCHAR

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

[redacted]

Voucher Number 04 Due Date: 011618

2017 D-40ES SUB

Rev 06/16 6B1002 3.000

SIMMA FLOTTEMESCH & ORENSTEIN

Certified Public Accountants

[redacted]

JOHN D. BESSLER
INSTRUCTIONS FOR FILING FORM
EL101
2016 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:

SIMMA FLOTTEMESCH & ORENSTEIN, LTD.
[redacted]

OR FAX YOUR SIGNED FORM EL101 TO:

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

YOUR RETURN SHOWS A $6,644 OVERPAYMENT. OF THIS AMOUNT, $6,644 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, 2017. 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 2017 NOR WILL YOU BE SUBJECT TO UNDERPAYMENT PENALTIES IF THE INCOME TAX WITHHELD FROM ALL SOURCES IN 2017 AMOUNTS TO AT LEAST $0, OR, IF LESS, 90% OF YOUR TOTAL 2017 INCOME TAX.

*** DO NOT MAIL *

MARYLAND FORM **EL101**

e-File DECLARATION FOR ELECTRONIC FILING

161010004

2016

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

Print using blue or black ink only.

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

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

Part I Tax Return Information (whole dollars only)

1. Amount of overpayment to be applied to 2017 estimated tax . . . . 1. ______ . __
2. Amount of overpayment to be refunded to you . . . . **REFUND** 2. 6644 . __
3. Total amount due (Pay in full by April 18, 2017. See instructions.) . . . . 3. ______ . __

Part II Taxpayer Declaration and Signature Authorization

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) and amounts described above agree with the amounts shown on the corresponding lines of my 2016 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.

Your PIN: check one box only

[X] I authorize SIMMA FLOTTEMESCH & ORENSTEIN, (ERO firm name) to enter or generate my PIN [redacted] (Enter five digits. Do not enter all zeros.) as my signature on my tax year 2016 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2016 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 ____________________ (ERO firm name) to enter or generate my PIN [ ] (Enter five digits. Do not enter all zeros.) as my signature on my tax year 2016 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2016 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

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. [redacted] (Do not enter all zeros.)

I certify this numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature [redacted] Date 03/12/2017

MARYLAND FORM **505**

NONRESIDENT INCOME TAX RETURN

165050004

2016 $

OR FISCAL YEAR BEGINNING ____________ 2016, ENDING ____________

Print Using Blue or Black Ink Only

[redacted]
Social Security Number

Spouse's Social Security Number

JOHN
First Name

D
Initial

BESSLER
Last Name

Spouse's First Name

Initial

Spouse's Last Name

Maryland County

City, Town or Taxing Area
Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period if you earned wages in Maryland. (See Instruction 6).

[redacted]
Current Mailing Address Line 1 (**Street No. and Street Name or PO Box**)

Current Mailing Address Line 2 (**Apt No., Suite No., Floor No.**)

[redacted]
City or Town | State | ZIP Code

Place your W-2 wage and tax statements and ATTACH HERE with ONE staple. Do not attach check or money order to Form 505. Attach check or money order to Form PV.

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 ▶ [redacted]
- 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 2016? If no, attach explanation. ☒ Yes ☐ No

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

Did you file a Maryland income tax return for 2015? ☒ Yes ☐ No If "Yes," was it a ☐ **Resident** or a ☒ **Nonresident** return?

Dates you resided in Maryland for 2016. 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. $** ____________.__

B. ▶ ☐ 65 or over ▶ ☐ 65 or over

▶ ☐ Blind ▶ ☐ Blind Enter number checked [ ] 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. $** NONE.__

MARYLAND FORM **505**

NONRESIDENT INCOME TAX RETURN

165050104

2016 Page 2

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.	154513.	.	154513.
2. Taxable interest income	2.	.	.	.
3. Dividend income	3.	.	.	.
4. Taxable refunds, credits or offsets of state and local income taxes	4.	5659.		5659.
5. Alimony received	5.	.	.	.
6. Business income or (loss)	6.	-359.	.	-359.
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.	159813.	.	159813.
16. Total adjustments to income from federal return (IRA, alimony, etc.)	16.	.	.	.
17. Adjusted gross income (Subtract line 16 from line 15.)	▶17.	159813.	.	159813. ◀

ADDITIONS TO INCOME (See Instruction 12.)		
18. Non-Maryland loss and adjustments	18.	359.
19. Other (Enter code letter(s) from Instruction 12.) ▶ __ __ __ __	19.	.
20. Total additions (Add lines 18 and 19.)	▶ 20.	359.
21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.)	21.	160172.
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.	160172.
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.) [X]	▶ 26a.	1500.		
ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and d.) [ ]				
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.	NONE.
29. Enter your AGI factor (from worksheet in Instruction 14)			29.	
30. Maryland exemption allowance (Multiply line 28 by line 29.)			30.	NONE.
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.	.

MARYLAND FORM **505**

NONRESIDENT INCOME TAX RETURN

165050204

2016 Page 3

Name BESSLER SSN [redacted]

34.	Other income tax credits for individuals from Part K, line 11 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.	6644
44.	2016 estimated tax payments, amount applied from 2015 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 M, line 6 of Form 502CR (**Attach Form 502CR**. See Instruction 22.) . . . 46.	
47.	Total payments and credits (Add lines 43 through 46.) . . . 47.	6644
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.	6644
50.	Amount of overpayment **TO BE APPLIED TO 2017 ESTIMATED TAX** . . . ▶ 50.	
51.	Amount of overpayment **TO BE REFUNDED TO YOU** (Subtract line 50 from line 49.) See line 54 . . . **REFUND** ▶ 51.	6644
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. Include Form IND PV.** . . . 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 ______ [redacted] Signature of preparer other than taxpayer

Spouse's signature ______ Date ______ [redacted]

▶ ______ Daytime telephone no. [redacted] City, State, ZIP

[redacted]

Home telephone no. Telephone number of prepaper Preparer's PTIN (Required by law)

▶ ______ CODE NUMBERS (3 digits per line)

For returns filed without payments, mail your completed return to:	For returns filed with payments, attach check or money order to Form IND PV. Make checks payable to Comptroller of Maryland. Do not attach Form IND PV or check/money order to Form 505. Place Form IND PV with attached check/money order on top of Form 505 and mail to:
Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001	Comptroller of Maryland Payment Processing PO Box 8888 Annapolis, MD 21401-8888

SIMMA FLOTTEMESCH & ORENSTEIN
Certified Public Accountants

[redacted]

AMY J. KLOBUCHAR & JOHN D. BESSLER
INSTRUCTIONS FOR FILING FORM
M1 & M1NR
2016 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 $3,827 OVERPAYMENT. OF THIS AMOUNT, $3,827 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 2017 NOR WILL YOU BE SUBJECT TO UNDERPAYMENT PENALTIES IF THE INCOME TAX WITHHELD FROM ALL SOURCES IN 2017 AMOUNTS TO AT LEAST $13,297, OR, IF LESS, 90% OF YOUR TOTAL 2017 INCOME TAX.

M1 MINNESOTA • REVENUE 2016 Individual Income Tax

1611

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

Your First Name and Initial: AMY J
Last Name: KLOBUCHAR

If a Joint Return, Spouse's First Name and Initial: JOHN D
Spouse's Last Name: BESSLER

Place an X if a Foreign Address:

Current Home Address (Street, Apartment Number, Route): [redacted]

City / State / Zip Code: [redacted]

[redacted]

2016 Federal Filing Status (place an X in one oval box):
(1) Single
X (2) Married filing jointly
(3) Married filing separate: Enter spouse's name and Social Security number here
(4) Head of household
(5) Qualifying widow(er)

State Elections Campaign Fund

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

Political party and code number:
Republican 11
Democratic / Farmer-Labor 12
Independence 13
Grassroots - Legalize Cannabis 14
Green 15
Libertarian 16
Legal Marijuana Now . . 17
General Campaign Fund 99

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

A Wages, salaries, tips, etc.:	B IRA, Pensions and annuities:	C Unemployment:	D Federal adjusted gross income:
292479	380		292526

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	234705
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	32811
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	1961
4	Add lines 1 through 3 *(if a negative number, place an X in the oval box)* 4	269477
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	269477
9	**Tax** from the table in the M1 instructions 9	19559
10	Alternative minimum tax *(enclose Schedule M1MT)* 10	
11	Add lines 9 and 10 11	19559
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	12461
	a. 186366 b. 292526	
13	Tax on lump-sum distribution *(enclose Schedule M1LS)* 13	
14	Tax before credits. Add lines 12 and 13 14	12461

15	Tax before credits. Amount from line 14	15	12461
16	Marriage credit for joint return when both spouses have taxable earned income or taxable retirement income *(enclose Schedule M1MA)*	16	373
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, 17, and 18	19	373
20	Subtract line 19 from line 15 *(if result is zero or less, leave blank)*	20	12088
21	Nongame Wildlife Fund contribution *(see instructions)* This will reduce your refund or increase amount owed	21	
22	Add lines 20 and 21	22	12088
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	15915
24	Minnesota estimated tax and extension payments made for 2016	24	NONE
25	Individual refundable credits, including the Child and Dependent Care Credit, Minnesota Working Family Credit, K-12 Education Credit, and Credit for Parents of Stillborn Children. You must complete and enclose Schedule M1REF, *Individual Refundable Credits*	25	
26	Business and investment credits *(enclose Schedule M1B)*	26	
27	Total payments. Add lines 23 through 26	27	15915
28	**REFUND.** If line 27 is more than line 22, subtract line 22 from line 27 *(see instructions)*. For direct deposit, complete line 29	28	3827
29	Direct deposit of your refund *(you must use an account not associated with a foreign bank)*:		

X Checking Savings [redacted]

30	**AMOUNT YOU OWE.** If line 22 is more than line 27, subtract line 27 from line 22 *(see instructions)*	30	
31	Penalty amount from Schedule M15 *(see instructions)*. Also subtract this amount from line 28 or add it to line 30 *(enclose Schedule M15)*	31	

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 32 and 33.

32	Amount from line 28 you want sent to you.	32	
33	Amount from line 28 you want applied to your 2017 estimated tax	33	NONE

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

Your signature Date

Spouse's signature (if filing jointly) Taxpayer's daytime phone

Your email address

[redacted]

Paid preparer: You must [redacted]

Paid preparer's signatu[redacted]ate

THERESA L [redacted] 03122017

Preparer's daytime phone

[redacted]

Preparer's email address

[redacted]

Include a copy of your 2016 federal return and schedules.

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

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

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

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

MINNESOTA• REVENUE 1631

Schedule M1W, Minnesota Income Tax Withheld 2016

Sequence # 2

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

AMY J	KLOBUCHAR	[redacted]
JOHN D	BESSLER	

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

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

A If the W-2 is for: • you, enter 1 • spouse, enter 2	**B - Box 13** If Retirement Plan box is checked, mark an X below.	**C - Box 15** Employer's 7-digit Minnesota state tax ID number	**D - Box 16** State wages, tips, etc. *(round to nearest whole dollar)*	**E - Box 17** Minnesota tax withheld *(round to nearest whole dollar)*
1	X	[redacted]	137966	12112
2			48000	3803

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** 15915

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

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

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

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

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

4 Total. Add the Minnesota tax withheld on lines 1, 2 and 3. Enter the total here and on line 23 of Form M1 . . . . **4** 15915

Include this schedule with your Form M1.
If required, include Schedules KPI, KS and/ or KF.

MINNESOTA▪REVENUE

Schedule M1M, Income Additions and Subtractions 2016

Sequence #3

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

AMY J KLOBUCHAR [redacted]

Additions to Income

1	Itemized deduction limitation for taxpayers with an adjusted gross income which exceeds $184,850 *($92,425 if married filing separate)*	1	260
2	Personal exemption phase out for taxpayers with an adjusted gross income that exceeds the applicable threshold *(see instructions)*	2	1701
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 2015 on your federal return that was generated by bonus depreciation *(determine from worksheet in the instructions)*	11	
12	Capital gain portion of a lump-sum distribution *(from line 6 of federal Form 4972; enclose Form 4972)*	12	
13	Net operating loss carryover adjustment *(see instructions)*	13	
14	This line intentionally left blank	14	
15	Add lines 1 through 14. Enter the total here and on line 3 of Form M1	15	1961

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 2011 through 2015 *(determine from worksheet in the instructions)*	19	
20	Subtraction for federal section 179 expensing added back to Minnesota taxable income in 2011 through 2015 *(see instructions)*	20	
21	Subtraction for persons age 65 or older, or permanently and totally disabled *(enclose Schedule M1R)*	21	
22	Benefits paid by the Railroad Retirement Board *(see instructions)*	22	

AMY J KLOBUCHAR [redacted]

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 2016 . . . . . 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. See line 30 if you received a military pension or other military retirement pay. 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. See line 30 if you received a military pension or other military retirement pay 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 If you received a military pension or other retirement military pay computed under Title 10 *(see instructions)*. 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 If you filed federal Schedule A and your limited itemized deductions are less than your standard deduction, see instructions 36

37 This line intentionally left blank 37

38 This line intentionally left blank 38

39 This line intentionally left blank 39

40 Add lines 16 through 39. Enter the total here and on line 6 of Form M1 40

You must include this schedule with your Form M1.

MINNESOTA• REVENUE 201633

Schedule M1NR, Nonresidents/ Part-Year Residents 2016

Sequence #11

Other State *(see inst.)*

Your Last Name	Social Security Number		
KLOBUCHAR	[redacted]	Full-year Nonresident of MN	
		X Part-year MN Resident From 01/01/2016 to 12/31/2016 *(mm/dd/yyyy)*	MN
Spouse's Last Name	Spouse's Social Security Number		DC
BESSLER	[redacted]	X Full-year Nonresident of MN	
		Part-year MN Resident From to *(mm/dd/yyyy)*	

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

	Line	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	292479	185966
	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	6	
	3 Business income or loss *(from line 12 of Form 1040)* . . . 3	-339	20
	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	380	380
	6 Net income from rents, royalties, partnerships, S corporations, estates and trusts *(from line 17 of Form 1040)* . . . 6		
	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	292526	186366
	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, 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 Subtraction for federal section 179 expensing *(from line 20 of Schedule M1M)* . . . 21		
Tax Calculation	22 Add lines 12 through 21 for each column . . . 22		
	23 Subtract line 22, column B, from line 11, column B. Enter here and on line 12a of Form M1. If your Minnesota gross income is below $10,350 or the result is a negative amount, enter 0 . . . 23		186366
	24 Subtract line 22, column A, from line 11, column A. Enter the result here and on line 12b of Form M1 . . . 24	292526	
	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		0.63709
	26 Amount from line 11 of Form M1 . . . 26		19559
	27 Multiply line 25 by line 26. Enter the result here and on line 12 of Form M1 . . . 27		12461

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

MINNESOTA • REVENUE

Schedule M1MA, Marriage Credit 2016

Sequence #19

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

Taxpayer/Spouse Income Information

		A Taxpayer	B Spouse
1	Wages, salaries, tips, etc. *(from line 7 of federal Form 1040 or Form 1040A or line1 of Form 1040EZ)* . . . 1	137966	154513
2	Self-employment income *(from line 3 of federal Schedule SE less theself-employment tax deduction from line 6 of Schedule SE)* . . . 2		
3	Taxable pension income *(see instructions)* . . . 3	380	
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	138346	154513

6	Amount from line 5, Column A or B, whichever is less (If less than $23,000, **STOP HERE.** You do not qualify) . . . 6	138346
7	Joint taxable income from line 8 of Form M1. (If less than $37,000, **STOP HERE.** You do not qualify) . 7	269477
8	**If line 6 is less than $101,000,** 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 $101,000 or More

If line 6 is $101,000 or more, complete lines 9 through 19.

9	Enter the amount from line 6 . . . 9	138346
10	Value of one personal exemption plus one-half of the married-joint standard deduction . . . 10	10,350
11	Subtract line 10 from line 9 . . . 11	127996
12	Using the tax table for **single persons** in the M1 instructions, compute the tax for the amount on line 11 . . . 12	8958
13	Amount from line 7 . . . 13	269477
14	Amount from line 11 . . . 14	127996
15	Subtract line 14 from line 13 *(if zero or less, you do not qualify)* . . . 15	141481
16	Using the taxtable for **single persons** in the M1 instructions, compute the tax for the amount on line 15 . . . 16	10016
17	Tax from line 9 of Form M1 . . . 17	19559
18	Add lines 12 and 16 . . . 18	18974
19	Subtract line 18 from line 17. If the result is more than $1,421, enter $1,421. 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	585

Part-Year/ Nonresidents

Part-Year Residents and Nonresidents

20	**Part-year residents and nonresidents:** Enter the percentage from line 25 of Schedule M1NR. . . . 20	0.63709
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	373

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

6B2609 1.000 1114

3960IB 5838 03/12/2017 11:31:14 V16-3.3F 44

SUPPLEMENT TO MINNESOTA

ADJUSTMENT FOR STATE TAXES

1.	ITEMIZED DEDUCTIONS FROM FEDERAL SCHEDULE A	45671
2.	STANDARD AMOUNT FROM TABLE	12600
3.	LINE 1 LESS LINE 2	33071
4.	STATE INCOME TAX OR SALES TAX FROM LINE 5 OF SCHEDULE A	32811
5.	ADJUSTMENT (LESSER OF LINE 3 AND LINE 4)	32811

STATEMENT 1