

Label

(See instructions on page 14.)

Use the IRS label.

Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2009, or other tax year beginning 2009, ending		OMB No. 1545-0074
Your first name and initial MARK B	Last name DAYTON	Your social security number
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see page 14. 1800 IDS CENTER		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. MINNEAPOLIS MN 55402-4523		You must enter your SSN(s) above.

Presidential

Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14)

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 page 15.) If the qualifying person is a child but not your dependent, enter this child's name here.
- 5 ☐ Qualifying widow(er) with dependent child (see page 16)

Exemptions

- 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
- b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 17)

Boxes checked on 6a and 6b
No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers on lines above **1**

d Total number of exemptions claimed

Income

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

If you did not get a W-2, see page 22.

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	3,771.
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	56,665.
b	Qualified dividends (see page 22) STMT. 1	9b	56,664.
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 23) STMT. 2	10	1,815.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	110,224.
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount (see page 24)	15b	
16a	Pensions and annuities	16a	
b	Taxable amount (see page 25)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	NONE
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation in excess of \$2,400 per recipient (see page 27)	19	
20a	Social security benefits	20a	
b	Taxable amount (see page 27)	20b	
21	Other income. List type and amount (see page 29)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	172,475.

Adjusted Gross Income

23	Educator expenses (see page 29)	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see page 30)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
b	Recipient's SSN		
32	IRA deduction (see page 31)	32	
33	Student loan interest deduction (see page 34)	33	
34	Tuition and fees deduction. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	172,475.

Tax and Credits**Standard Deduction for -**

● People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see page 35.

● All others:

Single or Married filing separately, \$5,700

Married filing jointly or Qualifying widow(er), \$11,400

Head of household, \$8,350

38	Amount from line 37 (adjusted gross income)	38	172,475.
39a	Check <input type="checkbox"/> You were born before January 2, 1945, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1945, <input type="checkbox"/> Blind. <input type="checkbox"/> 39a		
	b If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here <input type="checkbox"/> 39b		
40a	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40a	41,707.
	b If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) <input type="checkbox"/> 40b		
41	Subtract line 40a from line 38	41	130,768.
42	Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see page 37	42	SEE STMT 3 3,577.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	127,191.
44	Tax (see page 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	13,986.
45	Alternative minimum tax (see page 40). Attach Form 6251	45	NONE
46	Add lines 44 and 45	46	13,986.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 29	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see page 42)	51	
52	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	13,986.

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59	Additional taxes: a <input type="checkbox"/> AEIC payments b <input checked="" type="checkbox"/> Household employment taxes. Attach Schedule H	59	6,313.
60	Add lines 55 through 59. This is your total tax	60	20,299.

Payments

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	
62	2009 estimated tax payments and amount applied from 2008 return	62	18,068.
63	Making work pay and government retiree credits. Attach Schedule M	63	
64a	Earned income credit (EIC)	64a	
	b Nontaxable combat pay election <input type="checkbox"/> 64b		
65	Additional child tax credit. Attach Form 8812	65	
66	Refundable education credit from Form 8863, line 16	66	
67	First-time homebuyer credit. Attach Form 5405	67	
68	Amount paid with request for extension to file (see page 72)	68	
69	Excess social security and tier 1 RRTA tax withheld (see page 72)	69	
70	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	70	
71	Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments	71	18,068.

Refund

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

72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	72	
73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	73a	
	b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input type="text"/>		
74	Amount of line 72 you want applied to your 2010 estimated tax	74	

Amount You Owe

75	Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74	75	2,235.
76	Estimated tax penalty (see page 74)	76	4.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 75)? ☒ Yes. Complete the following. ☐ No

Designee's name	Phone no.	Personal identification number (PIN)
LESLIE KUEHN	612-339-7151	36820

Sign Here

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

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.	Date	Your occupation	Daytime phone number
Your signature		INVESTOR	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	ADDL PEN & INT 54.

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
LORI HUME	7/1/10	<input type="checkbox"/>	P00009552
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no	
WIPFLI, LLP 7601 FRANCE AVENUE S., # 400 MINNEAPOLIS MN STMT 4 55435	39-0758449	952-548-3400	

**Underpayment of
Estimated Tax by Individuals, Estates, and Trusts**
▶ See separate instructions.
▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

Identifying number

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 7 less than \$1,000? **Yes** → **Do not file Form 2210. You do not owe a penalty.**

No ↓

Complete lines 8 and 9 below. Is line 6 equal to or more than line 9? **Yes** → **You do not owe a penalty. Do not file Form 2210 (but if box E in Part II applies, you must file page 1 of Form 2210).**

No ↓

You may owe a penalty. Does any box in Part II below apply? **Yes** → **You must file Form 2210. Does box B, C, or D in Part II apply?**

No ↓ **You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but do not file Form 2210.**

Yes → **You must figure your penalty.**

No ↓ **You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.**

Part I Required Annual Payment

1	Enter your 2009 tax after credits from Form 1040, line 55 (see instructions if not filing Form 1040)	1	13,986.
2	Other taxes, including self-employment tax (see page 2 of the instructions)	2	6,313.
3	Refundable credits. Enter the total of your making work pay and government retiree credits, earned income credit, additional child tax credit, refundable education credit, first-time homebuyer credit, credit for federal tax paid on fuels, refundable credit for prior year minimum tax, and health coverage tax credit	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210	4	20,299.
5	Multiply line 4 by 90% (.90)	5	18,269.
6	Withholding taxes. Do not include estimated tax payments. (see page 3 of the instructions)	6	
7	Subtract line 6 from line 4. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210	7	20,299.
8	Maximum required annual payment based on prior year's tax (see page 3 of the instructions)	8	30,276.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	18,269.

Next: Is line 9 more than line 6?

- ☐ **No.** You do not owe a penalty. Do not file Form 2210 unless box E below applies.
- ☒ **Yes.** You may owe a penalty, but do not file Form 2210 unless one or more boxes in Part II below applies.
- If box B, C, or D applies, you must figure your penalty and file Form 2210.
 - If box A, E, or F applies (but not B, C, or D) file only page 1 of Form 2210. You are not required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210.

Part II Reasons for Filing. Check applicable boxes. If none apply, do not file Form 2210.

- A** ☐ You request a **waiver** (see page 2 of the instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you are not required to figure your penalty.
- B** ☐ You request a **waiver** (see page 2 of the instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** ☐ You filed or are filing a joint return for either 2008 or 2009, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you are not required to figure your penalty (unless box B, C, or D applies).
- F** ☐ You are certifying that more than 50% of the gross income shown on your 2008 tax return is income from a small business (as defined in the instructions) and your adjusted gross income for 2008 is less than \$500,000 (less than \$250,000 if your 2009 filing status is married filing separately).

Part IV Regular Method (See page 3 of the instructions if you are filing Form 1040NR or 1040NR-EZ.)

Section A - Figure Your Underpayment		Payment Due Dates			
		(a) 4/15/09	(b) 6/15/09	(c) 9/15/09	(d) 1/15/10
18	Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 25. Otherwise, enter 25% (.25) of line 9, Form 2210, in each column.	4,567.	4,567.	4,568.	4,567.
19	Estimated tax paid and tax withheld (see page 3 of the instructions). For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you do not owe a penalty. Do not file Form 2210 unless you checked a box in Part II.	9,068.	4,500.		4,500.
20	Enter the amount, if any, from line 26 in the previous column.		4,501.	4,434.	
21	Add lines 19 and 20.		9,001.	4,434.	4,500.
22	Add the amounts on lines 24 and 25 in the previous column.				134.
23	Subtract line 22 from line 21. If zero or less, enter -0-. For column (a) only, enter the amount from line 19.	9,068.	9,001.	4,434.	4,366.
24	If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0-.				
25	Underpayment. If line 18 is equal to or more than line 23, subtract line 23 from line 18. Then go to line 20 of the next column. Otherwise, go to line 26.			134.	201.
26	Overpayment. If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of the next column.	4,501.	4,434.		

Section B - Figure the Penalty (Complete lines 29 through 30 of one column before going to the next column.)

Note: Only one underpayment rate applies for all underpayments of required installments. To reduce the number of computations, we have removed lines 27 and 28.

April 16, 2009 - April 15, 2010		12/31/09	12/31/09	12/31/09	1/15/10
29	Number of days from the date shown above line 29 to the date the amount on line 25 was paid or 4/15/10, whichever is earlier.	Days:	Days:	Days: STMT 5	Days: STMT 5
30	Underpayment on line 25 \times Number of days on line 29 \times .04	\$	\$	\$ 2.	\$ 2.
31	Penalty. Add the amounts in each column of line 30. Enter the total here and on Form 1040, line 76; Form 1040A, line 49; Form 1040NR, line 71; Form 1040NR-EZ, line 26; or Form 1041, line 26. Do not file Form 2210 unless you checked a box in Part II.				\$ 4.

*INCLUDES 2008 OVERPAYMENT OF \$ 9,068. APPLIED AT 4-15-2009 Form 2210 (2009)

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2009

Attachment
Sequence No. 07

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040.

▶ See Instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

MARK B DAYTON

**Medical
and
Dental
Expenses**

Caution. Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see page A-1) **1**
- 2 Enter amount from Form 1040, line 38 **2**
- 3 Multiply line 2 by 7.5% (.075) **3**
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **4**

**Taxes You
Paid**

(See
page A-2.)

- 5 State and local (check only one box):
- a ☒ Income taxes, or
- b ☐ General sales taxes
- 6 Real estate taxes (see page A-5) **6**
- 7 New motor vehicle taxes from line 11 of the worksheet on back. Skip this line if you checked box 5b **7**
- 8 Other taxes. List type and amount ▶ STMT 6 **8** 347.
- 9 Add lines 5 through 8 **9** 12,862.

**Interest
You Paid**

(See
page A-6.)

Note.
Personal
interest is
not
deductible.

- 10 Home mortgage interest and points reported to you on Form 1098 **10**
- 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-7 and show that person's name, identifying no., and address ▶ **11**
- 12 Points not reported to you on Form 1098. See page A-7 for special rules **12**
- 13 Qualified mortgage insurance premiums (see page A-7) **13**
- 14 Investment interest. Attach Form 4952 if required. (See page A-8.) **14**
- 15 Add lines 10 through 14 **15**

**Gifts to
Charity**

If you made a
gift and got a
benefit for it,
see page A-8.

- 16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-8. **16** 26,883.
- 17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500 **17**
- 18 Carryover from prior year **18**
- 19 Add lines 16 through 18 **19** 26,883.

**Casualty and
Theft Losses**

- 20 Casualty or theft loss(es). Attach Form 4684. (See page A-10.) **20**

**Job Expenses
and Certain
Miscellaneous
Deductions**

(See
page A-10.)

- 21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-10.) ▶ **21**
- 22 Tax preparation fees **22**
- 23 Other expenses - investment, safe deposit box, etc. List type and amount ▶ SEE STATEMENT 6 **23** 5,469.
- 24 Add lines 21 through 23 **24** 5,469.
- 25 Enter amount from Form 1040, line 38 **25** 172,475.
- 26 Multiply line 25 by 2% (.02) **26** 3,450.
- 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- **27** 2,019.

**Other
Miscellaneous
Deductions**

- 28 Other - from list on page A-11. List type and amount ▶ **28**

**Total
Itemized
Deductions**

- 29 Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)?
- ☐ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a. } ▶ **29** SEE STMT 7 41,707.
- ☒ Yes. Your deduction may be limited. See page A-11 for the amount to enter.
- 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) 2009

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ See instructions on back.

OMB No. 1545-0074

2009

Attachment
Sequence No. **08**

Name(s) shown on return

Your social security number

MARK B DAYTON

Part I
Interest

(See instructions
on back and the
instructions for
Form 1040A, or
Form 1040,
line 8a.)

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

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶

FIRST STATE BANK OF WYOMING
SEVEN HUNDRED CO
U S BANK, N. A.
WELLS FARGO
OKABENA P/S V-9
SEVEN HUNDRED CO

Amount

135.
664.
170.
2,353.
6.
443.

1

- 2** Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

3,771.

2

3

3,771.

4

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

Amount

Part II
Ordinary
Dividends

(See instructions
on back and the
instructions for
Form 1040A, or
Form 1040,
line 9a.)

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

- 5** List name of payer ▶
OKABENA P/S V-9
BRUCE B DAYTON 2004 CRUT

1.
56,664.

5

- 6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶

56,665.

6

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

Part III
Foreign
Accounts
and Trusts

(See
instructions on
back)

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

Yes No

- 7a** At any time during 2009, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions on back for exceptions and filing requirements for Form TD F 90-22.1

X

- b** If "Yes," enter the name of the foreign country ▶

- 8** During 2009, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

X

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

Schedule B (Form 1040A or 1040) 2009

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

▶ See Instructions for Schedule D (Form 1040).

▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2009
Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

MARK B DAYTON

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

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

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 QUESTSTAR MEDICAL, INC.	VARIOUS	12/31/2009	NONE	32,818.	-32,818.
WELLS FARGO (ARIZANT)	VARIOUS	VARIOUS	13,254.	NONE	13,254.
RENOIR "ENFANTS" & TOULOUSE-LAUTREC "L'ARTISAN"	VARIOUS	VARIOUS	18,663.	75,000.	-56,337.
BIEDERMAN RELIEF #14	VARIOUS	VARIOUS	40,000.	10,000.	30,000.
9 Enter your long-term totals, if any, from Schedule D-1, line 9		9			
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)		10	71,917.		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824		11			
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1		12	STMT. 8		156,125.
13 Capital gain distributions. See page D-2 of the instructions		13			
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet on page D-7 of the instructions		14			()
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on the back		15			110,224.

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

Schedule D (Form 1040) 2009

Part III Summary

16 Combine lines 7 and 15 and enter the result. **16** 110,224.

If line 16 is:

- A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- Zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 both gains?

- ☒ Yes. Go to line 18.
☐ No. Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** on page D-8 of the instructions **18**

19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** on page D-9 of the instructions **19**

20 Are lines 18 and 19 both zero or blank?

- ☒ Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below.
- ☐ No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Schedule D Tax Worksheet** on page D-10 of the instructions. Do not complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:

- The loss on line 16 or
- (\$3,000), or if married filing separately, (\$1,500) } **21** ()

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

- ☐ Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).
- ☐ No. Complete the rest of Form 1040 or Form 1040NR.

Schedule D (Form 1040) 2009

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

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

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

OMB No. 1545-0074

2009

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

MARK B DAYTON

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

1	List the type and address of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:	Yes	No
A		<ul style="list-style-type: none"> • 14 days or • 10% of the total days rented at fair rental value? (See page E-3)	A		
B			B		
C			C		

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

For Paperwork Reduction Act Notice, see page E-8 of the instructions.

Schedule E (Form 1040) 2009

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

MARK B DAYTON

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See page E-1.

- 27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see page E-7 before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	OKABENA P/S V-9	P		41-1802435	
B	OKABENA P/S V-9 PASSIVE	P		41-1802435	
C					
D					

Passive Income and Loss		Nonpassive Income and Loss	
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562
A			NONE
B	NONE		
C			
D			
29a Totals	NONE		NONE
b Totals			
30 Add columns (g) and (i) of line 29a		30	NONE
31 Add columns (f), (h), and (i) of line 29b		31	()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below		32	NONE

Part III Income or Loss From Estates and Trusts

33		(a) Name	(b) Employer identification number	
A	BRUCE B DAYTON 2004 CRUT		41-6533905	
B				
Passive Income and Loss			Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)		(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	
(f) Other income from Schedule K-1				
A			NONE	
B				
34a Totals			NONE	
b Totals				
35 Add columns (d) and (f) of line 34a			35	NONE
36 Add columns (c) and (e) of line 34b			36	()
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37	NONE

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see page E-8)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39	

Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	NONE
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see page E-8)	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

**SCHEDULE H
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Household Employment Taxes

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

▶ Attach to Form 1040, 1040NR, 1040-SS, or 1041.

▶ See separate instructions.

OMB No. 1545-1971

2009

Attachment
Sequence No. **44**

Name of employer

Social security number

Employer identification number

MARK B DAYTON

A Did you pay any one household employee cash wages of \$1,700 or more in 2009? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-4 before you answer this question.)

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

B Did you withhold federal income tax during 2009 for any household employee?

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

C Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2008 or 2009 to all household employees? (Do not count cash wages paid in 2008 or 2009 to your spouse, your child under age 21, or your parent.)

- ☐ No. Stop. Do not file this schedule.
☐ Yes. Skip lines 1-9 and go to line 10 on the back. (Calendar year taxpayers having no household employees in 2009 do not have to complete this form for 2009.)

Part I Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security taxes (see page H-4)	1	30,326.
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	3,760.
3	Total cash wages subject to Medicare taxes (see page H-4)	3	30,326.
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	879.
5	Federal income tax withheld, if any	5	1,618.
6	Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5.	6	6,257.
7	Advance earned income credit (EIC) payments, if any	7	
8	Net taxes (subtract line 7 from line 6)	8	6,257.

9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2008 or 2009 to all household employees? (Do not count cash wages paid in 2008 or 2009 to your spouse, your child under age 21, or your parent.)

- ☐ No. Stop. Include the amount from line 8 above on Form 1040, line 59, and check box b on that line. If you are not required to file Form 1040, see the line 9 instructions on page H-4.
☒ Yes. Go to line 10 on the back.

For Privacy Act and Paperwork Reduction Act Notice, see page H-7 of the instructions.

Schedule H (Form 1040) 2009

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state? (If you paid contributions to Michigan, check "No.")	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Did you pay all state unemployment contributions for 2009 by April 15, 2010? Fiscal year filers, see page H-5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

Section A

13 Name of the state where you paid unemployment contributions	MN	
14 State reporting number as shown on state unemployment tax return		
15 Contributions paid to your state unemployment fund (see page H-5)	15	140.
16 Total cash wages subject to FUTA tax (see page H-5)	16	7,000.
17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26	17	56.

Section B

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

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

19 Totals	19	
20 Add columns (h) and (i) of line 19	20	
21 Total cash wages subject to FUTA tax (see the line 16 instructions on page H-5)	21	
22 Multiply line 21 by 6.2% (.062)	22	
23 Multiply line 21 by 5.4% (.054)	23	
24 Enter the smaller of line 20 or line 23 (Michigan employers must use the worksheet in the separate instructions and check here)	24	<input type="checkbox"/>
25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26	25	

Part III Total Household Employment Taxes

26 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	26	6,257.
27 Add line 17 (or line 25) and line 26 (see page H-5)	27	6,313.

28 Are you required to file Form 1040?

☒ Yes. Stop. Include the amount from line 27 above on Form 1040, line 59, and check box b on that line. Do not complete Part IV below.

☐ No. You may have to complete Part IV. See page H-5 for details.
Part IV Address and Signature - Complete this part only if required. See the line 28 instructions on page H-5.

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

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

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

Schedule H (Form 1040) 2009

MARK B DAYTON

SUPPLEMENT TO FORM 1040

QUALIFIED DIVIDENDS

PSHIP, S CORP. & ESTATE/TRUST QUALIFIED DIVIDENDS

BRUCE B DAYTON 2004 CRUT

56,664.

TOTAL PASS THROUGH QUALIFIED DIVIDENDS

56,664.

TOTAL TO 1040, LINE 9B

56,664.

SUPPLEMENT TO FORM 1040

TAXABLE STATE/LOCAL TAX REFUNDS

ALLOCATION OF STATE/LOCAL TAX REFUND PAID OVER TWO YEARS:

1	TAXES PAID IN 2008	10,910.
2	TAXES PAID IN 2009	8,200.
3	TOTAL STATE AND LOCAL TAX PAYMENTS ON 2008 RETURN	19,110.
4	TOTAL REFUND RECEIVED IN 2009	3,179.
5	PERCENTAGE OF TAXES PAID IN 2008 (LINE 1/LINE 3)	57.09%
6	REFUND ATTRIBUTABLE TO TAXES PAID IN 2008	1,815.
7	PERCENTAGE OF TAXES PAID IN 2009 (LINE 2/LINE 3)	42.91%
8	REFUND ATTRIBUTABLE TO TAXES PAID IN 2009	1,364.

TAXABLE REFUND:

1	REFUND ATTRIBUTABLE TO TAXES PAID IN 2008	1,815.
2	2008 ALLOWABLE ITEMIZED DEDUCTIONS	118,285.
3	2008 BASIC STANDARD DEDUCTION:	
	\$5,450, IF SINGLE	
	\$10,900, IF MFJ OR QUALIFYING WIDOW(ER)	
	\$5,450, IF MARRIED FILING SEPARATELY	5,450.
	\$8,000, IF HEAD OF HOUSEHOLD	
4	2008 ADDITIONAL STANDARD DEDUCTION(S)	
5	2008 STATE OR LOCAL REAL ESTATE TAXES	
6	ENTER \$500 (\$1,000 IF MARRIED FILING JOINTLY)	500.
7	SMALLER OF LINE 5 OR LINE 6	NONE
8	2008 NET DISASTER LOSS FROM FORM 4684	
9	ADD LINES 3, 4, 7, AND 8	5,450.
10	SUBTRACT LINE 9 FROM LINE 2	112,835.
11	TAXABLE TAX REFUNDS	1,815.
	(SMALLER OF LINES 1 OR 10)	

SUPPLEMENT TO FORM 1040

PERSONAL EXEMPTION WORKSHEET

=====

1. IS THE AMOUNT ON FORM 1040, LINE 38 GREATER
THAN AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR
FILING STATUS? IF YES, GO TO LINE 2.

2. TOTAL EXEMPTIONS MULTIPLIED BY \$ 3,650 3,650.

3. ENTER THE AMOUNT FROM FORM 1040, LINE 38 172,475.

4. FILING STATUS INCOME LIMIT 166,800.

5. SUBTRACT LINE 4 FROM LINE 3 5,675.

6. IS LINE 5 GREATER THAN \$122,500 (\$61,250 FOR MFS)?

YES MULTIPLY \$2,433 BY THE TOTAL NUMBER OF EXEMPTIONS.
ENTER THE RESULT ON FORM 1040, LINE 42. 3

X NO DIVIDE LINE 5 BY 2,500 (1,250 IF MFS). IF THE RESULT IS
NOT A WHOLE NUMBER, INCREASE TO THE NEXT WHOLE NUMBER.

7. LINE 6 X 0.02 0.06

8. LINE 2 MULTIPLIED BY LINE 7 219.

9. DIVIDE LINE 8 BY 3.0 73.

10. DEDUCTION FOR EXEMPTIONS (LINE 2 LESS LINE 9) 3,577.

=====

SUPPLEMENT TO FORM 1040

SUMMARY OF BALANCE DUE, PENALTIES AND INTEREST

TAX PER FORM 1040	20,299.	
LESS: PAYMENTS	18,068.	

BALANCE		2,231.
PLUS: PENALTY FROM FORM 2210		4.
INTEREST DUE ON UNPAID BALANCE		21.
PENALTY FOR FAILURE TO PAY 90 PERCENT		33.

TOTAL BALANCE DUE		2,289.
		=====

DETAIL OF ADDITIONAL PENALTY AND INTEREST

INTEREST DUE ON UNPAID BALANCE

UNDERPAYMENT	BEG. DATE	END. DATE	DAYS	%	INTEREST
-----	-----	-----	-----	---	-----
2,231.	04/15/2010	06/30/2010	76	4	19.
2,250.	06/30/2010	07/09/2010	9	4	2.

TOTAL INTEREST ON UNPAID BALANCE					21.
					=====

PENALTY FOR FAILURE TO PAY 90 PERCENT

UNDERPAYMENT	BEG. DATE	END. DATE	MONTHS	%	PENALTY
-----	-----	-----	-----	---	-----
2,231.	04/15/2010	07/09/2010	3	.5	33.

TOTAL PENALTY FOR FAILURE TO PAY 90 PERCENT					33.
					=====

SUPPLEMENT TO SCHEDULE A

OTHER TAXES

PERSONAL PROPERTY TAXES

347.

TOTAL TO SCHEDULE A, LINE 8

347.

CASH CONTRIBUTIONS

OTHER CASH CONTRIBUTIONS

50% ORGANIZATION(S)
SEE SCHEDULE ATTACHED 6A

26,883.

TOTAL CASH CONTRIBUTIONS BEFORE LIMITATION

26,883.

CASH CONTRIBUTION LIMITATION

NONE

TOTAL TO SCHEDULE A, LINE 16

26,883.

OTHER MISC. DEDUCTIONS SUBJECT TO 2% LIMIT

PARTNERSHIP, S CORPORATION AND ESTATE AND TRUST
INVESTMENT, TAX & ACCOUNT SERVICES

39.

5,430.

TOTAL TO SCHEDULE A, LINE 23

5,469.

SUPPLEMENT TO SCHEDULE A

ITEMIZED DEDUCTION WORKSHEET

1.	SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28	41,764.
2.	SCHEDULE A, LINES 4, 14, 20, AND GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28	
3.	LINE 1 LESS LINE 2	41,764.
4.	LINE 3 MULTIPLIED BY 80%	33,411.
5.	ADJUSTED GROSS INCOME	172,475.
6.	\$166,800 (\$83,400/MARRIED FILING SEP.)..	166,800.
7.	LINE 5 LESS LINE 6	5,675.
8.	LINE 7 MULTIPLIED BY 3%	170.
9.	SMALLER OF AMOUNTS ON LINES 4 OR 8	170.
10.	LINE 9 DIVIDED BY 1.5	113.
11.	LINE 9 LESS LINE 10	57.
12.	TOTAL ITEMIZED DEDUCTIONS (LINE 1 LESS LINE 11)	41,707.

MARK B DAYTON

SUPPLEMENT TO SCHEDULE D

PART II LONG-TERM CAPITAL GAINS AND LOSSES - ASSETS HELD MORE THAN ONE YEAR
LINE 12 - LONG-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES

ACTIVITY NAME	GAIN/LOSS
OKABENA P/S V-9	1,905.
BRUCE B DAYTON 2004 CRUT	154,220.
TOTAL LONG-TERM GAINS AND LOSSES FROM K-1'S	156,125.
TOTAL TO SCHEDULE D, LINE 12	156,125.

SUPPLEMENT SCHEDULE FOR FORM 2210

FIGURE THE PENALTY (FORM 2210, PART IV, SECTION B)

UNDERPAYMENT	BEG. DATE	END. DATE	DAYS	%	PENALTY
09/15/2009- LINE 30, COLUMN (C)					
134.	09/15/2009	01/15/2010	122	4.0	2.
TOTAL TO FORM 2210, LINE 30, COLUMN (C)					2.
=====					
01/15/2010 - LINE 30, COLUMN (D)					
201.	01/15/2010	04/15/2010	90	4.0	2.
TOTAL TO FORM 2210, LINE 30, COLUMN (D)					2.
=====					

Contributions

Mark B. Dayton

January 1, 2009 through December 31, 2009

App	Name	Project	Gift	Deductible	Posting Date	Folio
Mark B. Dayton						
2951	Camp Kesem National		\$100.00	\$100.00	3/17/2009	Personal
2957	Citizens for a Loring Park Community - CLPC		\$1,000.00	\$1,000.00	4/24/2009	Personal
3110	Faribault Art Center		\$500.00	\$500.00	9/3/2009	Personal
3130	Friends in Need Food Shelf		\$250.00	\$250.00	8/30/2009	Personal
3107	Great Plains Institute for Sustainable Developme		\$500.00	\$500.00	8/6/2009	Personal
3116	Growth & Justice		\$1,000.00	\$1,000.00	11/16/2009	Personal
3102	Leukemia & Lymphoma Society Inc.		\$100.00	\$100.00	5/1/2009	Personal
2950	Minnesota Coalition on Government Information		\$1,000.00	\$1,000.00	2/6/2009	Personal
3105	MinnPost		\$3,000.00	\$3,000.00	5/5/2009	Personal
2955	MN Teen Challenge		\$700.00	\$700.00	4/13/2009	Personal
2943	MOAPPP		\$1,000.00	\$1,000.00	2/5/2009	Personal
3103	Muscular Dystrophy Association, Inc.		\$343.00	\$343.00	5/4/2009	Personal
3108	MWPC Education Fund		\$1,000.00	\$1,000.00	8/27/2009	Personal
3113	New York Road Runners Foundation, Inc.		\$100.00	\$100.00	10/8/2009	Personal
2965	Page Education Foundation		\$1,000.00	\$1,000.00	1/5/2009	Personal
3112	Planned Parenthood of MN, ND, SD		\$5,000.00	\$4,500.00	10/8/2009	Personal
3120	Saint Paul Serves Foundation		\$500.00	\$500.00	10/19/2009	Personal
3117	Starbase Minnesota		\$1,000.00	\$1,000.00	12/10/2009	Personal
3104	Summit Academy		\$1,000.00	\$1,000.00	5/20/2009	Personal
3118	Toys for Tots		\$1,000.00	\$1,000.00	12/17/2009	Personal
3114	Wellstone Action Fund		\$1,000.00	\$1,000.00	10/19/2009	Personal
3111	Will Steger Foundation		\$1,000.00	\$1,000.00	9/20/2009	Personal
3617	Yale Class of 1969		\$95.00	\$95.00	1/27/2009	Personal
3618	Yale Class of 1969		\$95.00	\$95.00	10/26/2009	Personal
2954	Yale Hockey Association		\$100.00	\$100.00	4/1/2009	Personal

<i>App</i>	<i>Name</i>	<i>Project</i>	<i>Gift</i>	<i>Deductible</i>	<i>Posting Date</i>	<i>Folio</i>
2952	YMCA Camp Widjiwagan		\$2,500.00	\$2,500.00	3/20/2009	Personal
3115	YMCA Camp Widjiwagan		\$2,500.00	\$2,500.00	10/26/2009	Personal
<i>Gift Total:</i>			<i>\$27,383.00</i>	<i>\$26,883.00</i>		

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

OMB No. 1545-0074

2009

There are three ways to request an automatic extension of time to file a U.S. individual income tax return.

1. You can file Form 4868 electronically by accessing IRS *e-file* using your home computer or by using a tax professional who uses *e-file*.
2. You can pay all or part of your estimate of income tax due using a credit or debit card.
3. You can file a paper Form 4868.

The first two options are discussed under IRS *e-file*, next. Filing a paper Form 4868 is discussed later on this page.

IRSe - file

It's Convenient, Safe, and Secure

IRS *e-file* is the IRS's electronic filing program. You can get an automatic extension of time to file your tax return by filing Form 4868 electronically. You will receive an electronic acknowledgment once you complete the transaction. Keep it with your records. Do not send in Form 4868 if you file electronically, unless you are making a payment with a check or money order. (See page 4.)

Complete Form 4868 to use as a worksheet. If you think you may owe tax when you file your return, you will need to estimate your total tax liability and subtract how much you have already paid (lines 4, 5, and 6 below).

You can apply for an extension by e-filing Form 4868 from a home computer or through a tax professional who uses *e-file*. Several companies offer free e-filing of form 4868 through the Free File program. For more details, go to www.irs.gov and enter "Free File" in the search box at the top of the page.

You can also apply for an extension by paying part or all of your estimate of income tax due by using a credit or debit card. See *Pay by Credit or Debit Card* later on this page.

E-file Using Your Personal Computer or Through a Tax Professional

Refer to your tax software package or tax preparer for ways to file electronically. Be sure to have a copy of your 2008 tax return - you will be asked to provide information from the return for taxpayer verification. If you wish to make a payment, you can pay by electronic funds withdrawal or send your check or money order to the address shown in the middle column under *Where To File a Paper Form 4868*. See page 4.

Pay by Credit or Debit Card

You can get an extension if you pay part or all of your estimate of income tax due by using a credit or debit card. Your payment must be at least \$1. You can pay by phone or over the Internet. See page 4.

File a Paper Form 4868

If you wish to file on paper instead of electronically, fill in the Form 4868 below and mail it to the address shown on page 4.

For information on using a private delivery service, see page 4.

Note. If you are a fiscal year taxpayer, you must file a paper Form 4868.

▼ DETACH HERE ▼

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

OMB No. 1545-0074

2009

For calendar year 2009, or other tax year beginning , 2009, ending , 20

Part I Identification		Part II Individual Income Tax	
1 Your name(s) (see instructions)		4 Estimate of total tax liability for 2009 . . . \$ <u>18,068</u>	
MARK B DAYTON		5 Total 2009 payments <u>18,068</u>	
Address (see instructions)		6 Balance due. Subtract line 5 from line 4 (see instructions) <u>NONE</u>	
1800 IDS CENTER		7 Amount you are paying (see instructions) ▶ <u>NONE</u>	
City, town, or post office			
State ZIP code		8 Check here if you are "out of the country" and a U.S. citizen or resident (see instructions) ▶ <input type="checkbox"/>	
MINNEAPOLIS MN 55402-4		9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding ▶ <input type="checkbox"/>	
2 Your social security number	3 Spouse's social security number		

M1 MINNESOTA • REVENUE 2009 Individual Income Tax

0911

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

MARK

B DAYTON

Place an
X if a
foreign
address:

1800 IDS CENTER

01261947

MINNEAPOLIS

MN 55402

2009 federal

filing status X (1) Single (2) Married filing joint (3) Married filing separate:
(place an X in (4) Head of (5) Qualifying widow(er) Enter spouse's name and
one oval box): Household 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:

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

Your code: Spouse's code:

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

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

172475

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 ■ 127191
- 2 State income tax or sales tax addition. If you itemized deductions on federal Form 1040, complete the worksheet on page 9 of the instructions. SEE. STMT. 12 ■ 12515
- 3 Other additions to your income, including non-Minnesota bond interest, standard deductions for real estate taxes and motor vehicle sales tax and excluded unemployment compensation (see instructions, page 10, and enclose Schedule M1M) 3 ■
- 4 Add lines 1 through 3 (if a negative number, mark an X in the oval box) 4 139706
- 5 State income tax refund from line 10 of federal Form 1040. 5 ■ 1815
- 6 Net interest or mutual fund dividends from U.S. bonds (see instructions, page 10) . 6 ■ 446
- 7 Education expenses you paid for your qualifying children in grades K-12 (see instructions, page 10). Enter the name and grade of each child: 7 ■
- 8 Other subtractions (see instructions, page 12, and enclose Schedule M1M) . . . 8 ■
- 9 Total subtractions. Add lines 5 through 8 9 2261
- 10 Minnesota taxable income. Subtract line 9 from line 4 10 137445
- 11 Tax from the table on pages 22-27 of the M1 instructions 11 9806
- 12 Alternative minimum tax (enclose Schedule M1MT) 12 ■
- 13 Add lines 11 and 12. 13 9806
- 14 Full-year residents: Enter the amount from line 13 on line 14. Skip lines 14a and 14b. Part-year residents and nonresidents: From Schedule M1NR, enter the tax from line 27 on line 14, from line 23 on line 14a, and from line 24 on line 14b (enclose schedule M1NR) 14 9806
- a. ■ b. ■
- 15 Tax on lump-sum distribution (enclose Schedule M1LS) 15 ■
- 16 Tax before credits. Add lines 14 and 15 16 9806

- 17 Tax before credits. Amount from line 16 17 9806
- 18 Marriage credit for joint return when both spouses have taxable earned income or taxable retirement income (*determine from instructions, page 14*). 18 ■
- 19 Credit for taxes paid to another state (*enclose Schedule M1CR*) 19 ■
- 20 Other nonrefundable credits (*enclose Schedule M1C*). 20 ■
- 21 Total nonrefundable credits. Add lines 18 through 20 21
- 22 Subtract line 21 from line 17 (*if result is zero or less, leave blank*) 22 9806
- 23 Nongame Wildlife Fund contribution (*see instructions, page 15*)
This will reduce your refund or increase amount owed 23 ■
- 24 Add lines 22 and 23 24 9806
- 25 Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minnesota withholding from W-2, 1099 and W-2G forms (*do not send in W-2s, 1099s, W-2Gs*) 25 ■
- 26 Minnesota estimated tax and extension (*Form M13*) payments made for 2009 26 ■ 11779
- 27 Child and dependent care credit (*enclose Schedule M1CD*). Enter number of qualifying persons here: 27 ■
- 28 Minnesota working family credit (*enclose Schedule M1WFC*). Enter number of qualifying children here: 28 ■
- 29 K-12 education credit (*enclose Schedule M1ED*).
Enter number of qualifying children here: 29 ■
- 30 Lower income motor fuels tax credit (*see instructions, page 17; cannot exceed \$25*) . 30 ■
- 31 Job Opportunity Building Zone (JOBZ) jobs credit (*enclose Schedule JOBZ*) 31 ■
- 32 Credit for tuberculosis testing on cattle. If you own cattle and had your cattle tested for bovine tuberculosis, see instructions, page 17 32 ■
- 33 Total payments. Add lines 25 through 32 33 11779
- 34 REFUND. If line 33 is more than line 24, subtract line 24 from line 33 (*see instructions, page 17*). For direct deposit, complete line 35 34 ■ 1973
- 35 FAST REFUNDS! For direct deposit of the full refund on line 34, enter:
- Checking Savings
- 36 AMOUNT YOU OWE. If line 24 is more than line 33, subtract line 33 from line 24 (*see instructions, page 18*) 36 ■ Make check out to Minnesota Revenue and enclose Form M60
- 37 Penalty amount from Schedule M15 (*see instructions, page 18*). Also subtract this amount from line 34 or add it to line 36 (*enclose Schedule M15*) 37 ■
- IF YOU PAY ESTIMATED TAX and you want part of your refund credited to estimated tax, enter lines 38 and 39.
- 38 Amount from line 34 you want sent to you 38 ■
- 39 Amount from line 34 you want applied to your 2010 estimated tax 39 ■ 1973

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

Paid preparer: You must sign below.

Spouse's signature (if filing jointly) _____

LORI HUME

7/1/10

6123397151

9525483400

P00009552

Include a copy of your 2009 federal return and schedules.

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

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

X

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

X

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

SUPPLEMENT TO MINNESOTA

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ADJUSTMENT FOR STATE TAXES

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1. ITEMIZED DEDUCTIONS FROM FEDERAL SCHEDULE A	41707
2. STANDARD AMOUNT FROM TABLE	5700
3. LINE 1 LESS LINE 2	36007
4. STATE INCOME TAX, SALES TAX OR MOTOR VEHICLE SALES TAX	12515
5. ADJUSTMENT (LESSER OF LINE 3 AND LINE 4)	12515
PLUS: YOUR PRO RATA SHARE OF INCOME TAX PAID	
BY THE CORPORATION, PARTNERSHIP, ESTATE OR TRUST	

TOTAL ADJUSTMENT	12515
	=====

MARK B DAYTON

SUPPLEMENT TO MINNESOTA

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INTEREST FROM U. S. BONDS

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DESCRIPTION

SEVEN HUNDRED CO	443
PLUS: DIVIDENDS FROM U. S. BOND	3

TOTAL TO FORM M1, LINE 6	446
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