

**Label** (See instructions on page 12.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign

For the year Jan. 1-Dec. 31, 2007, or other tax year beginning 2007, ending 20

**LABEL HERE**

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

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

Home address (number and street). If you have a P.O. box, see page 12. Apt. no. You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12)  You  Spouse

**Filing Status**

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

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above and full name here.

5  Qualifying widow(er) with dependent child (see page 14)

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a

b  Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 15)
ABIGAIL	KLOBUCHAR	[REDACTED]	DAUGHTER	<input checked="" type="checkbox"/>
BESSLER	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Boxes checked on 6a and 6b: 2

No. of children on 6c who:  
 lived with you: 1  
 did not live with you due to divorce or separation (see page 16): 0

Dependents on 6c not entered above: 0

Add numbers on lines above: 3

d Total number of exemptions claimed: 3

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2: 7 253,400.

8a Taxable interest. Attach Schedule B if required: 8a 1,060.

b Tax-exempt interest. Do not include on line 8a: 8b

9a Ordinary dividends. Attach Schedule B if required: 9a

b Qualified dividends (see page 19): 9b

10 Taxable refunds, credits, or offsets of state and local income taxes: STMT 1 STMT 3 10 0.

11 Alimony received: 11

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

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here : 13 -2,980.

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

15a IRA distributions: 15a Taxable amount: 15b

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

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

18 Farm income or (loss). Attach Schedule F: 18

19 Unemployment compensation: 19

20a Social security benefits: 20a Taxable amount (see page 24): 20b

21 Other income. List type and amount (see page 24): WAVELAND PRESS, INC 453. 21 453.

22 Add the amounts in the far right column for lines 7 through 21. This is your total income: 22 251,933.

**Adjusted Gross Income**

23 Educator expenses (see page 26): 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ: 24

25 Health savings account deduction. Attach Form 8889: 25

26 Moving expenses. Attach Form 3903: 26

27 One-half of self-employment tax. Attach Schedule SE: 27 6.

28 Self-employed SEP, SIMPLE, and qualified plans: 28

29 Self-employed health insurance deduction (see page 26): 29

30 Penalty on early withdrawal of savings: 30

31a Alimony paid b Recipient's SSN: 31a

32 IRA deduction (see page 27): 32

33 Student loan interest deduction (see page 30): 33

34 Tuition and fees deduction. Attach Form 8917: 34

35 Domestic production activities deduction. Attach Form 8903: 35

36 Add lines 23 through 31a and 32 through 35: 36 6.

37 Subtract line 36 from line 22. This is your adjusted gross income: 37 251,927.

Tax and Credits

Standard Deduction for - People who checked any box on line 39a or 39b or who can be claimed as a dependent

All others: Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

38 Amount from line 37 (adjusted gross income)
39a Check if: You were born before January 2, 1943, Blind. Spouse was born before January 2, 1943, Blind. Total boxes checked
40 Itemized deductions (from Schedule A) or your standard deduction
41 Subtract line 40 from line 38
42 If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-
44 Tax. Check if any tax is from: a Form(s) 8814 b Form 4972 c Form(s) 8889
45 Alternative minimum tax. Attach Form 6251
46 Add lines 44 and 45
47 Credit for child and dependent care expenses. Attach Form 2441
48 Credit for the elderly or the disabled. Attach Schedule R
49 Education credits. Attach Form 8863
50 Residential energy credits. Attach Form 5695
51 Foreign tax credit. Attach Form 1116 if required
52 Child tax credit (see page 39). Attach Form 8901 if required
53 Retirement savings contributions credit. Attach Form 8880
54 Credits from: a Form 8396 b Form 8859 c Form 8839
55 Other credits: a Form 3800 b Form 8801 c Form
56 Add lines 47 through 55. These are your total credits
57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-

Table with 2 columns: Line number, Amount. Rows 38-57. Total for line 56: 190. Total for line 57: 54,688.

Other Taxes

58 Self-employment tax. Attach Schedule SE
59 Unreported social security and Medicare tax from: a Form 4137 b Form 8919
60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required
61 Advance earned income credit payments from Form(s) W-2, box 9
62 Household employment taxes. Attach Schedule H
63 Add lines 57 through 62. This is your total tax

Table with 2 columns: Line number, Amount. Rows 58-63. Total for line 63: 54,700.

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099
65 2007 estimated tax payments and amount applied from 2006 return
66a Earned income credit (EIC)
66b Nontaxable combat pay election
67 Excess social security and tier 1 RRTA tax withheld (see page 59)
68 Additional child tax credit. Attach Form 8812
69 Amount paid with request for extension to file (see page 59)
70 Payments from: a Form 2439 b Form 4136 c Form 8885
71 Refundable credit for prior year minimum tax from Form 8801, line 27
72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments

Table with 2 columns: Line number, Amount. Rows 64-72. Total for line 72: 53,329.

Refund

Direct deposit? See page 69 and fill in 74b, 74c, and 74d, or Form 8888.

73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid
74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here
74b Rolling number
74c Type: Checking Savings
74d Account number
75 Amount of line 73 you want applied to your 2008 estimated tax

Table with 2 columns: Line number, Amount. Rows 73-75. Total for line 75: 1,371.

Amount You Owe

76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60
77 Estimated tax penalty (see page 61)

Table with 2 columns: Line number, Amount. Rows 76-77. Total for line 76: 1,371.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? Yes. Complete the following. No
Designee's name: PREPARER
Phone no.
Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature: [Signature] Date:
Your occupation: US SENATOR
Spouse's signature: [Signature] Date:
Spouse's occupation: ATTORNEY
Daytime phone number: [Redacted]

Preparer's Signature

Preparer's signature: [Signature] Date: 4/4/08
Check if self-employed
Preparer's SSN or PTIN: [Redacted]

Use Only

Firm's name (or yours if self-employed), address, and ZIP code: OCEL HEIMER & LINDSEY, LTD
EIN: [Redacted]
Phone no.: [Redacted]

**Child Tax Credit Worksheet** (keep for your records)

Name(s): First <b>AMY J. &amp; JOHN D.</b>	Last <b>KLOBUCHAR</b>	Your SSN [REDACTED]
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**Part 1**

1. Number of qualifying children: 1 X \$1,000. Enter the result. 1 1,000.

2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 36. 2 251,927.

3. **1040 filers:** Enter the total of any-  
 • Exclusion of income from Puerto Rico, and  
 • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.  
 } 3 0.

**1040A and 1040NR filers:** Enter -0-.

4. Add lines 2 and 3. Enter the total. 4 251,927.

5. Enter the amount shown below for your filing status.  
 • Married filing jointly - \$110,000  
 • Single, head of household, or qualifying widow(er) - \$75,000  
 • Married filing separately - \$55,000  
 } 5 110,000.

6. Is the amount on line 4 more than the amount on line 5?  
 No. Leave line 6 blank. Enter -0- on line 7.  
 Yes. Subtract line 5 from line 4. 6 142,000.  
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).

7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7 7,100.

8. Is the amount on line 1 more than the amount on line 7?  
 No. **STOP**  
 You cannot take the child tax credit on Form 1040, line 52, Form 1040A, line 32, or Form 1040NR, line 47.  
 Yes. Subtract line 7 from line 1. Enter the result. 8

**Part 2**

9. Enter the amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43. 9

10. **1040 filers:** Enter the total of the amounts from lines 47 through 51 and 53. \*  
**1040A filers:** Enter the total of the amounts from lines 29 through 31 and 33.  
**1040NR filers:** Enter the total of the amounts from lines 44 through 48 and 48. \*  
 \* Include only the amount from Form 5695, line 15.  
 } 10

11. Are you claiming any of the following credits?  
 • Residential energy efficient property credit, Form 5695, Part II.  
 • Adoption credit, Form 8839 • Mortgage interest credit, Form 8396  
 • District of Columbia first-time homebuyer credit, Form 8859  
 No. Enter the amount from line 10. } 11  
 Yes. Complete the Line 11 Worksheet to figure the amount to enter here.

12. Subtract line 11 from line 9. Enter the result. 12

13. Is the amount on line 8 of this worksheet more than the amount on line 12?  
 No. Enter the amount from line 8. } **This is your**  
 Yes. Enter the amount from line 12. } **child tax credit.** 13

**SCHEDULES A&B  
(Form 1040)**

**Schedule A - Itemized Deductions**  
(Schedule B is on page 2)

OMB No. 1545-0074

**2007**

Attachment  
Sequence No. 07

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040. ▶ See Instructions for Schedules A&B (Form 1040).

Your social security number

**AMY J. KLOBUCHAR & JOHN D. BESSLER**

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see page A-1) .....	1	
2	Enter amount from Form 1040, line 38 .....	2	
3	Multiply line 2 by 7.5% (.075) .....	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- .....	4	
<b>Taxes You Paid</b>	<b>5 State and local (check only one box):</b>	5	16,716.
(See page A-2.)	a <input checked="" type="checkbox"/> Income taxes, or	6	3,674.
	b <input type="checkbox"/> General sales taxes	7	
	6 Real estate taxes (see page A-5) .....	8	198.
	7 Personal property taxes .....	9	20,588.
	8 Other taxes. List type and amount ▶ <u>VEHICLE LICENSES</u> 198.		
	9 Add lines 5 through 8 .....		
<b>Interest You Paid</b>	10 Home mortgage interest and points reported to you on Form 1098 .....	10	
(See page A-5.)	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address	11	
<b>Note.</b> Personal interest is not deductible.	12 Points not reported to you on Form 1098. ....	12	
	13 Qualified mortgage insurance premiums (See page A-7) .....	13	
	14 Investment interest. Attach Form 4952 if required. (See page A-7.) .....	14	
	15 Add lines 10 through 14 .....	15	
<b>Gifts to Charity</b>	16 Gifts by cash or check. ....	16	2,133.
If you made a gift and got a benefit for it, see page A-8.	17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500 .....	17	
	18 Carryover from prior year .....	18	
	19 Add lines 16 through 18 .....	19	2,133.
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See page A-9.) .....	20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.)		
See page A-9.)	▶ <u>FROM FORM 2106</u> 768.	21	8,614.
	<u>FROM FORM 2106</u> 7,846.	22	
	22 Tax preparation fees .....	23	
	23 Other expenses - investment, safe deposit box, etc. List type and amount	24	8,614.
	24 Add lines 21 through 23 .....	25	251,927.
	25 Enter amount from Form 1040, line 38 .....	26	5,039.
	26 Multiply line 25 by 2% (.02) .....	27	3,575.
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- .....		
<b>Other Miscellaneous Deductions</b>	28 Other - from list on page A-10. List type and amount	28	
	▶		
<b>Total Itemized Deductions</b>	29 Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?		
	<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	STMT... 6 ▶	29 24,385.
	<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-10 for the amount to enter.		
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here .....		

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

Your social security number

AMY J. KLOBUCHAR & JOHN D. BESSLER

Schedule B - Interest and Ordinary Dividends

Attachment Sequence No. 08

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 page B-1 and list this interest first. Also, show that buyer's social security number and address ►	
	CALVERT	8.
	ING DIRECT	47.
	TEACHER FEDERAL CREDIT UNION	894.
	US BANK	82.
	WELLS FARGO	24.
	WELLS FARGO	5.
2	Add the amounts on line 1	1,060.
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ►	1,060.

Part II Ordinary Dividends		Amount
5	List name of payer ►	
6	Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ►	

Part III Foreign Accounts and Trusts		Yes	No
You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			
7a	At any time during 2007, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1		X
b	If "Yes," enter the name of the foreign country ►		
8	During 2007, 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 page B-2		X

27501 1-08-07

**SCHEDULE D  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).  
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

**2007**

Attachment  
Sequence No. 12

Name(s) shown on return

Your social security number

**AMY J. KLOBUCHAR & JOHN D. BESSLER**

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1 WELLINGTON FUND INV	VARIOUS	01/17/07	1,641.	1,465.	176.
US GROWTH FUND INVESTOR	VARIOUS	01/17/07	23.	40.	-17.
2 Enter your short-term totals, if any, from Schedule D-1, line 2			2		
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)			3	1,664.	
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824					4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					5
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet in the instructions					6 ( )
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)					7 159.

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8 WELLINGTON FUND INV	VARIOUS	01/17/07	2,873.	2,565.	308.
US GROWTH FUND INVESTOR	VARIOUS	01/17/07	4,896.	8,343.	-3,447.
9 Enter your long-term totals, if any, from Schedule D-1, line 9			9		
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)			10	7,769.	
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					12
13 Capital gain distributions					13
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet in the instructions					14 ( )
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2					15 -3,139.

JHA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

Schedule D (Form 1040) 2007

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result. ....</p>	<p><b>16</b></p>	<p>-2,980.</p>
<p>If line 16 is:</p> <ul style="list-style-type: none"> <li>• A <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• A <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• <b>Zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?  <input type="checkbox"/> <b>Yes.</b> Go to line 18.  <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> on page D-8 of the instructions .....</p>	<p><b>18</b></p>	
<p><b>19</b> Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> on page D-9 of the instructions .....</p>	<p><b>19</b></p>	
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?  <input type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> on page 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). <b>Do not</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the <b>Schedule D Tax Worksheet</b> on page D-10 of the instructions. <b>Do not</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } .....</li> </ul>	<p><b>21</b></p>	<p>( 2,980.)</p>
<p><b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p><b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?  <input type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> on page 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).  <input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>		

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

Social security number of person with self-employment income

AMY J. KLOBUCHAR

Section B - Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

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

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip this line if you use the farm optional method (see page SE-4)		
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 page SE-1 for amounts to report on this line. See page SE-3 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-4) SEE STATEMENT 7	2	453.
3	Combine lines 1 and 2	3	453.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	418.
4b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
4c	Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue	4c	418.
5a	Enter your church employee income from Form W-2. See page SE-1 for definition of church employee income	5a	
5b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	
6	Net earnings from self-employment. Add lines 4c and 5b	6	418.
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 2007	7	97,500.00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$97,500 or more, skip lines 8b through 10, and go to line 11	8a	99,979.
8b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
8c	Wages subject to social security tax (from Form 8919, line 10)	8c	
8d	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% (.124)	10	
11	Multiply line 6 by 2.9% (.029)	11	12.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 58	12	12.
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 27	13	6.

Part II Optional Methods To Figure Net Earnings (see page SE-4)

14	Farm Optional Method. You may use this method only if (a) your gross farm income <sup>1</sup> was not more than \$2,400, or (b) your net farm profits <sup>2</sup> were less than \$1,733. Maximum income for optional methods	14	1,600.00
15	Enter the smaller of: two-thirds (2/3) of gross farm income <sup>1</sup> (not less than zero) or \$1,600. Also include this amount on line 4b above	15	
16	Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits <sup>3</sup> were less than \$1,733 and also less than 72.189% of your gross nonfarm income <sup>4</sup> 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. Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B. From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A.

<sup>3</sup> 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.

<sup>4</sup> 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.

# Child and Dependent Care Expenses

▶ Attach to Form 1040 or Form 1040NR.

▶ See separate instructions.

Name(s) shown on return

Your social security number

**AMY J. KLOBUCHAR & JOHN D. BESSLER**

Before you begin: Figure the amount of any foreign tax credit you are claiming on Form 1040, line 51, or Form 1040NR, line 46.

**Part I** Persons or Organizations Who Provided the Care - You **must** complete this part.

(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
	ERICA SIVERTSON	[REDACTED]	[REDACTED]	950.

Did you receive dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on page 2 next.

**Caution.** If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 62, or Form 1040NR, line 57.

**Part II** Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2007 for the person listed in column (a)
First	Last		
ABIGAIL	KLOBUCHAR BESSLER	[REDACTED]	950.

3	Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 33	3	950.																																																												
4	Enter your <b>earned income</b> . See instructions	4	146,782.																																																												
5	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4	5	107,065.																																																												
6	Enter the <b>smallest</b> of line 3, 4, or 5	6	950.																																																												
7	Enter the amount from Form 1040, line 38, or Form 1040NR, line 36	7	251,927.																																																												
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	x .20																																																												
<table border="0"> <thead> <tr> <th colspan="3">If line 7 is:</th> <th colspan="3">If line 7 is:</th> </tr> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr> <td>\$0 - 15,000</td> <td></td> <td>.35</td> <td>\$29,000 - 31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>15,000 - 17,000</td> <td></td> <td>.34</td> <td>31,000 - 33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>17,000 - 19,000</td> <td></td> <td>.33</td> <td>33,000 - 35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>19,000 - 21,000</td> <td></td> <td>.32</td> <td>35,000 - 37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>21,000 - 23,000</td> <td></td> <td>.31</td> <td>37,000 - 39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>23,000 - 25,000</td> <td></td> <td>.30</td> <td>39,000 - 41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>25,000 - 27,000</td> <td></td> <td>.29</td> <td>41,000 - 43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>27,000 - 29,000</td> <td></td> <td>.28</td> <td>43,000 - No limit</td> <td></td> <td>.20</td> </tr> </tbody> </table>		If line 7 is:			If line 7 is:			Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	\$0 - 15,000		.35	\$29,000 - 31,000		.27	15,000 - 17,000		.34	31,000 - 33,000		.26	17,000 - 19,000		.33	33,000 - 35,000		.25	19,000 - 21,000		.32	35,000 - 37,000		.24	21,000 - 23,000		.31	37,000 - 39,000		.23	23,000 - 25,000		.30	39,000 - 41,000		.22	25,000 - 27,000		.29	41,000 - 43,000		.21	27,000 - 29,000		.28	43,000 - No limit		.20	9	190.
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27,000 - 29,000		.28	43,000 - No limit		.20																																																										
9	Multiply line 6 by the decimal amount on line 8. If you paid 2006 expenses in 2007, see the instructions	9	190.																																																												
10	Enter the amount from Form 1040, line 46, or Form 1040NR, line 43	10	54,878.																																																												
11	Enter the amount from Form 1040, line 51, or Form 1040NR, line 46	11																																																													
12	Subtract line 11 from line 10. If zero or less, <b>stop</b> . You cannot take the credit	12	54,878.																																																												
13	<b>Credit for child and dependent care expenses.</b> Enter the smaller of line 9 or line 12 here and on Form 1040, line 47, or Form 1040NR, line 44	13	190.																																																												

HA For Paperwork Reduction Act Notice, see separate instructions.

Form 2441 (2007)

**Part III Dependent Care Benefits**

14	Enter the total amount of <b>dependent care benefits</b> you received in 2007. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Do not</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	14
15	Enter the amount, if any, you carried over from 2006 and used in 2007 during the grace period. See instructions	15
16	Enter the amount, if any, you forfeited or carried forward to 2008. See instructions	16
17	Combine lines 14 through 16. See instructions	17
18	Enter the total amount of <b>qualified expenses</b> incurred in 2007 for the care of the <b>qualifying person(s)</b>	18
19	Enter the <b>smaller</b> of line 17 or 18	19
20	Enter your <b>earned income</b> . See instructions	20
21	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>• If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5).</li> <li>• If married filing separately, see the instructions for the amount to enter.</li> <li>• All others, enter the amount from line 20.</li> </ul>	21
22	Enter the <b>smallest</b> of line 19, 20, or 21	22
23	Enter the amount from line 14 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0-	23
24	Subtract line 23 from line 17	24
25	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 21)	25
26	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 22, 23, or 25. Also, include this amount on the appropriate line(s) of your return. See instructions	26
27	Enter the <b>smaller</b> of line 22 or 25	27
28	Enter the amount from line 26	28
29	<b>Excluded benefits.</b> Subtract line 28 from line 27. If zero or less, enter -0-	29
30	<b>Taxable benefits.</b> Subtract line 29 from line 24. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB"	30

To claim the child and dependent care credit, complete lines 31-35 below.

31	Enter \$3,000 (\$6,000 if two or more qualifying persons)	31
32	Add lines 26 and 29	32
33	Subtract line 32 from line 31. If zero or less, <b>stop</b> . You cannot take the credit. <b>Exception.</b> If you paid 2006 expenses in 2007, see the instructions for line 9	33
34	Complete line 2 on page 1 of this form. <b>Do not</b> include in column (c) any benefits shown on line 32 above. Then, add the amounts in column (c) and enter the total here	34
35	Enter the <b>smaller</b> of line 33 or 34. Also, enter this amount on line 3 on page 1 of this form and complete lines 4-13	35

# Alternative Minimum Tax - Individuals

**2007**

Attachment  
 Sequence No. **32**

▶ Attach to Form 1040 or Form 1040NR.

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

Your social security number

**AMY J. KLOBUCHAR & JOHN D. BESSLER**

**Part I Alternative Minimum Taxable Income**

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	227,542.
2	Medical and dental. Enter the <b>smaller</b> of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	20,588.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	3,575.
6	If Form 1040, line 38, is over \$156,400 (over \$78,200 if married filing separately), enter the amount from line 11 of the <b>Itemized Deductions Worksheet</b> on page A-10 of the instructions for Schedule A (Form 1040)	6	-1,911.
7	Tax refund from Form 1040, line 10 or line 21	7	
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Interest from specified private activity bonds exempt from the regular tax	11	
12	Qualified small business stock (7% of gain excluded under section 1202)	12	
13	Exercise of incentive stock options (excess of AMT income over regular tax income)	13	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	14	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	15	
16	Disposition of property (difference between AMT and regular tax gain or loss)	16	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	17	
18	Passive activities (difference between AMT and regular tax income or loss)	18	
19	Loss limitations (difference between AMT and regular tax income or loss)	19	
20	Circulation costs (difference between regular tax and AMT)	20	
21	Long-term contracts (difference between AMT and regular tax income)	21	
22	Mining costs (difference between regular tax and AMT)	22	
23	Research and experimental costs (difference between regular tax and AMT)	23	
24	Income from certain installment sales before January 1, 1987	24	
25	Intangible drilling costs preference	25	
26	Other adjustments, including income-based related adjustments	26	
27	Alternative tax net operating loss deduction	27	
28	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$207,500, see instructions)	28	249,794.

**Part II Alternative Minimum Tax**

29	Exemption. (If this form is for a child under age 18, see instructions.) IF your filing status is ... AND line 28 is not over ... THEN enter on line 29 ... Single or head of household ..... \$112,500 ..... \$44,350 Married filing jointly or qualifying widow(er) ..... 150,000 ..... 66,250 Married filing separately ..... 75,000 ..... 33,125 } <b>STMT 8</b>	29	41,301.
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 33 and 35 and skip the rest of Part II	30	208,493.
31	<ul style="list-style-type: none"> <li>If you are filing Form 2555 or 2555-EZ, see page 8 of the instructions for the amount to enter.</li> <li>If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here.</li> <li><b>All others:</b> If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.</li> </ul>	31	54,878.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	54,878.
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 51). If you used Sch J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Sch J	34	51,237.
35	<b>Alternative minimum tax.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	3,641.

Part III Tax Computation Using Maximum Capital Gains Rates

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions		36
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see the instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	
38	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	
40	Enter the smaller of line 36 or line 39		40
41	Subtract line 40 from line 36		41
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result		42
43	Enter: <ul style="list-style-type: none"> <li>• \$63,700 if married filing jointly or qualifying widow(er),</li> <li>• \$31,850 if single or married filing separately, or</li> <li>• \$42,650 if head of household.</li> </ul>	43	
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of 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 -0-	44	
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	
46	Enter the smaller of line 36 or line 37	46	
47	Enter the smaller of line 45 or line 46	47	
48	Multiply line 47 by 5% (.05)		48
49	Subtract line 47 from line 46	49	
50	Multiply line 49 by 15% (.15) If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.		50
51	Subtract line 46 from line 40	51	
52	Multiply line 51 by 25% (.25)		52
53	Add lines 42, 48, 50, and 52		53
54	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result		54
55	Enter the smaller of line 53 or line 54 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions		55

▶ See separate instructions.

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

**2007**

Attachment  
Sequence No. **48**

Name. If married, file a separate form for each spouse required to file Form 8606. See page 5 of the instructions.

Your social security number

**AMY J. KLOBUCHAR**

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

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

Apt. no.

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

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

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

- You made nondeductible contributions to a traditional IRA for 2007.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2007 and you made nondeductible contributions to a traditional IRA in 2007 or an earlier year. For this purpose, a distribution does not include a rollover, qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2007 (excluding any portion you recharacterized) and you made nondeductible contributions to a traditional IRA in 2007 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2007, including those made for 2007 from January 1, 2008, through April 15, 2008 (see page 5 of the instructions) .....	1	
2	Enter your total basis in traditional IRAs (see page 5 of the instructions) .....	2	19,000.
3	Add lines 1 and 2 .....	3	19,000.
<p><b>In 2007, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?</b></p> <p>No → Enter the amount from line 3 on line 14. Do not complete the rest of Part I.</p> <p>Yes → Go to line 4.</p>			
4	Enter those contributions included on line 1 that were made from January 1, 2008, through April 15, 2008 .....	4	
5	Subtract line 4 from line 3 .....	5	
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2007, plus any outstanding rollovers (see page 6 of the instructions) .....	6	
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2007. Do not include rollovers, qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see page 6 of the instructions) .....	7	
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2007. Do not include amounts converted that you later recharacterized (see page 6 of the instructions). Also enter this amount on line 16 .....	8	
9	Add lines 6, 7, and 8 .....	9	
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000" .....	10	x
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17 .....	11	
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA .....	12	
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions .....	13	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2007 and earlier years .....	14	19,000.
15	<b>Taxable amount.</b> Subtract line 12 from line 7. Also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b .....	15	
<p><b>Note:</b> You may be subject to an additional 10% tax on the amount on line 15 if you were under age 59 1/2 at the time of the distribution (see page 6 of the instructions).</p>			

**Part II 2007 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs**

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2007 (excluding any portion you recharacterized).

**Caution:** If your modified adjusted gross income is over \$100,000 or you are married filing separately and you lived with your spouse at any time in 2007, you cannot convert any amount from traditional, SEP, or SIMPLE IRAs to Roth IRAs for 2007. If you erroneously made a conversion, you must recharacterize (correct) it (see page 6 of the instructions).

16 If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2007. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2007 or 2008 (see page 6 of the instructions) .....	16	
17 If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see page 6 of the instructions) .....	17	
18 <b>Taxable amount.</b> Subtract line 17 from line 16. Also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b .....	18	

**Part III Distributions From Roth IRAs**

Complete this part only if you took a distribution from a Roth IRA in 2007. For this purpose, a distribution does not include a rollover, qualified charitable distribution, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see page 6 of the instructions).

19 Enter your total nonqualified distributions from Roth IRAs in 2007 including any qualified first-time homebuyer distributions (see page 6 of the instructions) .....	19	
20 Qualified first-time homebuyer expenses (see page 7 of the instructions). Do not enter more than \$10,000 .....	20	
21 Subtract line 20 from line 19. If zero or less, enter -0- and skip lines 22 through 25 .....	21	
22 Enter your basis in Roth IRA contributions (see page 7 of the instructions) .....	22	
23 Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see page 7 of the instructions) .....	23	
24 Enter your basis in Roth IRA conversions (see page 7 of the instructions) .....	24	
25 <b>Taxable amount.</b> Subtract line 24 from line 23. If zero or less, enter -0-. Also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b .....	25	

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

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

\_\_\_\_\_ Date \_\_\_\_\_  
 Your signature

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	

**Nondeductible IRAs**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

**2007**

Attachment  
Sequence No. **48**

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

Name. If married, file a separate form for each spouse required to file Form 8606. See page 5 of the instructions.

Your social security number

**JOHN D. BESSLER**

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

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

Apt. no.

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

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

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

- You made nondeductible contributions to a traditional IRA for 2007.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2007 and you made nondeductible contributions to a traditional IRA in 2007 or an earlier year. For this purpose, a distribution does not include a rollover, qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2007 (excluding any portion you recharacterized) and you made nondeductible contributions to a traditional IRA in 2007 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2007, including those made for 2007 from January 1, 2008, through April 15, 2008 (see page 5 of the instructions) .....	1	
2	Enter your total basis in traditional IRAs (see page 5 of the instructions) .....	2	15,000.
3	Add lines 1 and 2 .....	3	15,000.
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>In 2007, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?</p> </div> <p style="margin-left: 20px;">No → Enter the amount from line 3 on line 14. Do not complete the rest of Part I.</p> <p style="margin-left: 20px;">Yes → Go to line 4.</p>			
4	Enter those contributions included on line 1 that were made from January 1, 2008, through April 15, 2008 .....	4	
5	Subtract line 4 from line 3 .....	5	
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2007, plus any outstanding rollovers (see page 6 of the instructions) .....	6	
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2007. Do not include rollovers, qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see page 6 of the instructions) .....	7	
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2007. Do not include amounts converted that you later recharacterized (see page 6 of the instructions). Also enter this amount on line 16 .....	8	
9	Add lines 6, 7, and 8 .....	9	
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000" .....	10	x
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17 .....	11	
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA .....	12	
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions .....	13	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2007 and earlier years .....	14	15,000.
15	Taxable amount. Subtract line 12 from line 7. Also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b .....	15	

Note: You may be subject to an additional 10% tax on the amount on line 15 if you were under age 59 1/2 at the time of the distribution (see page 6 of the instructions).

HA For Privacy Act and Paperwork Reduction Act Notice, see page 8 of the instructions.

Form 8606 (2007)

**Part II 2007 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs**

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2007 (excluding any portion you recharacterized).

**Caution:** If your modified adjusted gross income is over \$100,000 or you are married filing separately and you lived with your spouse at any time in 2007, you cannot convert any amount from traditional, SEP, or SIMPLE IRAs to Roth IRAs for 2007. If you erroneously made a conversion, you must recharacterize (correct) it (see page 6 of the instructions).

16	If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2007. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2007 or 2008 (see page 6 of the instructions)	16
17	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see page 6 of the instructions)	17
18	<b>Taxable amount.</b> Subtract line 17 from line 16. Also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	18

**Part III Distributions From Roth IRAs**

Complete this part only if you took a distribution from a Roth IRA in 2007. For this purpose, a distribution does not include a rollover, qualified charitable distribution, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see page 6 of the instructions).

19	Enter your total nonqualified distributions from Roth IRAs in 2007 including any qualified first-time homebuyer distributions (see page 6 of the instructions)	19
20	Qualified first-time homebuyer expenses (see page 7 of the instructions). Do not enter more than \$10,000	20
21	Subtract line 20 from line 19. If zero or less, enter -0- and skip lines 22 through 25	21
22	Enter your basis in Roth IRA contributions (see page 7 of the instructions)	22
23	Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see page 7 of the instructions)	23
24	Enter your basis in Roth IRA conversions (see page 7 of the instructions)	24
25	<b>Taxable amount.</b> Subtract line 24 from line 23. If zero or less, enter -0-. Also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	25

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

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	

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

Social security number of HSA beneficiary. If both spouses have HSAs, see page 2 of the instructions ▶

**JOHN D. BESSLER**

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

**Part I HSA Contributions and Deduction.** See page 3 of 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 2007 (see page 4 of the instructions) .....	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2007 (or those made on your behalf), including those made from January 1, 2008, through April 15, 2008, that were for 2007. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see page 4 of the instructions) .....	2	
3	If you were under age 55 at the end of 2007, and on the first day of every month during 2007, you were, or were considered, an eligible individual with the same coverage, enter \$2,850 (\$5,650 for family coverage) (see page 4 of the instructions) .....	3	2,354.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2007 from Form 8853, lines 3 and 4. If you or your spouse had family coverage under an HDHP at any time during 2007, 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	2,354.
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 2007, see the instructions on page 4 for the amount to enter .....	6	2,354.
7	If you were age 55 or older at the end of 2007, married, and you or your spouse had family coverage under an HDHP at any time during 2007, enter your additional contribution amount (see page 4 of the instructions) .....	7	
8	Add lines 6 and 7 .....	8	2,354.
9	Employer contributions made to your HSAs for 2007 .....	9	1,719.
10	Qualified HSA funding distributions .....	10	
11	Add lines 9 and 10 .....	11	1,719.
12	Subtract line 11 from line 8. If zero or less, enter -0- .....	12	635.
13	<b>HSA deduction.</b> Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25 .....	13	
<i>Caution: If line 2 is more than line 13, you may have to pay an additional tax (see page 5 of the instructions).</i>			

**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 2007 from all HSAs (see page 6 of the instructions) .....	14a	
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 page 6 of the instructions) .....	14b	
c	Subtract line 14b from line 14a .....	14c	
15	Unreimbursed qualified medical expenses (see page 6 of the instructions) .....	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount .....	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 10% Tax</b> (see page 6 of the instructions), check here .....		<input type="checkbox"/>
b	<b>Additional 10% tax</b> (see page 6 of the instructions). Enter 10% (.10) of the distributions included on line 16 that are subject to the additional 10% tax. Also include this amount in the total on Form 1040, line 63, or Form 1040NR, line 58. On the dotted line next to Form 1040, line 63, or Form 1040NR, line 58, enter "HSA" and the amount .....	17b	

HA For Paperwork Reduction Act Notice, see page 5 of the instructions.

Form **8889** (2007)

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See page 6 of 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 Qualified HSA distribution .....	18	
19 Part-year coverage .....	19	
20 Qualified HSA funding distribution .....	20	
21 <b>Total income.</b> Add lines 18, 19, and 20. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount .....	21	
22 <b>Additional tax.</b> Multiply line 21 by 10% (.10). Include this amount in the total on Form 1040, line 44, or Form 1040NR, line 41. Be sure to check box c on Form 1040, line 44, or Form 1040NR, line 41 .....	22	

Form **8889** (2007)

# Employee Business Expenses

▶ See separate instructions.  
▶ Attach to Form 1040 or Form 1040NR.

Your name <b>JOHN D. BESSLER</b>	Occupation in which you incurred expenses <b>LAW PROFESSOR</b>	Social security number <b>[REDACTED]</b>
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**Part I Employee Business Expenses and Reimbursements**

	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment
<b>Step 1 Enter Your Expenses</b>			
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) ...	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work .....	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment .....	3		
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment ..... <b>SEE STATEMENT 9</b>	4	768.	
5 Meals and entertainment expenses (see instructions) .....	5		
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 .....	6	768.	

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

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

7 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions) .....	7		
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**Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)**

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8) .....	8	768.	
<b>Note:</b> If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.			
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 75% (.75) instead of 50%. For details, see instructions.) .....	9	768.	
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 9). (Reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) .....	10		768.

HA For Paperwork Reduction Act Notice, see instructions.

**Part II Vehicle Expenses**

Section A - General Information (You must complete this section if you are claiming vehicle expenses.)		(a) Vehicle	(b) Vehicle
11	Enter the date the vehicle was placed in service .....	11	
12	Total miles the vehicle was driven during 2007 .....	12	miles
13	Business miles included on line 12 .....	13	miles
14	Percent of business use. Divide line 13 by line 12 .....	14	%
15	Average daily roundtrip commuting distance .....	15	miles
16	Commuting miles included on line 12 .....	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12 .....	17	miles
18	Do you (or your spouse) have another vehicle available for personal use? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	Was your vehicle available for personal use during off-duty hours? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Do you have evidence to support your deduction? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	If "Yes," is the evidence written? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

22 Multiply line 13 by 48.5¢ (.485) ..... 22

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

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

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

# Employee Business Expenses

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.  
▶ Attach to Form 1040 or Form 1040NR.

Your name <b>AMY J. KLOBUCHAR</b>	Occupation in which you incurred expenses <b>UNITED STATES SENATOR</b>	Social security number <div style="background-color: black; width: 100px; height: 15px;"></div>
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**Part I Employee Business Expenses and Reimbursements**

	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
<b>Step 1 Enter Your Expenses</b>		
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) ...	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel or commuting to and from work .....	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....	3	
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment ..... <b>SEE STATEMENT 10</b>	4	7,846.
5 Meals and entertainment expenses (see instructions) .....	5	
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 .....	6	7,846.

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

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

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

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

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8) .....	8	7,846.
<i>Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.</i>		
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 75% (.75) instead of 50%. For details, see instructions.) .....	9	7,846.
10 Add the amounts on line 9 of both columns and enter the total here. <b>Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 9).</b> (Reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) .....	10	7,846.

HA For Paperwork Reduction Act Notice, see instructions.

**Part II Vehicle Expenses**

Section A - General Information (You must complete this section if you are claiming vehicle expenses.)		(a) Vehicle	(b) Vehicle
11	Enter the date the vehicle was placed in service .....	11	
12	Total miles the vehicle was driven during 2007 .....	12	miles miles
13	Business miles included on line 12 .....	13	miles miles
14	Percent of business use. Divide line 13 by line 12 .....	14	% %
15	Average daily roundtrip commuting distance .....	15	miles miles
16	Commuting miles included on line 12 .....	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12 .....	17	miles miles
18	Do you (or your spouse) have another vehicle available for personal use? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Was your vehicle available for personal use during off-duty hours? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 48.5¢ (.485) .....	22	
----	--	----	--

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

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

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



FORM 1040 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 1

	2006	2005	2004
	MINNESOTA		
GROSS STATE/LOCAL INC TAX REFUNDS LESS: TAX PAID IN FOLLOWING YEAR	1,200.		
NET TAX REFUNDS MINNESOTA	1,200.		
TOTAL NET TAX REFUNDS	1,200.		



RM 1040

PERSONAL EXEMPTION WORKSHEET

STATEMENT 2

IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS?

NO. STOP. MULTIPLY \$3,400 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42.

YES. CONTINUE

MULTIPLY \$3,400 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D . . . . .

10,200.

ENTER THE AMOUNT FROM FORM 1040, LINE 38 . . . . . 251,927.

ENTER THE AMOUNT FOR YOUR FILING STATUS . . . . . 234,600.

SINGLE \$156,400

MARRIED FILING JOINTLY OR WIDOW(ER) \$234,600

MARRIED FILING SEPARATELY \$117,300

HEAD OF HOUSEHOLD \$195,500

SUBTRACT LINE 4 FROM LINE 3 . . . . . 17,327.

IS LINE 5 MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATELY)?

[ ] YES. MULTIPLY \$1,133 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D. ENTER THE RESULT HERE AND ON FORM 1040, LINE 42. DO NOT COMPLETE THE REST OF THIS WORKSHEET.

[X] NO. DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MARRIED FILING SEPARATELY). IF THE RESULT IS NOT A WHOLE NUMBER, INCREASE IT TO THE NEXT WHOLE NUMBER (FOR EXAMPLE, INCREASE 0.0004 TO 1) . . . . .

7.

MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT

AS A DECIMAL . . . . . 0.14

MULTIPLY LINE 2 BY LINE 7 . . . . . 1,428.

DIVIDE LINE 8 BY 1.5 . . . . . 952.

SUBTRACT LINE 9 FROM LINE 2. TOTAL TO FORM 1040, LINE 42. 9,248.



RM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT	3
	2006	2005	2004	
STATE AND LOCAL INCOME TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	1,200.			
STATE AND LOCAL INCOME TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	1,200.			
NET REFUNDS FOR RECALCULATION				
TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	28,099.			
DEDUCTION NOT SUBJ TO PHASEOUT				
NET REFUNDS FROM LINE 1				
LINE 2 MINUS LINES 3 AND 4	28,099.			
MULTIPLY LINE 5 BY 80% (.80)	22,479.			
PRIOR YEAR AGI	215,326.			
ITEM. DED. PHASEOUT THRESHOLD	150,500.			
SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	64,826.			
MULTIPLY LINE 9 BY 3% (.03)	1,945.			
ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	26,154.			
ITEM DED. NOT SUBJ TO PHASEOUT				
TOTAL ADJ. ITEMIZED DEDUCTIONS	26,154.			
PRIOR YR. STD. DED. AVAILABLE	10,300.			
PRIOR YR. ALLOWABLE ITEM. DED.	26,802.			
SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	648.			
TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)				
ALLOWABLE PRIOR YR. ITEM. DED.	26,802.			
PRIOR YEAR STD. DED. AVAILABLE	10,300.			
SUBTRACT LINE 18 FROM LINE 17	16,502.			
LESSER OF LINE 16 OR LINE 19				
PRIOR YEAR TAXABLE INCOME	178,624.			
AMOUNT TO INCLUDE ON FORM 1040, LINE 10				
* IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20				0.
* IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21				0.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2004				
TOTAL TO FORM 1040, LINE 10				0.



RM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 4

EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
WISCONSIN STATE UNIVERSITY	1,929.	291.	108.		154.	36.
WISCONSIN STATE UNIVERSITY	41,045.	10,544.	2,915.		3,506.	820.
WISCONSIN STATE SENATE	144,406.	26,430.	8,976.		6,045.	2,319.
GEORGE WASHINGTON UNIVERSITY	66,020.	14,356.	4,717.		4,093.	957.
TOTALS	253,400.	51,621.	16,716.		13798.	4,132.



RM 1040

EXCESS SOCIAL SECURITY TAX WORKSHEET

STATEMENT 5

	TAXPAYER	SPOUSE
ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN \$6,045.00 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE . . . . .	6,199.	7,599.
ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON FORM 1040, LINE 63 . . . . .		
ADD LINES 1 AND 2 . . . . .	6,199.	7,599.
SOCIAL SECURITY TAX LIMIT . . . . .	6,045.	6,045.
SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN FORM 1040, LINE 67. . . . .	154.	1,554.



SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT	6
ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28 . . . . .		26,296.	
ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28. . . . .		0.	
IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29.			
IF YES, SUBTRACT LINE 2 FROM LINE 1 . . . . .		26,296.	
MULTIPLY LINE 3 BY 80% (.80). . . . .	21,037.		
ENTER THE AMOUNT FROM FORM 1040, LINE 38. . . . .	251,927.		
ENTER: \$156,400 (\$78,200 IF MARRIED FILING SEPARATELY) . . . . .	156,400.		
IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5?			
IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29.			
IF YES, SUBTRACT LINE 6 FROM LINE 5 . . . . .	95,527.		
MULTIPLY LINE 7 BY 3% (.03) . . . . .	2,866.		
ENTER THE SMALLER OF LINE 4 OR LINE 8 . . . . .		2,866.	
DIVIDE LINE 9 BY 3. . . . .		955.	
SUBTRACT LINE 10 FROM LINE 9. . . . .		1,911.	
TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29 . . . . .		24,385.	

SCHEDULE SE	NON-FARM INCOME	STATEMENT	7
DESCRIPTION		AMOUNT	
ELAND PRESS, INC		453.	
ADDED TO SCHEDULE SE, LINE 2		453.	



RM 6251 EXEMPTION WORKSHEET STATEMENT 8

ENTER: \$44,350 IF SINGLE OR HEAD OF HOUSEHOLD; \$66,250 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$33,125 IF MARRIED FILING SEPARATELY. . . . . 66,250.

ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FORM 6251, LINE 28 . . . . . 249,794.

ENTER: \$112,500 IF SINGLE OR HEAD OF HOUSEHOLD; \$150,000 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$75,000 IF MARRIED FILING SEPARATELY . . . . . 150,000.

SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS . . . . .

ENTER -0- . . . . . 99,794.

MULTIPLY LINE 4 BY 25% (.25). . . . . 24,949.

SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF THIS FORM IS FOR A CHILD UNDER AGE 18, GO TO LINE 7 BELOW. OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30 . . . . . 41,301.

CHILD'S MINIMUM EXEMPTION AMOUNT. . . . .

ENTER THE CHILD'S EARNED INCOME, IF ANY . . . . .

ADD LINES 7 AND 8 . . . . .

ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30 . . . . .

M 2106/SBE OTHER BUSINESS EXPENSES STATEMENT 9

DESCRIPTION	AMOUNT
PROFESSOR	
LAW INSTRUCTOR'S WORKSHOP	550.
LICENSE	218.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	768.



FORM 2106/SBE

OTHER BUSINESS EXPENSES

STATEMENT 10

UNITED STATES SENATOR

DESCRIPTION

AMOUNT

TOTAL REFLECTS \$3000 IRC 162(A) LIMIT ON DC LIVING EXPENSES

7,846.

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

7,846.

# 2007 TAX RETURN FILING INSTRUCTIONS

## MINNESOTA INCOME TAX RETURN

FOR THE YEAR ENDING  
DECEMBER 31, 2007

Prepared for	AMY J. KLOBUCHAR & JOHN D. BESSLER [REDACTED]
Prepared by	OCEL HEIMER & LINDSEY, LTD [REDACTED]
Amount of tax	Total tax \$ 16,636 Less: payments and credits \$ 15,703 Plus: interest and penalties \$ 0 BALANCE DUE \$ 933
Overpayment	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 0 Refunded to you \$ 0
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM BANK TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE MDOR.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	YOUR BALANCE OF \$933 WILL BE AUTOMATICALLY WITHDRAWN FROM YOUR ACCOUNT ON APRIL 15, 2008.

Please print and leave unused boxes blank. DO NOT USE STAPLES on anything you submit.

AMY J KLOBUCHAR

Mark an X if a foreign address:

JOHN D BESSLER

2007 federal filing status (mark an X in one box only):

- (1) Single (2) Married filing joint (3) Married filing separate: Enter spouse's name and Social Security number here (4) Head of Household (5) Qualifying widow(er)

State Elections Campaign Fund

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

Political party and code number:

- Democratic Farmer-Labor 11 Green 14 Independence 12 General Campaign 15 Republican 13 Fund 15

Your code: Spouse's code:

11 11

From your federal return (for line references see instructions, page 9), enter the amount of:

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

253400

251927

Table with 3 columns: Line number, Description, and Amount. Includes lines 1-16 for federal taxable income, state income tax, and other adjustments.

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

17 Tax before credits. Amount from line 16 .....	17	16636
18 Marriage credit for joint return when both spouses have taxable earned income or taxable retirement income ( <i>determine from instructions, page 15</i> ) .....	18 ■	324
19 Credit for long-term care insurance premiums paid (enclose Schedule M1LTI) .....	19 ■	
20 Credit for taxes paid to another state (enclose Schedule M1CR) .....	20 ■	3380
21 Alternative minimum tax credit (enclose Schedule M1MTC) .....	21 ■	
22 Total credits against tax. Add lines 18 through 21 .....	22	3704
23 Subtract line 22 from line 17 ( <i>if result is zero or less, leave blank</i> ) .....	23	12932
24 Nongame Wildlife Fund contribution. This will reduce your refund or increase amount owed .....	24 ■	
25 Add lines 23 and 24 .....	25	12932
26 Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minnesota withholding from W-2, 1099 and W-2G forms ( <i>do not send in W-2s, 1099s, W-2Gs</i> ) .....	26 ■	11999
27 Minnesota estimated tax and extension (Form M13) payments made for 2007 .....	27 ■	
28 Child and dependent care credit ( <i>enclose Schedule M1CD</i> ). Enter number of qualifying persons here: .....	28 ■	
29 Minnesota working family credit ( <i>enclose Schedule M1WFC</i> ). Enter number of qualifying children here: .....	29 ■	
30 K-12 education credit ( <i>enclose Schedule M1ED</i> ). Enter number of qualifying children here: .....	30 ■	
31 Job Opportunity Building Zone (JOBZ) jobs credit ( <i>enclose Schedule JOBZ</i> ) .....	31 ■	
32 Credit for tuberculosis testing on cattle. If you own cattle and had your cattle tested for bovine tuberculosis, see instructions, page 17 .....	32 ■	
33 Total payments. Add lines 26 through 32 .....	33	11999
34 REFUND. If line 33 is more than line 25, subtract line 25 from line 33 ( <i>see instructions, page 17</i> ). For direct deposit, complete line 35 .....	34 ■	
35 FAST REFUNDS! For direct deposit of the full refund on line 34, enter:		
Checking            Savings		
36 AMOUNT YOU OWE. If line 25 is more than line 33, subtract line 33 from line 25 ( <i>see instructions, page 18</i> ) .....	36 ■	933
Make check out to Minnesota Revenue and enclose Form M60		
37 Penalty amount from Schedule M15 ( <i>see instructions, page 18</i> ). Also subtract this amount from line 34 or add it to line 36 ( <i>enclose Schedule M15</i> ) .....	37 ■	
IF YOU PAY ESTIMATED TAX and you want part of your refund credited to estimated tax, enter lines 38 and 39.		
38 Amount from line 34 you want sent to you .....	38 ■	
39 Amount from line 34 you want applied to your 2008 estimated tax .....	39 ■	

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

Paid preparer: You must sign below.

Spouse's signature (if filing jointly) \_\_\_\_\_

Include a copy of your 2007 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.taxes.state.mn.us](http://www.taxes.state.mn.us)

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

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

**MINNESOTA • REVENUE**  
**2007 Minnesota Income Tax Withheld**

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

AMY J KLOBUCHAR  
JOHN D BESSLER



If you received a W-2, 1099, W-2G, Schedule KPI, KS or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 26 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your W-2, 1099 or W-2G forms; keep them with your tax records. All instructions are included on this schedule.

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

A If the W-2 is for: • you, enter 1 • spouse, enter 2	B - Box 13 If Retirement Plan box is checked, mark an X below.	C - Box 15 Employer's 7-digit Minnesota state tax ID number	D - Box 16 State wages, tips, etc. (round to nearest whole dollar)	E - Box 17 Minnesota tax withheld (round to nearest whole dollar)
1	X		1929	108
2	X		41045	2915
1	X		144406	8976

Subtotal for additional W-2s (from line 5 on page 2) .....

**Total Minnesota tax withheld from all W-2 forms (add amounts in line 1, column E)** ..... **1** **11999**

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

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

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

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

**3 Total Minnesota tax withheld from partnerships, S corporations and fiduciaries, if any**  
(add line 30 of Schedule KPI, line 28 of Schedule KS and line 10 of Schedule KF) ..... **3**

**4 Total.** Add the Minnesota tax withheld on lines 1, 2 and 3.  
Enter the total here and on line 26 of Form M1 ..... **4** **11999**

**You must include this schedule with your Form M1.**  
If required, also include a copy of Schedules KPI, KS and/or KF. **1116**

**MINNESOTA • REVENUE**  
**2007 Alternative Minimum Tax**

**Schedule M1MT**  
 Sequence #9

Your first name and initial

Last name

Social Security number

**AMY J. KLOBUCHAR**

Round amounts to the nearest whole dollar.

Before you complete this schedule, read the instructions.

Additions	1	Federal adjusted gross income (from line 37 of federal Form 1040)	1	<u>251,927.</u>
	2	Medical and dental adjustment (from line 2 of federal Form 6251)	2	_____
	3	Other adjustments and preferences (combine lines 8 through 27 of federal Form 6251)	3	_____
	4	Other additions from Schedule M1M (add lines 4, 6 and 7 of Schedule M1M)	4	_____
	5	State and municipal bond interest from outside Minnesota (determine from instructions)	5	_____
	6	Intangible drilling costs (determine from instructions)	6	_____
	7	Depletion (determine from instructions)	7	_____
	8	Add lines 1 through 7	8	<u>251,927.</u>
Allowable federal deductions	9	Medical and dental deduction (from line 4 of federal Schedule A)	9	_____
	10	Investment interest expense (from line 14 of federal Schedule A)	10	_____
	11	Charitable contributions (from line 19 of federal Schedule A)	11	<u>2,133.</u>
	12	Casualty and theft losses (determine from instructions)	12	_____
	13	Impairment-related work expenses of a disabled person (included on line 28 of federal Schedule A)	13	_____
Minnesota subtractions	14	State income tax refund (from line 10 of federal Form 1040)	14	_____
	15	Federal bonus depreciation subtraction (from line 12 of Schedule M1M)	15	_____
	16	Net interest from U.S. bonds (from line 6 of Form M1)	16	_____
	17	JOBZ zone business and investment income exemptions (from line 23 of Schedule M1M)	17	_____
	18	Other subtractions from Schedule M1M (add lines 13, 15, 17-21 and 24 of Schedule M1M)	18	_____
	19	Add lines 9 through 18	19	<u>2,133.</u>
	20	Subtract line 19 from line 8	20	<u>249,794.</u>
Determining Minnesota alternative minimum tax	21	If married and filing a joint return, or qualifying widow(er): enter \$62,340 If married and filing a separate return: enter \$31,170 If single or head of household: enter \$46,760	21	<u>62,340.</u>
	22	If married and filing a joint return, or qualifying widow(er): enter \$150,000 If married and filing a separate return: enter \$ 75,000 If single or head of household: enter \$112,500	22	<u>150,000.</u>
	23	Subtract line 22 from line 20 (if result is zero or less, enter 0)	23	<u>99,794.</u>
	24	Multiply line 23 by 25% (.25)	24	<u>24,949.</u>
	25	Subtract line 24 from line 21 (if result is zero or less, enter 0)	25	<u>37,391.</u>
	26	Subtract line 25 from line 20	26	<u>212,403.</u>
	27	Multiply line 26 by 6.4% (.064)	27	<u>13,594.</u>
	28	Tax from the table (from line 11 of Form M1)	28	<u>16,636.</u>
	29	If line 27 is more than line 28, you must pay Minnesota alternative minimum tax. Subtract line 28 from line 27. Enter the result here and on line 12 of Form M1. (If line 28 is more than line 27, see instructions on how to continue)	29	_____

If you are required to pay Minnesota alternative minimum tax, you must include this schedule and a copy of federal Form 6251 when you file your Form M1.

2007 Underpayment of Estimated Income Tax
For Individuals (Form M1), Trusts (Form M2) and Partnerships (Form M3)

Your first name and initial Last name Social Security number

AMY J. KLOBUCHAR



Required annual payment

- 1 Minnesota income tax for 2007 (from line 23 of Form M1; line 13 of Form M2; or partnerships, see instr) ... 1 12,932.
2 Minnesota withholding and credits for 2007 (add lines 26 and 28-32 of Form M1; add lines 14b, 14c and 14d of Form M2; or partnerships, see instructions) ... 2 11,999.
3 Subtract line 2 from line 1. If less than \$500, stop here; you do not owe an underpayment penalty ... 3 933.
4 Multiply line 1 by 90% (.90). Farmers and commercial fishermen: Multiply line 1 by 66.7% (.667) ... 4 11,639.
5 Minnesota income tax for 2006 (from line 23 of Form M1; line 13 of Form M2). See instructions if you are a partnership, if your 2006 federal adjusted gross income (individuals) or Minnesota assignable adjusted gross income (trusts) was more than \$150,000 or if you did not file a 2006 return ... 5 14,579.
6 Required annual payment. Amount from line 4 or line 5, whichever is less ... 6 11,639.
• If line 6 is less than or equal to line 2, stop here; you do not owe an underpayment penalty.
• If line 6 is more than line 2, continue with line 7 or line 13, depending on which method you use.

Required annual payment

Optional short method (see instructions to determine which method to use)

- 7 Estimated tax payments you made for 2007 ... 7
8 Add line 2 and line 7 ... 8
9 Total underpayment for the year. Subtract line 8 from line 6 (if result is zero or less, stop here; you do not owe an underpayment penalty) ... 9
10 Multiply line 9 by 5.32% (.0532) ... 10
11 • If the amount on line 9 will be paid on or after April 15, 2008, enter 0.
• If the amount was paid before April 15, 2008, use the following computation and enter the result on line 11:
amount on line 9 X number of days paid before 4/15/08 X .00022 ... 11
12 Penalty. Subtract line 11 from line 10. Enter result here and on line 37 of Form M1, line 18 of Form M2, or line 15 of Form M3 ... 12

Determine penalty using the short method

Table with 4 columns: A (April 15, 2007), B (June 15, 2007), C (Sept. 15, 2007), D (Jan. 15, 2008)

Regular method

- 13 Enter 25% (.25) of line 6 in each column OR use the amounts from the annualized income installment worksheet. If you use the worksheet or are a farmer or fisherman, see instructions ... 13
14 Credits. See instructions ... 14
15 Overpayment. If line 14 is more than line 13, subtract line 13 from line 14. Enter the result here and add it to line 14 in the next column. Overpayments in any quarter following an underpayment must first be applied to making up previous underpayments ... 15
16 Underpayment. If line 14 is less than line 13, subtract line 14 from line 13. Enter the result here and go to line 17 below ... 16
17 Enter the date of payment or April 15, 2008, whichever is earlier (see instructions) ... 17
18 Number of days between the payment due date and the date on line 17 ... 18
19 Divide line 18 by 366. The result is a decimal ... 19
20 Multiply line 19 by 8% (.08). Enter as a decimal ... 20
21 Multiply line 20 by line 16 ... 21
22 Penalty. Add columns A-D on line 21. Enter result here and on line 37 of Form M1, line 18 of Form M2 or line 15 of Form M3 ... 22

Determine penalty using the regular method

You must include this schedule with your Form M1, Form M2 or Form M3.

2007 Credit for Income Tax Paid to Another State

Your first name and initial

Last name

Social Security number

AMY J. KLOBUCHAR

State or Canadian province or territory that taxed income also taxed by Minnesota

VIRGINIA

To be eligible for this credit, you must have been a Minnesota resident or part-year resident in 2007 and have paid 2007 state income tax on the same income to Minnesota and also to another state or Canadian province.

You must complete a separate Schedule M1CR for each state or province to which you paid tax.

Full-year residents and part-year residents

Round amounts to the nearest whole dollar.

Full-year and part-year residents

- 1 Amount of federal adjusted gross income you received while a Minnesota resident that was taxed by the other state 1 66,020.
2 Your federal adjusted gross income adjusted by U.S. bond interest and/or bonds of another state (determine from instructions). Part-year residents: From your Schedule M1NR, add line 20, column B, and line 22 2 251,927.
3 Divide line 1 by line 2. Enter the result as a decimal (carry to five decimal places; if line 1 is more than line 2, enter 1.00000) 3 .26206
4 Complete the lines below to determine your Minnesota tax after credits:
a Tax before credits from line 14 of Form M1 4a 16,636.
b From your Form M1, add line 18, line 19 and any employer transit pass credit you will include on line 22 of Form M1 4b 324.
Subtract line 4b from line 4a (if result is zero or less, enter 0) 4 16,312.
5 Multiply line 4 by line 3 5 4,275.
6 From the income tax return of the other state, enter the tax amount before you subtract any tax withheld or estimated tax payments (see instructions). If you paid taxes to a Canadian province or territory, see instructions 6 3,380.

Full-year residents

Full-year residents

- 7 Amount from line 5 or line 6, whichever is less. Enter the amount here and on line 20 of Form M1 7 3,380.

Part-year residents

Part-year residents

- 8 From the income tax return of the other state, enter the amount of income taxed by that state before itemized or standard deductions are subtracted 8
9 Divide line 1 by line 8. Enter the result as a decimal (carry to five decimal places; if line 1 is more than line 8, enter 1.00000) 9
10 Multiply line 6 by line 9 10
11 Amount from line 5 or line 10, whichever is less. Enter the amount here and on line 20 of Form M1 11

You must include this schedule with your Form M1.



M1 STATE INCOME TAX OR SALES TAX STATEMENT 1

DESCRIPTION	AMOUNT
TOTAL ITEMIZED DEDUCTIONS FROM FEDERAL SCHEDULE A, LINE 28	24,385.
TABLE AMOUNT	10,700.
SUBTRACT STEP 2 FROM STEP 1	13,685.
STATE INCOME OR SALES TAX FROM FEDERAL SCHEDULE A, LINE 5	16,716.
SMALLER OF STEP 3 OR STEP 4 TO FORM M1, PAGE 1, LINE 2	13,685.