

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20

See separate instructions.

Your first name and middle initial
TIMOTHY J

Last name
WALZ

Your social security number

If joint return, spouse's first name and middle initial
GWEN L

Last name
WALZ

Spouse's social security number

CLIENT'S COPY

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

Apt. no.

Presidential Election Campaign
Check here if you, or your
spouse if filing jointly, want \$3
to go to this fund. Checking a
box below will not change
your tax or refund.

City, town or post office. If you have a foreign address, also complete spaces below.

State

ZIP code

Foreign country name

Foreign province/state/county

Foreign postal code

☒ You ☒ Spouse

Filing Status

☐ Single

☐ Head of household (HOH)

Check only
one box.

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

☐ Married filing separately (MFS)

☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets

At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness





You: ☐ Were born before January 2, 1959

☐ Are blind

Spouse: ☐ Was born before January 2, 1959

☐ Is blind

Dependents (see instructions):

If more than four dependents, see instr. and check here <input type="checkbox"/>	(1) First name	Last name	number	to you	Child tax credit		Credit for other dependents	
		WALZ		Daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		WALZ		Son	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income

1a Total amount from Form(s) W-2, box 1 (see instructions)

1a 112,493

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

b Household employee wages not reported on Form(s) W-2

1b

c Tip income not reported on line 1a (see instructions)

1c

d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)

1d

e Taxable dependent care benefits from Form 2441, line 26

1e

f Employer-provided adoption benefits from Form 8839, line 29

1f

g Wages from Form 8919, line 6

1g

h Other earned income (see instructions)

1h

i Nontaxable combat pay election (see instructions)

1i

z Add lines 1a through 1h

1z 112,493

Attach Sch. B if required.

2a Tax-exempt interest

2a

b Taxable interest

2b

3a Qualified dividends

3a

b Ordinary dividends

3b

4a IRA distributions

4a

b Taxable amount

4b

5a Pensions and annuities

5a

135,000

b Taxable amount

5b 135,000

6a Soc. sec. ben.

6a

b Taxable amount

6b

c If you elect to use the lump-sum election method, check here (see instructions)

7

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here

8

8 Other income from Schedule 1, line 10

8 51,231

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**

9 298,724

10 Adjustments to income from Schedule 1, line 26

10 6,670

11 Subtract line 10 from line 9. This is your **adjusted gross income**

11 292,054

12 **Standard deduction or itemized deductions** (from Schedule A)

12 27,700

13 Qualified business income deduction from Form 8995 or Form 8995-A

13 9,522

14 Add lines 12 and 13

14 37,222

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**

15 254,832

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

Form **1040** (2023)

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972	16	47,960
3	<input type="checkbox"/>	17	
17	Amount from Schedule 2, line 3	18	47,960
18	Add lines 16 and 17	19	1,000
19	Child tax credit or credit for other dependents from Schedule 8812	20	
20	Amount from Schedule 3, line 8	21	1,000
21	Add lines 19 and 20	22	46,960
22	Subtract line 21 from line 18. If zero or less, enter -0-	23	7,239
23	Other taxes, including self-employment tax, from Schedule 2, line 21	24	54,199
24	Add lines 22 and 23. This is your total tax		

Payments

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	12,107
b	Form(s) 1099	25b	27,000
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	39,107
26	2023 estimated tax payments and amount applied from 2022 return	26	12,419
27	Earned income credit (EIC)	27	
28	Additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27, 28, 29 and 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	51,526

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	2,673
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

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

Designee's name **Thomas J Rosen** Phone no. **[REDACTED]** Personal identification number (PIN) **[REDACTED]**

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
CLIENT'S COPY			
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)

Phone no.	Email address
Preparer's name	Preparer's signature
Thomas J Rosen	Thomas J Rosen

Paid**Preparer Use Only**

Firm's name	5922 Excelsior Blvd	Phone no.	[REDACTED]
Firm's address	St. Louis Park MN 55416-2811	Firm's EIN	[REDACTED]

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2023)

Filing Status: ☐ 1 Single ☒ 2 Married filing jointly ☐ 3 Married filing separately ☐ 4 Head of household* ☐ 5 Qualifying widow(er)*

MFS spouse name:

*Qualifying person that is a child but not a dependent

Taxpayer first name and initial TIMOTHY J		Last name WALZ	Taxpayer social security number [REDACTED]
If a joint return, spouse's first name and initial GWEN L		Last name WALZ	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]			Apt. no. [REDACTED]
City, town or post office, state, and ZIP code. [REDACTED]			Presidential Election Campaign <input checked="" type="checkbox"/> Taxpayer <input checked="" type="checkbox"/> Spouse
Foreign country name [REDACTED]	Foreign province/state/country [REDACTED]	Foreign postal code [REDACTED]	

At anytime during 2023, did you receive, sell, send, exchange, or otherwise acquire financial interest in any digital assets? Yes ☒ No ☐

6a <input checked="" type="checkbox"/> Taxpayer. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b	2
6b <input checked="" type="checkbox"/> Spouse	Children on 6c who lived with you	2
	Children on 6c who did not live with you	
	Dependents on 6c not entered above	
	Total. Add lines above	4

6c Dependents:			(4) <input checked="" type="checkbox"/> If qualifies for		If more than four dependents, <input type="checkbox"/> here
(1) First name	Last name	(2) Social security number	(3) Relationship to you	Child tax credit	
[REDACTED]	WALZ	[REDACTED]	Daughter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
[REDACTED]	WALZ	[REDACTED]	Son	<input checked="" type="checkbox"/>	

Income (Schedule 1)	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	112,493				
	8a	Taxable interest. Attach Schedule B if required	8a					
	b	Tax-exempt interest. Do not include on line 8a	8b					
	9a	Ordinary dividends. Attach Schedule B if required	9a					
	b	Qualified dividends	9b					
	10	Taxable refunds, credits, or offsets of state and local income taxes	10					
	11	Alimony received	11					
	12	Business income or (loss). Attach Schedule C or C-EZ	12	51,231				
	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					
Adjusted Gross Income (Schedule 1)	15a	IRA distributions	15a		b	Taxable amount	15b	
	16a	Pensions and annuities	16a	135,000	b	Taxable amount	16b	135,000
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17					
	18	Farm income or (loss). Attach Schedule F	18					
	19	Unemployment compensation	19					
	20a	Social security benefits	20a		b	Taxable amount	20b	
	21	Other income. List type and amount	21					
	22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	298,724				
	23	Educator expenses	23					
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24					
	25	Health savings account deduction. Attach Form 8889	25	3,050				
	26	Moving expenses. Attach Form 3903	26					
	27	Deductible part of self-employment tax. Attach Schedule SE	27	3,620				
	28	Self-employed SEP, SIMPLE, and qualified plans	28					
	29	Self-employed health insurance deduction	29					
	30	Penalty on early withdrawal of savings	30					
	31a	Alimony paid	31a		b	Recipient's SSN		
32	IRA deduction	32						
33	Student loan interest deduction	33						
34	Reserved for future use	34						
35	Reserved for future use	35						
36	Add lines 23 through 35	36	6,670					
37	Subtract line 36 from line 22. This is your adjusted gross income	37	292,054					

Form 1040		Tax Return Reconciliation Worksheet, Page 2		2023	
Name TIMOTHY J & GWEN L WALZ			Tp TIN		
38 Amount from line 37 (adjusted gross income)			38		292,054
Tax and Credits (Schedules 2, 3)	39a Check if: <input type="checkbox"/> You were born before January 2, 1959, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1959, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a				
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>				
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$13,850 Married filing jointly or Qualifying widow(er), \$27,700 Head of household, \$20,800	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)			40	27,700
	41 Subtract line 40 and 40b from line 38			41	264,354
	42 Qualified business income deduction (see instructions)			42	9,522
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			43	254,832
	44 Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>			44	47,960
	45 Alternative minimum tax (see instructions). Attach Form 6251			45	
	46 Excess advance premium tax credit repayment. Attach Form 8962			46	
	47 Add lines 44, 45, and 46 ▶			47	47,960
	48 Foreign tax credit. Attach Form 1116 if required			48	
	49 Credit for child and dependent care expenses. Attach Form 2441			49	
	50 Education credits from Form 8863, line 19			50	
	51 Retirement savings contributions credit. Attach Form 8880			51	
	52 Child tax credit/credit for other dependents			52	1,000
	53 Residential energy credits. Attach Form 5695			53	
	54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>			54	
55 Add lines 48 through 54. These are your total credits			55	1,000	
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶			56	46,960	
Other Taxes (Schedule 2)	57 Self-employment tax. Attach Schedule SE			57	7,239
	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919			58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required			59	
	60a Household employment taxes from Schedule H			60a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required			60b	
	61 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)			61	
	62 Section 965 net tax liability installment from Form 965-A			62	
63 Add lines 56 through 61. This is your total tax ▶			63	54,199	
Payments (Schedule 3)	64 Federal income tax withheld from:				
	a Form(s) W-2			64a	12,107
	b Form(s) 1099			64b	27,000
	c Other forms			64c	
	65 2023 estimated tax payments and amount applied from 2022 return			65	12,419
	66 Earned income credit (EIC)			66	
	67 Additional child tax credit. Attach Schedule 8812			67	
	68 American opportunity credit from Form 8863, line 8			68	
	69 Recovery rebate credit			69	
	70 Net premium tax credit. Attach Form 8962			70	
	71 Amount paid with request for extension to file			71	
	72 Excess social security and tier 1 RRTA tax withheld			72	
	73 Credit for federal tax on fuels. Attach Form 4136			73	
74 Other payments and refundable credits			74		
75 Total pymts. Add lines 64 - 74.			75	51,526	
Refund	76 If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you overpaid			76	
	77a Amount of line 76 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>			77a	
	▶ b Routing number <input type="text"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
▶ d Account number <input type="text"/>					
78 Amount of line 76 you want applied to your 2024 estimated tax ▶			78		
Amount You Owe	79 Amount you owe. Subtract line 75 from line 63. For details on how to pay, see instructions ... ▶			79	2,673
	80 Estimated tax penalty (see instructions)			80	
Int/Pen Date filed Int Fail to file Fail to pay Total					
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No Personal identification no. (PIN) ▶ <input type="text"/>				
	Designee's Name ▶ Thomas J Rosen Phone no. ▶ <input type="text"/>				
Other Info	Taxpayer Daytime phone number Taxpayer: Occupation IRS Identity Protection PIN				
	Spouse: Occupation IRS Identity Protection PIN				
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse Email address				

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

TIMOTHY J & GWEN L WALZ

Your social security number

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	51,231
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	51,231

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	3,050
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	3,620
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8i from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	6,670

Schedule 1 (Form 1040) 2023

SCHEDULE 2
(Form 1040)

Additional Taxes

OMB No. 1545-0074

2023

Attachment
Sequence No. **02**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

TIMOTHY J & GWEN L WALZ

Your social security number

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	7,239
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2023

Part II Other Taxes (continued)

17 Other additional taxes:		
a Recapture of other credits. List type, form number, and amount:	17a	
b Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c Additional tax on HSA distributions. Attach Form 8889	17c	
d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j Section 72(m)(5) excess benefits tax	17j	
k Golden parachute payments	17k	
l Tax on accumulation distribution of trusts	17l	
m Excise tax on insider stock compensation from an expatriated corporation	17m	
n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q Any interest from Form 8621, line 24	17q	
z Any other taxes. List type and amount:	17z	
18 Total additional taxes. Add lines 17a through 17z	18	
19 Reserved for future use	19	
20 Section 965 net tax liability installment from Form 965-A	20	
21 Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	7,239

Schedule 2 (Form 1040) 2023

SCHEDULE C
(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2023

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

Name of proprietor

GWEN L WALZ

Social security number (SSN)

[REDACTED]

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

Educator

B Enter code from instructions

611000

C Business name. If no separate business name, leave blank.

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

E Business address (including suite or room no.)

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

[REDACTED]

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

G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2023, check here

I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions

☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099?

☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	51,231
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	51,231
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	51,231
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	51,231

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
18 Office expense (see instructions)	18		26 Wages (less employment credits)	26	
19 Pension and profit-sharing plans	19		27a Other expenses (from line 48)	27a	
20 Rent or lease (see instructions):			b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
a Vehicles, machinery, and equipment	20a				
b Other business property	20b				
21 Repairs and maintenance	21				
22 Supplies (not included in Part III)	22				
23 Taxes and licenses	23				
24 Travel and meals:					
a Travel	24a				
b Deductible meals (see instructions)	24b				
25 Utilities	25				
26 Wages (less employment credits)	26				
27a Other expenses (from line 48)	27a				
b Energy efficient commercial bldgs deduction (attach Form 7205)	27b				
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	0			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	51,231			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	51,231			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.				

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

GWEN L WALZ

Social security number of person
with self-employment income

Part I Self-Employment Tax

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

- A** If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

- 1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A

- b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

- 2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order

- 3** Combine lines 1a, 1b, and 2

- 4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

- b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

- c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue

- 5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income

- b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

- 6** Add lines 4c and 5b

- 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 2023

- 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 \$160,200 or more, skip lines 8b through 10, and go to line 11

- b** Unreported tips subject to social security tax from Form 4137, line 10

- c** Wages subject to social security tax from Form 8919, line 10

- d** Add lines 8a, 8b, and 8c

- 9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11

- 10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)

- 11** Multiply line 6 by 2.9% (0.029)

- 12** **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**, or **Form 1040-SS, Part I, line 3**

- 13** **Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter the result here and on **Schedule 1 (Form 1040), line 15**

1a

1b

2

3

4a

4b

4c

5a

5b

6

7

8a

8b

8c

8d

9

10

11

12

13

51,231

51,231

47,312

47,312

0

47,312

160,200

160,200

5,867

1,372

7,239

3,620

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

Schedule SE (Form 1040) 2023

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

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$9,840, or (b) your net farm profits² were less than \$7,103.

14 Maximum income for optional methods	14	6,560
15 Enter the smaller of: two-thirds ($\frac{2}{3}$) of gross farm income ¹ (not less than zero) or \$6,560. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$7,103 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds ($\frac{2}{3}$) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

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

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

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

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Name(s) shown on return

TIMOTHY J & GWEN L WALZ

Your social security number

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	292,054
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	292,054
4	Number of qualifying children under age 17 with the required social security number	4	
5	Multiply line 4 by \$2,000	5	0
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	2
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	1,000
8	Add lines 5 and 7	8	1,000
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.	12	1,000
13	Enter the amount from the Credit Limit Worksheet A	13	47,960
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	14	1,000

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

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

Schedule 8812 (Form 1040) 2023

Part II-A Additional Child Tax Credit for All Filers**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.**15** Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 ☐**16a** Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27**b** Number of qualifying children under 17 with the required social security number: _____ x \$1,600.
Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.
Enter -0- on line 27**TIP:** The number of children you use for this line is the same as the number of children you used for line 4.**17** Enter the **smaller** of line 16a or line 16b**18a** Earned income (see instructions)**18a****b** Nontaxable combat pay (see instructions)**18b****19** Is the amount on line 18a more than \$2,500?☐ **No.** Leave line 19 blank and enter -0- on line 20.☐ **Yes.** Subtract \$2,500 from the amount on line 18a. Enter the result**19****20** Multiply the amount on line 19 by 15% (0.15) and enter the result**20****Next.** On line 16b, is the amount \$4,800 or more?☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico****21** Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.**21****22** Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13**22****23** Add lines 21 and 22**23****24** **1040 and****1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.**1040-NR filers:** Enter the amount from Schedule 3 (Form 1040), line 11.**24****25** Subtract line 24 from line 23. If zero or less, enter -0-**25****26** Enter the **larger** of line 20 or line 25**26****Next,** enter the **smaller** of line 17 or line 26 on line 27.**Part II-C Additional Child Tax Credit****27** This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28**27**

0

**Qualified Business Income Deduction
Simplified Computation**

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.**2023**Attachment
Sequence No. **55**

Name(s) shown on return

TIMOTHY J & GWEN L WALZ

Your taxpayer identification number

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Educator		47,611
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	47,611	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	47,611	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		9,522
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		9,522
11	Taxable income before qualified business income deduction (see instructions)	11	264,354	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	264,354	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		52,871
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15		9,522
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	()	0
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8995** (2023)

Net Investment Income Tax—
Individuals, Estates, and Trusts

Attach to your tax return.

OMB No. 1545-2227

2023

Attachment
Sequence No. 72Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

TIMOTHY J & GWEN L WALZ

Your social security number or EIN

Part I Investment Income☐ Section 6013(g) election (see instructions)☐ Section 6013(h) election (see instructions)☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	51,231	4c	
4b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	-51,231		
c	Combine lines 4a and 4b		4c	
5a	Net gain or loss from disposition of property (see instructions)		5d	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)			
d	Combine lines 5a through 5c		5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	

Part II Investment Expenses Allocable to Investment Income and Modifications

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

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-		12	0
Individuals:				
13	Modified adjusted gross income (see instructions)	292,054	16	
14	Threshold based on filing status (see instructions)	250,000		
15	Subtract line 14 from line 13. If zero or less, enter -0-	42,054		
16	Enter the smaller of line 12 or line 15		16	
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	
Estates and Trusts:				
18a	Net investment income (line 12 above)		18c	
b	Deductions for distributions of net investment income and charitable deductions (see instructions)			
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-			
19a	Adjusted gross income (see instructions)		19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)		19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-		19c	
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

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

Form 8960 (2023)



2023 Form M1, Individual Income Tax

Do not use staples on anything you submit.

TIMOTHY J Your First Name and Initial		WALZ Last Name		[Redacted] Your Social Security Number		[Redacted] 1964 Your Date of Birth (MM/DD/YYYY)	
GWEN L If a Joint Return, Spouse's First Name and Initial		WALZ Spouse's Last Name		[Redacted] Spouse's Social Security Number		[Redacted] 1966 Spouse's Date of Birth	
[Redacted] Current Home Address				Check if Address is:		<input type="checkbox"/> New <input type="checkbox"/> Foreign	
[Redacted] City				[Redacted] State		[Redacted] ZIP Code	

2023 Federal Filing Status (place an X in one box):

☐ (1) Single
 ☒ (2) Married Filing Jointly
 ☐ (3) Married Filing Separately
 ☐ (4) Head of Household
 ☐ (5) Qualifying Surviving Spouse

Spouse Name _____
 Spouse SSN _____

State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers:		Republican	11	Grassroots/Legalize Cannabis	14	Legal Marijuana Now	17
Democratic/Farmer-Labor	12	Libertarian	16	General Campaign Fund	99		
Your Code	Spouse's Code						

From Your Federal Return (see instructions)

112493	135000		254832
A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment	D. Federal taxable income

1	Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR)	1	292054
2	Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions)	2	
3	Add lines 1 and 2	3	292054
4	Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4	25508
5	Exemptions (from Schedule M1DQC)	5	9600
6	State income tax refund from line 1 of federal Schedule 1	6	
7	Subtractions from line 35 of Schedule M1M and line 21 of Schedule M1MB (see instructions)	7	1750
8	Total subtractions. Add lines 4 through 7	8	36858
9	Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9	255196
10	Tax from the table or schedules in the Form M1 instructions	10	17562
11	Alternative minimum tax (enclose Schedule M1MT)	11	
12	Add lines 10 and 11	12	17562
13	Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b. Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR)	13	17562
13a		0	
13b		0	



14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)

☐ (a) Schedule M1HOME ☐ (b) Schedule M1529 ☐ (c) Schedule M1LS 14 ■

15 Tax before credits. Add lines 13 and 14 15 17562

16 Amount from line 21 of Schedule M1C, *Nonrefundable Credits* (enclose Schedule M1C) 16 ■

17 Subtract line 16 from line 15 (if result is zero or less, leave blank) 17 17562

18 Nongame Wildlife Fund contribution (see instructions)
This will reduce your refund or increase the amount you owe 18 ■

19 Add lines 17 and 18 19 17562

20 Minnesota income tax withheld. Complete and enclose Schedule M1W to report
Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF 20 ■ 6111

21 Minnesota estimated tax and extension payments made for 2023 21 ■ 2559

22 Amount from line 11 of Schedule M1REF, *Refundable Credits* (see instructions; enclose Schedule M1REF) 22 ■

23 Total payments. Add lines 20 through 22 23 8670

24 REFUND. If line 23 is more than line 19, subtract line 19 from line 23 (see instructions).
For direct deposit, complete line 25 24 ■

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

☐ Checking ☐ Savings Routing Number Account Number

26 AMOUNT YOU OWE. If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) 26 ■ 8892

27 Penalty amount from Schedule M15 (see instructions). Also subtract
this amount from line 24 or add it to line 26 (enclose Schedule M15) 27 ■

28 Penalty and interest (see instructions) 28 ■

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 29 and 30.

29 Amount from line 24 you want sent to you 29 ■

30 Amount from line 24 you want applied to your 2024 estimated tax 30 ■

Taxpayer(s): I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature

Spouse's Signature (If Filing Jointly)

Date (MM/DD/YYYY)

Daytime Phone

Email Address

THOMAS J ROSEN

Paid Preparer's Signature

Date (MM/DD/YYYY)

PTIN or VITA/TCE # (required)

Preparer's Daytime Phone

Preparer's Email Address

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

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

Include a copy of your 2023 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55146-0010



2023 Schedule M1W, Minnesota Income Tax Withheld

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

TIMOTHY J
Your First Name and Initial

WALZ
Last Name

[Redacted]
Your Social Security Number

GWEN L
If a Joint Return, Spouse's First Name and Initial

WALZ
Spouse's Last Name

[Redacted]
Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

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

A	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for:	If Retirement Plan box is checked, mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. (round to nearest whole dollar)	Minnesota tax withheld (round to nearest whole dollar)
• you, enter 1				
• spouse, enter 2				
a1 <u>1</u>	b1 <input checked="" type="checkbox"/>	c1 MN <u>[Redacted]</u>	d1 <u>112493</u>	e1 <u>6111</u>
a2 _____	b2 <input type="checkbox"/>	c2 MN _____	d2 _____	e2 _____
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____
a5 _____	b5 <input type="checkbox"/>	c5 MN _____	d5 _____	e5 _____

Subtotal for additional Forms W-2 (from line 5 on page 2) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) **1** 6111

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A	B	C	D
If the Form 1099, W-2G, or 1042-S is for:	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	Minnesota tax withheld (round to nearest whole dollar)
• you, enter 1			
• spouse, enter 2			
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) _____

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) **2** _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries

(from line 7 on page 2) **3** _____

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.

Enter the total here and on line 20 of Form M1 **4** 6111

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



2023 Schedule M1M, Income Additions and Subtractions

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

TIMOTHY J
Your First Name and Initial

WALZ
Your Last Name


Your Social Security Number

Additions to Income

- | | | | |
|----|---|-----|-------|
| 1 | Interest from municipal bonds of another state or its governmental units included on line 2a of federal Form 1040 | 1 ■ | _____ |
| 2 | Federally tax-exempt dividends from mutual funds investing in bonds of another state or its governmental units included on line 2a of federal Form 1040 | 2 ■ | _____ |
| 3 | Expenses deducted on your federal return attributable to income not taxed by Minnesota (other than interest or mutual fund dividends from U.S. bonds) | 3 ■ | _____ |
| 4 | Capital gain portion of a lump-sum distribution (from line 6 of federal Form 4972; enclose Form 4972) | 4 ■ | _____ |
| 5 | Addition from line 7 of Schedule M1HOME (enclose Schedule M1HOME) | 5 ■ | _____ |
| 6 | Distributions from higher education savings accounts used for K-12 tuition (see instructions) | 6 ■ | _____ |
| 7 | This line intentionally left blank | 7 ■ | _____ |
| 8 | This line intentionally left blank | 8 ■ | _____ |
| 9 | This line intentionally left blank | 9 ■ | _____ |
| 10 | Add lines 1 through 9. Enter the total here and on line 2 of Form M1 | 10 | _____ |

Subtractions from Income

- | | | | |
|----|--|------|---|
| 11 | If you are not filing Schedule M1SA, and your charitable contributions were more than \$500, see instructions | 11 ■ | _____ 1750 |
| 12 | Social Security benefit subtraction (determine from worksheet in instructions) | 12 ■ | _____ |
| 13 | Education expenses you paid for your qualifying children in grades K-12 (see instructions)
Enter the name and grade of each child on the line below | 13 ■ | _____ |
| 14 | Net interest or mutual fund dividends from U.S. bonds (see instructions) | 14 ■ | _____ |
| 15 | Subtraction for contributions to a qualified education savings plan (enclose Schedule M1529) | 15 ■ | _____ |
| 16 | Subtraction for persons age 65 or older, or permanently and totally disabled (enclose Schedule M1R) | 16 ■ | _____ |
| 17 | Railroad Retirement Board benefits (see instructions) | 17 ■ | _____ |
| 18 | If you are a resident of Michigan or North Dakota filing Form M1 only to receive a refund of all Minnesota tax withheld, enter the amount from line 1 of Form M1. If the amount is zero or less, enter 0 | 18 ■ | _____ |
| | • Place an X in one box to indicate the reciprocity state of which you were a resident during 2023 | | <input type="checkbox"/> Michigan <input type="checkbox"/> North Dakota |
| 19 | Subtraction of reservation income for American Indians (see instructions) | 19 ■ | _____ |
| 20 | Federal active-duty military pay received for services performed while a Minnesota resident, to the extent the income is federally taxable. If you received a military pension, see line 25 | 20 ■ | _____ |
| 21 | Minnesota National Guard members and reservists: See instructions | 21 ■ | _____ |



22	Residents of another state: Enter your federal active duty military pay, to the extent the income is federally taxable. If you received a military pension, see line 25	22 ■	_____
23	Organ donor subtraction (see instructions)	23 ■	_____
24	Volunteer mileage reimbursement subtraction	24 ■	_____
25	Subtraction for military pensions or other military retirement pay (see instructions)	25 ■	_____
26	Post-service education awards received for service in an AmeriCorps National Service program	26 ■	_____
27	Subtraction for interest earned from a designated first-time homebuyer savings account (enclose Schedule M1HOME)	27 ■	_____
28	Subtraction for discharge of indebtedness of educational loans (see instructions)	28 ■	_____
29	Qualified retirement benefits subtraction (see instructions)	29 ■	_____
30	Subtraction for damages received under sexual harassment or abuse claims (see instructions)	30 ■	_____
31	Subtraction for long-term service and support workforce incentive grants (see instructions)	31 ■	_____
32	Subtraction for Nursing Facility Workforce Incentive Grants (see instructions)	32 ■	_____
33	Subtraction for one-time refund for tax year 2021	33 ■	_____
34	This line intentionally left blank	34 ■	_____
35	Add lines 11 through 34. Enter the total here and on line 7 of Form M1	35	_____ 1750

You must include this schedule with your Form M1.



2023 Schedule M1DQC, Dependents and Qualifying Children

Use this schedule to provide information about your dependents, qualifying children. If you need to list more than three, provide a separate statement with the additional dependents and qualifying children.

<u>TIMOTHY J</u>		<u>WALZ</u>		<u>[REDACTED]</u>	
Your First Name and Initial		Last Name		Social Security Number	

	A — Child 1	B — Child 2	C — Child 3
First name and middle initial	a1 <u>[REDACTED]</u>	b1 <u>[REDACTED]</u>	c1 _____
Last name	a2 <u>WALZ</u>	b2 <u>WALZ</u>	c2 _____
Social Security Number or Individual Taxpayer Identification Number	a3 <u>[REDACTED]</u>	b3 <u>[REDACTED]</u>	c3 _____
Date of Birth	a4 <u>[REDACTED]</u>	b4 <u>[REDACTED]</u>	c4 _____
Relationship to you	a5 <u>SON</u>	b5 <u>DAUGHTER</u>	c5 _____
Check the box if you are claiming them as a dependent	a6 <input checked="" type="checkbox"/>	b6 <input checked="" type="checkbox"/>	c6 <input type="checkbox"/>
Number of months they lived with you	a7 <u>12</u>	b7 <u>12</u>	c7 _____
Check the box if they were over age 17 but under age 24 and a full-time student	a8 <input type="checkbox"/>	b8 <input checked="" type="checkbox"/>	c8 <input type="checkbox"/>
Check the box if they were permanently and totally disabled in any part of 2023	a9 <input type="checkbox"/>	b9 <input type="checkbox"/>	c9 <input type="checkbox"/>
Check the box if they are a qualifying child	a10 <input checked="" type="checkbox"/>	b10 <input type="checkbox"/>	c10 <input type="checkbox"/>
Check the box if they are a qualifying older child	a11 <input type="checkbox"/>	b11 <input checked="" type="checkbox"/>	c11 <input type="checkbox"/>