

SIMMA
FLOTTEMESCH
& ORENSTEIN



Certified Public Accountants



MARCH 26, 2018

AMY J. KLOBUCHAR & JOHN D. BESSLER

DEAR AMY & JOHN:

ENCLOSED ARE YOUR 2017 INCOME TAX RETURNS, AS FOLLOWS...

- 2017 U.S. INDIVIDUAL INCOME TAX RETURN
- 2017 DISTRICT OF COLUMBIA INDIVIDUAL INCOME TAX RETURN
- 2018 DISTRICT OF COLUMBIA ESTIMATED INCOME TAX RETURN
- 2017 MARYLAND INDIVIDUAL INCOME TAX RETURN
- 2017 MINNESOTA INDIVIDUAL INCOME TAX RETURN

WE PREPARED THE RETURNS FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURNS BY TAXING AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

PLEASE REVIEW THE RETURNS FOR COMPLETENESS AND ACCURACY.

WE ARE ALSO ENCLOSING THE DOCUMENTS YOU GAVE US TO ASSIST IN THE PREPARATION OF THE RETURNS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

YOUR COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,



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

Two-Year Comparison Worksheet

2017

Name(s) as shown on return

Social security number

AMY J. KLOBUCHAR & JOHN D. BESSLER

2016 Filing Status MARRIED FILING JOINT

2017 Filing Status MARRIED FILING JOINT

2016 Tax Bracket 3500.0

2017 Tax Bracket 33.0%

Description	Tax Year 2016	Tax Year 2017	Increase (Decrease)
WAGES, SALARIES, AND TIPS	292,479.	293,922.	1,443.
SCHEDULE B - TAXABLE INTEREST	6.	0.	-6.
SCH. C/C-EZ (BUSINESS INCOME/LOSS)	-339.	-1,985.	-1,646.
TAXABLE IRA DISTRIBUTIONS	380.	369.	-11.
TOTAL INCOME	292,526.	292,306.	-220.
ADJUSTED GROSS INCOME	292,526.	292,306.	-220.
TAXES	37,237.	36,884.	-353.
CONTRIBUTIONS	3,287.	5,075.	1,788.
JOB EXPENSES AND 2% MISC. DEDUCT.	5,147.	5,224.	77.
TOTAL ITEMIZED DEDUCTIONS	45,671.	47,183.	1,512.
INCOME BEFORE EXEMPTIONS	246,855.	245,123.	-1,732.
PERSONAL EXEMPTIONS	12,150.	8,100.	-4,050.
TAXABLE INCOME	234,705.	237,023.	2,318.
TAX	52,866.	53,435.	569.
FORM 6251 (ALTERNATIVE MINIMUM TAX)	9,999.	8,417.	-1,582.
TAX BEFORE CREDITS	62,865.	61,852.	-1,013.
TAX AFTER NON-REFUNDABLE CREDITS	62,865.	61,852.	-1,013.
FORM 8959 (ADDITIONAL MEDICARE TAX)	922.	935.	13.
TOTAL TAX	63,787.	62,787.	-1,000.
FEDERAL INCOME TAX WITHHELD	73,197.	67,752.	-5,445.
EXCESS FICA AND RRTA TAX WITHHELD	3,116.	3,147.	31.
TOTAL PAYMENTS	76,313.	70,899.	-5,414.
TAX OVERPAID	12,526.	8,112.	-4,414.
AMOUNT REFUNDED	0.	8,112.	8,112.
MINNESOTA STATE RETURN			
TAXABLE INCOME	269,477.	171,051.	-98,426.
TAX	12,461.	12,428.	-33.
NON-REFUNDABLE CREDITS	373.	381.	8.
PAYMENTS	15,915.	13,615.	-2,300.
AMOUNT REFUNDED	3,827.	1,568.	-2,259.

2017 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2017

PREPARED FOR:

AMY J. KLOBUCHAR & JOHN D. BESSLER

PREPARED BY:

SIMMA FLOTTEMESCH & ORENSTEIN, LTD.

AMOUNT OF TAX:

TOTAL TAX	\$	62,787
LESS: PAYMENTS AND CREDITS	\$	70,899
PLUS: INTEREST AND PENALTIES	\$	0
OVERPAYMENT	\$	8,112

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	0
REFUNDED TO YOU	\$	8,112

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN QUALIFIES FOR ELECTRONIC FILING AND THE PRACTITIONER PIN PROGRAM HAS BEEN ELECTED. AFTER REVIEWING THE RETURN FOR ACCURACY, PLEASE SIGN AND RETURN FORM 8879 TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS.

RETURN MUST BE MAILED ON OR BEFORE:

RETURN FEDERAL FORM 8879 TO US BY APRIL 17, 2018.

SPECIAL INSTRUCTIONS:

YOUR REFUND WILL BE DEPOSITED DIRECTLY INTO YOUR ACCOUNT ENDING IN [REDACTED] REFER TO FORM 1040 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IRS. IF AFTER THREE WEEKS YOU HAVE NOT RECEIVED YOUR REFUND, YOU MAY CONTACT THE IRS AT 1-800-829-4477.

IRS e-file Signature Authorization

OMB No. 1545-0074

2017

► Return completed Form 8879 to your ERO. (Do not send to IRS.)
► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ►

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

Part I Tax Return Information - Tax Year Ending December 31, 2017 (Whole dollars only)	
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1 292,306.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2 62,787.
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 67,752.
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 8,112.
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, 2017, 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

- ☒ I authorize **SIMMA FLOTTEMESCH & ORENSTEIN, LTD.** to enter or generate my PIN [REDACTED] as my signature on my tax year 2017 electronically filed income tax return. **ERO firm name** Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2017 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 ► **03/26/2018**

Spouse's PIN: check one box only

- ☒ I authorize **SIMMA FLOTTEMESCH & ORENSTEIN, LTD.** to enter or generate my PIN [REDACTED] as my signature on my tax year 2017 electronically filed income tax return. **ERO firm name** Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2017 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 ► **03/26/2018**

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 2017 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 ► **SHAUN SIMMA** Date ► **03/26/2018**

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

719995 11-10-17

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

Form 8879 (2017)

**Tax Year 2017 e-file Jurat/Disclosure
for Form 1040, 1040A, 1040EZ, or 1040NR
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)**

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN



(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

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 the taxpayer) is based on all information of which the preparer has any knowledge.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Taxpayer's PIN:



Date 03262018

Spouse's PIN:

Form 1040 U.S. Individual Income Tax Return (99)		2017	OMB No. 1545-0074	IRS Use Only - Do not write or staple in this space.
For the year Jan. 1-Dec. 31, 2017, or other tax year beginning 2017, 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. [REDACTED]	▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.				
Foreign country name [REDACTED]		Foreign province/state/county [REDACTED]	Foreign postal code [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. <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse
Filing Status				
1 <input type="checkbox"/> Single 4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶				
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)				
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 <input type="checkbox"/> Qualifying widow(er) (see instructions)				
Check only one box.				
Exemptions				
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a				
b <input checked="" type="checkbox"/> Spouse				
c Dependents:				
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If child under age 17 qualifying for child tax credit				
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				
d Total number of exemptions claimed 2				
Income				
7 Wages, salaries, tips, etc. Attach Form(s) W-2 STMT 4 7 293,922.				
8a Taxable interest. Attach Schedule B if required 8a				
b Tax-exempt interest. Do not include on line 8a 8b				
9a Ordinary dividends. Attach Schedule B if required 9a				
b Qualified dividends 9b				
10 Taxable refunds, credits, or offsets of state and local income taxes STMT 1 STMT 2 10 0.				
11 Alimony received 11				
12 Business income or (loss). Attach Schedule C or C-EZ 12 -1,985.				
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> 13				
14 Other gains or (losses). Attach Form 4797 14				
15a IRA distributions 15a b Taxable amount 15b 369.				
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 ▶ 22 292,306.				
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 ▶ 37 292,306.				

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	292,306.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/> 39b		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	47,183.
41	Subtract line 40 from line 38	41	245,123.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst.	42	8,100.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	237,023.
44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	53,435.
45	Alternative minimum tax. Attach Form 6251	45	8,417.
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	61,852.
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 <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	61,852.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s)	62	935.
63	Add lines 56 through 62. This is your total tax	63	62,787.

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64	67,752.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <input type="checkbox"/> 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 STMT 5	71	3,147.
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	70,899.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	8,112.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	8,112.
b	Rolling number <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Account number <input type="checkbox"/>		
77	Amount of line 75 you want applied to your 2018 estimated tax	77	

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)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No	
Designee's name	Phone no.
THERESA L PIETENPOL	

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.			
Your signature	Date	Your occupation	Daytime phone number
		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
		ATTORNEY	

Print/Type preparer's name	Date	Check <input type="checkbox"/> if self-employed	PTIN
Preparer THERESA L PIETENPOL PIETENPOL	03/26/18		
Use Only Firm's name	Firm's EIN	Phone no.	
SIMMA FLOTTEMESCH & ORENSTEIN, LTD.			

**SCHEDULE A
(Form 1040)**

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

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017
Attachment
Sequence No. 07

Your social security number

AMY J. KLOBUCHAR & JOHN D. BESSLER

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	
	2	Enter amount from Form 1040, line 38	2	
	3	Multiply line 2 by 7.5% (0.075)	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5 State and local (check only one box):		5	32,563.
	a	<input checked="" type="checkbox"/> Income taxes, or	SEE STATEMENT 6	
	b	<input type="checkbox"/> General sales taxes		
	6	Real estate taxes (see instructions)	6	3,925.
	7	Personal property taxes	7	396.
	8	Other taxes. List type and amount ►	8	
	9	Add lines 5 through 8	9	36,884.
	Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10
11		Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11	
12		Points not reported to you on Form 1098. See instructions for special rules	12	
13		Mortgage insurance premiums (see instructions)	13	
14		Investment interest. Attach Form 4952 if required. See instructions	14	
15		Add lines 10 through 14	15	
16		Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	4,725.
17		Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 SEE STATEMENT 8	17	350.
Gifts to Charity	18	Carryover from prior year	18	
	19	Add lines 16 through 18	19	5,075.
Casualty and Theft Losses	20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	20	
	21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. FROM FORM 2106 4,459.	21	4,459.
Job Expenses and Certain Miscellaneous Deductions	22	Tax preparation fees	22	1,250.
	23	Other expenses - investment, safe deposit box, etc. List type and amount ► UNREIMBURSED BUSINESS EXPENSES 5,361.	23	5,361.
	24	Add lines 21 through 23	24	11,070.
	25	Enter amount from Form 1040, line 38	25	292,306.
	26	Multiply line 25 by 2% (0.02)	26	5,846.
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	5,224.
Other Miscellaneous Deductions	28	Other - from list in instructions. List type and amount ►	28	
	29	Is Form 1040, line 38, over \$156,900? <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	47,183.
Total Itemized Deductions	30	If you elect to itemize deductions even though they are less than your standard deduction, check here		

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2017
Attachment
Sequence No. **09**

Name of proprietor

JOHN D. BESSLER

Social security number (SSN)

B Enter code from instructions

711510

A Principal business or profession, including product or service (see instructions)
INDEPENDENT ARTISTS, WRITERS, PERFORMERS

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

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

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2017, check here ☐ Yes ☒ No

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ 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 <input type="checkbox"/>	1	2,315.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	2,315.
4	Cost of goods sold (from line 42)	4	3,497.
5	Gross profit. Subtract line 4 from line 3	5	-1,182.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	-1,182.

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

8	Advertising	8		18	Office expense	18	176.
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27 a	Other expenses (from line 48)	27a	920.
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		b	Reserved for future use	27b	
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	-2,278.				
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.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2017

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36	3,497.	
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	3,497.	
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	3,497.	

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 2017, enter the number of miles you used your vehicle for:	
a	Business	b Commuting
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47 a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

PROMOTION	570.
OTHER EXPENSES	350.
48 Total other expenses. Enter here and on line 27a	48 920.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2017
Attachment
Sequence No. 09

Name of proprietor

Social security number (SSN)

AMY J. KLOBUCHAR

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.)

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

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

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2017, check here ☐

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ 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 <input type="checkbox"/>	1	293.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	293.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	293.
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	293.

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

8 Advertising	8		18 Office expense	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	0.	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	293.	27 a Other expenses (from line 48)	27a	
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		b Reserved for future use	27b	
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	293.			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2017

720001 10-21-17

Alternative Minimum Tax - Individuals

Go to www.irs.gov/Form6251 for instructions and the latest information.

Attach to Form 1040 or Form 1040NR.

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

Your social security number

AMY J. KLOBUCHAR & JOHN D. BESSLER

Part I Alternative Minimum Taxable Income

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	245,123.
2	Reserved for future use	2	
3	Taxes from Schedule A (Form 1040), line 9	3	36,884.
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	5,224.
6	If Form 1040, line 38, is \$156,900 or less, enter -0-. Otherwise, see instructions	6	0.
7	Tax refund from Form 1040, line 10 or line 21	7	
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	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$249,450, see instructions.)	28	287,231.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2017, see instructions.)														
	<table border="0"> <tr> <td>IF your filing status is...</td> <td>AND line 28 is not over...</td> <td>THEN enter on line 29...</td> </tr> <tr> <td>Single or head of household</td> <td>\$120,700</td> <td>\$54,300</td> </tr> <tr> <td>Married filing jointly or qualifying widow(er)</td> <td>160,900</td> <td>84,500</td> </tr> <tr> <td>Married filing separately</td> <td>80,450</td> <td>42,250</td> </tr> </table>	IF your filing status is...	AND line 28 is not over...	THEN enter on line 29...	Single or head of household	\$120,700	\$54,300	Married filing jointly or qualifying widow(er)	160,900	84,500	Married filing separately	80,450	42,250	STMT 9	
IF your filing status is...	AND line 28 is not over...	THEN enter on line 29...													
Single or head of household	\$120,700	\$54,300													
Married filing jointly or qualifying widow(er)	160,900	84,500													
Married filing separately	80,450	42,250													
	If line 28 is over the amount shown above for your filing status, see instructions.														
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	234,314.												
31	<ul style="list-style-type: none"> If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result. 	31	61,852.												
32	Alternative minimum tax foreign tax credit (see instructions)	32													
33	Tentative minimum tax. Subtract line 32 from line 31	33	61,852.												
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 Sch J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	53,435.												
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	8,417.												

Part III Tax Computation Using Maximum Capital Gains Rates

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

36 Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36
37 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37
38 Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38
39 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39
40 Enter the smaller of line 36 or line 39	40
41 Subtract line 40 from line 36	41
42 If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	42
43 Enter: <ul style="list-style-type: none"> • \$75,900 if married filing jointly or qualifying widow(er), • \$37,950 if single or married filing separately, or • \$50,800 if head of household. 	43
44 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44
45 Subtract line 44 from line 43. If zero or less, enter -0-	45
46 Enter the smaller of line 36 or line 37	46
47 Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47
48 Subtract line 47 from line 46	48
49 Enter: <ul style="list-style-type: none"> • \$418,400 if single • \$235,350 if married filing separately • \$470,700 if married filing jointly or qualifying widow(er) • \$444,550 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 \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 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 **8889**Department of the Treasury
Internal Revenue Service**Health Savings Accounts (HSAs)**

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2017Attachment
Sequence No. 52

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions) ▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. 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 2017, and on the first day of every month during 2017, you were, or were considered, an eligible individual with the same coverage, enter \$3,400 (\$6,750 for family coverage). All others , see the instructions for the amount to enter	3	3,400.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, 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	3,400.
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 2017, see the instructions for the amount to enter	6	3,400.
7	If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions)	7	
8	Add lines 6 and 7	8	3,400.
9	Employer contributions made to your HSAs for 2017	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	3,400.
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 2017 from all HSAs (see instructions)	14a	4.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	4.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	4.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) 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	

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

Form **8889** (2017)

720381 11-16-17

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

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (0.10). 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 "HDHP" and the amount on the line next to the box	21	

Form **8889** (2017)

Additional Medicare Tax

OMB No. 1545-0074

2017Attachment
Sequence No. 71

▶ If any line does not apply to you, leave it blank. See separate instructions.

▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

AMY J. KLOBUCHAR & JOHN D. BESSLER

Your social security number

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	353,922.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	353,922.	
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		103,922.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		935.

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		935.
----	--	----	--	------

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	5,132.	
20	Enter the amount from line 1	20	353,922.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	5,132.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0.
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		

**Net Investment Income Tax -
Individuals, Estates, and Trusts**

OMB No. 1545-2227

2017Attachment
Sequence No. 72Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

AMY J. KLOBUCHAR & JOHN D. BESSLER

Your social security number or EIN

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
- ☐ Section 6013(h) election (see instructions)
- ☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1
2	Ordinary dividends (see instructions)		2
3	Annuities (see instructions)		3
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	
c	Combine lines 4a and 4b		4c
5a	Net gain or loss from disposition of property (see instructions)	5a	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c		5d
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6
7	Other modifications to investment income (see instructions)		7
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	
b	State, local, and foreign income tax (see instructions)	9b	
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c		9d
10	Additional modifications (see instructions)		10
11	Total deductions and modifications. Add lines 9d and 10		11

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-		12
Individuals:			
13	Modified adjusted gross income (see instructions)	13	292,306.
14	Threshold based on filing status (see instructions)	14	250,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	42,306.
16	Enter the smaller of line 12 or line 15		16
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)		17
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c		20
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)		21

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

Form 8960 (2017)

Form **8801**Department of the Treasury
Internal Revenue Service (99)**Credit for Prior Year Minimum Tax -
Individuals, Estates, and Trusts**► Go to www.irs.gov/Form8801 for instructions and the latest information.

► Attach to Form 1040, 1040NR, or 1041.

OMB No. 1545-1073

2017Attachment
Sequence No. **74**

Name(s) shown on return

Identifying number

AMY J. KLOBUCHAR & JOHN D. BESSLER**Part I Net Minimum Tax on Exclusion Items**

1 Combine lines 1, 6, and 10 of your 2016 Form 6251. Estates and trusts, see instructions	1	246,855.
2 Enter adjustments and preferences treated as exclusion items (see instructions)	2	42,384.
3 Minimum tax credit net operating loss deduction (see instructions)	3	()
4 Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$247,450 and you were married filing separately for 2016, see instructions	4	289,239.
5 Enter: \$83,800 if married filing jointly or qualifying widow(er) for 2016; \$53,900 if single or head of household for 2016; or \$41,900 if married filing separately for 2016. Estates and trusts, enter \$23,900	5	83,800.
6 Enter: \$159,700 if married filing jointly or qualifying widow(er) for 2016; \$119,700 if single or head of household for 2016; or \$79,850 if married filing separately for 2016. Estates and trusts, enter \$79,850	6	159,700.
7 Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	129,539.
8 Multiply line 7 by 25% (0.25)	8	32,385.
9 Subtract line 8 from line 5. If zero or less, enter -0-. If under age 24 at the end of 2016, see instructions	9	51,415.
10 Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions	10	237,824.
11 • If for 2016 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter. • If for 2016 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 18a and 19, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 55 here. Form 1040NR filers, see instructions. • All others: If line 10 is \$186,300 or less (\$93,150 or less if married filing separately for 2016), multiply line 10 by 26% (0.26). Otherwise, multiply line 10 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately for 2016) from the result. Form 1040NR filers, see instructions.	11	62,865.
12 Minimum tax foreign tax credit on exclusion items (see instructions)	12	
13 Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	62,865.
14 Enter the amount from your 2016 Form 6251, line 34, or 2016 Form 1041, Schedule I, line 55	14	52,866.
15 Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15	9,999.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8801 (2017)

Part II Minimum Tax Credit and Carryforward to 2018

16	Enter the amount from your 2016 Form 6251, line 35, or 2016 Form 1041, Schedule I, line 56	16	9,999.
17	Enter the amount from line 15	17	9,999.
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	0.
19	2016 credit carryforward. Enter the amount from your 2016 Form 8801, line 26	19	
20	Enter your 2016 unallowed qualified electric vehicle credit (see instructions)	20	
21	Combine lines 18 through 20. If zero or less, stop here and see the instructions	21	
22	Enter your 2017 regular income tax liability minus allowable credits (see instructions)	22	
23	Enter the amount from your 2017 Form 6251, line 33, or 2017 Form 1041, Schedule I, line 54	23	
24	Subtract line 23 from line 22. If zero or less, enter -0-	24	
25	Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2017 Form 1040, line 54 (check box b); Form 1040NR, line 51 (check box b); or Form 1041, Schedule G, line 2c	25	
26	Credit carryforward to 2018. Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years	26	

Form 8801 (2017)

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 11 or by the Foreign Earned Income Tax Worksheet in the instructions.

Caution: If you didn't complete the 2016 Qualified Dividends and Capital Gain Tax Worksheet, the 2016 Schedule D Tax Worksheet, or Part V of the 2016 Schedule D (Form 1041), see the instructions before completing this part. *

- 27 Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2016, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions

Caution: If for 2016 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 28, 29, and 30.

- 28 Enter the amount from line 6 of your 2016 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2016 Schedule D Tax Worksheet, or the amount from line 26 of the 2016 Schedule D (Form 1041), whichever applies*

If you figured your 2016 tax using the 2016 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.

- 29 Enter the amount from line 19 of your 2016 Schedule D (Form 1040), or line 18b, column (2), of the 2016 Schedule D (Form 1041)

- 30 Add lines 28 and 29, and enter the **smaller** of that result or the amount from line 10 of your 2016 Schedule D Tax Worksheet

- 31 Enter the **smaller** of line 27 or line 30

- 32 Subtract line 31 from line 27

- 33 If line 32 is \$186,300 or less (\$93,150 or less if married filing separately for 2016), multiply line 32 by 26% (0.26). Otherwise, multiply line 32 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately for 2016) from the result. Form 1040NR filers, see instructions

- 34 Enter:

- \$75,300 if married filing jointly or qualifying widow(er) for 2016,
- \$37,650 if single or married filing separately for 2016,
- \$50,400 if head of household for 2016, or
- \$2,550 for an estate or trust.

Form 1040NR filers, see instructions.

- 35 Enter the amount from line 7 of your 2016 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2016 Schedule D Tax Worksheet, or the amount from line 27 of the 2016 Schedule D (Form 1041), whichever applies. If you didn't complete either worksheet or Part V of the 2016 Schedule D (Form 1041), enter the amount from your 2016 Form 1040, line 43, or 2016 Form 1041, line 22, whichever applies; if zero or less, enter -0-. Form 1040NR filers, see instructions

- 36 Subtract line 35 from line 34. If zero or less, enter -0-

- 37 Enter the **smaller** of line 27 or line 28

- 38 Enter the **smaller** of line 36 or line 37

- 39 Subtract line 38 from line 37

- 40 Enter:

- \$415,050 if single for 2016,
- \$233,475 if married filing separately for 2016,
- \$466,950 if married filing jointly or qualifying widow(er) for 2016,
- \$441,000 if head of household for 2016, or
- \$12,400 for an estate or trust.

Form 1040NR filers, see instructions.

- 41 Enter the amount from line 36

- 42 Form 1040 filers, enter the amount from line 7 of your 2016 Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 19 of your 2016 Schedule D Tax Worksheet, whichever applies. If you didn't complete either worksheet, see instructions. Form 1041 filers, enter the amount from line 27 of your 2016 Schedule D (Form 1041) or line 18 of your 2016 Schedule D Tax Worksheet, whichever applies. If you didn't complete either the worksheet or Part V of the 2016 Schedule D (Form 1041), enter the amount from your 2016 Form 1041, line 22; if zero or less, enter -0-. Form 1040NR filers, see instructions

* The 2016 Qualified Dividends and Capital Gain Tax Worksheet is in the 2016 Instructions for Form 1040. The 2016 Schedule D Tax Worksheet is in the 2016 Instructions for Schedule D (Form 1040) (or the 2016 Instructions for Schedule D (Form 1041)).

Part III Tax Computation Using Maximum Capital Gains Rates (continued)

43	Add lines 41 and 42	43	
44	Subtract line 43 from line 40. If zero or less, enter -0-	44	
45	Enter the smaller of line 39 or line 44	45	
46	Multiply line 45 by 15% (0.15)	46	
47	Add lines 38 and 45	47	
If lines 47 and 27 are the same, skip lines 48 through 52 and go to line 53. Otherwise, go to line 48.			
48	Subtract line 47 from line 37	48	
49	Multiply line 48 by 20% (0.20)	49	
If line 29 is zero or blank, skip lines 50 through 52 and go to line 53. Otherwise, go to line 50.			
50	Add lines 32, 47 and 48	50	
51	Subtract line 50 from line 27	51	
52	Multiply line 51 by 25% (0.25)	52	
53	Add lines 33, 46, 49, and 52	53	
54	If line 27 is \$186,300 or less (\$93,150 or less if married filing separately for 2016), multiply line 27 by 26% (0.26). Otherwise, multiply line 27 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately for 2016) from the result. Form 1040NR filers, see instructions	54	
55	Enter the smaller of line 53 or line 54 here and on line 11. If you filed Form 2555 or 2555-EZ for 2016, don't enter this amount on line 11. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the instructions for line 11	55	

Form 8801 (2017)

Employee Business Expenses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form2106 for instructions and the latest information.**2017**
Attachment
Sequence No. **129**

Your name

AMY J. KLOBUCHAR

Occupation in which you incurred expenses

UNITED STATES SENATOR

Social security number

[REDACTED]

Part I Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that 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 10	4	4,459.
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	4,459.

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	4,459.
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	4,459.
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	4,459.

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

Form 2106 (2017)

Part II Vehicle Expenses

Section A - General Information (You must complete this section if you are claiming vehicle expenses.)		(a) Vehicle	(b) Vehicle
11	Enter the date the vehicle was placed in service	11	
12	Total miles the vehicle was driven during 2017	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

☐ Yes ☐ No

20 Do you have evidence to support your deduction?

☐ Yes ☐ No

21 If "Yes," is the evidence written?

☐ Yes ☐ No

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

22 Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1

22

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

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

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

Form 2106 (2017)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2017

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return. SCHEDULE C- 1

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

AMY J. KLOBUCHAR & JOHN D. BESSLER

JOHN D. BESSLER

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	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. 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.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	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 2017	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 2017 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 2017 Tax Year Using the Alternative Depreciation System

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 instr.	22	0.
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	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								25
26 Property used more than 50% in a qualified business use:								
	1/1	%						
	1/1	%						
	1/1	%						
27 Property used 50% or less in a qualified business use:								
	1/1	%			S/L -			
	1/1	%			S/L -			
	1/1	%			S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2017 tax year:					
	1/1				
	1/1				
43 Amortization of costs that began before your 2017 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

2017 DEPRECIATION AND AMORTIZATION REPORT

JOHN D. BESSLER

SCHEDULE C- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	APPLE COMPUTER	01/21/16	200DB	5.00	HY17		2,994.		2,994.		0.			0.	0.
	TOTAL SCH C DEPRECIATION						2,994.		2,994.		0.			0.	0.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 1

	2016	2015	2014
	<u>MINNESOTA</u>		
GROSS STATE/LOCAL INC TAX REFUNDS	3,827.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS MINNESOTA	<u>3,827.</u>		
	<u>DISTRICT OF CO</u>		
GROSS STATE/LOCAL INC TAX REFUNDS	1,876.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS DISTRICT OF CO	<u>1,876.</u>		
	<u>MARYLAND</u>		
GROSS STATE/LOCAL INC TAX REFUNDS	6,644.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS MARYLAND	<u>6,644.</u>		
TOTAL NET TAX REFUNDS	<u><u>12,347.</u></u>		

FORM 1040		TAXABLE STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT 2
		2016	2015	2014
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.		12,347.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION		12,347.		
1 NET REFUNDS FOR RECALCULATION				
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT		45,671.	47,923.	39,445.
3 DEDUCTION NOT SUBJ TO PHASEOUT				
4 NET REFUNDS FROM LINE 1				
5 LINE 2 MINUS LINES 3 AND 4		45,671.	47,923.	39,445.
6 MULT LN 5 BY APPL SEC. 68 PCT		36,537.	38,338.	31,556.
7 PRIOR YEAR AGI		292,526.	334,406.	248,207.
8 ITEM. DED. PHASEOUT THRESHOLD		311,300.	309,900.	305,050.
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)		-18,774.	24,506.	-56,843.
10 MULT LN 9 BY APPL SEC. 68 PCT			735.	
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)			47,188.	
12 ITEM DED. NOT SUBJ TO PHASEOUT				
13A TOTAL ADJ. ITEMIZED DEDUCTIONS			47,188.	
13B PRIOR YR. STD. DED. AVAILABLE			12,600.	
14 PRIOR YR. ALLOWABLE ITEM. DED.			47,188.	
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14				
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)				
17 ALLOWABLE PRIOR YR. ITEM. DED.		45,671.	47,188.	39,445.
18 PRIOR YEAR STD. DED. AVAILABLE		12,600.	12,600.	12,400.
19 SUBTRACT LINE 18 FROM LINE 17		33,071.	34,588.	27,045.
20 LESSER OF LINE 16 OR LINE 19				
21 PRIOR YEAR TAXABLE INCOME		234,705.	277,618.	196,912.
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21				0.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2014				
TOTAL TO FORM 1040, LINE 10				0.

FORM 1040	IRA DISTRIBUTIONS	STATEMENT 3
NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT
FIDUCIARY TRUST CO NH CUST WI SERVICES COMPANY	369.	369.
TOTAL TO FORM 1040, LINE 15	369.	369.

FORM 1040			WAGES RECEIVED AND TAXES WITHHELD			STATEMENT 4	
T	S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T	UNITED STATES SENATE DISBURSING OFFICE	136,837.	28,512.	9,921.		7,886.	2,332.
S	GEORGETOWN UNIVERSITY	4,750.	171.	247.		295.	69.
S	STATE OF MARYLAND CENTRAL PAYROLL BUREAU	106,335.	31,453.	6,781.		7,886.	2,064.
S	KELLY & BERENS, PA	46,000.	7,616.	3,694.		2,852.	667.
TOTALS		293,922.	67,752.	20,643.		18,919.	5,132.

FORM 1040	EXCESS SOCIAL SECURITY TAX WORKSHEET	STATEMENT 5
	TAXPAYER	SPOUSE
1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN \$7,886.40 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE	7,886.	11,033.
2. ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON FORM 1040, LINE 62		
3. ADD LINES 1 AND 2	7,886.	11,033.
4. SOCIAL SECURITY TAX LIMIT	7,886.	7,886.
5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN FORM 1040, LINE 71.	0.	3,147.

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 6
DESCRIPTION		AMOUNT
UNITED STATES SENATE DISBURSING OFFICE		9,921.
GEORGETOWN UNIVERSITY		247.
STATE OF MARYLAND CENTRAL PAYROLL BUREAU		6,781.
KELLY & BERENS, PA		3,694.
DC STATE TAX PAYMENTS		11,920.
TOTAL TO SCHEDULE A, LINE 5		32,563.

SCHEDULE A	CASH CONTRIBUTIONS		STATEMENT 7
DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
ADVANCING REAL CHANGE		100.	
ADVOCATES FOR HUMAN RIGHTS		100.	
AMERICAN BAR ASSOCIATION		75.	
AMERICAN RED CROSS		300.	
BOOKS FOR AFRICA		100.	
BRIDGE 2 RWANDA		688.	
COLLEGE POSSIBLE		100.	
COMMON HOPE		360.	
FIRST CONGREGATIONAL CHURCH		200.	
GROWTH AND JUSTICE		50.	
HABITAT FOR HUMANITY		50.	
HENNEPIN COUNTY LIBRARY		25.	
JEWISH COMMUNITY RELATIONS COUNCIL		100.	
PAGE EDUCATION FOUNDATION		150.	
PROJECT SUCCESS		50.	
SECOND HARVEST HEARTLAND		50.	
SOUTHERN CENTER OF HUMAN RIGHTS		100.	
UNIVERSITY OF MINNESOTA FOUNDATION		200.	
UNHCR		50.	
UNICEF		75.	
UNITED WAY		200.	
UNIVERSITY OF BALTIMORE FOUNDATION		270.	
YALE UNIVERSITY		1,082.	
ANNE BANCROFT FOUNDATION		250.	
SUBTOTALS		4,725.	
TOTAL TO SCHEDULE A, LINE 16			4,725.

SCHEDULE A	CONTRIBUTIONS OTHER THAN CASH OR CHECK			STATEMENT 8
DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
UNIVERSITY OF BALTIMORE FOUNDATION - BOOKS		50.		
GOODWILL		300.		
SUBTOTALS		350.		
TOTAL TO SCHEDULE A, LINE 17				350.

FORM 6251	EXEMPTION WORKSHEET	STATEMENT 9
1	ENTER: \$54,300 IF SINGLE OR HEAD OF HOUSEHOLD; \$84,500 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$42,250 IF MARRIED FILING SEPARATELY	84,500.
2	ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FORM 6251, LINE 28	287,231.
3	ENTER: \$120,700 IF SINGLE OR HEAD OF HOUSEHOLD; \$160,900 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$80,450 IF MARRIED FILING SEPARATELY	160,900.
4	SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS ENTER -0-	126,331.
5	MULTIPLY LINE 4 BY 25% (.25)	31,583.
6	SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF ANY OF THE THREE CONDITIONS UNDER CERTAIN CHILDREN UNDER AGE 24 APPLY TO YOU, COMPLETE LINES 7 THROUGH 10. OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30	52,917.
7	MINIMUM EXEMPTION AMOUNT FOR CERTAIN CHILDREN UNDER AGE 24	
8	ENTER YOUR EARNED INCOME, IF ANY	
9	ADD LINES 7 AND 8	
10	ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30	

FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 10
---------------	-------------------------	--------------

UNITED STATES SENATOR

DESCRIPTIONAMOUNTOTHER EXPENSES INCLUDES DC LIVING EXPENSES FOR MEMBER OF
CONGRESS

4,459.

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

4,459.

ERTIZATION REPORT
- CURRENT YEAR FEDERAL - AMY J. KLOBUCHAR & JOHN D. BESSLER

728102 04-01-17

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2018 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - AMY J. KLOBUCHAR & JOHN D. BESSLER

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	APPLE COMPUTER	01/21/16	200DB	5.00	2,994.	2,994.	0.	0.	0.
	TOTAL SCH C DEPRECIATION				2,994.	2,994.	0.	0.	0.

(D) - Asset disposed

2017 TAX RETURN FILING INSTRUCTIONS

DISTRICT OF COLUMBIA INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2017

PREPARED FOR:

JOHN D. BESSLER

PREPARED BY:

SIMMA FLOTTEMESCH & ORENSTEIN LTD.

AMOUNT OF TAX:

TOTAL TAX	\$	10,934
LESS: PAYMENTS AND CREDITS	\$	15,415
PLUS: INTEREST AND PENALTIES	\$	0
OVERPAYMENT	\$	4,481

OVERPAYMENT:

MISCELLANEOUS DONATIONS	\$	0
CREDITED TO YOUR ESTIMATED TAX	\$	4,481
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM D-40E TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE DC OTR.

RETURN MUST BE MAILED ON OR BEFORE:

RETURN FORM D-40E TO US BY APRIL 17, 2018.

SPECIAL INSTRUCTIONS:

DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE DC OTR.

2017 D-40E SUB
District of Columbia Individual Income Tax
Declaration for Electronic Filing

IRS Declaration Control Number (DCN)

Your First name and initial
JOHN D.

Last name
BESSLER

Taxpayer Identification Number (TIN)

Spouse's/Registered domestic partner's First name and initial
AMY J.

Last name
KLOBUCHAR

Spouse's TIN

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

Federal Filing Status
MARRIED FILI

City, Town, and State

ZIP Code + 4

District of Columbia Filing Status
MARRIED FILI

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	154807 .00
2. District of Columbia Tax, Form D-40, Line 21 or D-40EZ, Line 6	10934 .00
3. DC Income Tax Withheld, Form D-40, Line 30 or D-40EZ, Line 11	247 .00
4. District of Columbia Net Refund, Form D-40, Line 41 or D-40EZ, Line 16	.00
5. District of Columbia Total Amount Due, Form D-40, Line 40 or D-40EZ, Line 15	.00

PART II - REFUND METHOD

Direct Deposit

ReliaCard

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 2017 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 to or from a financial institution outside of the U.S. The authorization is valid for this transaction only.

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.

SHAUN M SIMMA

03/26/18

ERO's Signature

Date

TIN

THERESA L PIETENPOL

03/26/18

Paid Preparer's Signature

Date

TIN

PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.

2017 D-40 SUB Individual
Income Tax Return



170404S11019

SOFTWARE DEVELOPER USE ONLY VENDOR ID# 1019

Personal information

Telephone number _____ Mark if Amended return
Mark if Filing for a deceased taxpayer

Your Taxpayer Identification Number (TIN) _____ and Date of Birth (MMDDYYYY) _____

Spouse's/registered domestic partner's TIN _____ and Date of Birth (MMDDYYYY) _____

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

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

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

City _____ State _____ ZIP Code + 4 _____

Filing Status

- 1 Mark only one: Single Married filing jointly ☒ Married filing separately Dependent claimed by someone else
Married filing separately on same return Enter combined amounts for Lines 4 - 42. See instructions.
Registered domestic partners filing jointly or filing separately on same return
Head of household Enter qualifying dependent and/or non -dependent information on Schedule S.
Qualifying widow(er) with dependent child. Enter qualifying dependent information on Schedule S.
- 2 Mark if you are: Part-year resident in DC from (MMDD) to (MMDD) See instructions.

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

Income Information

- | | | |
|---|---|------------|
| a Wages, salaries, unemployment compensation and/or tips, see instructions. | a \$ | 157085 .00 |
| b Business income or loss, see instructions. | Mark if loss <input checked="" type="checkbox"/> b \$ | 2278 .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 \$ | 154807 .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 \$ | 154807 .00 |

Subtractions from DC Income

- | | | |
|---|--------------------|------------|
| 7 Part year residents, enter income received during period of nonresidence, see instructions. | 7 \$ | .00 |
| 8 Taxable refunds, credits or offsets of state and local income tax. | 8 \$ | .00 |
| 9 Taxable amount of social security and tier 1 railroad retirement | 9 \$ | .00 |
| 10 Income reported and taxed this year on a DC franchise or fiduciary return. | 10 \$ | .00 |
| 11 DC and federal government survivor benefits, see instructions. | 11 \$ | .00 |
| 12 Other subtractions from DC Schedule I, Calculation B, Line 16. | 12 \$ | .00 |
| 13 Total subtractions from DC income, Lines 7 - 12. | 13 \$ | .00 |
| 14 DC adjusted gross income, Line 6 minus Line 13. | Mark if loss 14 \$ | 154807 .00 |

Enter your last name **RESSLER**

Enter your TIN



170404S21019

15 Deduction type. Take the same type of deduction you took on your federal return.
Mark which type: ☒ 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 \$ 5650 .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. 18 \$ 1704 .00
* If federal AGI is greater than \$150,000, see instructions on page 27.

19 Add Lines 16 and 18. 19 \$ 7354 .00

20 DC Taxable income. Subtract Line 19 from Line 14. Enter result. Mark if loss 20 \$ 147453 .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 \$ 10934 .00
Mark if filing separately on same return. Complete Calculation J on Schedule S.

22 Credit for child and dependent care expenses. \$.00 x .32 Enter result > 22 \$.00
From federal Form 2441; if part-year DC resident, from Line 5, DC Form D-2441.

23 Non-refundable credits from DC Schedule U, Part 1a, Line 8. Attach DC Schedule U. 23 \$ 3248 .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

25 Total non-refundable credits. Add Lines 22, 23 and 24. 25 \$ 3248 .00

26 Total tax. Subtract Line 25 from Line 21. If Line 21 is less than Line 25, leave Line 26 blank. 26 \$ 7686 .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. 0 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 \$ 247 .00

31 2017 estimated income tax payments and amount applied from 2016 return. 31 \$ 11920 .00

32 Tax paid with extension of time to file. 32 \$.00

33 Tax paid with original return if this is an amended return. 33 \$.00

34 Total payments and refundable credits. Add Lines 27d or 27e and 28 - 33. 34 \$ 12167 .00

35 Tax due. Subtract Line 34 from Line 26. 35 \$.00

36 Amount overpaid. Subtract Line 26 from Line 34. 36 \$ 4481 .00

37 Amount to be applied to your 2018 estimated tax 37 \$ 4481 .00

38 Underpayment Interest. Mark if Form D-2210 is attached 38 \$.00

39 Contribution amount from Schedule U, Part II, Line 5 or 6. (Cannot exceed refund amount on Line 41.) 39 \$.00

40 Total amount due. Add Lines 35, 38 and 39. 40 \$.00

41 Net refund. Subtract total of Lines 37, 38 and 39 from Line 36. 41 \$.00
Will this refund go to an account outside the U.S.? Yes No See instructions

42 Mark if either spouse is claiming injured spouse protection.

Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website: MyTax.DC.gov

Mark one refund choice ☐ Direct deposit ☐ ReliaCard (See instructions) ☐ Paper check

Direct Deposit To have your refund deposited to 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 to discuss this return with OTR, mark here ☒ and enter the name and phone number of that person

Designee's name **THERESA L PIETENPOL**

Phone number

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

Date

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

Date

Preparer's Tax Identification Number (PTIN)

PTIN telephone number

03/26/18

2017 D-40WH SUB Withholding
Tax Schedule

17040WS11019

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1019

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.

Primary last name shown on Form D-40 or D-40EZ

Taxpayer Identification Number (TIN)

BESSLER

1	A-Employer or Payor Information	B-Employee or Taxpayer Information	C-DC Tax Withheld
	Employer ID or Payor ID from W-2 or 1099 [REDACTED] Employer or Payor Name GEORGETOWN UNIV Address [REDACTED]	Name JOHN D. BESSLER Taxpayer Identification Number [REDACTED] Income Subject to DC Withholding \$ 4750 .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 \$ 247 .00 Check the appropriate box W-2 1099 X 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 Taxpayer Identification 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 Taxpayer Identification 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 \$ 247 .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.



17040WS21019

D-40WH Page 2

Last name and TIN

BESSLER

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	Taxpayer Identification Number	\$.00
	Address	Income Subject to DC Withholding	Check the appropriate box
	City	\$.00	W-2 1099
	State ZIP Code + 4	from Box #1 of W-2 or the appropriate box from 1099	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	Taxpayer Identification Number	\$.00
	Address	Income Subject to DC Withholding	Check the appropriate box
	City	\$.00	W-2 1099
	State ZIP Code + 4	from Box #1 of W-2 or the appropriate box from 1099	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	Taxpayer Identification Number	\$.00
	Address	Income Subject to DC Withholding	Check the appropriate box
	City	\$.00	W-2 1099
	State ZIP Code + 4	from Box #1 of W-2 or the appropriate box from 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 \$.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.

2017 SCHEDULE U SUB
Additional Miscellaneous
Credits and Contributions



170404S71019

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1019

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

Taxpayer Identification Number (TIN)

Part I Credits

a. Non-refundable 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) MN	\$	3248 .00	(b)	\$.00	STMT 1
State (c)	\$.00	(d)	\$.00	
2 Total of Line 1 state tax credits and any additional tax credits from the attachments.			2	\$	3248 .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	5	\$.00
---	---	----	-----

Dependents cannot claim this credit.

6 Food commodity donations credit. January 1 - April 7, 2017. See instructions	6	\$.00
--	---	----	-----

7 RESERVED	7	\$.00
------------	---	----	-----

8 Total your non-refundable credits, enter here and on Form D-40, Line 23.	8	\$	3248 .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 39.	6	\$.00
---	---	----	-----

If you are not due a refund and do not owe tax, you may still make contributions. Total your contributions and enter on Form D-40, Line 39.

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

Attach this schedule to your D-40 return.

DC SCHEDULE U	CREDIT FOR TAXES PAID TO OTHER STATES	STATEMENT 1
---------------	---------------------------------------	-------------

1. INCOME TAX LIABILITY IN: MINNESOTA		3,694.	
2. OTHER STATE AGI	46,000.		
3. DC ADJUSTED GROSS INCOME	154,807.		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.2971		
5. DC TAX LIABILITY	10,934.		
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		3,248.	
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)			3,248.
TOTAL TO SCHEDULE U, PART IA, LINE 2			3,248.

2018 ESTIMATED TAX FILING INSTRUCTIONS
DISTRICT OF COLUMBIA ESTIMATED TAX

FOR THE YEAR ENDING
DECEMBER 31, 2018

PREPARED FOR:

JOHN D. BESSLER
[REDACTED]

PREPARED BY:

SIMMA FLOTTEMESCH & ORENSTEIN, LTD.
[REDACTED]

AMOUNT OF TAX:

TOTAL ESTIMATED TAX	\$	8,560
LESS CREDIT FROM PRIOR YEAR	\$	4,481
LESS AMOUNT PAID ON 2018 ESTIMATE	\$	0
BALANCE DUE	\$	4,079

PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:

VOUCHER	AMOUNT	DUE DATE
NO. 1	\$ 0	APRIL 17, 2018
NO. 2	\$ 0	JUNE 15, 2018
NO. 3	\$ 1,939	SEPTEMBER 17, 2018
NO. 4	\$ 2,140	JANUARY 15, 2019

MAKE CHECK PAYABLE TO:

DC TREASURER

MAIL VOUCHER AND CHECK (IF APPLICABLE) TO:

DC OFFICE OF TAX AND REVENUE
ESTIMATED INDIVIDUAL INCOME TAX
PO BOX 96018
WASHINGTON, DC 20090-6018

SPECIAL INSTRUCTIONS:

MAIL EACH VOUCHER ON OR BEFORE THE DATE INDICATED ABOVE. ENCLOSE YOUR CHECK FOR THE SPECIFIED AMOUNT, PAYABLE TO DC TREASURER.

INCLUDE YOUR TAXPAYER IDENTIFICATION NUMBER, DAYTIME PHONE NUMBER AND THE WORDS "2018 FORM D-40ES" ON YOUR CHECK.

TO AVOID PENALTY AND RELATED CHARGES, 90% OF YOUR 2017 TAX LIABILITY MUST BE PAID ON OR BEFORE BY APRIL 17, 2018. IF YOUR ACTUAL TAX LIABILITY EXCEEDS THE AMOUNTS YOU HAVE ALREADY PAID IN FOR 2017, THE TAXING AUTHORITIES WILL ASSESS SUBSTANTIAL UNDERPAYMENT PENALTIES (1/2 OF 1% PER MONTH UP TO 25% OF THE UNPAID TAX), AND INTEREST ON THE UNPAID BALANCE. BASED ON THE INFORMATION YOU PROVIDED, WE ESTIMATED YOUR 2017 TAX LIABILITY. IF YOU WOULD LIKE TO PAY ADDITIONAL AMOUNTS TO AVOID THIS POTENTIAL PENALTY, PLEASE CONTACT US IMMEDIATELY.

Worksheet to Estimate DC Tax Payments

1	Federal adjusted gross income expected for 2018. 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 2017 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 \$6,500 if single, married/registered domestic partners filing separately or a dependent. Enter \$9,550 if head of household. Enter \$13,000 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	
5	Exemption amount. Multiply \$4,150 by Line 4	5	
6	Estimated taxable income. Subtract Line 5 from Line 3	6	
7	DC tax. Use the 2017 tax rate table or the tax computation worksheet	7	12,027.
8	DC income tax to be withheld during 2018 plus DC tax credits, if any	8	3,495.
9	Estimated DC tax. Subtract Line 8 from Line 7	9	8,532.
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	10	ADJUSTED 2,140.

2018 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

743022 11-14-17

Government of the
District of Columbia

2018 D-40ES SUB Estimated Payment for Individual Income Tax



180406S11019

Quarterly Payment
(dollars only)

Make check or money order payable to the DC Treasurer.
\$ 0.00

Your Social Security Number (SSN)

Spouse's/registered domestic partner's SSN

SOFTWARE DEVELOPER USE ONLY

VENDOR ID#

Your first name

JOHN

M.I. Last name

D BESSLER

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

M.I. Last name

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

Voucher Number:

1

Due Date:

041718

**2018 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

743022 11-14-17

Government of the
District of Columbia

**2018 D-40ES SUB Estimated Payment
for Individual Income Tax**



180406S11019

Quarterly Payment
(dollars only)

Make check or money order payable to the DC Treasurer.
\$ 0.00

Your Social Security Number (SSN)

Spouse's/registered domestic partner's SSN

SOFTWARE DEVELOPER USE ONLY

VENDOR ID#

Your first name

JOHN

M.I. Last name

D BESSLER

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

M.I. Last name

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

Voucher Number:

2

Due Date:

061518

2018 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

743022 11-14-17

Government of the
District of Columbia

2018 D-40ES SUB Estimated Payment for Individual Income Tax



180406S11019

Quarterly Payment
(dollars only)

Make check or money order payable to the DC Treasurer.
\$ 1939.00

Your Social Security Number (SSN)

Spouse's/registered domestic partner's SSN

SOFTWARE DEVELOPER USE ONLY

VENDOR ID#

Your first name

JOHN

M.I. Last name

D BESSLER

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

M.I. Last name

Voucher Number:

3

Due Date:

091718

**2018 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

749022 11-14-17

Government of the
District of Columbia

**2018 D-40ES SUB Estimated Payment
for Individual Income Tax**



180406S11019

Quarterly Payment
(dollars only)

Make check or money order payable to the DC Treasurer.
\$ **2140.00**

Your Social Security Number (SSN)

Spouse's/registered domestic partner's SSN

SOFTWARE DEVELOPER USE ONLY

VENDOR ID#

Your first name

JOHN

M.I. Last name

D BESSLER

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

M.I. Last name

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

Voucher Number:

4

Due Date:

011519

2017 TAX RETURN FILING INSTRUCTIONS

MARYLAND INCOME TAX RETURN

FOR THE YEAR ENDING
DECEMBER 31, 2017

PREPARED FOR:

JOHN D. BESSLER
[REDACTED]

PREPARED BY:

SIMMA FLOTTEMESCH & ORENSTEIN, LTD.
[REDACTED]

AMOUNT OF TAX:

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	6,781
PLUS: INTEREST AND PENALTIES	\$	0
OVERPAYMENT	\$	6,781

OVERPAYMENT:

MISCELLANEOUS DONATIONS	\$	0
CREDITED TO YOUR ESTIMATED TAX	\$	0
REFUNDED TO YOU	\$	6,781

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM EL101 TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE MRAD.

RETURN MUST BE MAILED ON OR BEFORE:

RETURN FORM EL101 TO US BY APRIL 17, 2018.

SPECIAL INSTRUCTIONS:

DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE MRAD. IF AFTER THREE WEEKS YOU HAVE NOT RECEIVED YOUR REFUND, YOU MAY CONTACT THE MRAD AT 410-260-7701 OR 800-218-8160.

YOUR REFUND WILL BE DEPOSITED DIRECTLY INTO YOUR ACCOUNT ENDING IN [REDACTED] REFER TO FORM 505 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

MARYLAND
FORM
EL 101

e-File DECLARATION
FOR ELECTRONIC FILING



2017

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

JOHN

First Name

D

Initial

BESSLER

Last Name

SSN/Taxpayer Identification Number

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 2018 estimated tax 1. _____
2. Amount of overpayment to be refunded to you **REFUND** 2. 6781 .
3. Total amount due (Pay in full by April 15, 2018. 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 (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2017 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

- ☒ I authorize SIMMA FLOTTEMESCH & ORENSTEIN to enter or generate my PIN _____
ERO firm name
as my signature on my tax year 2017 electronically filed income tax return.

Enter five digits.
Do not enter all
zeros.

- ☐ I will enter my PIN as my signature on my tax year 2017 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 03/26/2018

Spouse's PIN: check one box only

- ☐ I authorize _____ to enter or generate my PIN _____
ERO firm name
as my signature on my tax year 2017 electronically filed income tax return.

Enter five digits.
Do not enter all
zeros.

- ☐ I will enter my PIN as my signature on my tax year 2017 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.

Do not enter
all zeros.

I certify this numeric entry is my PIN, which is my signature for the tax year 2017 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 SHAUN M SIMMA Date 032618



OR FISCAL YEAR BEGINNING _____ 2017, ENDING _____

Social Security Number

Spouse's Social Security Number

JOHN

D

First Name

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.)

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

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

City or Town

State ZIP Code

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

- CHECK ONE BOX**
- ☐ Single (If you can be claimed on another person's tax return, use Filing Status 6.)
 - ☐ Married filing joint return or spouse had no income
 - ☒ Married filing separately, Spouse's SSN **[REDACTED]**

- ☐ Head of household
- ☐ Qualifying widow(er) with dependent child
- ☐ Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instructions.)

RESIDENCE INFORMATION See Instructions.

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 2017? If no, attach explanation.

Are you or your spouse a member of the military?

Did you file a Maryland income tax return for 2016? ☐ Yes ☒ No

If "Yes," was it a

☒ Yes ☐ No

☐ Yes ☒ No

Resident or a

☐ Nonresident return?

Dates you resided in Maryland for 2017. If none, enter "NONE": FROM **NONE** TO _____ (MMDDYYYY).

☐ Check here for Maryland taxes withheld in error. (See Instructions.)

EXEMPTIONS See Instructions. 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 Instructions A. \$ **0.**

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 Instructions C. \$ _____

D. Enter Total Exemptions (Add A, B and C.) ☐ Total Amount D. \$ **0.**

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 IND PV.



175050105

Name **JOHN D BESSLER**

SSN [REDACTED]

INCOME AND ADJUSTMENTS INFORMATION

(See Instructions.)

	(1) FEDERAL INCOME (LOSS)	(2) MARYLAND INCOME (LOSS)	(3) NON-MARYLAND INCOME (LOSS)
1. Wages, salaries, tips, etc	1. 157085.		157085.
2. Taxable interest income	2.		
3. Dividend income	3.		
4. Taxable refunds, credits or offsets of state and local income taxes	4.		
5. Alimony received	5.		
6. Business income or (loss)	6. -2278.		-2278.
7. Capital gain or (loss)	7.		
8. Other gains or (losses) (from federal Form 4797)	8.		
9. Taxable amount of pensions, IRA distributions, and annuities	9.		
10. Rents, royalties, partnerships, estates, trusts, etc. (Mark appropriate item)	10.		
11. Farm income or (loss)	11.		
12. Unemployment compensation (insurance)	12.		
13. Taxable amount of Social Security and Tier 1 Railroad Retirement benefits	13.		
14. Other income (including lottery or other gambling winnings)	14.		
15. Total income (Add lines 1 through 14.)	15. 154807.		154807.
16. Total adjustments to income from federal return (IRA, alimony, etc.)	16.		
17. Adjusted gross income (Subtract line 16 from line 15.)	17. 154807.		154807.

ADDITIONS TO INCOME (See Instructions.)

18. Non-Maryland loss and adjustments	18. 2278.
19. Other (Enter code letter(s) from Instructions.)	19.
20. Total additions (Add lines 18 and 19.)	20. 2278.
21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.)	21. 157085.

SUBTRACTIONS FROM INCOME (See Instructions.)

22. Taxable Military Income of Nonresident	22.
23. Other (Enter code letter(s) from Instructions.)	23.
24. Total subtractions (Add lines 22 and 23.)	24.
25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.)	25. 157085.

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

26. a. STANDARD DEDUCTION METHOD (Enter amount on line 26a.)	<input checked="" type="checkbox"/> 26a. 2000.
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 Instructions.)	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. 1.000000 (from worksheet in Instructions)
27. Net income (Subtract line 26 from line 25.)	27. 155085.
28. Total exemption amount (from EXEMPTIONS area, page 1) See Instructions	28. 0.
29. Enter your AGI factor (from worksheet in Instructions)	29. 1.000000
30. Maryland exemption allowance (Multiply line 28 by line 29.)	30.
31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR	31. 155085.

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 Instructions	33.



Name **JOHN D 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 Instructions.)	38.	
39. Contribution to Developmental Disabilities Services and Support Fund (See Instructions.)	39.	
40. Contribution to Maryland Cancer Fund (See Instructions.)	40.	
41. Contribution to Fair Campaign Financing Fund (See Instructions.)	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.	6781.
44. 2017 estimated tax payments, amount applied from 2016 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 Instructions.)	46.	
47. Total payments and credits (Add lines 43 through 46.)	47.	6781.
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.	6781.
50. Amount of overpayment TO BE APPLIED TO 2018 ESTIMATED TAX	50.	
51. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 50 from line 49.) See line 54	51.	6781.
52. Interest charges from Form 502UP or for late filing (See Instructions.) Total	52.	
53. TOTAL AMOUNT DUE (Add line 48 and line 52.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN.	53.	

Include Form IND PV

DIRECT DEPOSIT OF REFUND (See Instructions.) 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 Instructions.

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

54b. Routing number (9-digit) **54c.** Account number

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

Your signature

Date

Signature of preparer other than taxpayer

Spouse's signature

Date

Street address of preparer

Daytime telephone no.

City, State, ZIP

Home telephone no.

Telephone number of preparer

Preparer's PTIN (Required by law)

CODE NUMBERS (3 digits per line)

**For returns filed without payments,
mail your completed return to:**

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001

**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
Payment Processing
PO Box 8888
Annapolis, MD 21401-8888

**MARYLAND
FORM
505NR**

**NONRESIDENT
INCOME TAX
CALCULATION**

ATTACH TO YOUR TAX RETURN



17505N005

2017

JOHN

First Name

D

Initial

BESSLER

Last Name

Social Security Number

Spouse's First Name

Initial

Spouse's Last Name

Spouse's Social Security Number

If you are filing Form 505, use the Form 505NR Instructions appearing on page 2 of this form.

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

PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS

1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) 1. 155085.
2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II 2. 7540.

PART II - CALCULATION OF MARYLAND TAX

3. Enter your federal adjusted gross income from Form 505 (or Form 515), line 17 (Column 1) 3. 154807.
3a. Earned Income (See instructions.) ▶ 3a. _____
4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21 4. 157085.
5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505 5. _____
6a. Enter your subtractions from line 23 of Form 505 or Form 515 6a. _____
6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5 or 6a of this form (See instructions.) ▶ 6b. 157085.
7. Add lines 5 through 6b 7. 157085.
8. Maryland Adjusted Gross Income. Subtract line 7 from line 4 8. 0.

If you are using the standard deduction, recalculate the standard deduction based on the income on line 8 and enter on line 8a 8a. 1500.

9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and line 3 is 0 or less, the factor is 1.000000 9. .000000

10. Deduction amount.

If you are using the standard deduction, multiply the standard deduction on line 8a by line 9 of this form and enter on line 10a 10a. _____

If you are itemizing your deductions, multiply the deduction on Form 505, line 26d, by line 9 of this form and enter on line 10b 10b. _____

Form 515 Users, see Instruction 18 in Form 515 Instructions.

11. Net income (Subtract line 10a or 10b from line 8.) 11. _____
12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9 12. _____
13. Maryland Taxable Net Income (Subtract line 12 from line 11.) 13. _____
14. Enter the tax amount from line 2 of this form 14. 7540.
15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1. If more than 1.000000, enter 1.000000. If 0 or less, the factor is 0 15. .000000
16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33) 16. _____
17. Special nonresident tax. Multiply line 13 of this form by .0175. Enter this amount on Form 505, line 32b. If line 13 is 0 or less, enter 0 17. _____

FOR FORM 515 FILERS ONLY.

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

18. Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county (or Baltimore City) where you are employed. Enter this amount on Form 515, line 39. If line 13 is 0 or less, enter 0 18. _____

2017 TAX RETURN FILING INSTRUCTIONS
MINNESOTA INCOME TAX RETURN

FOR THE YEAR ENDING
DECEMBER 31, 2017

PREPARED FOR:

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

PREPARED BY:

SIMMA FLOTTEMESCH & ORENSTEIN, LTD.
[REDACTED]

AMOUNT OF TAX:

TOTAL TAX	\$	12,428
LESS: PAYMENTS AND CREDITS	\$	13,996
PLUS: INTEREST AND PENALTIES	\$	0
OVERPAYMENT	\$	1,568

OVERPAYMENT:

MISCELLANEOUS DONATIONS	\$	0
CREDITED TO YOUR ESTIMATED TAX	\$	0
REFUNDED TO YOU	\$	1,568

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO MN DOR.

RETURN MUST BE MAILED ON OR BEFORE:

RETURN FEDERAL FORM 8879 TO US BY APRIL 17, 2018.

SPECIAL INSTRUCTIONS:

DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE MN DOR. IF AFTER THREE WEEKS YOU HAVE NOT RECEIVED YOUR REFUND, YOU MAY CONTACT THE MN DOR AT 651-296-4444.

YOUR REFUND WILL BE DEPOSITED DIRECTLY INTO YOUR ACCOUNT ENDING IN [REDACTED] REFER TO FORM M1 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.



2017 Form M1, Individual Income Tax

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

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		Spouse's Last Name BESSLER	Spouse's Social Security Number [REDACTED]
Current Home Address [REDACTED]		Check if: New Address <input type="checkbox"/> Foreign Address <input type="checkbox"/>	Your Date of Birth [REDACTED]
City [REDACTED]		State [REDACTED]	ZIP Code [REDACTED]
		Spouse's Date of Birth [REDACTED]	

2017 Federal Filing Status (place an X in one box):

<input type="checkbox"/> (1) Single	<input checked="" type="checkbox"/> (2) Married filing jointly	<input type="checkbox"/> (3) Married filing separately:
<input type="checkbox"/> (4) Head of household	<input type="checkbox"/> (5) Qualifying widow(er)	Enter spouse name and Social Security number _____

State Elections Campaign Fund

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

Political party and code number:

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

Your code _____

Spouse code _____

From Your Federal Return (see instructions)	A Wages, salaries, tips, etc. <u>293922</u>	B IRA, pensions, and annuities <u>369</u>	C Unemployment _____	D Federal adjusted gross income <input type="checkbox"/> <u>292306</u>
---	---	---	--------------------------------	--

▲ Place an X in box if a negative number

1 Federal taxable income (from line 43 of federal Form 1040, line 27 of Form 1040A, or line 6 of Form 1040EZ) (if a negative number, place an X in the box)	1 <input type="checkbox"/> <u>237023</u>
2 State income tax or sales tax addition. If you itemized deductions on federal Form 1040, complete the worksheet in the instructions <u>STATEMENT 1</u>	2 <input type="checkbox"/> <u>32563</u>
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 <input type="checkbox"/> <u>2892</u>
4 Add lines 1 through 3 (if a negative number, place an X in the box)	4 <input type="checkbox"/> <u>272478</u>
5 State income tax refund from line 10 of federal Form 1040	5 <input type="checkbox"/> _____
6 Other subtractions, such as net interest or mutual fund dividends from U.S. bonds, Title 10 military retirement pay or K-12 education expenses (see instructions; enclose Schedule M1M)	6 <input type="checkbox"/> _____
7 Total subtractions. Add lines 5 and 6	7 _____
8 Minnesota taxable income. Subtract line 7 from line 4. If zero or less, leave blank	8 <u>272478</u>
9 Tax from the table in the M1 instructions	9 <u>19798</u>
10 Alternative minimum tax (enclose Schedule M1MT)	10 <input type="checkbox"/> _____
11 Add lines 9 and 10	11 <u>19798</u>
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 amount from line 27 on line 12, from line 23 on line 12a, and from line 24 on line 12b (enclose Schedule M1NR)	12 <u>12428</u>
13 Tax on lump-sum distribution (enclose Schedule M1LS)	13 <input type="checkbox"/> _____

a 183499 b ☐ 292306 (Place an X in box if a negative number)



14	Tax on non-qualified first-time homebuyer withdrawals (enclose Schedule M1HOME)	14	_____
15	Tax before credits. Add lines 12, 13, and 14	15	12428
16	Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income (enclose Schedule M1MA)	16	381
17	Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR)	17	_____
18	Other nonrefundable credits (enclose Schedule M1C)	18	_____
19	Total nonrefundable credits. Add lines 16, 17, and 18	19	381
20	Subtract line 19 from line 15 (if result is zero or less, leave blank)	20	12047
21	Nongame Wildlife Fund contribution (see instructions) This will reduce your refund or increase the amount you owe	21	_____
22	Add lines 20 and 21	22	12047
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	13615
24	Minnesota estimated tax and extension payments made for 2017	24	_____
25	Refundable credits (enclose Schedule M1REF): Child and Dependent Care Credit, Working Family Credit, K-12 Education Credit, Credit for Parents of Stillborn Children, and Credit for Tax Paid to Wisconsin	25	_____
26	Business and investment credits (enclose Schedule M1B)	26	_____
27	Total payments. Add lines 23 through 26	27	13615
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	1568
29	Direct deposit of your refund (you must use an account not associated with a foreign bank): Account Type Routing Number Account Number <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings _____		
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 2018 estimated tax	33	_____

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

Your signature

Date

Paid preparer: You must sign below.

Date

Spouse's signature (if filing jointly)

Taxpayer's daytime phone

Preparer's daytime phone

PTIN or VITA/TCE # (required)

Your email address

Preparer's email address

Include a copy of your 2017 federal return and schedules.

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



2017 Schedule M1W, Minnesota Income Tax Withheld

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

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

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	<input checked="" type="checkbox"/>	MN [REDACTED]	136837	9921
2	<input type="checkbox"/>	MN [REDACTED]	46000	3694
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____

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** ■ 13615

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 no. (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)
_____	MN _____	_____	_____
_____	MN _____	_____	_____
_____	MN _____	_____	_____
_____	MN _____	_____	_____

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** ■ 13615

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





2017 Schedule M1M, Income Additions and Subtractions

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

Your First Name and Initial	Last Name	Your Social Security Number
AMY J	KLOBUCHAR	

Additions to Income

- | | | | |
|----|---|----|------|
| 1 | Itemized deduction limitation for taxpayers with an adjusted gross income which exceeds \$186,350 (\$93,175 if married filing separate) SEE STATEMENT 2 | 1 | 1920 |
| 2 | Personal exemption phase out for taxpayers with an adjusted gross income that exceeds the applicable threshold (see instructions) SEE STATEMENT 3 | 2 | 972 |
| 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 2016 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 | Non-qualified first time homebuyer addition (enclose Schedule M1HOME) | 14 | |
| 15 | Accelerated recognition of nonresident installment sales (enclose Schedule M1AR) | 15 | |
| 16 | Addition from Schedule M1NC line 15 | 16 | |
| 17 | Add lines 1 through 16. Enter the total here and on line 3 of Form M1 | 17 | 2892 |

Subtractions From Income

- | | | | |
|----|---|----|--|
| 18 | Net interest or mutual fund dividends from U.S. bonds (see instructions) | 18 | |
| 19 | Education expenses you paid for your qualifying children in grades K-12 (see instructions)
Enter the name and grade of each child on the line below: | 19 | |
| 20 | If you did not itemize deductions on your federal return and your charitable contributions were more than \$500, see instructions | 20 | |
| 21 | Subtraction for federal bonus depreciation added back to Minnesota taxable income in 2012 through 2016 (determine from worksheet in the instructions) | 21 | |
| 22 | Subtraction for federal section 179 expensing added back to Minnesota taxable income in 2012 through 2016 (see instructions) | 22 | |



23	Subtraction for persons age 65 or older, or permanently and totally disabled (<i>enclose Schedule M1R</i>)	23 ■ _____
24	Benefits paid by the Railroad Retirement Board (<i>see instructions</i>)	24 ■ _____
25	If you are a resident of a reciprocity state filing Form M1 only to receive a refund of all Minnesota tax withheld, enter the amount from line 1 of Form M1. If the amount is less than zero, enter zero	25 ■ _____
	<ul style="list-style-type: none"> ● Place an X in one box to indicate the reciprocity state of which you were a resident during 2017 	
	<input type="checkbox"/> Michigan <input type="checkbox"/> North Dakota	
26	American Indians: Total amount earned on an Indian reservation while living on the reservation, to the extent the income is federally taxable	26 ■ _____
27	Federal active duty military pay received for services performed while a Minnesota resident, to the extent the income is federally taxable. Do not include military pensions. See line 32 if you received a military pension or other military retirement pay.	27 ■ _____
28	If you are a member of the Minnesota National Guard or other reserve component in Minnesota, see instructions	28 ■ _____
29	If you are a resident of another state, enter your federal active service military pay, to the extent the income is federally taxable. Do not include military pensions. See line 32 if you received a military pension or other military retirement pay	29 ■ _____
30	If you, your spouse (<i>if filing a joint return</i>), 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 (<i>see instructions</i>)	30 ■ _____
31	Income taxes paid to a subnational level of a foreign country other than Canada (<i>determine from worksheet in the instructions</i>)	31 ■ _____
32	If you received a military pension or other retirement military pay computed under Title 10 (<i>see instructions</i>)	32 ■ _____
33	Portion of the gain from the sale of your farm property if you were insolvent at the time of the sale (<i>determine from worksheet in the instructions</i>)	33 ■ _____
34	Post service education awards received for service in an AmeriCorps National Service program	34 ■ _____
35	Net operating loss (NOL) carryover adjustment (<i>see instructions</i>)	35 ■ _____
36	Subtraction for prior addback of reacquisition of business indebtedness income included in federal taxable income (<i>see instructions</i>)	36 ■ _____
37	Subtraction for railroad maintenance expenses	37 ■ _____
38	If you filed federal Schedule A and your limited itemized deductions are less than your standard deduction, see instructions	38 ■ _____
39	Subtraction for contributions to a qualified education savings plan (<i>enclose Schedule M1529</i>)	39 ■ _____
40	Social Security Subtraction (<i>determine from worksheet in instructions</i>)	40 ■ _____
41	Subtraction for interest earned from a designated first-time homebuyer savings account (<i>enclose Schedule M1HOME</i>)	41 ■ _____
42	Subtraction for discharge of indebtedness of educational loans (<i>see instructions</i>)	42 ■ _____
43	Subtraction from Schedule M1NC, line 15	43 ■ _____
44	Add lines 18-43. Enter the total here and on line 6 of Form M1	44 ■ _____

You must include this schedule with your Form M1.


2017 Schedule M1NR, Nonresidents/Part-Year Residents

Other State (see inst.)

Your Last Name KLOBUCHAR	Social Security Number [REDACTED]	<input type="checkbox"/> Full-year Nonresident of MN	
		<input checked="" type="checkbox"/> Part-year MN Resident From	010117 to 123017 (mm/dd/yyyy)
Spouse's Last Name BESSLER	Spouse's Social Security Number [REDACTED]	<input checked="" type="checkbox"/> Full-year Nonresident of MN	
		<input type="checkbox"/> Part-year MN Resident From	

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

A. Total Amount
**B. Minnesota Portion
(see instructions)**

1 Wages, salaries, tips, etc. (from line 7 of Form 1040 or Form 1040A or line 1 of Form 1040EZ)	1	293922	182837
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		
3 Business income or loss (from line 12 of Form 1040)	3	-1985	293
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	369	369
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		
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, 13, and 15 of Schedule M1M and line 3 of Schedule M1NC)	10		
11 Add lines 1 through 10 for each column	11	292306	183499
If Minnesota gross income is below the minimum filing requirement, see instructions.			
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 (See instructions for line 17, column B)	17		
18 Penalty on early withdrawal of savings (from line 30 of Form 1040)	18		
19 Other subtractions required by Minnesota (from lines 21, 35, 36, 40, and 42 of Schedule M1M)	19		
20 Net U.S. bond interest (from line 18 of Schedule M1M) and active military pay received while a nonresident (from line 29 of Schedule M1M)	20		
21 Subtraction for federal section 179 expensing (from line 22 of Schedule M1M)	21		
22 Add lines 12 through 21 for each column	22		0
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 \$10,400 or the result is a negative amount, enter 0	23		183499
24 Subtract line 22, column A, from line 11, column A. Enter the result here and on line 12b of Form M1	24	292306	
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		.62776
26 Amount from line 11 of Form M1	26		19798
27 Multiply line 25 by line 26. Enter the result here and on line 12 of Form M1	27		12428

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.



2017 Schedule M1MA, Marriage Credit

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

	A Taxpayer	B Spouse
1 Wages, salaries, tips, etc. (from line 7 of federal Form 1040 or Form 1040A, or line 1 of Form 1040EZ)	1 <u>136837</u>	<u>157085</u>
2 Self-employment income (from line 3 of federal Schedule SE less the self-employment tax deduction from line 6 of Schedule SE)	2 <u>293</u>	<u>-2278</u>
3 Taxable pension income (see instructions)	3 <u>369</u>	
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 <u>137499</u>	<u>154807</u>
6 Amount from line 5, Column A or B, whichever is less (If less than \$23,000, STOP HERE. You do not qualify)		6 <u>137499</u>
7 Joint taxable income from line 8 of Form M1. (If less than \$38,000, STOP HERE. You do not qualify)		7 <u>272478</u>
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, complete lines 9 through 19.		
9 Enter the amount from line 6		9 <u>137499</u>
10 Value of one personal exemption plus one-half of the married-joint standard deduction		10 <u>10,400</u>
11 Subtract line 10 from line 9		11 <u>127099</u>
12 Using the tax table for single persons in the M1 instructions, compute the tax for the amount on line 11		12 <u>8878</u>
13 Amount from line 7		13 <u>272478</u>
14 Amount from line 11		14 <u>127099</u>
15 Subtract line 14 from line 13 (if zero or less, you do not qualify)		15 <u>145379</u>
16 Using the tax table for single persons in the M1 instructions, compute the tax for the amount on line 15		16 <u>10313</u>
17 Tax from line 9 of Form M1		17 <u>19798</u>
18 Add lines 12 and 16		18 <u>19191</u>
19 Subtract line 18 from line 17. If the result is more than \$1,433, enter \$1,433. 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 <u>607</u>
Part-Year Residents and Nonresidents		
20 Part-year residents and nonresidents: Enter the percentage from line 25 of Schedule M1NR		20 <u>.62776</u>
21 Multiply line 8 or line 19, whichever is applicable, by line 20. Enter the result here and on line 16 of Form M1		21 <u>381</u>

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



MN M1	STATE INCOME TAX OR SALES TAX	STATEMENT 1
-------	-------------------------------	-------------

DESCRIPTION	AMOUNT
1. TOTAL ITEMIZED DEDUCTIONS FROM FEDERAL SCHEDULE A, LINE 29	47,183.
2. TABLE AMOUNT	12,700.
3. SUBTRACT STEP 2 FROM STEP 1	34,483.
4. STATE INCOME OR SALES TAX FROM FEDERAL SCHEDULE A, LINE 5	32,563.
5. SMALLER OF STEP 3 OR STEP 4 TO FORM M1, PAGE 1, LINE 2	32,563.

MN SCH M1M	LIMITATION ON ITEMIZED DEDUCTIONS - LINE 1	STATEMENT 2
1.	ENTER THE TOTAL OF AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28	47,183.
2.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14 AND 20 PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28	
3.	IS STEP 2 LESS THAN STEP 1? []NO. STOP HERE AND ENTER ZERO ON SCHEDULE M1M, LINE 2 [X]YES. SUBTRACT STEP 2 FROM STEP 1	47,183.
4.	MULTIPLY STEP 3 BY 80% (.80)	37,746.
5.	ENTER THE AMOUNT FROM FEDERAL FORM 1040, LINE 37	292,306.
6.	ENTER: \$186,350 (\$93,175 IF MFS)	186,350.
7.	IS STEP 6 LESS THAN STEP 5? []NO. STOP HERE AND ENTER ZERO ON SCHEDULE M1M, LINE 2. [X]YES. SUBTRACT STEP 6 FROM STEP 5	105,956.
8.	MULTIPLY STEP 7 BY 3% (.03)	3,179.
9.	ENTER THE SMALLER OF STEP 4 OR STEP 8	3,179.
10.	AMOUNT FROM FORM M1, LINE 2	32,563.
11.	ADD STEP 9 AND STEP 10	35,742.
12.	ENTER THE AMOUNT FROM STEP 1	47,183.
13.	ENTER AMOUNT CORRESPONDING TO YOUR FILING STATUS: - SINGLE OR MARRIED FILING SEPARATELY: \$6,350 - HEAD OF HOUSEHOLD: \$9,350 - MFJ OR QUALIFYING WIDOW(ER): \$12,700	12,700.
14.	ENTER NUMBER FROM BOX 39A ON FORM 1040 OR BOX 23A ON FORM 1040A (IF BLANK, ENTER 0)	0.
15.	IF SINGLE OR HEAD OF HOUSEHOLD, MULTIPLY STEP 14 BY \$1,550. ALL OTHERS, MULTIPLY STEP 14 BY \$1,250	0.
16.	ADD STEPS 13 AND 15	12,700.
17.	SUBTRACT STEP 16 FROM STEP 12 (IF RESULT IS ZERO OR LESS, STOP HERE AND ENTER ZERO ON SCHEDULE M1M, LINE 2)	34,483.
18.	ENTER THE AMOUNT FROM STEP 1	47,183.
19.	COMPARE THE AMOUNTS ON STEP 11 AND STEP 17. - IF STEP 11 IS LESS THAN OR EQUAL TO STEP 17, SUBTRACT STEP 9 FROM STEP 18, ENTER THE RESULT HERE (IF MARRIED FILING SEPARATELY, SEE INSTRUCTIONS BELOW); OR - IF STEP 11 IS MORE THAN STEP 17, SUBTRACT STEP 10 FROM STEP 17, THEN SUBTRACT THE RESULT FROM STEP 18. ENTER THE RESULT HERE	45,263.
20.	ENTER THE AMOUNT FROM FEDERAL FORM 1040, LINE 40	47,183.
21.	SUBTRACT STEP 19 FROM STEP 20. ENTER THE RESULT HERE AND ON SCHEDULE M1M, LINE 1	1,920.

MARRIED COUPLES FILING SEPARATE RETURNS: EACH SPOUSE MUST COMPLETE A SEPARATE WORKSHEET FOR LINE 1. IF EITHER SPOUSE IS REQUIRED TO ADD BACK 100 PERCENT OF HIS/HER STEP 9, YOUR ADDITION IS THE LESSER OF:

- YOUR STEP 9; OR
- THE DIFFERENCE BETWEEN YOUR STEP 1 AND YOUR STEP 10.

MN SCH M1M	PHASEOUT OF EXEMPTIONS - LINE 2	STATEMENT 3
1. MULTIPLY THE NUMBER IN BOX 6D OF FEDERAL FORM 1040 OR 1040A BY \$4050		8,100.
2. ENTER YOUR FEDERAL ADJUSTED GROSS INCOME (FROM LINE 37 OF FEDERAL FORM 1040 OR LINE 21 OF FORM 1040A)		292,306.
3. ENTER THE AMOUNT PROVIDED FOR YOUR FILING STATUS: - SINGLE: \$186,350 - MFJ OR QUALIFYING WIDOW(ER): \$279,500 - MARRIED FILING SEPARATELY: \$139,750 - HEAD OF HOUSEHOLD: \$232,900		279,500.
4. SUBTRACT STEP 3 FROM STEP 2		12,806.
IS STEP 4 EQUAL TO OR LESS THAN \$122,500 (\$61,250 IF MFS)? [] NO. ENTER AMOUNT FROM STEP 1 ON STEP 7 AND CONTINUE TO STEP 8 [X] YES. CONTINUE WITH STEP 5. IF THE RESULT IS NEGATIVE, SKIP STEPS 5 THROUGH 9 AND ENTER \$0 ON STEP 10		
5. DIVIDE STEP 4 BY \$2,500 (\$1,250 IF MFS). IF THE RESULT IS NOT A WHOLE NUMBER, INCREASE IT TO THE NEXT HIGHER WHOLE NUMBER (EXAMPLE: INCREASE 0.0004 TO 1)		6.
6. MULTIPLY STEP 5 BY 2% (.02). ENTER AS A DECIMAL		.1200
7. MULTIPLY STEP 1 BY STEP 6		972.
8. SUBTRACT STEP 7 FROM STEP 1		7,128.
9. ENTER YOUR FEDERAL EXEMPTION AMOUNT (FROM LINE 42 OF FORM 1040 OR 26 OF FORM 1040A)		8,100.
10. SUBTRACT STEP 8 FROM STEP 9. ENTER THE RESULT HERE AND ON LINE 2 OF SCHEDULE M1M		972.