

Label

(See instructions on page 14.)

Use the IRS label.

Otherwise, please print or type.

Presidential

Election Campaign

For the year Jan. 1-Dec. 31, 2008, or other tax year beginning , 2008, ending , 20		OMB No. 1545-0074
L A B E L H E R E	Your first name and initial TIMOTHY J	Last name WALZ
	If a joint return, spouse's first name and initial GWEN L	Last name WALZ
	Home address (number and street). If you have a P.O. box, see page 14. REDACTED	Apt. no. REDACTED
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. REDACTED	
	Your social security number REDACTED	
	Spouse's social security number REDACTED	
	You must enter your SSN(s) above. p	
	Checking a box below will not change your tax or refund.	
	Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) u	
	You Spouse	

Filing Status

Check only one box.

1	<input type="checkbox"/> Single	4	<input type="checkbox"/> Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. u
2	<input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	5	<input type="checkbox"/> Qualifying widow(er) with dependent child (see page 16)
3	<input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. u		

Exemptions

If more than four dependents, see page 17.

6a	<input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b No. of children on 6c who:	2
b	<input checked="" type="checkbox"/> Spouse		
c	Dependents:		
	(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you
	REDACTED WALZ	REDACTED	Daughter
	REDACTED WALZ	REDACTED	Son
d	Total number of exemptions claimed		Add numbers on lines above u 4

Income

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

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	214,659
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see page 21)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)	10	
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 <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount (see page 23)	15b	
16a	Pensions and annuities	16a	
b	Taxable amount (see page 24)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	1,292
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount (see page 26)	20b	
21	Other income. List type and amount (see page 28)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income u	22	215,951

Adjusted Gross Income

23	Educator expenses (see page 28)	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	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see page 29)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN u	31a	
32	IRA deduction (see page 30)	32	
33	Student loan interest deduction (see page 33)	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	
37	Subtract line 36 from line 22. This is your adjusted gross income u	37	215,951

Tax
and
CreditsStandard
Deduction
for—

• People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dependent, see page 34.

• All others:
Single or Married filing separately, \$5,450

Married filing jointly or Qualifying widow(er), \$10,900

Head of household, \$8,000

38	Amount from line 37 (adjusted gross income)	38	215,951
39a	Check <input type="checkbox"/> You were born before January 2, 1944, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1944, <input type="checkbox"/> Blind. Total boxes checked u 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here u 39b		
c	Check if standard deduction includes real estate taxes or disaster loss (see page 34) u 39c		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	43,354
41	Subtract line 40 from line 38	41	172,597
42	If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d	42	14,000
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	158,597
44	Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	33,151
45	Alternative minimum tax (see page 39). Attach Form 6251	45	4,251
46	Add lines 44 and 45 u	46	37,402
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	200
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see page 42). Attach Form 8901 if required	52	
53	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 47 through 54. These are your total credits	55	200
56	Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-	56	37,202

Other
Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Additional taxes: a <input type="checkbox"/> AEIC payments b <input checked="" type="checkbox"/> Household employment taxes. Attach Schedule H	60	2,574
61	Add lines 56 through 60. This is your total tax u	61	39,776

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	36,039
63	2008 estimated tax payments and amount applied from 2007 return	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election 64b		
65	Excess social security and tier 1 RRTA tax withheld (see page 61)	65	
66	Additional child tax credit. Attach Form 8812	66	
67	Amount paid with request for extension to file (see page 61)	67	
68	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	68	
69	First-time homebuyer credit. Attach Form 5405	69	
70	Recovery rebate credit (see worksheet on pages 62 and 63)	70	
71	Add lines 62 through 70. These are your total payments u	71	36,039

Refund

Direct deposit? See page 63 and fill in 73b, 73c, and 73d, or Form 8888.

72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72	
73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here u <input type="checkbox"/>	73a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
74	Amount of line 72 you want applied to your 2009 estimated tax u	74	

Amount
You Owe

75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page 65 u	75	3,737
76	Estimated tax penalty (see page 65)	76	

Third Party
Designee

Do you want to allow another person to discuss this return with the IRS (see page 66)? ☒ Yes. Complete the following. ☐ No

Designee's name u Preparer Personal identification number (PIN) u Phone no. u

Sign
Here

Joint return? See page 15. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid

Preparer's
Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN REDACTED
Firm's name (or yours if self-employed), address, and ZIP code	Frederick & Rosen, Ltd. 5922 Excelsior Boulevard Minneapolis MN 55416-2811		EIN 41-1406219 Phone no. REDACTED

SCHEDULES A&B

Schedule A—Itemized Deductions

OMB No. 1545-0074

(Form 1040)

(Schedule B is on back)

2008

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040.

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

Attachment
Sequence No. 07

Name(s) shown on Form 1040

TIMOTHY J & GWEN L WALZ

Your social security number

REDACTED

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see page A-1)	1		
	2	Enter amount from Form 1040, line 38	2	215,951	
	3	Multiply line 2 by 7.5% (.075)	3	16,196	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		
Taxes You Paid (See page A-2.)	5 State and local (check only one box):		5	12,864	
	a	<input checked="" type="checkbox"/> Income taxes, or			
	b	<input type="checkbox"/> General sales taxes			
	6	Real estate taxes (see page A-5)	6	2,055	
	7	Personal property taxes	7	64	
	8	Other taxes. List type and amount	8		
	9	Add lines 5 through 8	9	14,983	
	Interest You Paid (See page A-5.)	10	Home mortgage interest and points reported to you on Form 1098	10	13,013
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		
12		Points not reported to you on Form 1098. See page A-6 for special rules	12		
13		Qualified mortgage insurance premiums (see page A-6)	13		
14		Investment interest. Attach Form 4952 if required. (See page A-6.)	14		
15		Add lines 10 through 14	15	13,013	
Gifts to Charity If you made a gift and got a benefit for it, see page A-7.		16	Gifts by cash or check. If you made any gift of \$250 or more, see page A-7	16	1,630
		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	475
		18	Carryover from prior year	18	
		19	Add lines 16 through 18	19	2,105
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See page A-8.)	20		
Job Expenses and Certain Miscellaneous Deductions (See page A-9.)	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.)	21	3,000	
	22	Tax preparation fees	22	432	
	23	Other expenses—investment, safe deposit box, etc. List type and amount	23	14,700	
	24	Add lines 21 through 23	24	18,132	
	25	Enter amount from Form 1040, line 38	25	215,951	
	26	Multiply line 25 by 2% (.02)	26	4,319	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	13,813	
	Other Miscellaneous Deductions	28	Other—from list on page A-10. List type and amount	28	
Total Itemized Deductions	29	Is Form 1040, line 38, over \$159,950 (over \$79,975 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. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-10 for the amount to enter.	29	43,354	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here			

For Paperwork Reduction Act Notice, see Form 1040 instructions.

DAA

Schedule A (Form 1040) 2008

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2008

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

Attach to Form 1040, 1040NR, or Form 1041. See Instructions for Schedule E (Form 1040).

Name(s) shown on return

Your social security number

TIMOTHY J & GWEN L WALZ

REDACTED

Part I Income or Loss From Rental Real Estate and Royalties **Note.** If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

1	List the type and address of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days or • 10% of the total days rented at fair rental value? (See page E-3)	Yes	No
A	2 Bedroom Apartment REDACTED				X
B					
C					

Income:		Properties			Totals
		A	B	C	(Add columns A, B, and C.)
3	Rents received	7,500			7,500
4	Royalties received				
Expenses:					
5	Advertising				
6	Auto and travel (see page E-4)				
7	Cleaning and maintenance				
8	Commissions				
9	Insurance	298			
10	Legal and other professional fees				
11	Management fees				
12	Mortgage interest paid to banks, etc. (see page E-5)	2,974			2,974
13	Other interest				
14	Repairs	244			
15	Supplies				
16	Taxes	470			
17	Utilities				
18	Other (list) See Statement 3	19			
19	Add lines 5 through 18	4,005			4,005
20	Depreciation expense or depletion (see page E-5)	2,203			2,203
21	Total expenses. Add lines 19 and 20	6,208			
22	Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198	1,292			
23	Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2	0			
24	Income. Add positive amounts shown on line 22. Do not include any losses				1,292
25	Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here.				
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2				1,292

Child and Dependent Care Expenses

u Attach to Form 1040 or Form 1040NR.

u See separate instructions.

OMB No. 1545-0074

2008

Attachment
Sequence No. **21**

Name(s) shown on return

TIMOTHY J & GWEN L WALZ

Your social security number

REDACTED

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 (see instructions)
	See Statement 4			17,342

Did you receive
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on the back next.

Caution. If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 60, or Form 1040NR, line 56.

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 2008 for the person listed in column (a)
First	Last		
REDACTED	WALZ	REDACTED	8,671
REDACTED	WALZ	REDACTED	8,671

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 35

3 1,000

4 Enter your **earned income**. See instructions

4 155,514

5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4

5 59,145

6 Enter the **smallest** of line 3, 4, or 5

6 1,000

7 Enter the amount from Form 1040, line 38, or Form 1040NR, line 36

7 215,951

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over But not over Decimal amount is

\$0—15,000 .35

15,000—17,000 .34

17,000—19,000 .33

19,000—21,000 .32

21,000—23,000 .31

23,000—25,000 .30

25,000—27,000 .29

27,000—29,000 .28

If line 7 is:

Over But not over Decimal amount is

\$29,000—31,000 .27

31,000—33,000 .26

33,000—35,000 .25

35,000—37,000 .24

37,000—39,000 .23

39,000—41,000 .22

41,000—43,000 .21

43,000—No limit .20

8 X .20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2007 expenses in 2008, see the instructions

9 200

10 Enter the amount from Form 1040, line 46, or Form 1040NR, line 43

10 37,402

11 Enter the amount from Form 1040, line 47, or Form 1040NR, line 44

11

12 Subtract line 11 from line 10. If zero or less, **stop**. You cannot take the credit

12 37,402

13 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 12 here and on Form 1040, line 48, or Form 1040NR, line 45

13 200

For Paperwork Reduction Act Notice, see page 4 of the instructions.

Form **2441** (2008)

Part III Dependent Care Benefits

14 Enter the total amount of dependent care benefits you received in 2008. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not 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	5,000
15 Enter the amount, if any, you carried over from 2007 and used in 2008 during the grace period. See instructions	15	
16 Enter the amount, if any, you forfeited or carried forward to 2009. See instructions	16	()
17 Combine lines 14 through 16. See instructions	17	5,000
18 Enter the total amount of qualified expenses incurred in 2008 for the care of the qualifying person(s)	18	17,342
19 Enter the smaller of line 17 or 18	19	5,000
20 Enter your earned income . See instructions	20	155,514
21 Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • 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). • If married filing separately, see the instructions for the amount to enter. • All others, enter the amount from line 20. 	21	59,145
22 Enter the smallest of line 19, 20, or 21	22	5,000
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	0
24 Subtract line 23 from line 17	24	5,000
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	5,000
26 Deductible benefits. Enter the smallest of line 22, 23, or 25. Also, include this amount on the appropriate line(s) of your return. See instructions	26	
27 Enter the smaller of line 22 or 25	27	5,000
28 Enter the amount from line 26	28	
29 Excluded benefits. Subtract line 28 from line 27. If zero or less, enter -0-	29	5,000
30 Taxable benefits. 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	0

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

31 Enter \$3,000 (\$6,000 if two or more qualifying persons)	31	6,000
32 Add lines 26 and 29	32	5,000
33 Subtract line 32 from line 31. If zero or less, stop . You cannot take the credit. Exception. If you paid 2007 expenses in 2008, see the instructions for line 9	33	1,000
34 Complete line 2 on the front of this form. Do not include in column (c) any benefits shown on line 32 above. Then, add the amounts in column (c) and enter the total here	34	12,342
35 Enter the smaller of line 33 or 34. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 13	35	1,000

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

2008

Attachment
Sequence No. 32Department of the Treasury
Internal Revenue Service (99)

u See separate instructions.

u Attach to Form 1040 or Form 1040NR.

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

TIMOTHY J & GWEN L WALZ

Your social security number

REDACTED

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 2), and go to line 7. (If less than zero, enter as a negative amount.)	172,597
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	
3	Taxes from Schedule A (Form 1040), line 9	14,983
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	0
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	13,813
6	If Form 1040, line 38, is over \$159,950 (over \$79,975 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet on page A-10 of the instructions for Schedule A (Form 1040)	(560)
7	If claiming the standard deduction, enter any amount from Form 4684, line 18a, as a negative amount	
8	Tax refund from Form 1040, line 10 or line 21	
9	Investment interest expense (difference between regular tax and AMT)	
10	Depletion (difference between regular tax and AMT)	
11	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	
12	Interest from specified private activity bonds exempt from the regular tax	
13	Qualified small business stock (7% of gain excluded under section 1202)	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	
17	Disposition of property (difference between AMT and regular tax gain or loss)	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	
19	Passive activities (difference between AMT and regular tax income or loss)	211
20	Loss limitations (difference between AMT and regular tax income or loss)	0
21	Circulation costs (difference between regular tax and AMT)	
22	Long-term contracts (difference between AMT and regular tax income)	
23	Mining costs (difference between regular tax and AMT)	
24	Research and experimental costs (difference between regular tax and AMT)	
25	Income from certain installment sales before January 1, 1987	
26	Intangible drilling costs preference	
27	Other adjustments, including income-based related adjustments	
28	Alternative tax net operating loss deduction	
29	Alternative minimum taxable income. Combine lines 1 through 28. (If married filing separately and line 29 is more than \$214,900, see page 8 of the instructions.)	201,044

Part II Alternative Minimum Tax (AMT)

30	Exemption. (If you were under age 24 at the end of 2008, see page 9 of the instructions.)													
	<table border="0"> <thead> <tr> <th>IF your filing status is . . .</th> <th>AND line 29 is not over...</th> <th>THEN enter on line 30...</th> </tr> </thead> <tbody> <tr> <td>Single or head of household</td> <td>\$112,500</td> <td>\$46,200</td> </tr> <tr> <td>Married filing jointly or qualifying widow(er)</td> <td>150,000</td> <td>69,950</td> </tr> <tr> <td>Married filing separately</td> <td>75,000</td> <td>34,975</td> </tr> </tbody> </table>	IF your filing status is . . .	AND line 29 is not over...	THEN enter on line 30...	Single or head of household	\$112,500	\$46,200	Married filing jointly or qualifying widow(er)	150,000	69,950	Married filing separately	75,000	34,975	
IF your filing status is . . .	AND line 29 is not over...	THEN enter on line 30...												
Single or head of household	\$112,500	\$46,200												
Married filing jointly or qualifying widow(er)	150,000	69,950												
Married filing separately	75,000	34,975												
	If line 29 is over the amount shown above for your filing status, see page 8 of the instructions.													
31	Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 34 and 36 and skip the rest of Part II	143,855												
32	<ul style="list-style-type: none"> If you are filing Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here. All others: If line 31 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 	37,402												
33	Alternative minimum tax foreign tax credit (see page 9 of the instructions)													
34	Tentative minimum tax. Subtract line 33 from line 32	37,402												
35	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see page 11 of the instructions)	33,151												
36	AMT. Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45	4,251												

For Paperwork Reduction Act Notice, see page 12 of the instructions.

Form 6251 (2008)

**SCHEDULE H
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

u **Attach to Form 1040, 1040NR, 1040-SS, or 1041.**

u **See separate instructions.**

OMB No. 1545-1971

2008

Attachment
Sequence No. **44**

Name of employer

Social security number

REDACTED

Employer identification number

REDACTED

GWEN L WALZ

A Did you pay **any one** household employee cash wages of \$1,600 or more in 2008? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-4 before you answer this question.)

- ☒ **Yes.** Skip lines B and C and go to line 1.
☐ **No.** Go to line B.

B Did you withhold federal income tax during 2008 for any household employee?

- ☐ **Yes.** Skip line C and go to line 5.
☐ **No.** Go to line C.

C Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2007 or 2008 to **all** household employees? (**Do not** count cash wages paid in 2007 or 2008 to your spouse, your child under age 21, or your parent.)

- ☐ **No. Stop.** Do not file this schedule.
☐ **Yes.** Skip lines 1-9 and go to line 10 on the back. (Calendar year taxpayers having no household employees in 2008 **do not** have to complete this form for 2008.)

Part I Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security taxes (see page H-4)	1	16,110	
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2		1,998
3	Total cash wages subject to Medicare taxes (see page H-4)	3	16,110	
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4		467
5	Federal income tax withheld, if any	5		
6	Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5	6		2,465
7	Advance earned income credit (EIC) payments, if any	7		
8	Net taxes (subtract line 7 from line 6)	8		2,465

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2007 or 2008 to **all** household employees? (**Do not** count cash wages paid in 2007 or 2008 to your spouse, your child under age 21, or your parent.)

- ☐ **No. Stop.** Include the amount from line 8 above on Form 1040, line 60, and check box **b** on that line. If you are not required to file Form 1040, see the line 9 instructions on page H-4.
☒ **Yes.** Go to line 10 on the back.

Part II Federal Unemployment (FUTA) Tax

- 10 Did you pay unemployment contributions to only one state?
- 11 Did you pay all state unemployment contributions for 2008 by April 15, 2009? Fiscal year filers, see page H-4
- 12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	Yes	No
10	X	
11	X	
12	X	

Next: If you checked the "Yes" box on **all** the lines above, complete Section A.

If you checked the "No" box on **any** of the lines above, skip Section A and complete Section B.

Section A

- 13 Name of the state where you paid unemployment contributionsu MN
- 14 State reporting number as shown on state unemployment tax returnu REDACTED
- 15 Contributions paid to your state unemployment fund (see page H-5) 15 382
- 16 Total cash wages subject to FUTA tax (see page H-5) 16 13,615
- 17 **FUTA tax.** Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26 17 109

Section B

- 18 Complete all columns below that apply (if you need more space, see page H-5):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-.	(i) Contributions paid to state unemployment fund
			From	To					

- 19 Totals 19
- 20 Add columns (h) and (i) of line 19 20
- 21 Total cash wages subject to FUTA tax (see the line 16 instructions on page H-5) 21
- 22 Multiply line 21 by 6.2% (.062) 22
- 23 Multiply line 21 by 5.4% (.054) 23
- 24 Enter the **smaller** of line 20 or line 23 24
- 25 **FUTA tax.** Subtract line 24 from line 22. Enter the result here and go to line 26. 25

Part III Total Household Employment Taxes

- 26 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0- 26 2,465
- 27 Add line 17 (or line 25) and line 26 (see page H-5) 27 2,574
- 28 Are you required to file Form 1040?

☒ **Yes. Stop.** Include the amount from line 27 above on Form 1040, line 60, and check boxb on that line. **Do not** complete Part IV below.

☐ **No.** You may have to complete Part IV. See page H-5 for details.

Part IV Address and Signature—Complete this part only if required. See the line 28 instructions on page H-5.

Address (number and street) or P.O. box if mail is not delivered to street address		Apt., room, or suite no.
City, town or post office, state, and ZIP code		

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's 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.	

Statement 1 - Schedule A, Line 21 - Unreimbursed Employee Expenses

Description	Amount
Total reflects \$3,000. IRC 162(a) limit on DC living expenses for Member of Congress	\$ 3,000
Total	<u>\$ 3,000</u>

Statement 2 - Schedule A, Line 23 - Other Expenses

Description	Amount
Washington DC Living Exp per Section 274(d)(1)	\$ 14,700
Total	<u>\$ 14,700</u>

2 Bedroom Apartment

Statement 3 - Schedule E. Line 18 - Other Expenses

Description	Gross Amount	Business Use Percentage	Net Amount
Snow Removal	\$ 100		\$ 100
Business Use Adjustment	-81		-81
Total	<u>\$ 19</u>		<u>\$ 19</u>

REDACTED

Federal Statements

Statement 4 - Form 2441, Part I, Line 1 - Child Care Provider Information

Provider's Name	Street Address	City State/Zip	SSN or EIN	Amount Paid
Rebecca Gibbs	REDACTED	REDACTED	REDACTED	\$ 6,163
Shannon Pierce	REDACTED	REDACTED	REDACTED	10,727
Camilla M Dilger	REDACTED	REDACTED	REDACTED	452
Total				\$ 17,342

Name

TIMOTHY J & GWEN L WALZ

Taxpayer Identification Number

REDACTED

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T House of Rep-Member Services	155,514	29,236	102,000
B	S Independent School District 77	59,145	6,803	65,315
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		155,514	29,236	102,000
Spouse		59,145	6,803	65,315
Totals		214,659	36,039	167,315

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Allocated Tips	Advanced EIC	Dep Care Ben	Other, Box 14
A	6,324	163,962	2,377				
B	4,050	65,315	947			5,000	
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	6,324	163,962	2,377				
Spouse	4,050	65,315	947			5,000	
Totals	10,374	229,277	3,324			5,000	

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	MN	155,514	9,798			
B	MN	59,145	3,066			
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer		155,514	9,798			
Spouse		59,145	3,066			
Totals		214,659	12,864			

M1 MINNESOTA - REVENUE Individual Income Tax 2008

0811

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

TIMOTHY J

WALZ

REDACTED

Mark an
X if a
foreign
address:

GWEN L

WALZ

REDACTED

REDACTED

REDACTED 1964

REDACTED

REDACTED 1966

2008 federal
filing status

☐

(1) Single

☒

(2) Married filing joint

☐

(3) Married filing separate:

(mark an X in
one box):

☐

(4) Head of
Household

☐

(5) Qualifying widow(er)

Enter spouse's name and

Social Security number here

State Elections Campaign Fund

Political party and code number:

Your code:

Spouse's code:

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.

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

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:

214659

215951

1 Federal taxable income (from line 43 of federal Form 1040,
line 27 of Form 1040A, or line 6 of Form 1040EZ)

1 ■

158597

2 State income tax or sales tax addition. If you itemized deductions on federal
Form 1040, complete the worksheet on page 9 of the instructions

2 ■

12864

3 Other additions to your income, including the additional standard deduction
for real estate taxes and non-Minnesota bond interest
(see instructions, page 10, and enclose Schedule M1M)

3 ■

4 Add lines 1 through 3 (if a negative number, mark an X in the box as indicated)

4

171461

5 State income tax refund from line 10 of federal Form 1040

5 ■

6 Net interest or mutual fund dividends from U.S. bonds (see instructions, page 10)

6 ■

7 Education expenses you paid for your qualifying children in grades K-12
(see instructions, page 10). Enter the name and grade of each child:

7 ■

255

REDACTED WALZ 02

8 Other subtractions (see instructions, page 12, and enclose Schedule M1M)

8 ■

9 Total subtractions. Add lines 5 through 8

9

255

10 Minnesota taxable income. Subtract line 9 from line 4
(if result is zero or less, leave blank)

10

171206

11 Tax from the table on pages 22-27 of the M1 instructions

11

11885

12 Alternative minimum tax (enclose Schedule M1MT)

12 ■

13 Add lines 11 and 12

13

11885

14 Full-year residents: Enter the amount from line 13 on line 14. Skip lines 14a and 14b.

Part-year residents and nonresidents: From Schedule M1NR, enter the tax from line 27
on line 14, from line 23 on line 14a, and from line 24 on line 14b (enclose schedule)

14

11885

a.

b.

15 Tax on lump-sum distribution (enclose Schedule M1LS)

15 ■

16 Tax before credits. Add lines 14 and 15

16

11885

17	Tax before credits. Amount from line 16	17	11885
18	Marriage credit for joint return when both spouses have taxable earned income or taxable retirement income (determine from instructions, page 14)	18 ■	160
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 ■	
21	Alternative minimum tax credit (enclose Schedule M1MTC)	21 ■	
22	Total credits against tax. Add lines 18 through 21	22	160
23	Subtract line 22 from line 17 (if result is zero or less, leave blank)	23	11725
24	Nongame Wildlife Fund contribution. This will reduce your refund or increase amount owed	24 ■	
25	Add lines 23 and 24	25	11725
26	Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minnesota withholding from W-2, 1099 and W-2G forms (do not send in W-2s, 1099s, W-2Gs)	26 ■	12864
27	Minnesota estimated tax and extension (Form M13) payments made for 2008	27 ■	
28	Child and dependent care credit (enclose Schedule M1CD). Enter number of qualifying persons here:	28 ■	
29	Minnesota working family credit (enclose Schedule M1WFC). Enter number of qualifying children here:	29 ■	
30	K-12 education credit (enclose Schedule M1ED). Enter number of qualifying children here:	30 ■	
31	Job Opportunity Building Zone (JOBZ) jobs credit (enclose Schedule JOBZ)	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	12864
34	REFUND. If line 33 is more than line 25, subtract line 25 from line 33 (see instructions, page 17). For direct deposit, complete line 35	34 ■	1139
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 (see instructions, page 18)	36 ■	
37	Penalty amount from Schedule M15 (see instructions, page 18). Also subtract this amount from line 34 or add it to line 36 (enclose Schedule M15)	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 2009 estimated tax	39 ■	

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

Paid preparer: You must sign below.

Your signature

Date

Spouse's signature (if filing jointly)

Include a copy of your 2008 federal return and schedules.

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

REDACTED

REDACTED

X 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 Income Tax Withheld 2008

Complete this schedule to report Minnesota income tax withheld.

Include this schedule when you file your return.

TIMOTHY J

WALZ

REDACTED

GWEN L

WALZ

REDACTED

If you received a W-2, 1099, W-2G, Schedule KPI, KS or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 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 the back.

A If the W-2 is for: • you, enter 1 • spouse, enter 2	B—Box 13 If Retirement Plan box is checked, mark an X below.	C—Box 15 Employer's 7-digit Minnesota state tax ID number	D—Box 16 State wages, tips, etc. (round to nearest whole dollar)	E—Box 17 Minnesota tax withheld (round to nearest whole dollar)
1	X	REDACTED	155514	9798
2	X	REDACTED	59145	3066

Subtotal for additional W-2s (from line 5 on the back)

Total Minnesota tax withheld from all W-2 forms (add amounts in line 1, column E) **1** 12864

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

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

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

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

3 Total Minnesota tax withheld from partnerships, S corporations and fiduciaries, if any
(add line 32 of Schedule KPI, line 30 of Schedule KS and line 12 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** 12864

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