SIMMA
FLOTTEMESCH
& ORENSTEIN
SFO
Certified Public Accountants

[redacted]

[redacted]
www.sfocpa.com

MARCH 28, 2019

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

DEAR AMY & JOHN:

ENCLOSED ARE YOUR 2018 INCOME TAX RETURNS, AS FOLLOWS...

- 2018 U.S. INDIVIDUAL INCOME TAX RETURN
- 2018 MINNESOTA INDIVIDUAL INCOME TAX RETURN
- 2018 DISTRICT OF COLUMBIA INDIVIDUAL INCOME TAX RETURN
- 2019 DISTRICT OF COLUMBIA ESTIMATED TAX VOUCHERS
- 2018 MARYLAND 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,

[redacted]

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

Two-Year Comparison Worksheet

2018

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

Social security number [redacted]

2017 Filing Status MARRIED FILING JOINT

2018 Filing Status MARRIED FILING JOINT

2017 Tax Bracket 33.0%

2018 Tax Bracket 24.0%

Description	Tax Year 2017	Tax Year 2018	Increase (Decrease)
WAGES, SALARIES, AND TIPS	293,922.	300,848.	6,926.
SCHEDULE B - TAXABLE INTEREST	0.	36.	36.
TAXABLE IRAS, PENSIONS, & ANNUITIES	369.	429.	60.
TAXABLE REFUNDS OF STATE/LOCAL TAX	0.	11,262.	11,262.
SCH. C/C-EZ (BUSINESS INCOME/LOSS)	-1,985.	25,908.	27,893.
TOTAL INCOME	292,306.	338,483.	46,177.
DEDUCTIBLE PART OF SE TAX	0.	362.	362.
TOTAL ADJUSTMENTS	0.	362.	362.
ADJUSTED GROSS INCOME	292,306.	338,121.	45,815.
TAXES	36,884.	0.	-36,884.
CONTRIBUTIONS	5,075.	0.	-5,075.
JOB EXPENSES AND 2% MISC. DEDUCT.	5,224.	0.	-5,224.
TOTAL ITEMIZED DEDUCTIONS	47,183.	0.	-47,183.
STANDARD DEDUCTION	0.	24,000.	24,000.
INCOME AFTER DEDUCTIONS	245,123.	314,121.	68,998.
PERSONAL EXEMPTIONS	8,100.	0.	-8,100.
TAXABLE INCOME	237,023.	314,121.	77,098.
TAX	53,435.	63,968.	10,533.
FORM 6251 (ALTERNATIVE MINIMUM TAX)	8,417.	0.	-8,417.
TAX BEFORE CREDITS	61,852.	63,968.	2,116.
TAX AFTER NON-REFUNDABLE CREDITS	61,852.	63,968.	2,116.
SCHEDULE SE (SELF-EMPLOYMENT TAX)	0.	723.	723.
FORM 8959 (ADDITIONAL MEDICARE TAX)	935.	1,235.	300.
FORM 8960 (NET INVEST. INCOME TAX)	0.	1.	1.
TOTAL TAX	62,787.	65,927.	3,140.
FEDERAL INCOME TAX WITHHELD	67,752.	63,242.	-4,510.
EXCESS FICA AND RRTA TAX WITHHELD	3,147.	3,100.	-47.
TOTAL PAYMENTS	70,899.	66,342.	-4,557.
TAX OVERPAID	8,112.	415.	-7,697.
AMOUNT REFUNDED	8,112.	415.	-7,697.
MINNESOTA STATE RETURN			
TAXABLE INCOME	171,051.	191,074.	20,023.
TAX	12,428.	14,339.	1,911.
NON-REFUNDABLE CREDITS	381.	738.	357.
PAYMENTS	13,615.	13,578.	-37.
BALANCE DUE	0.	23.	23.
AMOUNT REFUNDED	1,568.	0.	-1,568.

2018 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

FOR THE YEAR ENDING
DECEMBER 31, 2018

PREPARED FOR:

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

PREPARED BY:

SIMMA FLOTTEMESCH & ORENSTEIN, LTD.
[redacted]

AMOUNT OF TAX:

TOTAL TAX	$ 65,927
LESS: PAYMENTS AND CREDITS	$ 66,342
PLUS: INTEREST AND PENALTIES	$ 0
OVERPAYMENT	$ 415

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	$ 0
REFUNDED TO YOU	$ 415

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 15, 2019.

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.

Form **8879**

Department of the Treasury
Internal Revenue Service

S e-file Signature Authorization

▶ **Return completed Form 8879 to your ERO. (Don't send to the IRS.)**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

OMB No. 1545-0074

2018

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, 2018 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	338,121.
2	Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	65,927.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	63,242.
4	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	415.
5	Amount you owe (Form 1040, line 22; 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, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize SIMMA FLOTTEMESCH & ORENSTEIN, LTD. (**ERO firm name**) to enter or generate my PIN [redacted] (**Enter five digits, but don't enter all zeros**) as my signature on my tax year 2018 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2018 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 ▶ 03/28/2019

Spouse's PIN: check one box only

☒ I authorize SIMMA FLOTTEMESCH & ORENSTEIN, LTD. (**ERO firm name**) to enter or generate my PIN [redacted] (**Enter five digits, but don't enter all zeros**) as my signature on my tax year 2018 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2018 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 ▶ 03/28/2019

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 2018 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 ▶ 03/28/2019

819995 11-12-18

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

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.** Form **8879** (2018)

Tax Year 2018 e-file Jurat/Disclosure for Form 1040 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 [redacted]

(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: [redacted] Date 03282019

Spouse's PIN: [redacted]

819986 09-25-18

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

U.S. Individual Income Tax Return **2018** OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

Filing status: ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial: AMY J.

Last name: KLOBUCHAR

Your social security number [redacted] [redacted] [redacted]

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial: JOHN D.

Last name: BESSLER

Spouse's social security number [redacted]

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

☒ Full-year health care coverage or exempt (see inst.)

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

Apt. no.

Presidential Election Campaign. (see inst.) ☒ You ☒ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. [redacted] [redacted] [redacted]

If more than four dependents, see inst. and ✓ here ▶ ☐

Dependents (see instructions): (1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Sign Here

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

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

Your signature | Date | Your occupation: US SENATOR | If the IRS sent you an Identity Protection PIN, enter it here

Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation: ATTORNEY | If the IRS sent you an Identity Protection PIN, enter it here

Paid Preparer Use Only

Preparer's name: THERESA L PIETENPOL

Preparer's signature: [redacted] THERESA L PIETENPOL

PTIN: [redacted]

Firm's EIN: [redacted]

Check if: ☐ 3rd Party Designee ☐ Self-employed

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

Phone no. [redacted]

Firm's address [redacted] [redacted]
[redacted] [redacted]

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

AMY J. KLOBUCHA JOHN D. BESSLER [redacted] [redacted]

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

1	Wages, salaries, tips, etc. A Form(s) W-2 S. 1		1	300,848.
2a	Tax-exempt interest	2a		
	b Taxable interest		2b	36.
3a	Qualified dividends	3a		
	b Ordinary dividends		3b	
4a	IRAs, pensions, and annuities	4a		
	b Taxable amount		4b	429.
5a	Social security benefits	5a		
	b Taxable amount		5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	37,170.	6	338,483.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7	338,121.
8	**Standard deduction or itemized deductions** (from Schedule A)		8	24,000.
9	Qualified business income deduction (see instructions)		9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	314,121.
11	**a** Tax (see inst) 63,968. (check if any from: 1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐)			
	b Add any amount from Schedule 2 and check here ▶ ☒		11	63,968.
12	**a** Child tax credit/credit for other dependents **b Add** any amount from Sch. 3 and check here ▶ ☐		12	
13	Subtract line 12 from line 11. If zero or less, enter -0-		13	63,968.
14	Other taxes. Attach Schedule 4		14	1,959.
15	Total tax. Add lines 13 and 14		15	65,927.
16	Federal income tax withheld from Forms W-2 and 1099		16	63,242.
17	Refundable credits: **a** EIC (see inst.) **b** Sch 8812 **c** Form 8863			
	Add any amount from Schedule 5	3,100.	17	3,100.
18	Add lines 16 and 17. These are your total payments		18	66,342.

Standard Deduction for -
- Single or married filing separately, $12,000
- Married filing jointly or Qualifying widow(er), $24,000
- Head of household, $18,000
- If you checked any box under Standard deduction, see instructions.

Refund

19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you **overpaid**		19	415.
20 a	Amount of line 19 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐		20a	415.
b	Routing number [redacted] ▶ c Type: ☒ Checking ☐ Savings			
d	Account number [redacted]			
21	Amount of line 19 you want **applied to your 2019 estimated tax** ▶	21		

Direct deposit? See instructions.

Amount You Owe

22	**Amount you owe.** Subtract line 18 from line 15. For details on how to pay, see instructions ▶		22	
23	Estimated tax penalty (see instructions) ▶	23		

Go to *www.irs.gov/Form1040* for instructions and the latest information.

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074
2018
Attachment Sequence No. 01

Name(s) shown on Form 1040	Your social security number
AMY J. KLOBUCHAR & JOHN D. BESSLER	[redacted]

Additional Income	1-9b	Reserved STATEMENT 3			1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes STATEMENT 4			10	11,262.
	11	Alimony received			11	
	12	Business income or (loss). Attach Schedule C or C-EZ			12	25,908.
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			13	
	14	Other gains or (losses). Attach Form 4797			14	
	15a	Reserved			15b	
	16a	Reserved			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	Reserved			20b	
	21	Other income. List type and amount ▶			21	
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23			22	37,170.
Adjustments to Income	23	Educator expenses	23			
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24			
	25	Health savings account deduction. Attach Form 8889	25			
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26			
	27	Deductible part of self-employment tax. Attach Schedule SE	27	362.		
	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	Reserved	34			
	35	Reserved	35			
	36	Add lines 23 through 35			36	362.

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

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Tax

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment Sequence No. 02

Name(s) shown on Form 1040 AMY J. KLOBUCHAR & JOHN D. BESSLER			Your social security number [redacted]	
Tax	38-44	Reserved	38-44	
	45	Alternative minimum tax. Attach Form 6251	45	0.
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add the amounts in the far right column. Enter here and include on Form 1040, line 11	47	0.

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.** **Schedule 2 (Form 1040) 2018**

813924 12-13-18

SCHEDULE 4
(Form 1040)

Department of the Treasury
Internal Revenue Service

Other Taxes

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment Sequence No. 04

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

Your social security number [redacted]

Other Taxes	57	Self-employment tax. Attach Schedule SE	57	723.
	58	Unreported social security and Medicare tax from: Form a ☐ 4137 b ☐ 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	59	
	60 a	Household employment taxes. Attach Schedule H	60a	
	b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions)	61	
	62	Taxes from: a ☒ Form 8959 b ☒ Form 8960 c ☐ Instructions; enter code(s) SEE STATEMENT 5	62	1,236.
	63	Section 965 net tax liability installment from Form 965-A | 63 |		
	64	Add the amounts in the far right column. These are your **total other taxes.** Enter here and on Form 1040, line 14	64	1,959.

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.** **Schedule 4 (Form 1040) 2018**

813926 12-13-18

SCHEDULE 5
(Form 1040)

Department of the Treasury
Internal Revenue Service

Other Payments and Refundable Credits

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment Sequence No. 05

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

Your social security number [redacted]

Other Payments and Refundable Credits	65	Reserved	65	
	66	2018 estimated tax payments and amount applied from 2017 return	66	
	67 a	Reserved	67a	
	b	Reserved	67b	
	68-69	Reserved	68-69	
	70	Net premium tax credit. Attach Form 8962	70	
	71	Amount paid with request for extension to file (see instructions)	71	
	72	Excess social security and tier 1 RRTA tax withheld STMT 6	72	3,100.
	73	Credit for federal tax on fuels. Attach Form 4136	73	
	74	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐	74	
	75	Add the amounts in the far right column. These are your total **other payments and refundable credits.** Enter here and include on Form 1040, line 17	75	3,100.

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

SCHEDULE 6
(Form 1040)

Department of the Treasury
Internal Revenue Service

Foreign Address and Third Party Designee

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment Sequence No. **05A**

Name(s) shown on Form 1040		Your social security number
AMY J. KLOBUCHAR & JOHN D. BESSLER		[redacted]

Foreign Address	Foreign country name	Foreign province/county	Foreign postal code

Third Party Designee

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

Designee's name ▶ THERESA L PIETENPOL

Phone no. ▶ [redacted]

Personal identification number (PIN) ▶ [redacted]

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.** **Schedule 6 (Form 1040) 2018**

813928 12-13-18

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

DOES NOT APPLY - NOT USED

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 16.

OMB No. 1545-0074

2018

Attachment Sequence No. 07

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

Your social security number [redacted]

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1			
	2	Enter amount from Form 1040, line 7 | 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 taxes.				
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box SEE STATEMENT 7 ▶ ☐	5a	29,685.		
	b	State and local real estate taxes (see instructions)	5b	4,088.		
	c	State and local personal property taxes	5c	329.		
	d	Add lines 5a through 5c	5d	34,102.		
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	10,000.		
	6	Other taxes. List type and amount ▶	6			
	7	Add lines 5e and 6			7	10,000.
Interest You Paid **Caution:** Your mortgage interest deduction may be limited (see instructions).	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ▶ ☐				
	a	Home mortgage interest and points reported to you on Form 1098	8a			
	b	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 ▶	8b			
	c	Points not reported to you on Form 1098. See instructions for special rules	8c			
	d	Reserved	8d			
	e	Add lines 8a through 8c	8e			
	9	Investment interest. Attach Form 4952 if required. See instructions	9			
	10	Add lines 8e and 9			10	
Gifts to Charity If you made a gift and got a benefit for it, see instructions.	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	6,602.		STMT 8
	12	Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	12			
	13	Carryover from prior year	13			
	14	Add lines 11 through 13			14	6,602.
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15	
Other Itemized Deductions	16	Other - from list in instructions. List type and amount ▶			16	
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8			17	16,602.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐				

LHA 819501 11-29-18 **For Paperwork Reduction Act Notice, see the Instructions for Form 1040.** **Schedule A (Form 1040) 2018**

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

Interest and Ordinary Dividends

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.
▶ Attach to Form 1040.

OMB No. 1545-0074
2018
Attachment Sequence No. 08

Name(s) shown on return: AMY J. KLOBUCHAR & JOHN D. BESSLER
Your social security number: [redacted]

Part I Interest

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶		
	US SENATE FEDERAL CREDIT UNION	1	36.
2	Add the amounts on line 1	2	36.
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b ▶	4	36.

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

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

Part II Ordinary Dividends

			Amount
5	List name of payer ▶	5	
6	Add the amounts on line 5. Enter the total here and on Form 1040, line 3b ▶	6	

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

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

Part III Foreign Accounts and Trusts

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

		Yes	No
7a	At any time during 2018, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8	During 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

827501 10-24-18

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.** **Schedule B (Form 1040) 2018**

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

'rofit or Loss From Busines.

(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
2018
Attachment Sequence No. 09

Name of proprietor: AMY J. KLOBUCHAR

Social security number (SSN): [redacted]

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

B Enter code from instructions ▶ 711510

C Business name. If no separate business name, leave blank.: AMY KLOBUCHAR

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶ [redacted]

City, town or post office, state, and ZIP code [redacted]

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

G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2018, check here ▶ ☐

I Did you make any payments in 2018 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 ▶ ☐	1	27,000.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	27,000.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	27,000.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	27,000.

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 (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	0.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	27,000.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (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	27,000.
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 **Schedule 1 (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 32b	☐ All investment is at risk. ☐ Some investment is not at risk.

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

Schedule C (Form 1040) 2018

[redacted]

Schedule C - Two-Year Comparison Worksheet 2018

Business Name:
AMY KLOBUCHAR

Description	Tax Year 2017	Tax Year 2018	Increase (Decrease)
INCOME			
GROSS INCOME	293.	27,000.	26,707.
NET PROFIT OR (LOSS)	293.	27,000.	26,707.

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

'rofit or Loss From Busines

(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
2018
Attachment Sequence No. 09

Name of proprietor: JOHN D. BESSLER
Social security number (SSN): [redacted]

A Principal business or profession, including product or service (see instructions): INDEPENDENT ARTISTS, WRITERS, PERFORMERS
B Enter code from instructions ▶ 711510
C Business name. If no separate business name, leave blank.: JOHN D. BESSLER
D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) ▶
City, town or post office, state, and ZIP code
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶
G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses ☒ Yes ☐ No
H If you started or acquired this business during 2018, check here ▶ ☐
I Did you make any payments in 2018 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 ▶ ☐	1	2,030.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	2,030.
4	Cost of goods sold (from line 42)	4	1,997.
5	**Gross profit.** Subtract line 4 from line 3	5	33.
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	33.

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

8	Advertising	8		18	Office expense	18	252.
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 (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	873.
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	1,125.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	-1,092.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: ____ and (b) the part of your home used for business: ____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	-1,092.
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 **Schedule 1 (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 32b	☒ All investment is at risk. ☐ Some investment is not at risk.

LHA **For Paperwork Reduction Act Notice, see the separate instructions.**
820001 10-18-18
Schedule C (Form 1040) 2018

Schedule C (Form 1040) 2018 JOHN D. [redacted]SLER [redacted] Page 2

Part III Cost of Goods Sold (see instructions)

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

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

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	1,997.
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	1,997.
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	1,997.

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 2018, enter the number of miles you used your vehicle for:

a Business ______ b Commuting ______ c Other ______

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

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

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

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

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

PROMOTION	270.
OTHER EXPENSES	603.

48 **Total other expenses.** Enter here and on line 27a | 48 | 873.

2018 DEPRECIATION AND AMORTIZATION REPORT

JOHN D. BESSLER SCHEDULE C- 1

Asset No.	Description	Date Acquired	Method	Life	C o n v	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	HY	17	2,994.		2,994.		0.			0.	0.
	TOTAL SCH C DEPRECIATION						2,994.		2,994.		0.			0.	0.

828111 04-01-18

(D) - Asset disposed

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

Schedule C - Two-Year Comparison Worksheet

2018

Business Name:
JOHN D. BESSLER

Description	Tax Year 2017	Tax Year 2018	Increase (Decrease)
INCOME			
GROSS RECEIPTS OR SALES	2,315.	2,030.	-285.
LESS: COST OF GOODS SOLD	3,497.	1,997.	-1,500.
GROSS PROFIT	-1,182.	33.	1,215.
GROSS INCOME	-1,182.	33.	1,215.
EXPENSES			
OFFICE EXPENSE	176.	252.	76.
OTHER EXPENSES	920.	873.	-47.
TOTAL EXPENSES	1,096.	1,125.	29.
NET PROFIT OR (LOSS)	-2,278.	-1,092.	1,186.

[redacted]

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)
AMY J. KLOBUCHAR

Social security number of person with **self-employment** income ▶ [redacted]

Section B - Long Schedule SE

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income,** see instructions. Also see instructions for the definition of church employee income.

A	If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had $400 or more of **other** net earnings from self-employment, check here and continue with Part I ▶☐				
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. **Note:** Skip lines 1a and 1b if you use the farm optional method (see instructions)			1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH			1b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. **Note:** Skip this line if you use the nonfarm optional method (see instructions) SEE STATEMENT 9			2	27,000.
3	Combine lines 1a, 1b, and 2			3	27,000.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3			4a	24,935.
	Note: If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.				
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here			4b	
c	Combine lines 4a and 4b. If less than $400, **stop;** you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income,** enter -0- and continue ▶			4c	24,935.
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income	5a			
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-			5b	
6	Add lines 4c and 5b			6	24,935.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2018			7	128,400.00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $128,400 or more, skip lines 8b through 10, and go to line 11	8a	128,400.		
b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b			
c	Wages subject to social security tax (from Form 8919, line 10)	8c			
d	Add lines 8a, 8b, and 8c			8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶			9	
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)			10	
11	Multiply line 6 by 2.9% (0.029)			11	723.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 4 (Form 1040), line 57,** or **Form 1040NR, line 55**			12	723.
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter the result here and on **Schedule 1 (Form 1040), line 27,** or **Form 1040NR, line 27**	13	362.		

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $7,920, **or (b)** your net farm profits[2] were less than $5,717.

14	Maximum income for optional methods	14	5,280.00
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $5,280. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $5,717 and also less than 72.189% of your gross nonfarm income,[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

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

[1] From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

[4] From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

DOES NOT APPLY

Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

▶ Go to www.irs.gov/Form6251 for instructions and the latest information.
▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074
2018
Attachment Sequence No. **32**

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

Your social security number [redacted]

Part I Alternative Minimum Taxable Income

1	Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.)	1	314,121.
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040, line 8	2a	24,000.
b	Tax refund from Schedule 1 (Form 1040), line 10 or line 21	2b	-11,262.
c	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
e	Net operating loss deduction from Schedule 1 (Form 1040), line 21. Enter as a positive amount	2e	
f	Alternative tax net operating loss deduction	2f	
g	Interest from specified private activity bonds exempt from the regular tax	2g	
h	Qualified small business stock, see instructions	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	
m	Passive activities (difference between AMT and regular tax income or loss)	2m	
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	
o	Circulation costs (difference between regular tax and AMT)	2o	
p	Long-term contracts (difference between AMT and regular tax income)	2p	
q	Mining costs (difference between regular tax and AMT)	2q	
r	Research and experimental costs (difference between regular tax and AMT)	2r	
s	Income from certain installment sales before January 1, 1987	2s	
t	Intangible drilling costs preference	2t	
3	Other adjustments, including income-based related adjustments	3	
4	**Alternative minimum taxable income.** Combine lines 1 through 3. (If married filing separately and line 4 is more than $718,800, see instructions.)	4	326,859.

Part II Alternative Minimum Tax (AMT)

5 Exemption. (If you were under age 24 at the end of 2018, see instructions.)

IF your filing status is ...	**AND line 4 is not over ...**	**THEN enter on line 5 ...**
Single or head of household	$500,000	$70,300
Married filing jointly or qualifying widow(er)	1,000,000	109,400
Married filing separately	500,000	54,700

If line 4 is **over** the amount shown above for your filing status, see instructions.

5		5	109,400.
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	6	217,459.
7	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; you reported qualified dividends on Form 1040, line 3a; **or** you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • **All others:** If line 6 is $191,100 or less ($95,550 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract $3,822 ($1,911 if married filing separately) from the result.	7	57,067.
8	Alternative minimum tax foreign tax credit (see instructions)	8	
9	Tentative minimum tax. Subtract line 8 from line 7	9	57,067.
10	Add Form 1040, line 11a (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 46. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 48. If you used Schedule J to figure your tax on Form 1040, line 11a, refigure that tax without using Schedule J before completing this line (see instructions)	10	63,968.
11	**AMT.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 45	11	0.

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

Form **6251** (2018)

819481 11-16-18

[redacted]

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

12 Enter the amount from Form 6251, line 6. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 7	12	
13 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	13	
14 Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	14	
15 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	15	
16 Enter the **smaller** of line 12 or line 15	16	
17 Subtract line 16 from line 12	17	
18 If line 17 is $191,100 or less ($95,550 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract $3,822 ($1,911 if married filing separately) from the result ▶	18	
19 Enter: • $77,200 if married filing jointly or qualifying widow(er), • $38,600 if single or married filing separately, or • $51,700 if head of household.	19	
20 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, 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 10; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	20	
21 Subtract line 20 from line 19. If zero or less, enter -0-	21	
22 Enter the **smaller** of line 12 or line 13	22	
23 Enter the **smaller** of line 21 or line 22. This amount is taxed at 0%	23	
24 Subtract line 23 from line 22	24	
25 Enter: • $425,800 if single • $239,500 if married filing separately • $479,000 if married filing jointly or qualifying widow(er) • $452,400 if head of household	25	
26 Enter the amount from line 21	26	
27 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, 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 10; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	27	
28 Add line 26 and line 27	28	
29 Subtract line 28 from line 25. If zero or less, enter -0-	29	
30 Enter the smaller of line 24 or line 29	30	
31 Multiply line 30 by 15% (0.15) ▶	31	
32 Add lines 23 and 30	32	
If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.		
33 Subtract line 32 from line 22	33	
34 Multiply line 33 by 20% (0.20) ▶	34	
If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.		
35 Add lines 17, 32, and 33	35	
36 Subtract line 35 from line 12	36	
37 Multiply line 36 by 25% (0.25) ▶	37	
38 Add lines 18, 31, 34, and 37	38	
39 If line 12 is $191,100 or less ($95,550 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract $3,822 ($1,911 if married filing separately) from the result	39	
40 Enter the **smaller** of line 38 or line 39 here and on line 7. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40	

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
2018
Attachment Sequence No. **52**

Name(s) shown on Form 1040 or Form 1040NR: JOHN D. BESSLER

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ [redacted]

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

Part I HSA Contributions and Deduction.

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions) ▶ ☒ Self-only ☐ Family		
2	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. **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 2018, and on the first day of **every** month during 2018, you were, or were considered, an eligible individual with the **same** coverage, enter $3,450 ($6,900 for family coverage). **All others,** see the instructions for the amount to enter	3	3,450.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, 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	3,450.
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 2018, see the instructions for the amount to enter	6	3,450.
7	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions)	7	
8	Add lines 6 and 7	8	3,450.
9	Employer contributions made to your HSAs for 2018 — 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	3,450.
13	**HSA deduction.** Enter the **smaller** of line 2 or line 12 here and on Schedule 1 (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 2018 from all HSAs (see instructions)	14a	1.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	1.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	1.
16	**Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (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 ▶ ☐		
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 Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (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** (2018)

820381 12-03-18

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 Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to Schedule 1 (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 Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (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 **8959**

Department of the Treasury
Internal Revenue Service

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.
▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment Sequence No. 71

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

Your social security number: [redacted]

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	362,348.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	362,348.		
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	112,348.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II			7	1,011.

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	24,935.		
9	Enter the following amount for your filing status: Married filing jointly $250,000 Married filing separately $125,000 Single, Head of household, or Qualifying widow(er) $200,000	9	250,000.		
10	Enter the amount from line 4	10	362,348.		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0.		
12	Subtract line 11 from line 8. If zero or less, enter -0-			12	24,935.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III			13	224.

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 Schedule 4 (Form 1040), line 62 (check box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions), and go to Part V			18	1,235.

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	5,254.		
20	Enter the amount from line 1	20	362,348.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	5,254.		
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 16 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)			24	

823111 11-30-18 LHA **For Paperwork Reduction Act Notice, see your tax return instructions.** Form **8959** (2018)

Form **8960**

Department of the Treasury
Internal Revenue Service (99)

Net Investment Income Tax Individuals, Estates, and Trusts

▶ Attach to your tax return.

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

OMB No. 1545-2227

2018

Attachment
Sequence No. **72**

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

Your social security number or EIN: [redacted]

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	36.
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	36.

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	36.
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	338,121.		
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	88,121.		
16	Enter the smaller of line 12 or line 15			16	36.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			17	1.
	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% (0.038). **Enter here and include on your tax return** (see instructions)			21	

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

Form **8960** (2018)

823121 01-09-19

[redacted]

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

2018

Attachment Sequence No. 74

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

Identifying number [redacted]

Part I Net Minimum Tax on Exclusion Items

1 Combine lines 1, 6, and 10 of your 2017 Form 6251. Estates and trusts, see instructions	1	245,123.
2 Enter adjustments and preferences treated as exclusion items (see instructions)	2	42,108.
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 $249,450 and you were married filing separately for 2017, see instructions	4	287,231.
5 Enter: $84,500 if married filing jointly or qualifying widow(er) for 2017; $54,300 if single or head of household for 2017; or $42,250 if married filing separately for 2017. Estates and trusts, enter $24,100	5	84,500.
6 Enter: $160,900 if married filing jointly or qualifying widow(er) for 2017; $120,700 if single or head of household for 2017; or $80,450 if married filing separately for 2017. Estates and trusts, enter $80,450	6	160,900.
7 Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	126,331.
8 Multiply line 7 by 25% (0.25)	8	31,583.
9 Subtract line 8 from line 5. If zero or less, enter -0-. If under age 24 at the end of 2017, see instructions	9	52,917.
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	234,314.
11 • If **for 2017** you filed Form 2555 or 2555-EZ, see instructions for the amount to enter. • If **for 2017** 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 $187,800 or less ($93,900 or less if married filing separately for 2017), multiply line 10 by 26% (0.26). Otherwise, multiply line 10 by 28% (0.28) and subtract $3,756 ($1,878 if married filing separately for 2017) from the result. Form 1040NR filers, see instructions.	11	61,852.
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	61,852.
14 Enter the amount from your 2017 Form 6251, line 34, or 2017 Form 1041, Schedule I, line 55	14	53,435.
15 **Net minimum tax on exclusion items.** Subtract line 14 from line 13. If zero or less, enter -0-	15	8,417.

LHA **For Paperwork Reduction Act Notice, see instructions.** Form **8801** (2018)

819881 11-16-18

Part II Minimum Tax Credit and Carryforward to 2019

16 Enter the amount from your 2017 Form 6251, line 35, or 2017 Form 1041, Schedule I, line 56	16	8,417.
17 Enter the amount from line 15	17	8,417.
18 Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	0.
19 **2017 credit carryforward.** Enter the amount from your 2017 Form 8801, line 26	19	
20 Enter your 2017 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 2018 regular income tax liability minus allowable credits (see instructions)	22	
23 Enter the amount from your 2018 Form 6251, line 9, or 2018 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 2018 Schedule 3 (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 2019.** Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years	26	

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 2017 Qualified Dividends and Capital Gain Tax Worksheet, the 2017 Schedule D Tax Worksheet, or Part V of the 2017 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 2017, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions 27

Caution: If **for 2017** 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 2017 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2017 Schedule D Tax Worksheet, or the amount from line 26 of the 2017 Schedule D (Form 1041), whichever applies* 28

If you figured your 2017 tax using the 2017 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 2017 Schedule D (Form 1040), or line 18b, column (2), of the 2017 Schedule D (Form 1041) 29

30 Add lines 28 and 29, and enter the **smaller** of that result or the amount from line 10 of your 2017 Schedule D Tax Worksheet 30

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

32 Subtract line 31 from line 27 32

33 If line 32 is $187,800 or less ($93,900 or less if married filing separately for 2017), multiply line 32 by 26% (0.26). Otherwise, multiply line 32 by 28% (0.28) and subtract $3,756 ($1,878 if married filing separately for 2017) from the result. Form 1040NR filers, see instructions ..... ▶ 33

34 Enter:

- $75,900 if married filing jointly or qualifying widow(er) for 2017,
- $37,950 if single or married filing separately for 2017,
- $50,800 if head of household for 2017, or
- $2,550 for an estate or trust.

Form 1040NR filers, see instructions. 34

35 Enter the amount from line 7 of your 2017 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2017 Schedule D Tax Worksheet, or the amount from line 27 of the 2017 Schedule D (Form 1041), whichever applies. If you didn't complete either worksheet or Part V of the 2017 Schedule D (Form 1041), enter the amount from your 2017 Form 1040, line 43, or 2017 Form 1041, line 22, whichever applies; if zero or less, enter -0-. Form 1040NR filers, see instructions 35

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

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

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

39 Subtract line 38 from line 37 39

40 Enter:

- $418,400 if single for 2017,
- $235,350 if married filing separately for 2017,
- $470,700 if married filing jointly or qualifying widow(er) for 2017,
- $444,550 if head of household for 2017, or
- $12,500 for an estate or trust.

Form 1040NR filers, see instructions. 40

41 Enter the amount from line 36 41

42 Form 1040 filers, enter the amount from line 7 of your 2017 Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 19 of your 2017 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 2017 Schedule D (Form 1041) or line 18 of your 2017 Schedule D Tax Worksheet, whichever applies. If you didn't complete either the worksheet or Part V of the 2017 Schedule D (Form 1041), enter the amount from your 2017 Form 1041, line 22; if zero or less, enter -0-. Form 1040NR filers, see instructions 42

* The 2017 Qualified Dividends and Capital Gain Tax Worksheet is in the 2017 Instructions for Form 1040. The 2017 Schedule D Tax Worksheet is in the 2017 Instructions for Schedule D (Form 1040) (or the 2017 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 $187,800 or less ($93,900 or less if married filing separately for 2017), multiply line 27 by 26% (0.26). Otherwise, multiply line 27 by 28% (0.28) and subtract $3,756 ($1,878 if married filing separately for 2017) 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 2017, 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** (2018)

819884 11-16-18

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return. SCHEDULE C- 1

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

OMB No. 1545-0172

2018
Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
AMY J. KLOBUCHAR & JOHN D. BESSLER	JOHN D. BESSLER	[redacted]

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 2017 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 2019. 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 2018	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 2018 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 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 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	

Form 4562 (2018) AMY J. KLOBUCHAR & JOHN D. BESSLER [redacted] Page **2**

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, 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:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				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												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
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 Employees

Answer 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 2018 tax year:					

43 Amortization of costs that began before your 2018 tax year **43**

44 **Total.** Add amounts in column (f). See the instructions for where to report **44**

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 1

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	132,544.	23,906.	9,590.		7,961.	2,277.
S	STATE OF MARYLAND CENTRAL PAYROLL BUREAU	118,304.	31,679.	7,547.		7,961.	2,252.
S	KELLY & BERENS, PA	50,000.	7,657.	3,988.		3,100.	725.
	TOTALS	300,848.	63,242.	21,125.		19,022.	5,254.

FORM 1040 IRA DISTRIBUTIONS STATEMENT 2

NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT
FIDUCIARY TRUST CO NH CUST WI SERVICES COMPANY	429.	429.
TOTAL INCLUDED IN FORM 1040, LINE 4B	429.	429.

SCHEDULE 1 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 3

	2017	2016	2015
	MINNESOTA		
GROSS STATE/LOCAL INC TAX REFUNDS	1,568.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS MINNESOTA	1,568.		
	MARYLAND		
GROSS STATE/LOCAL INC TAX REFUNDS	6,781.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS MARYLAND	6,781.		
	DISTRICT OF CO		
GROSS STATE/LOCAL INC TAX REFUNDS	4,481.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS DISTRICT OF CO	4,481.		
TOTAL NET TAX REFUNDS	12,830.		

SCHEDULE 1 TAXABLE STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 4

		2017	2016	2015
	NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	12,830.		
	LESS:REFUNDS-NO BENEFIT DUE TO AMT	1,568.		
	-SALES TAX BENEFIT REDUCTION			
1	NET REFUNDS FOR RECALCULATION	11,262.		
2	TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	47,183.		
3	DEDUCTION NOT SUBJ TO PHASEOUT			
4	NET REFUNDS FROM LINE 1	11,262.		
5	LINE 2 MINUS LINES 3 AND 4	35,921.		
6	MULT LN 5 BY APPL SEC. 68 PCT	28,737.		
7	PRIOR YEAR AGI	292,306.		
8	ITEM. DED. PHASEOUT THRESHOLD	313,800.		
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)	-21,494.		
10	MULT LN 9 BY APPL SEC. 68 PCT			
11	ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)			
12	ITEM DED. NOT SUBJ TO PHASEOUT			
13A	TOTAL ADJ. ITEMIZED DEDUCTIONS			
13B	PRIOR YR. STD. DED. AVAILABLE			
14	PRIOR YR. ALLOWABLE ITEM. DED.			
15	SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14			
16	TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	11,262.		
17	ALLOWABLE PRIOR YR. ITEM. DED.	47,183.		
18	PRIOR YEAR STD. DED. AVAILABLE	12,700.		
19	SUBTRACT LINE 18 FROM LINE 17	34,483.		
20	LESSER OF LINE 16 OR LINE 19	11,262.		
21	PRIOR YEAR TAXABLE INCOME	237,023.		
22	AMOUNT TO INCLUDE ON SCHEDULE 1, 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			11,262.
	STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2015			
	TOTAL TO SCHEDULE 1, LINE 10			11,262.

SCHEDULE 4 OTHER TAXES STATEMENT 5

DESCRIPTION	AMOUNT
FROM FORM 8959	1,235.
FROM FORM 8960	1.
TOTAL TO SCHEDULE 4, LINE 62	1,236.

SCHEDULE 5 EXCESS SOCIAL SECURITY TAX WORKSHEET STATEMENT 6

	TAXPAYER	SPOUSE
1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN $7,960.80 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE	7,961.	11,061.
2. ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON SCHEDULE 4, LINE 62		
3. ADD LINES 1 AND 2	7,961.	11,061.
4. SOCIAL SECURITY TAX LIMIT	7,961.	7,961.
5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN SCHEDULE 5, LINE 72.	0.	3,100.

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 7

DESCRIPTION	AMOUNT
UNITED STATES SENATE DISBURSING OFFICE	9,590.
STATE OF MARYLAND CENTRAL PAYROLL BUREAU	7,547.
KELLY & BERENS, PA	3,988.
DC 3RD QTR ESTIMATE PAYMENTS - SPOUSE	1,939.
DC 4TH QTR ESTIMATE PAYMENTS - SPOUSE	2,140.
DC PRIOR YEAR OVERPAYMENT APPLIED - SPOUSE	4,481.
TOTAL TO SCHEDULE A, LINE 5A	29,685.

SCHEDULE A | CASH CONTRIBUTIONS | STATEMENT 8

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT
ADVOCATES FOR HUMAN RIGHTS		100.	
AMERICAN REFUGEE COMMITTEE		100.	
AMERICAN RED CROSS		100.	
BOOKS FOR AFRICA		850.	
BRIDGE 2 RWANDA		900.	
CARE		100.	
COLLEGE POSSIBLE		500.	
COMMON HOPE		420.	
ETHIOPIAN EDUCATION INITIATIVES		500.	
FIRST CONGREGATIONAL CHURCH		250.	
GROWTH AND JUSTICE		50.	
HABITAT FOR HUMANITY		100.	
INDIANA UNIVERSITY FOUNDATION		0.	
LINDEN HILLS NEIGHBORHOOD ASSOCIATION		50.	
MARCY HOLMES NEIGHBORHOOD ASSOCIATION		25.	
MARFAN FOUNDATION		100.	
MID-MINNESOTA LEGAL AID		256.	
MINNESOTA PUBLIC RADIO		50.	
PACER		0.	
PAGE EDUCATION FOUNDATION		100.	
RED NOSE DAY		1.	
SECOND HARVEST HEARTLAND		100.	
STARKEY HEARING FOUNDATION		500.	
UNITED WAY		950.	
UNIVERSITY OF BALTIMORE FOUNDATION		400.	
UNIVERSITY OF MINNESOTA FOUNDATION		100.	
SUBTOTALS		6,602.	
TOTAL TO SCHEDULE A, LINE 11			6,602.

SCHEDULE SE | NON-FARM INCOME | STATEMENT 9

DESCRIPTION	AMOUNT
WRITER	27,000.
TOTAL TO SCHEDULE SE, LINE 2	27,000.

2018 DEPRECIATION AND AMORTIZATION REPORT

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

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	APPLE COMPUTER	012116	200DB	5.00	17	2,994.		2,994.	0.			0.
	TOTAL SCH C DEPRECIATION					2,994.		2,994.	0.			0.

(D) - Asset disposed

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

2019 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	012116	200DB	5.00	2,994.	2,994.	0.	0.	0.
	TOTAL SCH C DEPRECIATION				2,994.	2,994.	0.	0.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2018 TAX RETURN FILING INSTRUCTIONS

DISTRICT OF COLUMBIA INCOME TAX RETURN

FOR THE YEAR ENDING
DECEMBER 31, 2018

PREPARED FOR:

JOHN D. BESSLER
[redacted]

PREPARED BY:

SIMMA FLOTTEMESCH & ORENSTEIN, LTD.
[redacted]

AMOUNT OF TAX:

TOTAL TAX	$	11,593
LESS: PAYMENTS AND CREDITS	$	12,026
PLUS: INTEREST AND PENALTIES	$	0
OVERPAYMENT	$	433

OVERPAYMENT:

MISCELLANEOUS DONATIONS	$	0
CREDITED TO YOUR ESTIMATED TAX	$	433
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 15, 2019.

SPECIAL INSTRUCTIONS:

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

Government of the
District of Columbia

2018 D-40E 3
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) [redacted]
Spouse's/Registered domestic partner's First name and initial AMY J.	Last name KLOBUCHAR	Spouse's TIN [redacted]
Present Home Address (number, street and suite/apartment number if applicable) [redacted]		Federal Filing Status MARRIED FILI
City, Town, and State [redacted] [redacted]	ZIP Code + 4 [redacted]	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	167212 .00
2. District of Columbia Tax, Form D-40, Line 22 or D-40EZ, Line 6	11593 .00
3. DC Income Tax Withheld, Form D-40, Line 26 or D-40EZ, Line 9	.00
4. District of Columbia Net Refund, Form D-40, Line 38 or D-40EZ, Line 16	.00
5. District of Columbia Total Amount Due, Form D-40, Line 37 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 2018 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.

THERESA L PIETENPOL 03/28/19 [redacted]

ERO's Signature Date TIN

[redacted] 3/28/19

Paid Preparer's Signature Date TIN

PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.

843131 11-06-18

Government of the
District of Columbia

2018 D-40 Individual Income Tax Return

[redacted]

SOFTWARE DEVELOPER USE ONLY VENDOR ID# 1019

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Personal information

Telephone number

Mark if Amended return

Mark if **Deceased**

Your Taxpayer Identification Number (TIN) [redacted] and Date of Birth (MMDDYYYY) [redacted]

Spouse's/registered domestic partner's TIN [redacted] and Date of Birth (MMDDYYYY) [redacted]

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

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

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

City [redacted] State [redacted] ZIP Code + 4 [redacted]

Filing Status

1 Mark only one: Single Married filing jointly X Married filing separately Dependent claimed by someone else
Married filing separately on same return Enter combined amounts for Lines 4 - 39. 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 (MMDDYYYY) to See instructions.

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

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Income Information

a	Wages, salaries, unemployment compensation and/or tips, see instructions.		a	$	168304 .00
b	Business income or loss, see instructions.	Mark if loss X	b	$	1092 .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 or 1040NR.	Mark if loss	3	$	167212 .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	$	167212 .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	$	167212 .00

Enter your last name BESSLER
Enter your TIN [redacted]

[redacted]

15	Deduction type. Take the same type of deduction you took on your federal return. Mark which type: Standard X or Itemized	See instructions for amount to enter on Line 16.		
16	DC deduction amount. For amount to enter, see instructions.	16	$	12000 .00
17	**DC taxable income.** Subtract Line 16 from Line 14. Mark if loss	17	$	155212 .00
18	Tax. *If Line 17 is $100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.* Mark if filing separately on same return. Complete Calculation J on Schedule S.	18	$	11593 .00
19	Credit for child and dependent care expenses. $ .00 x .32 Enter result > From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441	19	$	.00
20	Non-refundable credits from DC Schedule U, Part 1a, Line 7. *Attach DC Schedule U.*	20	$	3466 .00
21	Total non-refundable credits. Add Line 19 and Line 20.	21	$	3466 .00
22	Total tax. Subtract Line 21 from Line 18. If Line 18 is less than Line 21, leave Line 22 blank.	22	$	8127 .00
23	DC Earned Income Tax Credit			
23a	Enter the number of qualified EITC children. 0 23b Enter earned income amount	23b	$	.00
23c	For filers **with** qualifying children. Enter federal EITC $ .00 x .40 Enter result >	23d	$	.00
23e	For filers **without** qualifying children. *See instructions for special calculations.* Enter result >	23e	$	.00
24	Property Tax Credit. *From your DC Schedule H, attach a copy.*	24	$	.00
25	Refundable credits from DC Schedule U, Part 1b, Line 3. Attach DC Schedule U.	25	$	.00
26	DC income tax withheld shown on Forms W-2 and 1099. Attach these forms.	26	$	.00
27	2018 estimated income tax payments and amount applied from 2017 return.	27	$	8560 .00
28	Tax paid with Form FR-127 Extension of Time to File.	28	$	.00
29	If this is an amended 2018 return, enter payments made with original 2018 D-40 return.	29	$	.00
30	If this is an amended 2018 return, enter refunds requested with original 2018 D-40 return.	30	$	.00
31	Total payments and refundable credits. Add Line 23d or 23e through Line 29. (Do not include Line 30).	31	$	8560 .00
32	Tax due. *Subtract Line 31 from Line 22.*	32	$	.00
33	Amount to be overpaid. *Subtract Line 22 from Line 31.*	33	$	433 .00
34	Amount applied to your 2019 estimated tax	34	$	433 .00
35	Underpayment Interest. Mark here and attach Form D-2210.	35	$	.00
36	Contribution amount from Schedule U, Part II, Line 5 or 6. Cannot exceed refund amount on Line 38.	36	$	.00
37	Total amount due. *Add Lines 32, 35 and 36.*	37	$	.00
38	Net refund. *Subtract total of Lines 34, 35 and 36 from Line 33.*	38	$	.00

Will this refund go to an account outside the U.S.? Yes No *See instructions*

39 Mark if either spouse is claiming injured spouse protection. You **must** attach Form DC-8379.

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

Make one refund choice Direct deposit or ReliaCard (See instructions) or 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 X *and enter the name and phone number of that person*

Designee's name THERESA L PIETENPOL
Phone number [redacted]

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

Your signature
Date
Preparer's signature [redacted]
Date 03/28/19

Spouse's/registered domestic partner's signature if filing jointly
Date
Preparer's Tax Identification Number (PTIN) [redacted]
PTIN telephone number [redacted]

Government of the
District of Columbia

2018 SCHED E S Supplemental Information and Dependents

Unless instructed otherwise -
If you fill in any part of this schedule, attach it to your D-40.

[redacted]

SOFTWARE DEVELOPER USE ONLY
VENDOR ID# 1019

Enter your last name.
BESSLER

Enter your Taxpayer identification Number (TIN)
[redacted]

Dependents If you have more than 8 dependents, list them on an attachment.

First name M.I. Last name
Taxpayer identification number Relationship Date of Birth (MMDDYYYY)

First name M.I. Last name
Taxpayer identification number Relationship Date of Birth (MMDDYYYY)

First name M.I. Last name
Taxpayer identification number Relationship Date of Birth (MMDDYYYY)

First name M.I. Last name
Taxpayer identification number Relationship Date of Birth (MMDDYYYY)

First name M.I. Last name
Taxpayer identification number Relationship Date of Birth (MMDDYYYY)

First name M.I. Last name
Taxpayer identification number Relationship Date of Birth (MMDDYYYY)

First name M.I. Last name
Taxpayer identification number Relationship Date of Birth (MMDDYYYY)

First name M.I. Last name
Taxpayer identification number Relationship Date of Birth (MMDDYYYY)

Head of household filers
Do not enter your information

TIN of qualifying non-dependent person
Date of Birth of qualifying non-dependent person (MMDDYYYY)

First name of qualifying non-dependent person M.I. Last name

2018 SCHEDULE S PAGE 2

Last name and TIN BESSLER [redacted]

[redacted]

Calculation G-1 Computation of Standard Deduction

a	Basic standard deduction amount. *See instructions.*	a	12000 .00
b	Enter 1 if you are age 65 or over.	b	
c	Enter 1 if you are blind.	c	
d	Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is 65 or over.	d	
e	Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is blind.	e	
f	Total number of additions to standard deductions. *Add Lines b through e.*	f	
g	Additional standard deduction amount. *Multiply $1,300 ($1,600 if single or head of household) by number on Line f.*	g	.00
h	Total standard deduction. *Add Lines a and g, enter here and on D-40, Line 16.*	h	12000 .00
i	Total number of dependents.	i	

Calculation J Tax computation for married or registered domestic partners filing separately on same DC return.

Enter separate amounts in each column. Do not combine amounts until Line I.

				You	Your spouse/registered domestic partner
a	Federal adjusted gross income. If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Registered domestic partners should enter the federal AGI reported on their separate federal returns.	Mark if minus	a	.00	.00
b	Total additions to federal adjusted gross income. *Enter each person's portion of additions entered on D-40, Lines 4 and 5.*		b	.00	.00
c	Add Lines a and b.	Mark if minus	c	.00	.00
d	Total subtractions from federal adjusted gross income. *Enter each person's portion of subtractions entered on D-40, Line 13.*		d	.00	.00
e	DC adjusted gross income. *Subtract Line d from Line c.*	Mark if minus	e	.00	.00
f	Deduction amount. *Enter each person's portion of deductions entered on D-40, Line 16. (You may allocate this amount any way you like.)*		f	.00	.00
g	Taxable income. *Subtract Line f from Line e.*	Mark if minus	g	.00	.00
h	Tax. *If Line g is $100,000 or less, use tax tables. If more than $100,000, use Calculation I.*		h	.00	.00
i	*Add the amounts on Line h, enter here and on D-40, Line 18.*		i $	.00	Total tax

List TINs associated with income **reported and taxed** on Franchise and Fiduciary Returns for the amount listed **on D-40, Line 10.**

a	b	c
d	e	f
g	h	i

Government of the
District of Columbia

2018 SCHEDULE U SUB
Additional Miscellaneous Credits and Contributions

[redacted]

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)
[redacted]

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 $ 3466 .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	$	3466 .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
6 RESERVED	6	$	.00
7 **Total your non-refundable credits, enter here and on Form D-40, Line 20.**	7	$	3466 .00

b. Refundable Credits

1 DC Non-custodial parent EITC (see Schedule N).	1	$	.00
2 Early Learning Tax Credit. See Schedule ELC.	2	$	.00
3 Total your refundable credits, enter here and on Form D-40, Line 25.	**3**	$	.00

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

1 **DC Statehood Delegation Fund.**	1	$	.00
2 Taxpayer Support for Afterschool Programs for At-Risk Students	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 36.	5	$	.00
6 If you owe tax, total your contribution(s), enter here and on Form D-40, Line 36.	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 36.
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.

JOHN D. BESSLER [redacted]

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

1. INCOME TAX LIABILITY IN: MINNESOTA		3,988.	
2. OTHER STATE AGI	50,000.		
3. DC ADJUSTED GROSS INCOME	167,212.		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.2990		
5. DC TAX LIABILITY	11,593.		
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		3,466.	
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)			3,466.
TOTAL TO SCHEDULE U, PART IA, LINE 2			3,466.

2019 ESTIMATED TAX FILING INSTRUCTIONS

DISTRICT OF COLUMBIA ESTIMATED TAX

FOR THE YEAR ENDING
DECEMBER 31, 2019

PREPARED FOR:

JOHN D. BESSLER
[redacted]

PREPARED BY:

SIMMA FLOTTEMESCH & ORENSTEIN, LTD.
[redacted]

AMOUNT OF TAX:

TOTAL ESTIMATED TAX	$ 9,320
LESS CREDIT FROM PRIOR YEAR	$ 433
LESS AMOUNT PAID ON 2019 ESTIMATE	$ 0
BALANCE DUE	$ 8,887

PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:

VOUCHER	AMOUNT	DUE DATE
NO. 1	$ 1,897	APRIL 15, 2019
NO. 2	$ 2,330	JUNE 17, 2019
NO. 3	$ 2,330	SEPTEMBER 16, 2019
NO. 4	$ 2,330	JANUARY 15, 2020

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 "2019 FORM D-40ES" ON YOUR CHECK.

TO AVOID PENALTY AND RELATED CHARGES, 90% OF YOUR 2018 TAX LIABILITY MUST BE PAID ON OR BEFORE BY APRIL 15, 2019. IF YOUR ACTUAL TAX LIABILITY EXCEEDS THE AMOUNTS YOU HAVE ALREADY PAID IN FOR 2018, 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 2019. 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 2a

Note: State and local income taxes and sales taxes are not allowable deductions in DC.

Use Calculation F in 2018 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 $12,200 if single, married/registered domestic partners filing separately or a dependent. Enter $18,350 if head of household. Enter $24,400 if married/registered domestic partner filing jointly, married/registered domestic partners filing separately on the same return, or qualifying widow(er) with dependent children 2b

c. Enter 1 if you are age 65 or over c

d. Enter 1 if you are blind ..... d

e. Enter 1 if married/registered domestic partner filing jointly or filing separately on same return and your spouse/registered domestic partner is 65 or over ..... e

f. Enter 1 if married/registered domestic partner filing jointly or filing separately on same return and your spouse/registered domestic partner is blind ..... f

g. Total number of additions to standard deductions. Add Lines c through f ..... g

h. Additional standard deduction amount for aged or blind. Multiply $1,300 (or $1,650 if the individual is also unmarried and not a surviving spouse) by number on Line g 2h

3 Add Lines 2b and 2h 3

4 Estimated taxable income. If you itemize, subtract Line 2a from Line 1. If you take the standard deduction, subtract Line 3 from Line 1 4

5 DC tax. Use the 2018 tax rate table or the tax computation worksheet ..... 5 12,752.

6 DC income tax to be withheld during 2019 plus DC tax credits, if any ..... 6 3,466.

7 Estimated DC tax. Subtract Line 6 from Line 5 ..... 7 9,286.

8 Amount of each payment. Divide Line 7 by the number of voucher payments due this year. Apply the full amount of any overpayment of tax from prior year's DC income tax return to the first payment of your estimated taxes ..... 8 ADJUSTED 2,330.

Government of the
District of Columbia

2019 D-40ES S Estimated Payment for Individual Income Tax

Instructions

- Make check or money order (US Dollars) payable to DC Treasurer.
- Include your Taxpayer Identification Number (TIN), "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

843022 10-25-18

Government of the
District of Columbia

2019 D-40ES SUB Estimated Payment for Individual Income Tax

[redacted]

Quarterly Payment (dollars only) $ 2330.00

Make check or money order payable to the DC Treasurer.

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1019

Your taxpayer identification number (TIN) [redacted]

Spouse's/registered domestic partner's TIN

Your first name JOHN

M.I. D

Last name BESSLER

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

M.I.

Last name

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

City [redacted]

State [redacted]

ZIP code + 4 [redacted]

Voucher Number: 4

Due Date: 011520

Government of the
District of Columbia

2019 D-40ES S . Estimated Payment for Individual Income Tax

Instructions

- Make check or money order (US Dollars) payable to DC Treasurer.
- Include your Taxpayer Identification Number (TIN), "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

843022 10-25-18

Government of the
District of Columbia

2019 D-40ES SUB Estimated Payment for Individual Income Tax

[redacted]

Quarterly Payment (dollars only) $ 2330.00

Make check or money order payable to the DC Treasurer.

SOFTWARE DEVELOPER USE ONLY
VENDOR ID# 1019

Your taxpayer identification number (TIN): [redacted]

Spouse's/registered domestic partner's TIN:

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

Your spouse's/registered domestic partner's first name,
M.I.
Last name

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

City: [redacted]
State: [redacted]
ZIP code + 4: [redacted]

Voucher Number: 3
Due Date: 091619

Government of the
District of Columbia

2019 D-40ES S Estimated Payment for Individual Income Tax

Instructions

- Make check or money order (US Dollars) payable to DC Treasurer.
- Include your Taxpayer Identification Number (TIN), "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

843022 10-25-18

Government of the
District of Columbia

2019 D-40ES SUB Estimated Payment for Individual Income Tax

[redacted]

Quarterly Payment (dollars only) $ 2330.00

Make check or money order payable to the DC Treasurer.

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1019

Your taxpayer identification number (TIN): [redacted]

Spouse's/registered domestic partner's TIN:

Your first name: JOHN

M.I.: D

Last name: BESSLER

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

M.I.

Last name

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

City: [redacted]

State: [redacted]

ZIP code + 4: [redacted]

Voucher Number: 2

Due Date: 061719

Government of the
District of Columbia

2019 D-40ES S Estimated Payment for Individual Income Tax

Instructions

- Make check or money order (US Dollars) payable to DC Treasurer.
- Include your Taxpayer Identification Number (TIN), "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

843022 10-25-18

Government of the
District of Columbia

2019 D-40ES SUB Estimated Payment for Individual Income Tax

[redacted]

SOFTWARE DEVELOPER USE ONLY
VENDOR ID# 1019

Quarterly Payment (dollars only) $ 1897.00

Make check or money order payable to the DC Treasurer.

Your taxpayer identification number (TIN) [redacted]

Spouse's/registered domestic partner's TIN

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

Your spouse's/registered domestic partner's first name,
M.I.
Last name

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

City [redacted]
State [redacted]
ZIP code + 4 [redacted]

Voucher Number: 1
Due Date: 041519

2018 TAX RETURN FILING INSTRUCTIONS

MARYLAND INCOME TAX RETURN

FOR THE YEAR ENDING
DECEMBER 31, 2018

PREPARED FOR:

JOHN D. BESSLER
[redacted]

PREPARED BY:

SIMMA FLOTTEMESCH & ORENSTEIN, LTD.
[redacted]

AMOUNT OF TAX:

TOTAL TAX	$	0
LESS: PAYMENTS AND CREDITS	$	7,547
PLUS: INTEREST AND PENALTIES	$	0
OVERPAYMENT	$	7,547

OVERPAYMENT:

MISCELLANEOUS DONATIONS	$	0
CREDITED TO YOUR ESTIMATED TAX	$	0
REFUNDED TO YOU	$	7,547

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 15, 2019.

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.

DO NOT MAIL

MARYLAND
FORM
EL 101

e-File DECLARATION FOR ELECTRONIC FILING

[redacted]

2018

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

First Name	MI	Last Name	SSN/Taxpayer Identification Number
JOHN	D	BESSLER	[redacted]

Spouse's First Name	MI	Spouse's Last Name	SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

1. Amount of overpayment to be applied to 2019 estimated tax .... 1. ______

2. Amount of overpayment to be refunded to you .... **REFUND** 2. 7547.

3. Total amount due (Pay in full by April 15, 2019. 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 2018 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 (ERO firm name) to enter or generate my PIN [redacted] (Enter five digits. Do not enter all zeros.) as my signature on my tax year 2018 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2018 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 03/28/2019

Spouse's PIN: check one box only

☐ I authorize ______________ (ERO firm name) to enter or generate my PIN ☐☐☐☐☐ (Enter five digits. Do not enter all zeros.) as my signature on my tax year 2018 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ______________________ Date ______

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [redacted] (Do not enter all zeros.)

I certify this numeric entry is my PIN, which is my signature for the tax year 2018 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 THERESA L PIETENPOL Date 032819

MARYLAND FORM
505

NONRES. .NT INCOME TAX RETURN

[redacted]

2018
$

OR FISCAL YEAR BEGINNING 2018, ENDING

[redacted]

Print Using Blue or Black Ink Only

[redacted]
Social Security Number

Spouse's Social Security Number

JOHN D
First Name MI

BESSLER
Last Name

Spouse's First Name MI

Spouse's Last Name

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

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

[redacted]
City or Town

[redacted]
State

[redacted]
ZIP Code + 4

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.)

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

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

CHECK ONE BOX ▶
1. ☐ Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. ☐ Married filing joint return or spouse had no income
3. ☒ Married filing separately, Spouse's SSN [redacted]
4. ☐ Head of household
5. ☐ Qualifying widow(er) with dependent child
6. ☐ Dependent taxpayer (Enter 0 in Exemption Box (A) - See 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 2018? If no, attach explanation. ☒ Yes ☐ No

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

Did you file a Maryland income tax return for 2017? ☒ Yes ☐ No If "Yes," was it a ☐ **Resident** or a ☒ **Nonresident** return?

Dates you resided in Maryland for 2018. 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.) ▶ 1 **Total Amount** **D. $** 0. __

MARYLAND
FORM
505

**NONRES. .NT INCOME
TAX RETURN**

[redacted]

2018
Page 2

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.	168304.		168304.
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.	-1092.		-1092.
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.	167212.		167212.
16. Total adjustments to income from federal return (IRA, alimony, etc.)	16.			
17. Adjusted gross income (Subtract line 16 from line 15.) ▶	17.	167212.		167212. ◀

ADDITIONS TO INCOME (See Instructions.)

18. Non-Maryland loss and adjustments	18.	1092.
19. Other (Enter code letter(s) from Instructions.) ▶	19.	
20. Total additions (Add lines 18 and 19.) ▶	20.	1092.
21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.)	21.	168304.

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.	168304.

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.) ▶ ☒ ▶ 26a. 2250.
ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and d.) ▶ ☐
b. Total federal itemized deductions (from line 17, 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) ▶ 26. 2250.

27. Net income (Subtract line 26 from line 25.)	27.	166054.
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.	166054.

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.	

MARYLAND FORM 505

NONRES. .NT INCOME TAX RETURN

[redacted]

2018

Name JOHN D BESSLER SSN [redacted]

34. Other income tax credits for individuals from Part AA, line 12 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 **your W-2 and 1099 forms and attach if MD tax is withheld.)** ▶ **43.** 7547.

44. 2018 estimated tax payments, amount applied from 2017 return, payments made with an extension request 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 CC, line 6 of Form 502CR **(Attach Form 502CR.** See Instructions.) **46.**

47. Total payments and credits (Add lines 43 through 46.) **47.** 7547.

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.** 7547.

50. Amount of overpayment **TO BE APPLIED TO 2019 ESTIMATED TAX** ▶ **50.**

51. Amount of overpayment **TO BE REFUNDED TO YOU** (Subtract line 50 from line 49.) See line 54 **REFUND** ▶ **51.** 7547.

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. Include Form PV** **53.**

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) ▶ [redacted] **54c.** Account number ▶ [redacted]

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

[redacted]

Your signature Date

THERESA L PIETENPOL
Signature of preparer other than taxpayer

Spouse's signature Date

[redacted]
Street address of preparer

▶ Daytime telephone no.

[redacted]
City, State, ZIP Code + 4

[redacted]
Home telephone no.

[redacted]
Telephone number of preparer

[redacted]
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 PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 505. Place Form 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

NONRES NT
INCOME TAX
CALCULATION
ATTACH TO YOUR TAX RETURN

[redacted]

2018

JOHN — First Name
D — MI
BESSLER — Last Name
[redacted] — Social Security Number

Spouse's First Name
MI
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. 166054.
2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II .... 2. 8143.

PART II - CALCULATION OF MARYLAND TAX

3. Enter your federal adjusted gross income from Form 505 (or Form 515), line 17 (Column 1) .... 3. 167212.
3a. Earned Income (See instructions.) .... ▶ 3a.
4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21 .... 4. 168304.
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. 168304.
7. Add lines 5 through 6b .... 7. 168304.
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. 8143.
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.

2018 TAX RETURN FILING INSTRUCTIONS

MINNESOTA INCOME TAX RETURN

FOR THE YEAR ENDING
DECEMBER 31, 2018

PREPARED FOR:

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

PREPARED BY:

SIMMA FLOTTEMESCH & ORENSTEIN, LTD.
[redacted]

AMOUNT OF TAX:

TOTAL TAX	$	14,339
LESS: PAYMENTS AND CREDITS	$	14,316
PLUS: INTEREST AND PENALTIES	$	0
BALANCE DUE	$	23

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

MINNESOTA REVENUE

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 15, 2019.

SPECIAL INSTRUCTIONS:

DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE MN DOR.

YOUR CHECK FOR $23, PAYABLE TO MINNESOTA REVENUE, MUST BE PAID BY APRIL 15, 2019. BE SURE TO INCLUDE INCOME TAX RETURN PAYMENT, PAYMENT VOUCHER, WITH YOUR PAYMENT.

MINNESOTA REVENUE
P.O. BOX 64054
ST. PAUL, MN 55164-0054

INCLUDE YOUR SOCIAL SECURITY NUMBER ON YOUR CHECK.

DEPARTMENT
OF REVENUE

Income Tax Return Payment

Pay by Check

- Make your check payable to "Minnesota Revenue."
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits - characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to www.paystatetax.com/mn or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

659771 08-08-18

Cut carefully along this line to detach.
Your check authorizes us to make a one-time electronic fund transfer from your account.

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DEPARTMENT
OF REVENUE

Income Tax Return Payment

AMY J KLOBUCHAR
JOHN D BESSLER
[redacted]

Preparer Tax Identification Number: [redacted]

Social Security Number (required): [redacted]

Spouse's Social Security Number: [redacted]

Tax-Year End: 123118

Make check payable to:
Minnesota Revenue
P.O. Box 64054, St. Paul, MN 55164-0054

Amount of Check: 23 00

[redacted]

DEPARTMENT OF REVENUE

2018 Form M1, Individual Income Tax

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

Your First Name and Initial	Last Name	Your Social Security Number	Your Date of Birth
AMY J	KLOBUCHAR	[redacted]	[redacted]
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number	Spouse's Date of Birth
JOHN D	BESSLER	[redacted]	[redacted]

Current Home Address: [redacted]

Check if: ☐ New Address ☐ Foreign Address

City: [redacted] State: [redacted] ZIP Code: [redacted]

2018 Federal Filing Status (place an X in one box): ☐ (1) Single ☒ (2) Married filing jointly ☐ (3) Married filing separately: Enter spouse name and Social Security number ☐ (4) Head of household ☐ (5) Qualifying widow(er)

State Elections Campaign Fund
If you want $5 to go to help candidates for state offices pay campaign expenses, 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 Fund	99
Independence	13	Libertarian	16		

Your code ______
Spouse code ______

From Your Federal Return (see instructions)

A Wages, salaries, tips, etc.	B IRA, pensions, and annuities	C Unemployment	D Federal taxable income
300848	429		☐ 314121

▲ Place an X in box if a negative number

1	**Federal adjusted gross income** *(from line 7 of federal Form 1040) (if a negative number, place an X in the box)*	1■ ☐	338121
2	Other additions to income, including non-Minnesota bond interest, and an adjustment from Schedule M1NC *(see instructions; enclose Schedule M1M)*	2■	
3	Add lines 1 and 2 *(if a negative number, place an X in the box)*	3 ☐	338121
4	**Itemized deductions** *(from Schedule M1SA)* or your **standard deduction** *(see instructions)*	4■	13000
5	Exemptions *(determine from instructions)* STATEMENT 1	5■	4648
6	State income tax refund from line 10 of federal Schedule 1	6■	11262
7	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)*	7■	3051
8	Total subtractions. Add lines 4 through 7	8	31961
9	**Minnesota taxable income.** Subtract line 8 from line 3. If zero or less, leave blank.	9	306160
10	**Tax** from the table in the M1 instructions	10	22976
11	Alternative minimum tax *(enclose Schedule M1MT)*	11■	
12	Add lines 10 and 11	12	22976
13	**Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b. **Part-year residents and nonresidents:** From Schedule M1NR, enter the amount from line 28 on line 13, from line 24 on line 13a, and from line 25 on line 13b *(enclose Schedule M1NR)*	13	14339

a■ 211023 b■ ☐ 338121 **(Place an X in box if a negative number)**

14	Other taxes such as the tax on lump sum distributions and recapture amounts from (check appropriate box): ☐ Schedule M1HOME ☐ Schedule M1529 ☐ Schedule M1LS	14■	

15	Tax before credits. Add lines 13 and 14	15	14339
16	Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income *(enclose Schedule M1MA)*	16 ■	738
17	Credit for long-term care insurance premiums paid *(enclose Schedule M1LTI)*	17 ■	
18	Credit for taxes paid to another state *(enclose Schedule(s) M1CR and M1RCR)*	18 ■	
19	Other nonrefundable credits *(enclose Schedule M1C)*	19 ■	
20	Total nonrefundable credits. Add lines 16 through 19	20	738
21	Subtract line 20 from line 15 *(if result is zero or less, leave blank)*	21	13601
22	Nongame Wildlife Fund contribution *(see instructions)* This will reduce your refund or increase the amount you owe	22 ■	
23	Add lines 21 and 22	23	13601
24	**Minnesota income tax withheld.** Complete and enclose Schedule M1W to report Minnesota withholding from Forms W-2, 1099, and W-2G *(do not send)*	24 ■	13578
25	Minnesota estimated tax and extension payments made for 2018	25 ■	
26	Refundable credits *(enclose Schedule M1REF)*: Child and Dependent Care Credit, Working Family Credit, K-12 Education Credit, Credit for Parents of Stillborn Children, Credit for Tax Paid to Wisconsin, Credit for historic structure rehabilitation, and Enterprise Zone Credit	26 ■	
27	Total payments. Add lines 24 through 26	27	13578
28	**REFUND.** If line 27 is more than line 23, subtract line 23 from line 27 *(see instructions)*. For direct deposit, complete line 29	28 ■	

29 Direct deposit of your refund *(you must use an account not associated with a foreign bank):*

Account Type ☐ Checking ☐ Savings

Routing Number ____________

Account Number ____________

30	**AMOUNT YOU OWE.** If line 23 is more than line 27, subtract line 27 from line 23 *(see instructions)*	30 ■	23
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 2019 estimated tax	33 ■	

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

Paid preparer: You must sign below.

Your Signature — Date

[redacted]

THERESA L PIETENPOL

Date

[redacted]

Spouse's Signature (if filing jointly) — Taxpayer's Daytime Phone — Preparer's Daytime Phone — PTIN or VITA/TCE # (required)

[redacted] [redacted] [redacted]

Your email address

[redacted]

Preparer's email address

[redacted]

Include a copy of your 2018 federal return and schedules.

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

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

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

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

DEPARTMENT OF REVENUE

2018 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	Last Name	Your Social Security Number
AMY J	KLOBUCHAR	[redacted]
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number
JOHN D	BESSLER	[redacted]

If you received a federal Form W-2, 1099, W-2G, or Minnesota Schedule KPI, KS, or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 24 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 Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

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

A If the Form 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 seven-digit Minnesota 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	☒	MN [redacted]	132544	9590
2	☐	MN [redacted]	50000	3988
	☐	MN		
	☐	MN		
	☐	MN		

Subtotal for additional Forms W-2 *(from line 5 on the back)* ....

Total Minnesota tax withheld on all Forms W-2 *(add amounts in line 1, column E)* .... 1 ■ 13578

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

A If the Form 1099 or W-2G is for: • you, enter 1 • spouse, enter 2	**B** Payer's seven-digit Minnesota 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 Forms 1099 and W-2G *(from line 6 on the back)* ....

Total Minnesota tax withheld on all Forms 1099 and W-2G *(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 24 of Form M1 .... 4 ■ 13578

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

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DEPARTMENT OF REVENUE

2018 Schedule M1M, Income Additions and Subtractions

Complete this schedule to determine line 2 and line 7 of Form M1.

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

Additions to Income

1	Interest from municipal bonds of another state or its governmental units included on line 2a of federal Form 1040	1 ■	
2	Federally tax-exempt dividends from mutual funds investing in bonds of another state or its governmental units included on line 2a of federal Form 1040	2 ■	
3	Federal bonus depreciation addition *(determine from worksheet in the instructions)*	3 ■	
4	Federal section 179 expensing addition *(determine from worksheet in the instructions)*	4 ■	
5	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)*	5 ■	
6	Expenses deducted on your federal return attributable to income not taxed by Minnesota *(other than interest or mutual fund dividends from U.S. bonds)*	6 ■	
7	Fines, fees, and penalties federally deducted as a trade or business expense *(see instructions)*	7 ■	
8	Suspended loss from 2001 through 2005 or 2008 through 2017 on your federal return that was generated by bonus depreciation *(determine from worksheet in the instructions)*	8 ■	
9	Capital gain portion of a lump-sum distribution *(from line 6 of federal Form 4972; enclose Form 4972)*	9 ■	
10	Net operating loss carryover adjustment *(see instructions)*	10 ■	
11	Addition from line 5 of Schedule M1HOME *(enclose Schedule M1HOME)*	11 ■	
12	Accelerated recognition of nonresident installment sales *(enclose Schedule M1AR)*	12 ■	
13	Addition from Schedule M1NC, line 36	13 ■	
14	Domestic production activities deduction	14 ■	
15	Add lines 1 through 14. Enter the total here and on line 2 of Form M1	15	

Subtractions From Income

16	Net interest or mutual fund dividends from U.S. bonds *(see instructions)*	16 ■	
17	Education expenses you paid for your qualifying children in grades K-12 *(see instructions)* Enter the name and grade of each child on the line below:	17 ■	
18	If you are not filing Schedule M1SA, and your charitable contributions were more than $500, see instructions	18 ■	3051
19	Subtraction for federal bonus depreciation added back to Minnesota taxable income in 2013 through 2017 *(determine from worksheet in the instructions)*	19 ■	
20	Subtraction for federal section 179 expensing added back to Minnesota taxable income in 2013 through 2017 *(see instructions)*	20 ■	
21	Subtraction for persons age 65 or older, or permanently and totally disabled *(enclose Schedule M1R)*	21 ■	

22 Benefits paid by the Railroad Retirement Board *(see instructions)* .... 22 ■

23 If you are a resident of Michigan or North Dakota filing Form M1 only to receive a refund of all Minnesota tax withheld, enter the amount from line 1 of Form M1. If the amount is less than zero, enter zero .... 23 ■

- Place an X in one box to indicate the reciprocity state of which you were a resident during 2018 .... ☐ Michigan ☐ North Dakota

24 American Indians: Total amount earned on an Indian reservation while living on the reservation, to the extent the income is federally taxable .... 24 ■

25 Federal active duty military pay received for services performed while a Minnesota resident, to the extent the income is federally taxable. Do not include military pensions. See line 30 if you received a military pension or other military retirement pay. .... 25 ■

26 If you are a member of the Minnesota National Guard or other reserve component in Minnesota, see instructions .... 26 ■

27 If you are a resident of another state, enter your federal active service military pay, to the extent the income is federally taxable. Do not include military pensions. See line 30 if you received a military pension or other military retirement pay .... 27 ■

28 If you, your spouse *(if filing a joint return)*, or your dependent donated all or part of a human organ, enter your unreimbursed expenses for travel and lodging and for any lost wages net of sick pay *(see instructions)* .... 28 ■

29 Income taxes paid to a subnational level of a foreign country other than Canada *(determine from worksheet in the instructions)* .... 29 ■

30 If you received a Military pension or other retirement military pay computed under U.S. Code Title 10 *(see instructions)* .... 30 ■

31 Portion of the gain from the sale of your farm property if you were insolvent at the time of the sale *(determine from worksheet in the instructions)* .... 31 ■

32 Post-service education awards received for service in an AmeriCorps National Service program .... 32 ■

33 Net operating loss (NOL) carryover adjustment *(see instructions)* .... 33 ■

34 Subtraction for prior addback of reacquisition of business indebtedness income included in federal taxable income *(see instructions)* .... 34 ■

35 Subtraction for railroad maintenance expenses .... 35 ■

36 Subtraction for contributions to a qualified education savings plan *(enclose Schedule M1529)* .... 36 ■

37 Social Security benefit subtraction *(determine from worksheet in instructions)* .... 37 ■

38 Subtraction for interest earned from a designated first-time homebuyer savings account *(enclose Schedule M1HOME)* .... 38 ■

39 Subtraction for discharge of indebtedness of educational loans *(see instructions)* .... 39 ■

40 Subtraction from Schedule M1NC, line 36 .... 40 ■

41 This line intentionally left blank .... 41 ■

42 Add lines 16-41. Enter the total here and on line 7 of Form M1 .... 42 3051

You must include this schedule with your Form M1.

DEPARTMENT OF REVENUE

2018 Schedule M1NR, Nonresidents/Part-Year Residents

			Other State (see inst.)
Your Last Name KLOBUCHAR	Social Security Number [redacted]	☐ Full-year Nonresident of MN	
		☒ Part-year MN Resident From 010118 to 123018 (mm/dd/yyyy)	MN
Spouse's Last Name BESSLER	Spouse's Social Security Number [redacted]	☒ Full-year Nonresident of MN	DC
		☐ Part-year MN Resident From ______ to ______ (mm/dd/yyyy)	

Before you complete this schedule, read the instructions. Also, complete lines 1 through 11 of Form M1.

			A. Total Amount	B. Minnesota Portion (see instructions)
1	Wages, salaries, tips, etc. *(from line 1 of federal Form 1040)*	1	300848	182544
2	Taxable interest and ordinary dividend income *(add lines 2b and 3b of Form 1040)*	2	36	36
3	Business income or loss *(from line 12 of federal Schedule 1)*	3	25908	27000
4	Capital gain or loss *(from line 13 of federal Schedule 1)*	4		
5	IRA distributions, pensions, and annuities *(from line 4b of Form 1040)*	5	429	429
6	Net income from rents, royalties, partnerships, S corporations, estates, and trusts *(from line 17 of federal Schedule 1)*	6		
7	Farm income or loss *(from line 18 of federal Schedule 1)*	7		
8	Other income *(add lines 5b of Form 1040 and lines 10, 11, 14, 19, and 21 of federal Schedule 1)* STATEMENT 2	8	11262	1376
9	Interest and dividends from non-Minnesota state or municipal bonds *(add lines 1 and 2 of Schedule M1M)*	9		
10	Other required additions *(add lines 3, 4, 6, 8, 10, 12 of Schedule M1M)*	10		
11	Federal Adjustments *(from line 34 of Schedule M1NC)*	11		
12	Add lines 1 through 11 for each column	12	338483	211385

If your Minnesota gross income is below $10,650, see instructions.

			A. Total Amount	B. Minnesota Portion (see instructions)
13	Educator expenses, certain business expenses, and Armed Forces moving expenses *(add lines 23, 24, and 26 of federal Schedule 1)*	13		
14	Self-employed SEP, SIMPLE, and qualified plans and IRA deduction *(add lines 28 and 32 of federal Schedule 1)*	14		
15	Health savings account and Archer MSA deductions *(add lines 25 and Archer MSA amount included on line 36 of federal Schedule 1)*	15		
16	Federal adjustments *(from line 35 of Schedule M1NC)*	16		
17	One-half of self-employment tax and self-employed health insurance *(add lines 27 and 29 of federal Schedule 1)*	17	362	362
18	Deductions for alimony paid and student loan interest *(see instructions for line 18, column B)*	18		
19	Penalty on early withdrawal of savings *(from line 30 of federal Schedule 1)*	19		
20	Other required subtractions *(add lines 19, 33, 34, 37, and 39 of Schedule M1M)*	20		
21	Net U.S. bond interest and active military pay received while a nonresident *(add lines 16 and 27 of Schedule M1M)*	21		
22	Subtraction for federal section 179 expensing *(from line 20 of Schedule M1M)*	22		
23	Add lines 13 through 22 for each column	23	362	362
24	Subtract line 23, column B, from line 12, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below $10,650 or the result is less than zero, enter 0	24		211023
25	Subtract line 23, column A, from line 12, column A. Enter the result here and on line 13b of Form M1	25	338121	
26	Divide line 24 by line 25, and enter the result as a decimal *(carry to five decimal places)*. If line 24 is more than line 25, enter 1.0. If line 24 is zero, enter 0	26		.62410
27	Amount from line 12 of Form M1	27		22976
28	Multiply line 26 by line 27. Enter the result here and on line 13 of Form M1	28		14339

You must include this schedule with Form M1. Enter the amounts from lines 24 and 25 of this schedule on Form M1, lines 13a and 13b.

DEPARTMENT OF REVENUE

2018 Schedule M1MA, Marriage Credit

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

			A Taxpayer	B Spouse
1	Wages, salaries, tips, etc. *(from line 1 of federal Form 1040)*	1	132544	168304
2	Self-employment income *(from line 3 of federal Schedule SE less the self-employment tax deduction from line 6 of Schedule SE)*	2	26638	-1092
3	Taxable pension income *(see instructions)*	3	429	
4	Taxable Social Security income *(from line 5b of federal Form 1040)*	4		
5	If you filed Schedule M1NC, see instructions. If you did not file Schedule M1NC, enter 0	5		
6	Add lines 1 through 5 for each column	6	159611	167212
7	Amount from line 6, Column A or B, whichever is less (If less than $23,000, **STOP HERE.** You do not qualify)	7		159611
8	Joint taxable income from line 9 of Form M1. (If less than $38,000, **STOP HERE**. You do not qualify)	8		306160
9	**If line 7 is less than $101,000,** determine the amount of your credit using lines 7 and 8 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 21	9		

If line 7 is $101,000 or more, complete lines 10 through 20.

10	Enter the amount from line 7	10	159611
11	Value of one personal exemption plus one-half of the married-joint standard deduction	11	10,650
12	Subtract line 11 from line 10	12	148961
13	Using the tax table for **single persons** in the M1 instructions, compute the tax for the amount on line 12	13	10573
14	Amount from line 8	14	306160
15	Amount from line 12	15	148961
16	Subtract line 15 from line 14 *(if zero or less, you do not qualify)*	16	157199
17	Using the tax table for **single persons** in the M1 instructions, compute the tax for the amount on line 16	17	11220
18	Tax from line 10 of Form M1	18	22976
19	Add lines 13 and 17	19	21793
20	Subtract line 19 from line 18. If the result is more than $1,462, enter $1,462. 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 21	20	1183

Part-Year Residents and Nonresidents

21	**Part-year residents and nonresidents:** Enter the percentage from line 26 of Schedule M1NR	21	.62410
22	Multiply line 9 or line 20, whichever is applicable, by line 21. Enter the result here and on line 16 of Form M1	22	738

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

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MN SCH M1 WORKSHEET FOR LINE 5 - PERSONAL & DEPENDENT EXEMPTION STATEMENT 1

IF YOU ARE A DEPENDENT ENTER 0 ON LINE 5 OF FORM M1, AND DO NOT COMPLETE WORKSHEET.

1	ENTER 1 IF NO ONE CAN CLAIM YOU AS A DEPENDENT	1
2	ENTER 1 IF YOU ARE MARRIED AND FILING A JOINT RETURN AND NO ONE CAN CLAIM YOUR SPOUSE AS A DEPENDENT	1
3	ENTER THE NUMBER OF DEPENDENTS YOU CLAIMED ON THE FEDERAL INCOME TAX RETURN. IF YOU DID NOT FILE A FEDERAL INCOME TAX RETURN, REVIEW THE INSTRUCTIONS FOR FEDERAL FORM 1040 TO DETERMINE THE NUMBER OF PEOPLE YOU ARE ELIGIBLE TO CLAIM AS A DEPENDENT. YOU MAY NOT CLAIM ANYONE AS A DEPENDENT IF THEY WERE CLAIMED AS A DEPENDENT BY ANOTHER INDIVIDUAL ON THEIR FEDERAL OR MINNESOTA INCOME TAX RETURN.	
4	ADD STEPS 1 THROUGH 3	2
5	ENTER $4150.	4,150.
6	MULTIPLY STEP 4 BY STEP 5	8,300.
7	ENTER THE AMOUNT FROM LINE 1 OF FORM M1 IF YOU DID NOT FILE SCHEDULE M1NC. IF YOU FILED SCHEDULE M1NC, ENTER THE AMOUNT FROM LINE 38 OF THAT SCHEDULE	338,121.
8	ENTER THE AMOUNT THAT CORRESPONDS TO YOUR FILING STATUS: MARRIED FILING JOINTLY/QUALIFYING WIDOW(ER) $285050. HEAD OF HOUSEHOLD $237550. SINGLE $190050. MARRIED FILING SEPARATE $142525.	285,050.
9	COMPARE THE AMOUNTS ON STEP 7 AND 8. IF STEP 8 IS MORE THAN STEP 7, ENTER THE AMOUNT FROM STEP 6 ON LINE 5 OF FORM M1, AND STOP HERE. IF STEP 7 IS MORE THAN STEP 8, SUBTRACT STEP 8 FROM STEP 7	53,071.
10	IF STEP 9 IS MORE THAN $122500., ENTER 0 ON LINE 5 OF FORM M1, AND STOP HERE. IF STEP 9 IS LESS THAN OR EQUAL TO $122500., DIVIDE STEP 9 BY $2500. ($1250. IF YOUR FILING STATUS IS MARRIED FILING SEPARATE). INCREASE THE RESULT TO THE NEXT HIGHER WHOLE NUMBER.	22.
11	MULTIPLY STEP 10 BY 2%. ENTER THE RESULT AS A DECIMAL	.4400
12	MULTIPLY STEP 6 BY STEP 11	3,652.
13	SUBTRACT STEP 12 FROM STEP 6. ENTER THE RESULT ON LINE 5 OF FORM M1	4,648.

MN SCH M1NR OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
STATE AND LOCAL REFUNDS	1,376.
TOTAL TO SCHEDULE M1NR, LINE 8	1,376.