

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning 2015, ending 20 See separate instructions.

Your first name and initial **TIMOTHY J** Last name **WALZ** **CLIENT'S COPY** Your 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. Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Mankato MN 56001-2500**

Foreign country name Foreign province/state/county Foreign postal code **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.  You  Spouse

**Filing Status**  
 1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above and full name here. **4**  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **5**  Qualifying widow(er) with dependent child

**Exemptions**  
 6a  Yourself. If someone can claim you as a dependent, do not check box 6a  
 b  Spouse  
 c **Dependents:**  
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4)  if child under age 17 qual. for child tax credit (see instr.)  
 If more than four dependents, see instructions and check here   
 Boxes checked on 6a and 6b **2**  
 No. of children on 6c who:  
 • lived with you **2**  
 • did not live with you due to divorce or separation (see instructions)  
 Dependents on 6c not entered above  
 Add numbers on lines above **4**

d Total number of exemptions claimed **7** **203,700**

**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 instructions.  
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **8a**  
 8a Taxable interest. Attach Schedule B if required **8b**  
 b Tax-exempt interest. Do not include on line 8a **9a**  
 9a Ordinary dividends. Attach Schedule B if required **9b**  
 b Qualified dividends **10** **236**  
 10 Taxable refunds, credits, or offsets of state and local income taxes  
 11 Alimony received  
 12 Business income or (loss). Attach Schedule C or C-EZ  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here   
 14 Other gains or (losses). Attach Form 4797  
 15a IRA distributions **15a** **16a**  
 16a Pensions and annuities **16b**  
 b Taxable amount  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  
 18 Farm income or (loss). Attach Schedule F  
 19 Unemployment compensation  
 20a Social security benefits **20a** **20b**  
 b Taxable amount  
 21 Other income. List type and amount  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **22** **203,936**

**Adjusted Gross Income**  
 23 Educator expenses **23**  
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**  
 25 Health savings account deduction. Attach Form 8889 **25**  
 26 Moving expenses. Attach Form 3903 **26**  
 27 Deductible part of self-employment tax. Attach Schedule SE **27**  
 28 Self-employed SEP, SIMPLE, and qualified plans **28**  
 29 Self-employed health insurance deduction **29**  
 30 Penalty on early withdrawal of savings **30**  
 31a Alimony paid b Recipient's SSN **31a**  
 32 IRA deduction **32**  
 33 Student loan interest deduction **33**  
 34 Tuition and fees. Attach Form 8917 **34**  
 35 Domestic production activities deduction. Attach Form 8903 **35**  
 36 Add lines 23 through 35 **36**  
 37 Subtract line 36 from line 22. This is your adjusted gross income **37** **203,936**

38 Amount from line 37 (adjusted gross income) **203,936**

39a Check  You were born before January 2, 1951,  Blind.  Total boxes checked **39a**

if:  Spouse was born before January 2, 1951,  Blind.  **39b**

b If your spouse itemizes on a separate return or you were a dual-status alien, check here **39b**

**Standard Deduction for—**

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) **28,556**

41 Subtract line 40 from line 38 **175,380**

42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions **16,000**

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **159,380**

44 Tax (see instr.). Check if any from: a  Form(s) 8814 b  Form 4972 c  **31,678**

45 Alternative minimum tax (see instructions). Attach Form 6251

46 Excess advance premium tax credit repayment. Attach Form 8962

47 Add lines 44, 45, and 46 **31,678**

48 Foreign tax credit. Attach Form 1116 if required

49 Credit for child and dependent care expenses. Attach Form 2441

50 Education credits from Form 8863, line 19

51 Retirement savings contributions credit. Attach Form 8880

52 Child tax credit. Attach Schedule 8812, if required

53 Residential energy credits. Attach Form 5695

54 Other credits from Form: a  3800 b  8801 c

55 Add lines 48 through 54. These are your total credits

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- **31,678**

**Other Taxes**

57 Self-employment tax. Attach Schedule SE

58 Unreported social security and Medicare tax from Form: a  4137 b  8919

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required

60a Household employment taxes from Schedule H

60b First-time homebuyer credit repayment. Attach Form 5405 if required

61 Health care: individual responsibility (see instructions) Full-year coverage

62 Taxes from: a  Form 8959 b  Form 8960 c  Instructions; enter code(s)

63 Add lines 56 through 62. This is your total tax **31,678**

**Payments**

64 Federal income tax withheld from Forms W-2 and 1099 **31,686**

65 2015 estimated tax payments and amount applied from 2014 return

66a Earned income credit (EIC)

b Nontaxable combat pay election **66b**

67 Additional child tax credit. Attach Schedule 8812

68 American opportunity credit from Form 8863, line 8

69 Net premium tax credit. Attach Form 8962

70 Amount paid with request for extension to file

71 Excess social security and tier 1 RRTA tax withheld

72 Credit for federal tax on fuels. Attach Form 4136

73 Credits from Form: a  2439 b  Reserved c  8885 d

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments **31,686**

**Refund**

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid **8**

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here  **8**

b Routing number **XXXXXXXXXX** c Type:  Checking  Savings

d Account number **XXXXXXXXXXXXXXXXXXXX**

77 Amount of line 75 you want applied to your 2016 estimated tax **77**

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions

79 Estimated tax penalty (see instructions) **79**

**Amount You Owe**

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions

79 Estimated tax penalty (see instructions)

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

Personal identification number (PIN) **12345**

**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 **CLIENTS** Date Your occupation

Spouse's signature **COPY** Date Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Print/Type preparer's name **[Redacted]** Date  if self-employed

**Preparer Use Only**

Firm's name **Frederick & Rose** Firm's EIN **[Redacted]**

Firm's address **St. Louis Park MN 55416-2811** Phone no. **[Redacted]**

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2015**

Attachment  
Sequence No. **07**

▶ Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).

▶ Attach to Form 1040.

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on Form 1040

Your social security number

TIMOTHY J & GWEN L WALZ

Caution: Do not include expenses reimbursed or paid by others.		1	2	3	4
<b>Medical and Dental Expenses</b>	1 Medical and dental expenses (see instructions)				
	2 Enter amount from Form 1040, line 38	2	203,936		
	3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead			20,394	
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				
<b>Taxes You Paid</b>	5 State and local (check only one box):	5	11,634		
	a <input checked="" type="checkbox"/> Income taxes, or				
	b <input type="checkbox"/> General sales taxes				
	6 Real estate taxes (see instructions)	6	2,176		
	7 Personal property taxes	7	260		
	8 Other taxes. List type and amount ▶	8			
	Payroll Taxes				
	9 Add lines 5 through 8	9			14,070
	<b>Interest You Paid</b>	10 Home mortgage interest and points reported to you on Form 1098	10	8,486	
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶					
12 Points not reported to you on Form 1098. See instructions for special rules		11			
13 Mortgage insurance premiums (see instructions)		12			
14 Investment interest. Attach Form 4952 if required. (See instructions.)		13			
15 Add lines 10 through 14		14			8,486
<b>Gifts to Charity</b>		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	5,200	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	800		
	18 Carryover from prior year	18			
	19 Add lines 16 through 18	19			6,000
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)				20
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21			
	22 Tax preparation fees	22	350		
	23 Other expenses—investment, safe deposit box, etc. List type and amount ▶	23			
	24 Add lines 21 through 23	24	350		
	25 Enter amount from Form 1040, line 38	25	203,936		
	26 Multiply line 25 by 2% (.02)	26	4,079		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			0
<b>Other Miscellaneous Deductions</b>	28 Other—from list in instructions. List type and amount ▶				28
<b>Total Itemized Deductions</b>	29 Is Form 1040, line 38, over \$154,950?				
	<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.				28,556
	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.

Schedule A (Form 1040) 2015

Form 2441 (2015)

**Part III Dependent Care Benefits**

12	Enter the total amount of <b>dependent care benefits</b> you received in 2015. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Do not</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	2,500
13	Enter the amount, if any, you carried over from 2014 and used in 2015 during the grace period. See instructions	13	
14	Enter the amount, if any, you forfeited or carried forward to 2016. See instructions	14	
15	Combine lines 12 through 14. See instructions	15	2,500
16	Enter the total amount of <b>qualified expenses</b> incurred in 2015 for the care of the <b>qualifying person(s)</b>	16	2,500
17	Enter the <b>smaller</b> of line 15 or 16	17	2,500
18	Enter your <b>earned income</b> . See instructions	18	148,912
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).</li> <li>If married filing separately, see instructions.</li> <li>All others, enter the amount from line 18.</li> </ul>	19	54,788
20	Enter the <b>smallest</b> of line 17, 18, or 19	20	2,500
21	Enter \$5,000 (\$2,500 if married filing separately <b>and</b> you were required to enter your spouse's earned income on line 19)	21	5,000
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> Enter the amount here	22	0
23	Subtract line 22 from line 15	23	2,500
24	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	
25	<b>Excluded benefits. Form 1040 and 1040NR filers:</b> If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. <b>Form 1040A filers:</b> Enter the <b>smaller</b> of line 20 or line 21	25	2,500
26	<b>Taxable benefits. Form 1040 and 1040NR filers:</b> Subtract line 25 from line 23. 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." <b>Form 1040A filers:</b> Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"	26	0

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	3,000
28	<b>Form 1040 and 1040NR filers:</b> Add lines 24 and 25. <b>Form 1040A filers:</b> Enter the amount from line 25	28	2,500
29	Subtract line 28 from line 27. If zero or less, <b>stop.</b> You cannot take the credit. <b>Exception.</b> If you paid 2014 expenses in 2015, see the instructions for line 9	29	500
30	Complete line 2 on the front of this form. <b>Do not</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	0
31	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11	31	0

# Noncash Charitable Contributions

▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

▶ Information about Form 8283 and its separate instructions is at [www.irs.gov/form8283](http://www.irs.gov/form8283).

Name(s) shown on your income tax return

TIMOTHY J & GWEN L WALZ

Identifying number

**Note.** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

## Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities—List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities even if the deduction is more than \$5,000 (see instructions).

### Part I Information on Donated Property—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	Minnesota Valley Action Council 706 Victory Drive Mankato MN 56001	<input type="checkbox"/>	Clothing, Household Goods, Furniture
B		<input type="checkbox"/>	
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

**Note.** If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	Various	Various	Purchase	3,250	800	Thrift Shop Value
B						
C						
D						
E						

### Part II Partial Interests and Restricted Use Property—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

**2a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest  
If Part II applies to more than one property, attach a separate statement. ▶ \_\_\_\_\_

**b** Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶ \_\_\_\_\_  
(2) For any prior tax years ▶ \_\_\_\_\_

**c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

**d** For tangible property, enter the place where the property is located or kept ▶ \_\_\_\_\_

**e** Name of any person, other than the donee organization, having actual possession of the property ▶ \_\_\_\_\_

**3a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? 

Yes	No

**b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? 

Yes	No

**c** Is there a restriction limiting the donated property for a particular use? 

Yes	No

For Paperwork Reduction Act Notice, see separate instructions.

# Federal Statements

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

Provider's Name	Provider's Address	SSN or EIN	Amount Paid
[REDACTED]	[REDACTED]	[REDACTED]	\$ 825
[REDACTED]	[REDACTED]	[REDACTED]	1,225
[REDACTED]	[REDACTED]	[REDACTED]	450

# M1 MINNESOTA • REVENUE Individual Income Tax 2015

1511

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

Your First Name and Initial: TIMOTHY J  
 Last Name: WALZ  
 If a Joint Return, Spouse's First Name and Initial: GWEN L  
 Spouse's Last Name: WALZ  
 Current Home Address (Street, Apartment Number, Route): [REDACTED]  
 City: MANKATO State: MN Zip Code: 56001

**2015 Federal**

**Filing Status**  (1) Single  (2) Married filing joint  (3) Married filing separate:  
 (place an X in (4) Head of household  (5) Qualifying widow(er) Enter spouse's name and Social Security number here

**State Elections Campaign Fund**

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

**Political party and code number:**

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

12 12

**From Your Federal Return** (for line references see instructions), enter the amount of:

A Wages, salaries, tips, etc.: 203700  
 B IRA, Pensions and annuities:  
 C Unemployment:  
 D Federal adjusted gross income: 203936

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

1	Federal taxable income (from line 43 of federal Form 1040, line 27 of Form 1040A or line 6 of Form 1040EZ) .....	1 ■	159380
2	State income tax or sales tax addition. If you itemized deductions on federal Form 1040, complete the worksheet in the instructions .....	2 ■	11634
3	Other additions to income, including disallowed itemized deductions, personal exemptions, non-Minnesota bond interest and domestic production activities deduction (see instructions; enclose Schedule M1M) .....	3 ■	598
4	Add lines 1 through 3 (if a negative number, place an X in the box) .....	4	171612
5	State income tax refund from line 10 of federal Form 1040 .....	5 ■	236
6	Other subtractions, such as net interest or mutual fund dividends from U.S. bonds or K-12 education expenses (see instructions; enclose Schedule M1M) .....	6 ■	
7	Total subtractions. Add lines 5 and 6 .....	7	236
8	Minnesota taxable income. Subtract line 7 from line 4. If zero or less, leave blank. ....	8	171376
9	Tax from the table in the M1 instructions .....	9	11665
10	Alternative minimum tax (enclose Schedule M1MT) .....	10 ■	
11	Add lines 9 and 10 .....	11	11665
12	Full-year residents: Enter the amount from line 11 on line 12. Skip lines 12a and 12b. Part-year residents and nonresidents: From Schedule M1NR, enter the tax from line 27 on line 12, from line 23 on line 12a, and from line 24 on line 12b (enclose Schedule M1NR) .....	12	11665
13	Tax on lump-sum distribution (enclose Schedule M1LS) .....	13 ■	
14	Tax before credits. Add lines 12 and 13 .....	14	11665

15	Tax before credits. Amount from line 14 .....	15	11665
16	Marriage credit for joint return when both spouses have taxable earned income or taxable retirement income (enclose Schedule M1MA) .....	16 ■	81
17	Credit for taxes paid to another state (enclose Schedule(s) M1CR) .....	17 ■	
18	Other nonrefundable credits (enclose Schedule M1C) .....	18 ■	
19	Total nonrefundable credits. Add lines 16 through 18 .....	19	81
20	Subtract line 19 from line 15 (if result is zero or less, leave blank) .....	20	11584
21	Nongame Wildlife Fund contribution (see instructions) This will reduce your refund or increase amount owed .....	21 ■	
22	Add lines 20 and 21 .....	22	11584
23	Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minnesota withholding from W-2, 1099 and W-2G forms (do not send) .....	23 ■	11634
24	Minnesota estimated tax and extension payments made for 2015 .....	24 ■	
25	Child and Dependent Care Credit (enclose Schedule M1CD). Enter number of qualifying persons here: .....	25 ■	
26	Minnesota Working Family Credit (enclose Schedule M1WFC). Enter number of qualifying children here: .....	26 ■	
27	K-12 Education Credit (enclose Schedule M1ED). Enter number of qualifying children here: .....	27 ■	
28	Business and investment credits (enclose Schedule M1B) .....	28 ■	
29	Total payments. Add lines 23 through 28 .....	29	11634
30	REFUND. If line 29 is more than line 22, subtract line 22 from line 29 (see instructions). For direct deposit, complete line 31 .....	30 ■	50
31	Direct deposit of your refund (you must use an account not associated with a foreign bank): Checking          Savings		
32	AMOUNT YOU OWE. If line 22 is more than line 29, subtract line 29 from line 22 (see instructions) .....	32 ■	
33	Penalty amount from Schedule M15 (see instructions). Also subtract this amount from line 30 or add it to line 32 (enclose Schedule M15) .....	33 ■	
	IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 34 and 35.		
34	Amount from line 30 you want sent to you .....	34 ■	
35	Amount from line 30 you want applied to your 2016 estimated tax .....	35 ■	

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

Paid preparer's signature

Date

Spouse's signature (if filing jointly)

Taxpayer's daytime phone

Preparer's daytime phone

P00057288

Include a copy of your 2015 federal return and schedules.

Mail to: Minnesota Individual Income Tax

St. Paul, MN 55145-0010

I authorize the Minnesota Department of Revenue to discuss this return with my

paid preparer or the third-party designee

indicated on my federal return.

I do not want my paid preparer

to file my return electronically.

To check on the status of your refund, visit [www.revenue.state.mn.us](http://www.revenue.state.mn.us)



2015 Schedule M1W, Minnesota Income Tax Withheld

Sequence #2

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

TIMOTHY J

WALZ

GWEN L

WALZ

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 22 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. DO NOT send in your W-2, 1099 or W-2G forms; keep them with your tax records. All instructions are included on this schedule.

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

Table with 5 columns: 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)). Rows show 148912 and 54788 in column D, and 9001 and 2633 in column E.

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 11634

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

Table with 4 columns: 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 by partnerships, S corporations and fiduciaries (from line 7 on the back) 3

4 Total. Add the Minnesota tax withheld on lines 1, 2 and 3. Enter the total here and on line 22 of Form M1 4 11634

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

2015 Schedule M1M, Income Additions and Subtractions

Sequence #3

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

TIMOTHY J

WALZ



Additions to Income

1	Itemized deduction limitation for taxpayers with an adjusted gross income which exceeds \$184,000 (\$92,000 if married filing separate) .....	1	598
2	Personal exemption phase out for taxpayers with an adjusted gross income that exceeds the applicable threshold (see instructions) .....	2	
3	Interest from municipal bonds of another state or its governmental units included on line 8b of federal Form 1040 or 1040A .....	3	
4	Federally tax-exempt dividends from mutual funds investing in bonds of another state or its governmental units included on line 8b of federal Form 1040 or 1040A .....	4	
5	Federal bonus depreciation addition (determine from worksheet in the instructions) .....	5	
6	Federal section 179 expensing addition (determine from worksheet in the instructions) .....	6	
7	State income taxes passed through to you as a partner of a partnership, a shareholder of an S corporation or a beneficiary of a trust (see instructions) .....	7	
8	Domestic production activities deduction (from line 35 of federal Form 1040) .....	8	
9	Expenses deducted on your federal return attributable to income not taxed by Minnesota (other than interest or mutual fund dividends from U.S. bonds) .....	9	
10	Fines, fees and penalties federally deducted as a trade or business expense (see instructions) .....	10	
11	Suspended loss from 2001 through 2005 or 2008 through 2014 on your federal return that was generated by bonus depreciation (determine from worksheet in the instructions) .....	11	
12	Capital gain portion of a lump-sum distribution (from line 6 of federal Form 4972; enclose Form 4972) .....	12	
13	Net operating loss carryover adjustment (see instructions) .....	13	
14	Addition from Schedule M1NC, Federal Adjustments, line 18 .....	14	
15	Add lines 1 through 14. Enter the total here and on line 3 of Form M1 .....	15	598

Subtractions From Income

16	Net interest or mutual fund dividends from U.S. bonds (see instructions) .....	16
17	Education expenses you paid for your qualifying children in grades K-12 (see instructions) Enter the name and grade of each child: .....	17
18	If you did not itemize deductions on your federal return and your charitable contributions were more than \$500, see instructions .....	18
19	Subtraction for federal bonus depreciation added back to Minnesota taxable income in 2010 through 2014 (determine from worksheet in the instructions) .....	19
20	Subtraction for federal section 179 expensing added back to Minnesota taxable income in 2010 through 2014 (see instructions) .....	20
21	Subtraction for persons age 65 or older, or permanently and totally disabled (enclose Schedule M1B) .....	21

MINNESOTA • REVENUE

2015 Schedule M1MA, Marriage Credit

Sequence #19

Your First Name and Initial TIMOTHY J	Last Name WALZ	Social Security Number [REDACTED]
Spouse's First Name and Initial GWEN L	Last Name WALZ	Social Security Number [REDACTED]

Taxpayer/Spouse Income Information

If Line 6 is \$100,000 or More

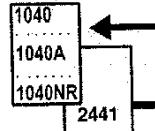
Part-Year Non-Residents

	A Taxpayer	B Spouse
1 Wages, salaries, tips, etc. (from line 7 of federal Form 1040 or Form 1040A or line 1 of Form 1040EZ) .....	1 148912	54788
2 Self-employment income (from line 3 of federal Schedule SE less the self-employment tax deduction from line 6 of Schedule SE) .....	2	
3 Taxable pension income (see instructions) .....	3	
4 Taxable Social Security income (from line 20b of Form 1040 or 14b of Form 1040A) .....	4	
5 Add lines 1 through 4 for each column .....	5 148912	54788
6 Amount from line 5, Column A or B, whichever is less (If less than \$22,000, STOP HERE. You do not qualify) .....	6	54788
7 Joint taxable income from line 8 of Form M1. (If less than \$37,000, STOP HERE. You do not qualify) .....	7	171376
8 If line 6 is less than \$100,000, determine the amount of your credit using lines 6 and 7 and the table in the instructions. Full-year residents: Enter the result here and on line 16 of Form M1. Part-year residents and nonresidents: Continue with line 20 .....	8	81
If line 6 is \$100,000 or more, complete lines 9 through 19.		
9 Enter the amount from line 6 .....	9	
10 Value of one personal exemption plus one-half of the married-joint standard deduction .....	10	10,300
11 Subtract line 10 from line 9 .....	11	
12 Using the tax table for single persons in the M1 instructions, compute the tax for the amount on line 11 .....	12	
13 Amount from line 7 .....	13	
14 Amount from line 11 .....	14	
15 Subtract line 14 from line 13 (if zero or less, you do not qualify) .....	15	
16 Using the tax table for single persons in the M1 instructions, compute the tax for the amount on line 15 .....	16	
17 Tax from line 9 of Form M1 .....	17	
18 Add lines 12 and 16 .....	18	
19 Subtract line 18 from line 17. If the result is more than \$1,415, enter \$1,415. If result is zero or less, you do not qualify. Full-year residents: Enter the result here and on line 16 of Form M1. Part-year residents and nonresidents: Continue with line 20 .....	19	
Part-Year Residents and Nonresidents		
20 Part-year residents and nonresidents: Enter the percentage from line 25 of Schedule M1NR .....	20	
21 Multiply line 8 or line 19, whichever is applicable, by line 20. Enter the result here and on line 16 of Form M1 .....	21	

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

Form **2441**

### Child and Dependent Care Expenses



CMB No. 1545-0074

**2015**

Attachment Sequence No. **21**

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

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.  
▶ Information about Form 2441 and its separate instructions is at [www.irs.gov/form2441](http://www.irs.gov/form2441).

Your social security number

TIMOTHY J & GWEN L WALZ

**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 1			2,500

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. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

**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 2015 for the person listed in column (a)
First	Last		
[Redacted]	[Redacted]	[Redacted]	2,500

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 31

3 0

4 Enter your earned income. See instructions

4 148,912

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

5 54,788

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

6 0

7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37

7 203,936

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

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0 – 15,000		.35	\$29,000 – 31,000		.27
15,000 – 17,000		.34	31,000 – 33,000		.26
17,000 – 19,000		.33	33,000 – 35,000		.25
19,000 – 21,000		.32	35,000 – 37,000		.24
21,000 – 23,000		.31	37,000 – 39,000		.23
23,000 – 25,000		.30	39,000 – 41,000		.22
25,000 – 27,000		.29	41,000 – 43,000		.21
27,000 – 29,000		.28	43,000 – No limit		.20

8 X .20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2014 expenses in 2015, see the instructions

9

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions

10 31,678

11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47

11

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

Form **2441** (2015)