

Label

(See inst
on pg 14.)Use the
IRS label.Otherwise,
please print
or type.L
A
B
E
L
H
E
R
EFor the year Jan. 1- Dec. 31, 2009, or other tax year beginning , 2009, ending , 20
DAVID M KELLIHER
MARGARET E ANDERSON
620 MORGAN AVENUE SOUTH
MINNEAPOLIS, MN 55405

OMB No. 1545-0074

Your social security number

Spouse's social security number

You must enter
your SSN(s) aboveChecking a box below will not change
your tax or refund.

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 4 ☐ Head of household (with qualifying person). (See page 15.)
2 ☒ Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this
3 ☐ Married filing separately Enter spouse's SSN above & full name below child's name here
5 ☐ Qualifying widow(er) with dependent child (see page 16)

Check only
one box.

Exemptions

- 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. Boxes checked on 6a and 6b 2
b ☒ Spouse No. of children on 6c who:
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ If qual. child for child tax cr. ☒ lived with you 2
PATRICK KELLIHER SON ☒ ☒ did not live with you due to divorce or separation (see page 18)
FRANCES KELLIHER DAUGHTER ☒ Dependents on 6c not entered above
Add numbers on lines above 4

If more
than four
dependents,
see page 17
and check
here ☐

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	140,596.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	1,460.
b	Qualified dividends (see page 22)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 23)	10	359.
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. <input checked="" type="checkbox"/> If not required, check here	13	53.
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amt	15b	1,500.
16a	Pensions and annuities	16a	
b	Taxable amt	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation in excess of \$2,400 per recipient	19	
20a	Social security benefits	20a	
b	Taxable amt (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	143,968.

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 b Recipient's SSN	31a	
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	143,968.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 97.

Form 1040 (2009)

Tax and Credits

38 Amount from line 37 (adjusted gross income).

38 143,968.

39a Check ☐ You were born before January 2, 1945, ☐ Blind. ☐ Spouse was born before January 2, 1945, ☐ Blind. Total boxes checked ☐ 39ab If your spouse itemizes on a separate return or you were a dual-status alien, see pg 35 & check here ☐ 39b**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

40a Itemized deductions (from Schedule A) or your standard deduction (see left margin).

40a 31,560.

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) ☐ 40b

41 Subtract line 40a from line 38.

41 112,408.

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 14,600.

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

43 97,808.

44 Tax (see page 37). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972

44 16,827.

45 Alternative minimum tax (see page 40). Attach Form 6251

45

46 Add lines 44 and 45.

46 16,827.

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)

51 300.

52 Credits from Form: a ☐ 8396 b ☐ 8839 c ☐ 5695

52

53 Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐

53

54 Add in 47 through 53. These are your total credits

54 300.

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-

55 16,527.

Other Taxes

56 Self-employment tax. Attach Schedule SE

56

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

57

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

58

59 Additional taxes: a ☐ AEIC payments b ☐ Household employment taxes. Attach Schedule H

59

60 Add lines 55 through 59. This is your total tax

60 16,527.

Payments

61 Federal income tax withheld from Forms W-2 and 1099

61 16,494.

62 2009 estimated tax payments and amount applied from 2008 return

62

63 Making work pay and government retiree credits. Attach Sch M

63 800.

64a Earned income credit (EIC) **NO**

64a

b Nontaxable combat pay election ☐ 64b

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 ☐ 2439 b ☐ 4136 c ☐ 8801 d ☐ 8885

70

71 Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments.

71 17,294.

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.

72 767.

73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ☐

73a 767.

b Routing number

c Type:

d Account number

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

76 Estimated tax penalty (see page 74).

76

Third Party DesigneeDo 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 ID number

b

(PIN) b

Sign Here

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

Your signature

Date

Your occupation

Daytime phone number

Joint return? See page 15.

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

Keep a copy for your records.

LEGISLATOR

Preparer's

signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code

EIN

Phone no.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2009

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

DAVID M KELLIHER & MARGARET E ANDERSON

Your social security number

**Medical
and
Dental
Expenses**

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

1 Medical and dental expenses (see page A-1)

2 Enter amount from Form 1040, line 38

3 Multiply line 2 by 7.5% (.075)

4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

**Taxes You
Paid**

(See
page A-2.)

5 State and local ☒ Income taxes, or ☐ General sales taxes

6 Real estate taxes (see page A-5)

SEE ATTACHMENT

7 New motor vehicle taxes from line 11 of the worksheet on page 2. Skip
this line if you checked box 5b

8 Other taxes. List type and amount

PERSONAL PROPERTY TAXES

200.

9 Add lines 5 through 8

**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

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 ▶

12 Points not reported to you on Form 1098. See page A-7 for special rules

13 Qualified mortgage insurance premiums (see page A-7)

14 Investment interest. Attach Form 4952 if required. (See page A-8.)

15 Add lines 10 through 14

**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

SEE ATTACHMENT

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

18 Carryover from prior year

19 Add lines 16 through 18

**Casualty and
Theft Losses**

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

**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.) ▶

22 Tax preparation fees

23 Other expenses - investment, safe deposit box, etc. List type and amount ▶

24 Add lines 21 through 23

25 Enter amount from Form 1040, line 38

26 Multiply line 25 by 2% (.02)

27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-

**Other
Miscellaneous
Deductions**

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

**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.

☐ 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 ☐

Supporting Schedules

2009

Name: DAVID M KELLIHER & MARGARET E ANDERSON

SSN: [REDACTED]

Schedule A

Line 6 - Real Estate Taxes

Description	Amount
620 MORGAN AVENUE SOUTH	5,148
46595 CAPE HORN ROAD	1,234
Total	6,382

Schedule A

Line 16 - Gifts by Cash or Check

Description	Amount
BASILICA OF ST MARY	1,400
MINNEAPOLIS PUBLIC SCHOOLS	200
MINNESOTA HISTORICAL SOCIETY	50
PRESERVATION ALLIANCE OF MN	160
MINNESOTA PUBLIC RADIO	150
MN 4H	100
CARLETON COLLEGE	200
GUSTAVUS COLLEGE	250
GENERAL MISC	300
Total	2,810

M1 MINNESOTA - REVENUE 2009 Individual Income Tax

0911

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

Place an
X if a
foreign
address:

DAVID M

KELLIHER

MARGARET E

ANDERSON

620 MORGAN AVENUE SOUTH

MINNEAPOLIS

MN 55405

2009 federal
filing status
(mark an X
in one box):

(1) Single

X

(2) Married filing joint

(3) Married filing separate:

(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:

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

Your code: Spouse's code:

11 11

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

A Wages, salaries, tips, etc.:

140596

B IRA, Pensions and annuities:

1500

C Unemployment:

D Federal adjusted gross income:

143968

DO NOT
CLAIM
SEVDM
WM INNE
28 ENNE
CLOSSE
WIT
SCHEDULING
M1W
TO

1 Federal taxable income (from line 43 of federal Form 1040, line 27
of Form 1040A, or line 6 of Form 1040EZ) 1 ■ 97808

2 State income tax or sales tax addition. If you itemized deductions on federal Form 1040,
complete the worksheet on page 9 of the instructions 2 ■ 7017

3 Other additions to 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, place an X in the box) 4 104825

5 State income tax refund from line 10 of your federal Form 1040 5 ■ 359

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

7 Education expenses you paid for your qualifying children in grades K-12
(see instructions, page 10). Enter the name and grade of each child: 7 ■ 695
SEE ATTACHMENT

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

9 Total subtractions. Add lines 5 through 8 9 1054

10 Minnesota taxable income. Subtract line 9 from line 4 10 103771

11 Tax from the table on pages 22 - 27 of the M1 instructions 11 6751

12 Alternative minimum tax (enclose Schedule MTMT) 12 ■ 6751

13 Add lines 11 and 12 13 6751

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 6751

a. ■ b. ■

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

16 Tax before credits. Add lines 14 and 15 16 6751

DAVID KELLIHER & MARGARET ANDERSON

0912

- 17 Tax before credits. Amount from line 16 17 6751
- 18 Marriage credit for joint return when both spouses have taxable earned income
or taxable retirement income (determine from instructions, page 14) 18 ■ 208
- 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 21 208
- 22 Subtract line 21 from line 17 (if result is zero or less, leave blank) 22 6543
- 23 Nongame Wildlife Fund contribution (see instructions, page 15)
This will reduce your refund or increase amount owed. 23 ■ 5
- 24 Add lines 22 and 23. 24 6548
- 25 Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minne-
sota withholding from W-2, 1099 and W-2G forms (do not send in W-2s, 1099s, W-2Gs). 25 ■ 7017
- 26 Minnesota estimated tax and extension (Form M13) payments made for 2009 26 ■
- 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 7017
- 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 ■ 469
- 35 FAST REFUNDS! For direct deposit of the full refund on line 34, enter:
- 36 AMOUNT YOU OWE. If line 24 is more than line 33, subtract line 33 from line 24 (see instructions, page 18) 36 ■
- 37 Penalty amount from Schedule M15 (see instructions, page 18). Also subtract
this amount from line 34 or add it to line 36 (enclose Schedule M15). 37 ■
- IF YOU PAY ESTIMATED TAX and you want part of your refund credited to estimated tax, enter lines 38 and 39.
- 38 Amount from line 34 you want sent to you. 38 ■
- 39 Amount from line 34 you want applied to your 2010 estimated tax 39 ■

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

Paid preparer: You must sign below.

Your signature

Date

For Info Only

Spouse's signature (if filing jointly)

For Info Only

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

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.

MINNESOTA - REVENUE
2009 Minnesota Income Tax Withheld

0931

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

DAVID M

KELLIHER

MARGARET E

ANDERSON

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 25 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 page 2.

A If the W-2 is for: - you, enter 1 - spouse, enter 2	B - Box 13 If Retirement Plan box is checked, mark an X below.	C - Box 15 Employer's 7-digit Minnesota state tax ID number	D - Box 16 State wages, tips, etc. (round to nearest whole dollar)	E - Box 17 Minnesota tax withheld (round to nearest whole dollar)
1	X	[REDACTED]	78107	4379
2	X	[REDACTED]	56795	2563

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

Total Minnesota tax withheld from all W-2 forms (add amounts in line 1, column E) 1 6942

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

A If the 1099 or W-2G is for: - you, enter 1 - spouse, enter 2	B Payer's 7-digit Minnesota state tax ID number (if unknown, contact the payer)	C Income amount (see the table on page 2 for amounts to include)	D Minnesota tax withheld (round to nearest whole dollar)
1	[REDACTED]	1500	75

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

Total Minnesota tax withheld from all 1099 and W-2G forms (add amounts in line 2, column D) 2 75

3 Total Minnesota tax withheld from partnerships, S corporations and fiduciaries 3
(from line 3a on next page)

4 Total. Add the Minnesota tax withheld on lines 1, 2 and 3.
Enter the total here and on line 25 of Form M1. 4 7017

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

Supporting Schedules

2009

Name: DAVID M KELLIHER & MARGARET E ANDERSON

SSN: [REDACTED]

MN Form M-1, Line 2

State Income Tax, Sales Tax or Motor Vehicle Sales Tax Addition

1. Amount from line 29 of your federal Schedule A	31,560
2. If you are not a dependent, use the table in the next column to find the amount for this step. Dependents: Enter the standard deduction from your federal return ..	11,400
3. Subtract step 2 from step 1	20,160
4. State income tax, sales tax or motor vehicle sales tax from line 5 and line 7 of federal Schedule A and any additional state income tax you may have included on line 8 (other taxes) of Schedule A	7,017
5. Enter the amount from step 3 or step 4, whichever is less, on line 2 of Form M1	7,017

MN Form M-1, Page 1, Education Expenses

Name and grade of each child for whom education expenses were paid

Name	Grade
------	-------

PATRICK KELLIHER	09
FRANCES KELLIHER	06