VETSCHER & ASSOCIATES, LLC
2550 UNIVERSITY AVE W STE 185S
SAINT PAUL, MN 55114-2001
651-690-2250
www.vetscher-cpas.com
tvetscher@vetscher-cpas.com

April 7, 2025

CONFIDENTIAL

CHRISTOPHER HANSEN & KIM KALLESTAD
1821 ONACREST CT
MAPLEWOOD, MN 55117-2421

For professional services rendered in connection with the preparation of your 2024 individual tax return:

Amount due	$ 695.00

Please make check payable to: **VETSCHER & ASSOCIATES, LLC**

or

Pay online at www.vetscher-cpas.com/pay-online

Filing Instructions

Individual Income Tax Return

Taxable Year Ended December 31, 2024

Name: CHRISTOPHER HANSEN & KIM KALLESTAD

Federal Filing Instructions

Your 2024 Form 1040 shows an amount due of $1,052. No check is required. You have authorized the United States Treasury to debit your US BANK checking account for the amount of $1,052 on April 15, 2025. Please keep this filing instruction as a reminder of the amount to be withdrawn from your account.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

A link to initiate an electronic signature has been sent to you in a separate email. Please refer to that email for electronic signature instructions. If you have not received the email, please contact this office.

Your jointly filed tax return is not considered valid unless it is signed by both the taxpayer and spouse. A separate email and accompanying link to electronically sign the return has been sent to both the taxpayer and spouse.

Minnesota Filing Instructions

The return shows a total overpayment of $1,284, which will be direct deposited to your US BANK checking account. Please keep this filing instruction as a reminder of the amount to be deposited into your account.

Your return has been filed electronically. Do not mail Form M1. Initial and date the copy, and retain it for your records.

Minnesota M1PR Filing Instructions

Your 2024 Form M1PR shows a total credit of $1,689, which will be direct deposited into your US BANK checking account. Please keep this filing instruction as a reminder of the amount to be deposited into your account.

Your return has been filed electronically. Do not mail Form M1PR. Initial and date the return on Page 2 and retain it for your records.

If the MN Department of Revenue receives your properly completed return and all enclosures are correct and complete, you can expect your refund by:

1. By mid-August if you are a **renter or mobile home owner** and you file by June 15, or within 60 days after you file, whichever is later.

2. By the end of September if you are a **homeowner** and you file by August 1, or within 60 days after you file, whichever is later.

Form **8879** (Rev. January 2021)
Department of the Treasury Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
CHRISTOPHER HANSEN	***-**-3935
Spouse's name	**Spouse's social security number**
KIM KALLESTAD	***-**-9751

Part I Tax Return Information — Tax Year Ending December 31, 2024 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	79,522
2	Total tax	2	5,912
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	4,860
4	Amount you want refunded to you	4	
5	Amount you owe	5	1,052

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** . Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize VETSCHER & ASSOCIATES, LLC (**ERO firm name**) to enter or generate my PIN 83935 (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

[ ] I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ ______________________ Date ▶ 04/07/25

Spouse's PIN: check one box only

[X] I authorize VETSCHER & ASSOCIATES, LLC (**ERO firm name**) to enter or generate my PIN 09751 (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

[ ] I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ ______________________ Date ▶ 04/07/25

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. *********** (**Don't enter all zeros**)

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ THOMAS R VETSCHER Date ▶ 04/07/25

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **2024** OMB No. 1545-0074 IRS Use Only–Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning ...., 2024, ending ...., 20 ..... See separate instructions.

Your first name and middle initial	Last name	Your social security number
CHRISTOPHER	HANSEN	***-**-3935
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
KIM	KALLESTAD	***-**-9751

Home address (number and street). If you have a P.O box, see instructions.	Apt. no.
1821 ONACREST CT	

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
MAPLEWOOD	MN	55117-2421
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 Check only one box.
☐ Single
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS)
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)

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

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): ....

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) .... ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):
If more than four dependents, see instr. and check here ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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 Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	
b	Household employee wages not reported on Form(s) W-2			1b	
c	Tip income not reported on line 1a (see instructions)			1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
e	Taxable dependent care benefits from Form 2441, line 26			1e	
f	Employer-provided adoption benefits from Form 8839, line 29			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions)			1h	
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	
2a	Tax-exempt interest	2a	220	b Taxable interest 2b	7
3a	Qualified dividends	3a	629	b Ordinary dividends 3b	1,686
4a	IRA distributions	4a	27,313	b Taxable amount 4b	23,082
5a	Pensions and annuities	5a	34,685	b Taxable amount ROLLOVER 5b	30,356
6a	Soc. sec. ben.	6a		b Taxable amount 6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	2,482
8	Additional income from Schedule 1, line 10			8	33,167
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	90,780
10	Adjustments to income from Schedule 1, line 26			10	11,258
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	79,522
12	**Standard deduction or itemized deductions** (from Schedule A)			12	60,320
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	3,233
14	Add lines 12 and 13			14	63,553
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	15,969

Attach Sch. B if required.

Standard Deduction for –
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction,* see instructions.

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐			16	1,293
17	Amount from Schedule 2, line 3			17	
18	Add lines 16 and 17			18	1,293
19	Child tax credit or credit for other dependents from Schedule 8812			19	
20	Amount from Schedule 3, line 8			20	20
21	Add lines 19 and 20			21	20
22	Subtract line 21 from line 18. If zero or less, enter -0-			22	1,273
23	Other taxes, including self-employment tax, from Schedule 2, line 21			23	4,639
24	Add lines 22 and 23. This is your **total tax**			24	5,912

Payments

25	Federal income tax withheld from:				
a	Form(s) W-2	25a			
b	Form(s) 1099	25b	4,860		
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c			25d	4,860
26	2024 estimated tax payments and amount applied from 2023 return			26	
27	Earned income credit (EIC)	27			
28	Additional child tax credit from Schedule 8812	28			
29	American opportunity credit from Form 8863, line 8	29			
30	Reserved for future use	30			
31	Amount from Schedule 3, line 15	31			
32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**			32	
33	Add lines 25d, 26, and 32. These are your **total payments**			33	4,860

If you have a qualifying child, attach Sch. EIC.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**			34	
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐			35a	
b	Routing number	c Type: ☐ Checking ☐ Savings			
d	Account number				
36	Amount of line 34 you want **applied to your 2025 estimated tax**	36			

Direct deposit? See instructions.

Amount You Owe

37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions			37	1,052
38	Estimated tax penalty (see instructions)	38			

Third Party Designee

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

Designee's name THOMAS R VETSCHER Phone no. 651-690-2250 Personal identification number (PIN) 56565

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.

Joint return? See instructions. Keep a copy for your records.

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

Phone no. | Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
THOMAS R VETSCHER	THOMAS R VETSCHER	04/07/25	*********	☒ Self-employed

Firm's name VETSCHER & ASSOCIATES, LLC Phone no. 651-690-2250

Firm's address 2550 UNIVERSITY AVE W STE 185S SAINT PAUL MN 55114-2001 Firm's EIN **-***9059

DAA

SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074
2024
Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
CHRISTOPHER HANSEN & KIM KALLESTAD	***-**-3935

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss . . . . . . ______

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See *www.irs.gov/1099.*

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	332
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	32,835
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v			
z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	33,167

Part II Adjustments to Income

11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	5,150
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	2,320
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	3,788
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
a	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b			
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k			
z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10			26	11,258

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2024

Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: CHRISTOPHER HANSEN & KIM KALLESTAD

Your social security number ***-**-3935

Part I Tax

1	Additions to tax:		
a	Excess advance premium tax credit repayment. Attach Form 8962	1a	
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b	
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c	
d	Recapture of net EPE from Form 4255, line 2a, column (l)	1d	
e	Excessive payments (EP) from Form 4255. Check applicable box and enter amount **(i)** ☐ Line 1a, column (n) **(ii)** ☐ Line 1c, column (n) **(iii)** ☐ Line 1d, column (n) **(iv)** ☐ Line 2a, column (n)	1e	
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. **(i)** ☐ Line 1a, column (o) **(ii)** ☐ Line 1c, column (o) **(iii)** ☐ Line 1d, column (o) **(iv)** ☐ Line 2a, column (o)	1f	
y	Other additions to tax (see instructions):	1y	
z	Add lines 1a through 1y	1z	
2	Alternative minimum tax. Attach Form 6251	2	
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	4,639
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount:	17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
c	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
l	Tax on accumulation distribution of trusts	17l			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:	17z			
18	Total additional taxes. Add lines 17a through 17z			18	
19	Recapture of net EPE from Form 4255, line 1d, column (l)			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	4,639

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074
2024
Attachment Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: CHRISTOPHER HANSEN & KIM KALLESTAD

Your social security number: ***-**-3935

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			1	20
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
c	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
e	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
l	Amount on Form 8978, line 14. See instructions	6l			
m	Credit for previously owned clean vehicles. Attach Form 8936	6m			
z	Other nonrefundable credits. List type and amount:	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			8	20

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b			
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
z	Other refundable credits (see instructions):	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	

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

DAA

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2024

Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR: CHRISTOPHER HANSEN & KIM KALLESTAD

Your social security number ***-**-3935

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1	24,995		
	2	Enter amount from Form 1040 or 1040-SR, line 11 — 2: 79,522				
	3	Multiply line 2 by 7.5% (0.075)	3	5,964		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	19,031
Taxes You Paid	5	State and local taxes.				
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐	5a	2,544		
	b	State and local real estate taxes (see instructions)	5b	4,762		
	c	State and local personal property taxes	5c			
	d	Add lines 5a through 5c	5d	7,306		
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	7,306		
	6	Other taxes. List type and amount:	6			
	7	Add lines 5e and 6			7	7,306
Interest You Paid (Caution: Your mortgage interest deduction may be limited. See instructions.)	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐				
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	3,916		
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b			
	c	Points not reported to you on Form 1098. See instructions for special rules	8c			
	d	Reserved for future use	8d			
	e	Add lines 8a through 8c	8e	3,916		
	9	Investment interest. Attach Form 4952 if required. See instructions	9			
	10	Add lines 8e and 9			10	3,916
Gifts to Charity (Caution: If you made a gift and got a benefit for it, see instructions.)	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	29,567		
	12	Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	12	500		
	13	Carryover from prior year	13			
	14	Add lines 11 through 13			14	30,067
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15	
Other Itemized Deductions	16	Other—from list in instructions. List type and amount:			16	
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12			17	60,320
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐				

SCHEDULE B (Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.
Go to *www.irs.gov/ScheduleB* for instructions and the latest information.

OMB No. 1545-0074
2024
Attachment Sequence No. **08**

Name(s) shown on return: CHRISTOPHER HANSEN & KIM KALLESTAD

Your social security number ***-**-3935

Part I Interest

(See instructions and the Instructions for Form 1040, line 2b.)

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.

		Line	Amount
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 the instructions and list this interest first. Also, show that buyer's social security number and address:		
	ASSETMARK TRUST	1	7
2	Add the amounts on line 1	2	7
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	7

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

Part II Ordinary Dividends

(See instructions and the Instructions for Form 1040, line 3b.)

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.

		Line	Amount
5	List name of payer:		
	ASSETMARK TRUST CO		
	TAXABLE DIVIDEND INCOME		1,686
	TAX-EXEMPT DIVIDEND		220
	** SUBTOTAL **		1,906
	TAX-EXEMPT DIVIDEND	5	-220
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6	1,686

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

Part III Foreign Accounts and Trusts

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.

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

		Yes	No
7a	At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:		
8	During 2024, 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		X

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to *www.irs.gov/ScheduleC* for instructions and the latest information.

OMB No. 1545-0074
2024
Attachment Sequence No. **09**

Name of proprietor: CHRISTOPHER HANSEN
Social security number (SSN): ***-**-3935

A Principal business or profession, including product or service (see instructions): REALTOR
B Enter code from instructions: 531210

C Business name. If no separate business name, leave blank.
D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) 1821 ONACREST CT
City, town or post office, state, and ZIP code MAPLEWOOD MN 55117-2421

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses [X] Yes [ ] No

H If you started or acquired this business during 2024, check here [ ]

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions [ ] Yes [X] No

J If "Yes," did you or will you file required Form(s) 1099? [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked [ ]	1	109,106
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	109,106
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	109,106
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6	7	109,106

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

8	Advertising	16,255	18	Office expense (see instructions)	8,049
9	Car and truck expenses (see instructions)	24,131	19	Pension and profit-sharing plans	
10	Commissions and fees	4,765	20	Rent or lease (see instructions):	
11	Contract labor (see instructions)		20a	Vehicles, machinery, and equipment	
12	Depletion		20b	Other business property	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)		21	Repairs and maintenance	
			22	Supplies (not included in Part III)	
			23	Taxes and licenses	
			24	Travel and meals:	
14	Employee benefit programs (other than on line 19)		24a	Travel	
15	Insurance (other than health)	842	24b	Deductible meals (see instructions)	1,788
16	Interest (see instructions):		25	Utilities	4,472
16a	Mortgage (paid to banks, etc.)		26	Wages (less employment credits)	
16b	Other	9,732	27a	Other expenses (from line 48)	497
17	Legal and professional services	4,240	27b	Energy efficient commercial bldgs deduction (attach Form 7205)	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	74,771
29	Tentative profit or (loss). Subtract line 28 from line 7	29	34,335
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: 2200 and (b) the part of your home used for business: 300 . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	1,500
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	32,835

32 If you have a loss, check the box that describes your investment in this activity. See instructions.
• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.**
• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a [ ] All investment is at risk.
32b [ ] Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle.

Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) SEE STMT 1

44 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:

a Business 36,017 b Commuting (see instructions) c Other 4,002

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses.

List below business expenses not included on lines 8-26, line 27b, or line 30.

DUES & SUBSCRIPTIONS		90
POSTAGE & DELIVERY		407
48 **Total other expenses.** Enter here and on line 27a	48	497

SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **12**

Name(s) shown on return: CHRISTOPHER HANSEN & KIM KALLESTAD

Your social security number: ***-**-3935

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? [ ] Yes [X] No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses — Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	3,618	3,544	0	74
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				

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 8 of your **Capital Loss Carryover Worksheet** in the instructions	6	( )
7 **Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	7	74

Part II Long-Term Capital Gains and Losses — Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	20,316	18,538	31	1,809
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				

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	
13 Capital gain distributions. See the instructions	13	599
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	14	( )
15 **Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on the back	15	2,408

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

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	2,482

- If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss,** skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

- [x] **Yes.** Go to line 18.
- [ ] **No.** Skip lines 18 through 21, and go to line 22.

18	If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet	19	

20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?

- [x] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.
- [ ] **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, 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, 1040-SR, or 1040-NR, line 3a?

- [ ] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.
- [ ] **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to *www.irs.gov/Form8949* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **12A**

Name(s) shown on return: CHRISTOPHER HANSEN & KIM KALLESTAD

Social security number or taxpayer identification number: ***-**-3935

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, *or* C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

[X] **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
[ ] **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
[ ] **(C)** Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g).
ASSETMARK TRUST CO	VARIOUS	VARIOUS	3,618	3,544			74
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked)			3,618	3,544		0	74

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side: CHRISTOPHER HANSEN & KIM KALLESTAD

Social security number or taxpayer identification number: ***-**-3935

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term.

Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- [X] **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- [ ] **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- [ ] **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
ASSETMARK TRUST CO	VARIOUS	VARIOUS	20,316	18,538	W	31	1,809
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked)			20,316	18,538		31	1,809

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

DAA

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2024

Attachment Sequence No. **17**

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

Social security number of person with **self-employment** income: ***-**-3935

Part I Self-Employment Tax

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

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

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

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A			1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ			1b	( )
	Skip line 2 if you use the nonfarm optional method in Part II. See instructions.				
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order			2	32,835
3	Combine lines 1a, 1b, and 2			3	32,835
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3			4a	30,323
	Note: If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.				
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here			4b	
c	Combine lines 4a and 4b. If less than $400, **stop;** you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income,** enter -0- and continue			4c	30,323
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income	5a			
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-			5b	0
6	Add lines 4c and 5b			6	30,323
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024			7	168,600
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $168,600 or more, skip lines 8b through 10, and go to line 11	8a			
b	Unreported tips subject to social security tax from Form 4137, line 10	8b			
c	Wages subject to social security tax from Form 8919, line 10	8c			
d	Add lines 8a, 8b, and 8c			8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11			9	168,600
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)			10	3,760
11	Multiply line 6 by 2.9% (0.029)			11	879
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**, or **Form 1040-SS, Part I, line 3**			12	4,639
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15**	13	2,320		

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $10,380, **or (b)** your net farm profits[2] were less than $7,493.

14	Maximum income for optional methods	14	6,920
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $6,920. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $7,493 and also less than 72.189% of your gross nonfarm income,[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

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

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

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

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

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

Form **1116**

Department of the Treasury
Internal Revenue Service

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to *www.irs.gov/Form1116* for instructions and the latest information.

OMB No. 1545-0121

2024

Attachment Sequence No. **19**

Name: CHRISTOPHER HANSEN

Identifying number as shown on page 1 of your tax return: ***-**-3935

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- **a** ☐ Section 951A category income
- **b** ☐ Foreign branch category income
- **c** ☒ Passive category income
- **d** ☐ General category income
- **e** ☐ Section 901(j) income
- **f** ☐ Certain income re-sourced by treaty
- **g** ☐ Lump-sum distributions

h Resident of (name of country) US UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. territory, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. territory, use a separate column and line for each country or territory.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

		Foreign Country or U.S. Territory				Total
		A	B	C		(Add cols. A, B, and C.)
i	Enter the name of the foreign country or U.S. territory	RIC				
1a	Gross income from sources within country shown above and of the type checked above (see instructions): DIVIDENDS & INTEREST	306			1a	306
b	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source. See instructions ☐					
	Deductions and losses (**Caution:** See instructions.):					
2	Expenses **definitely related** to the income on line 1a (attach statement)					
3	Pro rata share of other deductions **not definitely related:**					
a	Certain itemized deductions or standard deduction (see instructions)	23,793				
b	Other deds. (attach stmt.) HSA	5,150				
c	Add lines 3a and 3b	28,943				
d	Gross foreign source income (see instructions)	306				
e	Gross income from all sources (see instructions)	167,051				
f	Divide line 3d by line 3e (see instructions)	0.0018				
g	Multiply line 3c by line 3f	53				
4	Pro rata share of interest expense (see instructions):					
a	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	7				
b	Other interest expense					
5	Losses from foreign sources					
6	Add lines 2, 3g, 4a, 4b, and 5	60			6	60
7	Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7	246

Part II Foreign Taxes Paid or Accrued (see instructions)

Credit is claimed for taxes (you must check one): (j) ☒ Paid (k) ☐ Accrued

Country	(l) Date paid or accrued	In foreign currency: Taxes withheld at source on: (m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	In U.S. dollars: Taxes withheld at source on: (q) Dividends	(r) Rents and royalties	(s) Interest	(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
A	1099 TAX					35				35
B										
C										

8 **Add lines A through C, column (u). Enter the total here and on line 9, page 2** **8** 35

CHRISTOPHER HANSEN ***-**-3935

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	35		
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) ☐ (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10			
11	Add lines 9 and 10	11	35		
12	Reduction in foreign taxes (see instructions)	12	( )		
13	Taxes reclassified under high tax kickout (see instructions)	13			
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	35
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions	15	246		
16	Adjustments to line 15 (see instructions)	16			
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17	246		
18	**Individuals:** Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. **Estates and trusts:** Enter your taxable income without the deduction for your exemption	18	15,969		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.				
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	0.0154
20	**Individuals:** Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 1z. **Estates and trusts:** See instructions			20	1,293
	Caution: If you are completing line 20 for separate category **g** (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.				
21	Multiply line 20 by line 19 (maximum amount of credit)			21	20
22	Increase in limitation (section 960 (c)) (see instructions)			22	
23	Add lines 21 and 22			23	20
24	Enter the **smaller** of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV See instructions instructions			24	20

Part IV Summary of Credits From Separate Parts III (see instructions)

25	Credit for taxes on section 951A category income	25			
26	Credit for taxes on foreign branch category income	26			
27	Credit for taxes on passive category income	27			
28	Credit for taxes on general category income	28			
29	Credit for taxes on section 901(j) income	29			
30	Credit for taxes on certain income re-sourced by treaty	30			
31	Credit for taxes on lump-sum distributions	31			
32	Add lines 25 through 31			32	
33	Enter the **smaller** of line 20 or line 32			33	20
34	Reduction of credit for international boycott operations. See instructions for line 12			34	
35	Subtract line 34 from line 33. This is your **foreign tax credit.** Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a			35	20

DAA

Form **6251**

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax—Individuals

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form6251* for instructions and the latest information.

OMB No. 1545-0074
2024
Attachment Sequence No. **32**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: CHRISTOPHER HANSEN & KIM KALLESTAD

Your social security number: ***-**-3935

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

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	15,969
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12	2a	7,306
b	Tax refund from Schedule 1 (Form 1040), line 1 or line 8z	2b	(332)
c	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
e	Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount	2e	
f	Alternative tax net operating loss deduction	2f	( )
g	Interest from specified private activity bonds exempt from the regular tax	2g	24
h	Qualified small business stock, see instructions	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	
m	Passive activities (difference between AMT and regular tax income or loss)	2m	
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	0
o	Circulation costs (difference between regular tax and AMT)	2o	
p	Long-term contracts (difference between AMT and regular tax income)	2p	
q	Mining costs (difference between regular tax and AMT)	2q	
r	Research and experimental costs (difference between regular tax and AMT)	2r	
s	Income from certain installment sales before January 1, 1987	2s	( )
t	Intangible drilling costs preference	2t	
3	Other adjustments, including income-based related adjustments	3	
4	**Alternative minimum taxable income.** Combine lines 1 through 3. (If married filing separately and line 4 is more than $875,950, see instructions.)	4	22,967

Part II Alternative Minimum Tax (AMT)

5 Exemption.

IF your filing status is...	**AND line 4 is not over...**	**THEN enter on line 5...**
Single or head of household	$ 609,350	$ 85,700
Married filing jointly or qualifying surviving spouse	1,218,700	133,300
Married filing separately	609,350	66,650

If line 4 is **over** the amount shown above for your filing status, see instructions.

5	Exemption	5	133,300
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	6	0
7	• If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; **or** you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • **All others:** If line 6 is $232,600 or less ($116,300 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract $4,652 ($2,326 if married filing separately) from the result.	7	
8	Alternative minimum tax foreign tax credit (see instructions)	8	
9	Tentative minimum tax. Subtract line 8 from line 7	9	0
10	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 1z. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions	10	1,273
11	**AMT.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 2	11	0

Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

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

Go to *www.irs.gov/Form8889* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: KIM KALLESTAD CHRISTOPHER HANSEN

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. ***-**-9751

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I **HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2024. See instructions		[X] Self-only [ ] Family
2	HSA contributions you made for 2024 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2024. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	5,150
3	If you were under age 55 at the end of 2024 and, on the first day of **every** month during 2024, you were, or were considered, an eligible individual with the **same** coverage, enter $4,150 ($8,300 for family coverage). **All others,** see the instructions for the amount to enter	3	5,150
4	Enter the amount you and your employer contributed to your Archer MSAs for 2024 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2024, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	5,150
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2024, see the instructions for the amount to enter	6	5,150
7	If you were age 55 or older at the end of 2024, married, and you or your spouse had family coverage under an HDHP at any time during 2024, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	5,150
9	Employer contributions made to your HSAs for 2024 — 9		
10	Qualified HSA funding distributions — 10		
11	Add lines 9 and 10	11	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	5,150
13	**HSA deduction** (see instructions)	13	5,150

Part II **HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2024 from all HSAs (see instructions)	14a	5,150
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	5,150
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	5,150
16	**Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	0
17a	If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax** (see instructions), check here [ ]		
b	**Additional 20% tax** (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	**Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20	
21	**Additional tax.** Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-2294

2024

Attachment Sequence No. **55**

Name(s) shown on return	Your taxpayer identification number
CHRISTOPHER HANSEN & KIM KALLESTAD	***-**-3935

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

Use this form if your taxable income, before your qualified business income deduction, is at or below $191,950 ($383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	**(a)** Trade, business, or aggregation name	**(b)** Taxpayer identification number	**(c)** Qualified business income or (loss)
i	REALTOR	***-**-3935	26,727
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	26,727		
3	Qualified business net (loss) carryforward from the prior year	3	( )		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	26,727		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	5,345
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	2		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	2		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	5,345
11	Taxable income before qualified business income deduction (see instructions)	11	19,202		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	3,037		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	16,165		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	3,233
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)			15	3,233
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0)

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

DAA

Form **1040** | **Tax Return Reconciliation Worksheet** | **2024**

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

MFS spouse name: *Qualifying person that is a child but not a dependent:

Taxpayer first name and initial	Last name	Taxpayer social security number
CHRISTOPHER	HANSEN	***-**-3935
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
KIM	KALLESTAD	***-**-9751

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Presidential Election Campaign
1821 ONACREST CT		Taxpayer ☐ Spouse

City, town or post office, state, and ZIP code.
MAPLEWOOD MN 55117-2421

Foreign country name	Foreign province/state/county	Foreign postal code

At anytime during 2024, did you receive, sell, send, exchange, or otherwise acquire financial interest in any digital assets? Yes X No

6a ☒ **Taxpayer.** If someone can claim you as a dependent, **do not** check box 6a
b ☒ **Spouse**

Boxes checked on 6a and 6b	2
Children on 6c who lived with you	
Children on 6c who did not live with you	
Dependents on 6c not entered above	
Total. Add lines above	2

6c Dependents:

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for Child tax credit	Other dependents

If more than four dependents, ✓ here ☐

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	
(Schedule 1)	8a	**Taxable** interest. Attach Schedule B if required			8a	7
	b	**Tax-exempt** interest. **Do not** include on line 8a	8b	220		
	9a	Ordinary dividends. Attach Schedule B if required			9a	1,686
	b	Qualified dividends	9b	629		
	10	Taxable refunds, credits, or offsets of state and local income taxes			10	332
	11	Alimony received			11	
	12	Business income or (loss). Attach Schedule C or C-EZ			12	32,835
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			13	2,482
	14	Other gains or (losses). Attach Form 4797			14	
	15a	IRA distributions	15a	27,313	15b (b Taxable amount)	23,082
ROLLOVER	16a	Pensions and annuities	16a	34,685	16b (b Taxable amount)	30,356
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	
	18	Farm income or (loss). Attach Schedule F			18	
	19	Unemployment compensation			19	
	20a	Social security benefits	20a		20b (b Taxable amount)	
	21	Other income. List type and amount			21	
	22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶			22	90,780
Adjusted Gross Income	23	Educator expenses	23			
(Schedule 1)	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	5,150		
	26	Moving expenses. Attach Form 3903	26			
	27	Deductible part of self-employment tax. Attach Schedule SE	27	2,320		
	28	Self-employed SEP, SIMPLE, and qualified plans	28			
	29	Self-employed health insurance deduction	29	3,788		
	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	Reserved for future use	34			
	35	Reserved for future use	35			
	36	Add lines 23 through 35			36	11,258
	37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶			37	79,522

Form 1040 — Tax Return Reconciliation Worksheet, Page 2 — 2024

Name: CHRISTOPHER HANSEN & KIM KALLESTAD | Tp TIN: ***-**-3935

	38	Amount from line 37 (adjusted gross income)			38	79,522
Tax and Credits (Schedules 2, 3)	39a	Check if: ☐ You were born before January 2,1960, ☐ Blind. ☐ Spouse was born before January 2,1960, ☐ Blind. Total boxes checked ▶			39a	
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ ☐			39b	
	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)			40	60,320
	a				40b	
	41	Subtract line 40 and 40b from line 38			41	19,202
	42	Qualified business income deduction (see instructions)			42	3,233
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			43	15,969
	44	**Tax** (see instr.). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐			44	1,293
	45	**Alternative minimum tax** (see instructions). Attach Form 6251			45	
	46	Additions to tax (Excess advance premium tax credit repayment and clean vehicle repayment)			46	
	47	Add lines 44, 45, and 46 ▶			47	1,293
	48	Foreign tax credit. Attach Form 1116 if required	48	20		
	49	Credit for child and dependent care expenses. Attach Form 2441	49			
	50	Education credits from Form 8863, line 19	50			
	51	Retirement savings contributions credit. Attach Form 8880	51			
	52	Child tax credit/credit for other dependents	52			
	53	Residential energy credits. Attach Form 5695	53			
	54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54			
	55	Add lines 48 through 54. These are your **total credits**			55	20
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶			56	1,273
Other Taxes (Schedule 2)	57	Self-employment tax. Attach Schedule SE			57	4,639
	58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919			58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required			59	
	60a	Household employment taxes from Schedule H			60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required			60b	
	61	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)			61	
☐	62	Section 965 net tax liability installment from Form 965-A	62			
	63	Add lines 56 through 61. This is your **total tax** ▶			63	5,912
Payments (Schedule 3)	64	Federal income tax withheld from:				
	a	Form(s) W-2	64a			
	b	Form(s) 1099	64b	4,860		
	c	Other forms	64c			
	65	2024 estimated tax payments and amount applied from 2023 return	65			
	66	**Earned income credit (EIC)**	66			
	67	Additional child tax credit. Attach Schedule 8812	67			
	68	American opportunity credit from Form 8863, line 8	68			
	69	Recovery rebate credit	69			
	70	Net premium tax credit. Attach Form 8962	70			
	71	Amount paid with request for extension to file	71			
	72	Excess social security and tier 1 RRTA tax withheld	72			
	73	Credit for federal tax on fuels. Attach Form 4136	73			
	74	Other payments and refundable credits	74			
	75	**Total pymts.** Add lines 64 - 74.			75	4,860
Refund	76	If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you **overpaid**			76	
	77a	Amount of line 76 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐			77a	
	▶ b	Routing number ▶ c Type: ☐ Checking ☐ Savings				
	▶ d	Account number				
	78	Amount of line 76 you want **applied to your** 2025 estimated tax ▶	78			
Amount You Owe	79	**Amount you owe.** Subtract line 75 from line 63. For details on how to pay, see instructions ▶			79	1,052
	80	Estimated tax penalty (see instructions)	80			

Int/Pen Date filed | Int | Fail to file | Fail to pay | Total

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ **Yes.** Complete below. ☐ **No** Personal identification no. (PIN)▶ 56565

Designee's Name ▶ THOMAS R VETSCHER Phone no. ▶ 651-690-2250

Other Info Taxpayer Daytime phone number | Taxpayer: Occupation REALTOR | IRS Identity Protection PIN

Spouse: Occupation | IRS Identity Protection PIN

☐ Taxpayer ☐ Spouse Email address

Standard Deduction for—
- People who check any box on line 39a or 39b **or** who can be claimed as a dependent, see instructions.
- All others:

Single or Married filing separately, $14,600

Married filing jointly or Qualifying widow(er), $29,200

Head of household, $21,900

REALTOR

Statement 1 - Schedule C, Page 2, Line 43 - Vehicle Information

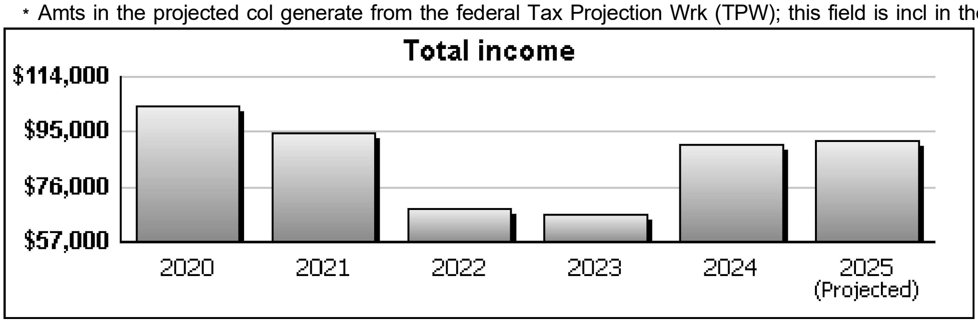
Date In Service	Business Miles	Commuting Miles	Other Miles	Off Duty? Y	N	Other Vehicle? Y	N	Evidence? Y	N	Written? Y	N
1/01/15				X		X		X		X	
5/01/21	36,017		4,002	X		X		X		X	

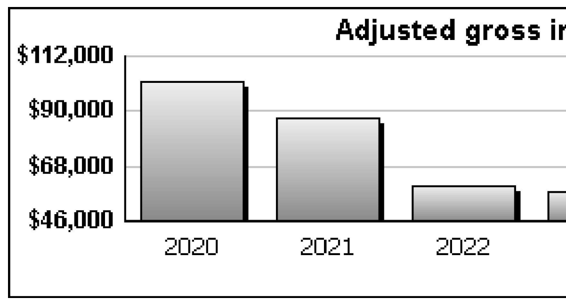
Form **1040** **Tax Return History Report - Page 1**

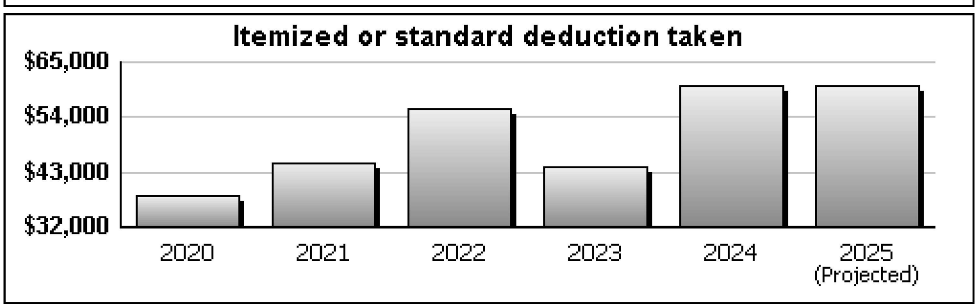
Name CHRISTOPHER HANSEN & KIM KALLESTAD | Taxpayer Identification N

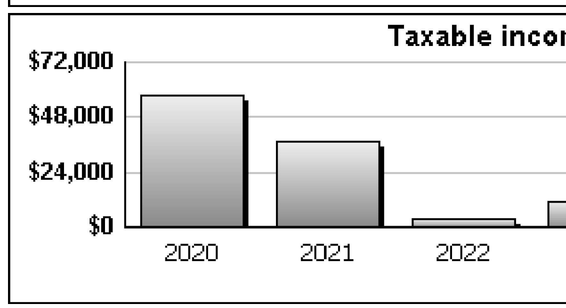
	2020	2021	2022	2023
Filing Status	MFJ	MFJ	MFJ	MFJ
Salaries and wages	69,122	1,886		
Interest income	77	32	1	7
Dividend income	1,016	2,194	1,369	1,030
Business income/loss	29,871	36,234	38,903	26,789
Capital gains/losses	3,561	19,659	-1,974	-1,392
Other gains/losses				
IRA distributions, pensions, annuities	15	34,293	30,346	39,330
Rent, royalty, farm rental income				
Partnership/S corp income				
Estate or trust income				
Farm income/loss				
Other income/loss				796
Total income	103,662	94,298	68,645	66,560
Total adjustments	2,111	7,369	8,301	9,254
Adjusted gross income	101,551	86,929	60,344	57,306
Allowable itemized deductions	38,276	44,949	55,844	44,167
Standard deduction	24,800	25,100	25,900	27,700
Itemized or standard deduction taken	38,276	44,949	55,844	44,167
Exemptions				
Taxable income before Qual Bus Inc Ded	57,723	41,980	4,500	13,139
Qual Bus Inc Ded		4,448	735	2,518
Taxable income	57,723	37,532	3,765	10,621

* Amts in the projected col generate from the federal Tax Projection Wrk (TPW); this field is incl in the total Sch E income/loss amt on the TPW.





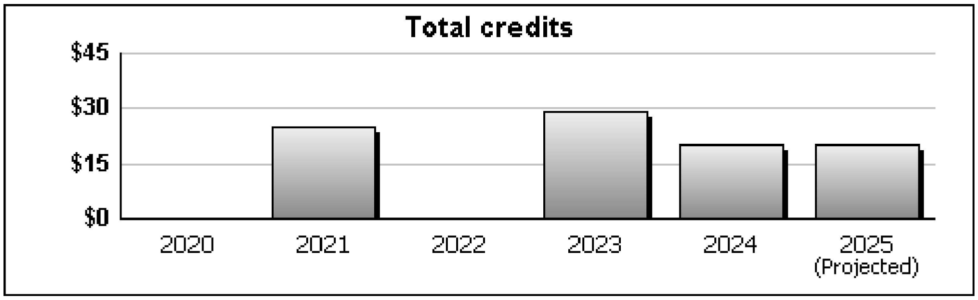


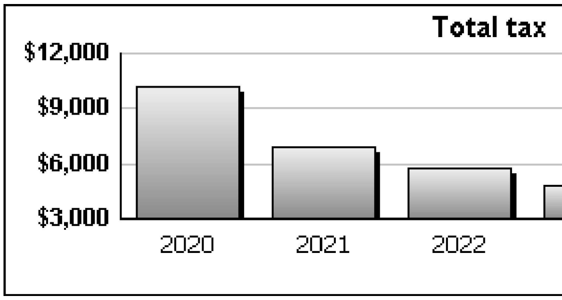


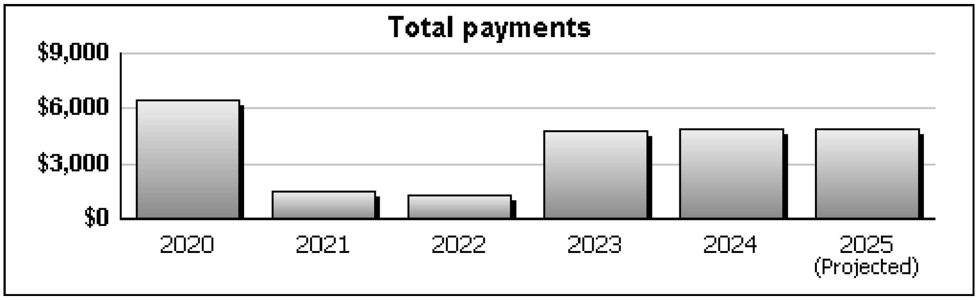
Form **1040** **Tax Return History Report - Page 2**

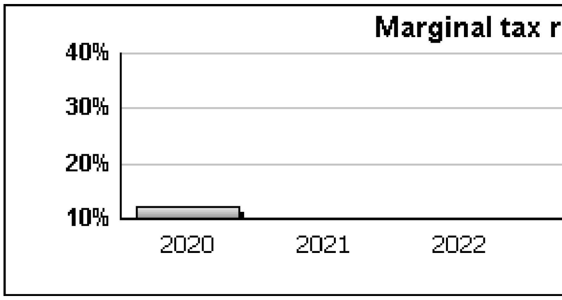
Name CHRISTOPHER HANSEN & KIM KALLESTAD Taxpayer Identification N

	2020	2021	2022	2023
Taxable income	57,723	37,532	3,765	10,621
Tax on taxable income and Form 8962	6,022	1,778	294	1,008
Alternative minimum tax				
Total credits		25		29
Net tax liability	6,022	1,753	294	979
Self-employment taxes	4,221	5,119	5,497	3,785
Other taxes				
Total tax	10,243	6,872	5,791	4,764
Income tax withheld	6,415	1,519	1,305	2,486
Estimated tax payments				
Other payments				2,270
Total payments	6,415	1,519	1,305	4,756
Total due/-refund	3,828	5,353	4,486	8
Penalties and interest			157	
Net tax due/-refund	3,828	5,353	4,643	8
Refund applied to estimated tax payments				
Refund received				
Marginal tax rate	12.0 %	10.0 %	10.0 %	10.0 %
Effective tax rate	18.0 %	18.0 %	100.0 %	45.0 %









Form 1040	Reconciliation Worksheet - Taxable Income & Tax	2024

Name	Taxpayer Identification Number
CHRISTOPHER HANSEN & KIM KALLESTAD	***-**-3935

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status MARRIED FILING JOINTLY **Tax Pct** Total Tax (ln 27) divided Total Taxable Income (ln 19) 8.0%

Tax Method QUALIFIED DIVIDENDS & CAPITAL GAIN TAX WORKSHEET

Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:

Tax using capital gains rates Tax using Ordinary rates Tax savings

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	12,932	10.0 %	1,293	$0 - $23,200	10,268
Capital Income	3,037	0.0 %		$0 - $94,300	91,263
Capital Income - 1250		%			
Capital Income - 1202		%			

*Tax on taxable ordinary income under $100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within $50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

Income taxed at ordinary rates		(a) Taxable Income		(b) Tax*
1. 10% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: $23,200	1a.	12,932	1b.	1,293
2. 12% rate	2a.		2b.	
3. 22% rate	3a.		3b.	
4. 24% rate	4a.		4b.	
5. 32% rate	5a.		5b.	
6. 35% rate	6a.		6b.	
7. 37% rate	7a.		7b.	
8. **Total ordinary taxable income and ordinary tax.** Add lines 1 through 7	8a.	12,932	8b.	1,293
Income taxed at capital gains rates				
9. 0% capital gains rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: $94,050	9a.	3,037	9b.	0
10. 15% capital gains rate	10a.		10b.	
11. 20% capital gains rate	11a.		11b.	
12. 25% capital gains rate Unrecaptured Section 1250 Gain	12a.		12b.	
13. 28% capital gains rate Small business stock, collectibles	13a.		13b.	
14. **Total taxable capital gains and capital gains tax.** Add lines 9 through 13	14a.	3,037	14b.	

Total taxable income		
15. Total ordinary taxable income. Enter the amount from line 8a.	15.	12,932
16. Total capital gains taxable income. Enter the amount from line 14a.	16.	3,037
17. Add lines 15 and 16.	17.	15,969
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.	
19. **Taxable income** reported on 1040/1040SR, line 15, (1040NR, line 15). Subtract line 18 from line 17.	19.	15,969
Total tax		
20. Total ordinary tax. Enter the amount from line 8b.	20.	1,293
21. Total capital gains tax. Enter the amount from line 14b.	21.	
22. Tax on child's interest and dividend.	22.	
23. Tax on lump-sum distribution.	23.	
24. Other taxes.	24.	
25. Add lines 20 through 24.	25.	1,293
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.	26.	
27. **Total tax** reported on 1040/1040SR, line 16, (1040NR, line 16). Subtract line 26 from line 25.	27.	1,293

Form 1040	Reconciliation Worksheet - Projected Taxable Income & Tax	2025

Name	Taxpayer Identification Number
CHRISTOPHER HANSEN & KIM KALLESTAD	***-**-3935

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how projected 2025 tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status MARRIED FILING JOINTLY **Tax Pct** Total Tax (ln 24) divided by Total Taxable Income (ln 19) 8.0 %

Tax Method CAPITAL GAINS RATE TAX

___Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:

Tax using capital gains rates Tax using Ordinary rates Tax savings

	Taxable Amount	Tax Rate Marginal	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	13,956	10.0 %	1,396	$0 - $23,850	9,894
Capital Income	3,037	0.0 %		$0 - $96,700	93,663
Capital Income - 1250		%			
Capital Income - 1202		%			

		(a) Taxable Income		(b) Tax
Projected Income taxed at ordinary rates				
1. 10.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: $23,850	1a.	13,956	1b.	1,396
2. 12.0% rate	2a.		2b.	
3. 22.0% rate	3a.		3b.	
4. 24.0% rate	4a.		4b.	
5. 32.0% rate	5a.		5b.	
6. 35.0% rate	6a.		6b.	
7. 37.0% rate	7a.		7b.	
8. **Total projected ordinary taxable income and ordinary tax.** Add lines 1 through 7.	8a.	13,956	8b.	1,396
Projected Income taxed at capital gains rates				
9. 0% capital gains rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: $96,700	9a.	3,037	9b.	0
10. 15% capital gains rate	10a.		10b.	
11. 20% capital gains rate	11a.		11b.	
12. 25% capital gains rate Unrecaptured Section 1250 Gain	12a.		12b.	
13. 28% capital gains rate Small business stock, collectibles	13a.		13b.	
14. **Total projected taxable capital gains and capital gains tax.** Add lines 9 through 13.	14a.	3,037	14b.	

Total projected taxable income

15. Total ordinary taxable income. Enter the amount from line 8a.	15.	13,956
16. Total capital gains taxable income. Enter the amount from line 14a.	16.	3,037
17. Add lines 15 and 16.	17.	16,993
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.	
19. **Projected taxable income** reported on Federal Tax Projection Worksheet. Subtract line 18 from line 17.	19.	16,993

Total projected tax

20. Total ordinary tax. Enter the amount from line 8b.	20.	1,396
21. Total capital gains tax. Enter the amount from line 14b.	21.	
22. Add lines 20 and 21.	22.	1,396
23. Enter the tax allocated to the net exclusion amount from the Tax Projection Foreign Earned Earned Income Tax Worksheet, line 5.	23.	
24. **Total projected 2025 tax** reported on Federal Tax Projection Worksheet 2. Subtract line 23 from line 22	24.	1,396

DEPARTMENT OF REVENUE

2411111

2024 Form M1, Individual Income Tax

Do not use staples on anything you submit.

CHRISTOPHER	HANSEN	*****3935	06 23 1968
Your First Name and Initial	Last Name	Your Social Security Number	Your Date of Birth (MM/DD/YYYY)
KIM	KALLESTAD	*****9751	12 06 1960
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number	Spouse's Date of Birth

1821 ONACREST CT
Current Home Address

Check if Address is: ☐ New ☐ Foreign

MAPLEWOOD — City | MN — State | 55117-2421 — ZIP Code | County

2024 Federal Filing Status (place an X in one box):

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

Spouse Name ______

Spouse SSN ______

State Elections Campaign Fund

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

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

Your Code ____ Spouse's Code ____

From Your Federal Return *(see instructions)*

A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment	D. Federal taxable income
	53438		15969

1	**Federal adjusted gross income** *(from line 11 of federal Form 1040 and 1040-SR)* ... 1 ■	79522
2	*Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions)* ... 2 ■	220
3	*Add lines 1 and 2* ... 3	79742
4	**Itemized deductions** *(from Schedule M1SA) or your* **standard deduction** *(see instructions)* ... 4 ■	55788
5	*Exemptions (from Schedule M1DQC)* ... 5 ■	
6	*State income tax refund from line 1 of federal Schedule 1* ... 6 ■	332
7	*Subtractions from line 35 of Schedule M1M and line 21 of Schedule M1MB (see instructions)* ... 7 ■	32
8	*Total subtractions. Add lines 4 through 7* ... 8	56152
9	**Minnesota taxable income.** *Subtract line 8 from line 3. If zero or less, leave blank.* ... 9	23590
10	**Tax** *from the table or schedules in the Form M1 instructions* ... 10	1260
11	*Alternative minimum tax (enclose Schedule M1MT)* ... 11 ■	
12	*Add lines 10 and 11* ... 12	1260
13	**Full-year residents:** *Enter the amount from line 12 on line 13. Skip lines 13a and 13b.* **Part-year residents and nonresidents:** *From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR)* ... 13	1260

13a ■ 0 13b ■ 0

2 4 1 1 2 1

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

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

15 Tax before credits. Add lines 13 and 14 . . . **15** 1260

16 Amount from line 19 of Schedule M1C, *Nonrefundable Credits (enclose Schedule M1C)* . . . **16** ■

17 Subtract line 16 from line 15 *(if result is zero or less, leave blank)* . . . **17** 1260

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

19 Add lines 17 and 18 . . . **19** 1260

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF . . . **20** ■ 2544

21 Minnesota estimated tax and extension payments made for 2024 . . . **21** ■

22 Amount from line 13 of Schedule M1REF, *Refundable Credits (see instructions; enclose Schedule M1REF)* . . . **22** ■

23 Total payments. Add lines 20 through 22 . . . **23** 2544

24 **REFUND**. If line 23 is more than line 19, subtract line 19 from line 23 *(see instructions)*.
For direct deposit, complete line 25 . . . **24** ■ 1284

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

☒ Checking ☐ Savings

091000022 — Routing Number

********0339 — Account Number

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

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

28 Penalty and interest *(see instructions)* . . . **28** ■

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

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

30 Amount from line 24 you want applied to your 2025 estimated tax . . . **30** ■

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

Your Signature	Spouse's Signature (If Filing Jointly)	Date (MM/DD/YYYY)
Daytime Phone	Email Address	
THOMAS R VETSCHER	04 07 2025	*********
Paid Preparer's Signature	Date (MM/DD/YYYY)	PTIN or VITA/TCE # (required)
6516902250	TVETSCHER@VETSCHER-CPAS.COM	
Preparer's Daytime Phone	Preparer's Email Address	

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

☐ I am filing this return for Net Investment Income Tax requirements *(see instructions).*

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

☐ I authorize the Minnesota Department of Revenue to share necessary return information with MNsure for the purpose of contacting me with information about my estimated eligibility for free or reduced-cost health insurance *(see instructions).*

Include a copy of your 2024 federal return and schedules.

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

DEPARTMENT OF REVENUE

2 4 1 3 1 1

2024 Schedule M1W, Minnesota Income Tax Withheld

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

CHRISTOPHER	HANSEN	*****3935
Your First Name and Initial	Last Name	Your Social Security Number
KIM	KALLESTAD	*****9751
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

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

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

A If the Form 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 seven-digit Minnesota 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)*
a1	b1 ☐	c1 MN	d1	e1
a2	b2 ☐	c2 MN	d2	e2
a3	b3 ☐	c3 MN	d3	e3
a4	b4 ☐	c4 MN	d4	e4
a5	b5 ☐	c5 MN	d5	e5

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

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

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

A If the Form 1099, W-2G, or 1042-S is for: • you, enter 1 • spouse, enter 2	B Payer's seven-digit Minnesota 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)*
a1 2	b1 MN *******	c1 23082	d1 1620
a2 2	b2 MN *******	c2 30346	d2 660
a3 2	b3 MN *******	c3	d3 264
a4	b4 MN	c4	d4

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

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S *(add amounts in line 2, column D)* . . . . **2** ■ 2544

3 **Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries**
(from line 7 on page 2) . . . . **3** ■

4 **Total.** Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 20 of Form M1 . . . . **4** ■ 2544

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

DEPARTMENT OF REVENUE

2 4 1 5 5 1

2024 Schedule M1M, Income Additions and Subtractions

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

CHRISTOPHER	HANSEN	*****3935
Your First Name and Initial	Your Last Name	Your Social Security Number

Additions to Income

1	Interest from municipal bonds of another state or its governmental units included on line 2a of federal Form 1040	1 ■	
2	Federally tax-exempt dividends from mutual funds investing in bonds of another state or its governmental units included on line 2a of federal Form 1040	2 ■	220
3	Expenses deducted on your federal return attributable to income not taxed by Minnesota *(other than interest or mutual fund dividends from U.S. bonds)*	3 ■	
4	Capital gain portion of a lump-sum distribution *(from line 6 of federal Form 4972; enclose Form 4972)*	4 ■	
5	Addition from line 7 of Schedule M1HOME *(enclose Schedule M1HOME)*	5 ■	
6	Distributions from higher education savings accounts used for K-12 tuition *(see instructions)*	6 ■	
7	This line intentionally left blank	7 ■	
8	This line intentionally left blank	8 ■	
9	This line intentionally left blank	9 ■	
10	Add lines 1 through 9. Enter the total here and on line 2 of Form M1	10	220

Subtractions from Income

11	If you are not filing Schedule M1SA, and your charitable contributions were more than $500, see instructions	11 ■	
12	Social Security benefit subtraction *(determine from worksheet in instructions)*	12 ■	
13	Education expenses you paid for your qualifying children in grades K–12 *(see instructions)* Enter the name and grade of each child on the line below	13 ■	
14	Net interest or mutual fund dividends from U.S. bonds *(see instructions)*	14 ■	32
15	Subtraction for contributions to a qualified education savings plan *(enclose Schedule M1529)*	15 ■	
16	Subtraction for persons age 65 or older, or permanently and totally disabled *(enclose Schedule M1R)*	16 ■	
17	Railroad Retirement Board benefits *(see instructions)*	17 ■	
18	If you are a resident of Michigan or North Dakota filing Form M1 only to receive a refund of all Minnesota tax withheld, enter the amount from line 1 of Form M1. If the amount is zero or less, enter 0 • Place an X in one box to indicate the reciprocity state of which you were a resident during 2024 ☐ Michigan ☐ North Dakota	18 ■	
19	Subtraction of reservation income for American Indians *(see instructions)*	19 ■	
20	Federal active-duty military pay received for services performed while a Minnesota resident, to the extent the income is federally taxable. If you received a military pension, see line 25	20 ■	
21	**Minnesota National Guard members and reservists:** See instructions	21 ■	

241521

22	**Residents of another state:** Enter your federal active duty military pay, to the extent the income is federally taxable. If you received a military pension, see line 25	22 ■	
23	Organ donor subtraction *(see instructions)*	23 ■	
24	Volunteer mileage reimbursement subtraction	24 ■	
25	Subtraction for military pensions or other military retirement pay *(see instructions)*	25 ■	
26	Post-service education awards received for service in an AmeriCorps National Service program	26 ■	
27	Subtraction for interest earned from a designated first-time homebuyer savings account *(enclose Schedule M1HOME)*	27 ■	
28	Subtraction for discharge of indebtedness of educational loans *(see instructions)*	28 ■	
29	Qualified public pension subtraction *(enclose Schedule M1QPEN)*	29 ■	
30	Subtraction for damages received under sexual harassment or abuse claims *(see instructions)*	30 ■	
31	Subtraction for long-term service and support workforce incentive grants *(see instructions)*	31 ■	
32	Subtraction for Nursing Facility Workforce Incentive Grants *(see instructions)*	32 ■	
33	Subtraction for one-time refund for tax year 2021 reported on 2024 Form 1099-MISC	33 ■	
34	This line intentionally left blank	34 ■	
35	Add lines 11 through 34. Enter the total here and on line 7 of Form M1	35	32

You must include this schedule with your Form M1.

DEPARTMENT OF REVENUE

241161

2024 Schedule M1SA, Minnesota Itemized Deductions

Your First Name and Initial	Last Name	Your Social Security Number
CHRISTOPHER	HANSEN	*****3935

	Medical and Dental Expenses				
1	Medical and dental expenses *(see instructions)*	1 ■	24995		
2	Adjusted gross income *(see instructions)*	2	79522		
3	Multiply line 2 by 10% (.10)	3	7952		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0			4 ■	17043
	Taxes You Paid				
5	Real estate taxes *(see instructions)*	5 ■	4762		
6	Personal property taxes *(see instructions)*	6 ■			
7	Add lines 5 and 6	7 ■	4762		
8	Enter the lesser of line 7 or $10,000 ($5,000 if Married Filing Separately)	8 ■	4762		
9	Other taxes. List the type and amount	9 ■			
10	Add lines 8 and 9			10 ■	4762
	Interest You Paid				
11	Home mortgage interest and points on federal Form 1098	11	3916		
12	Home mortgage interest and points not reported to you on Form 1098 *(see instructions)*	12			
13	Investment interest expense	13			
14	Add lines 11 through 13			14 ■	3916
	Charitable Contributions				
15	Charitable contributions by cash or check *(see instructions)*	15	29567		
16	Charitable contributions by other than cash or check *(see instructions)*	16	500		
17	Carryover of charitable contributions from a prior year	17			
18	Add lines 15 through 17			18 ■	30067
	Casualty and Theft Losses				
19	Casualty or theft loss *(enclose Schedule M1CAT)*			19 ■	
	Unreimbursed Employee Business Expenses				
20	Unreimbursed employee expenses *(enclose Schedule M1UE)*	20 ■			
21	Adjusted gross income *(see instructions)*	21	79522		
22	Multiply line 21 by 2% (.02)	22	1590		
23	Subtract line 22 from line 20. If zero or less, enter 0			23 ■	
	Other Miscellaneous Deductions				
24	Other miscellaneous deductions *(see instructions)* List type and amount			24 ■	
25	Add lines 4, 10, 14, 18, 19, 23, and 24			25 ■	55788
26	Complete the worksheet in the instructions if Line 1 of Form M1 is more than $232,500 ($116,250 if your filing status is Married Filing Separately)			26 ■	
27	Subtract line 26 from line 25. Enter the result here and on line 4 of Form M1			27 ■	55788

DEPARTMENT OF REVENUE

245211

2024 Form M1PR, Homestead Credit Refund

CHRISTOPHER	HANSEN	*****3935	06231968
Your First Name and Initial	Last Name	Your Social Security Number	Your Date of Birth (MM/DD/YYYY)
KIM	KALLESTAD	*****9751	12061960
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number	Spouse's Date of Birth

1821 ONACREST CT
Current Home Address

Check if Address is: New ☐ Foreign ☐

MAPLEWOOD	MN	55117-2421	Check if Mobile Home Owner ☐
City	State	ZIP Code	

182922420073	RAMSEY
Property ID Number	County where property is located

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

_______ Your Code   _______ Spouse's Code

Political Party Code Numbers:

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

1 **Federal adjusted gross income** *(from Line 1 of Form M1, see instructions if you did not file Form M1)* .... 1 ■ 79522

2 **Nontaxable Social Security** and/or Railroad Retirement Board benefits *(see instructions)* .... 2 ■

3 Deduction for contributions to a qualified retirement plan on federal Schedule 1 *(see instructions)* .... 3 ■

4 Total government assistance payments *(see instructions)* .... 4 ■

5 Co-occupant Income *(from line 13 of Worksheet 5 - Co-occupant Income. If negative, enter as a negative)* ..... 5 ■

6 **Additional Nontaxable Income.** Add the amounts on column B below *(see instructions)* 6 9670

A — Type of Income	B — Income Amount
a1 PEN & ANNUITY PAYMTS	b1 4300
a2 FED HSA DEDUCT	b2 5150
a3 FED NONTAX INT	b3 220

7 Add lines 1 through 6 .... 7 89192

8 Subtraction for 65 or older *(born before January 2, 1960)* or disabled:
If you (or your spouse if filing a joint return) are age 65 or older or are disabled, enter $5,050: .... 8 ■

Check the box if you or your spouse are: ☐ (A) 65 or Older ☐ (B) Disabled

9 Dependent Subtraction: Enter your subtraction for dependents *(use worksheet in instructions)* .... 9 ■

Number of dependents: _______

Names and Social Security numbers: _______

10 Retirement Account Subtraction *(see instructions)* .... 10 ■

11 Total other subtractions *(see instructions)* .... 11 ■

Subtraction type _______

12 Add lines 8 through 11 12

245221

13	Subtract line 12 from line 7	13	89192
14	Property tax from line 1 of Statement of Property Taxes Payable in **2025**	14 ■	4554
15	**If claiming the special refund,** enter amount from line 13 of Schedule M1PR-SR *(see instructions)*	15 ■	
16	Subtract line 15 from line 14 *(if result is zero or less, leave blank)*	16	4554
17	**Homestead Credit Refund** *(see instructions)*	17	1689
18	Add lines 15 and 17	18 ■	1689
19	Nongame Wildlife Fund contribution. Your refund will be reduced by this amount	19 ■	
20	**Your Refund.** Subtract line 19 from line 18. Continue to line 21	20 ■	1689

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

[X] **Checking** [ ] **Savings**

091000022
Routing Number

********0339
Account Number

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

Your Signature	Spouse's Signature (If Filing Jointly)	Date (MM/DD/YYYY)	Daytime Phone
THOMAS R VETSCHER	04 07 2025	*********	651 690225
Paid Preparer's Signature	Date (MM/DD/YYYY)	PTIN or VITA/TCE # (required)	Preparer's Daytime Phone

[X] I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer.

Mail to: Minnesota Property Tax Refund, Mail Station 0020, 600 Robert St. N., St. Paul, MN 55146-0020