

Name, Address, and SSN

For the year Jan 1 - Dec 31, 2010, or other tax year beginning , 2010, ending , 20

OMB No. 1545-0074

Your first name **Kirsten E. Gillibrand** MI Last name

Your social security number

If a joint return, spouse's first name **Jonathan M. Gillibrand** MI Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apartment no

Make sure the SSN(s) above and on line 6c are correct.

City, town or post office. If you have a foreign address, see instructions. State ZIP code

Checking a box below will not charge your tax or refund.

Presidential Election Campaign  You  Spouse

See separate instructions.

Presidential Election Campaign

Filing Status

1  Single

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

3  Married filing separately. Enter spouse's SSN above & full name here . . . . .

4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . . . . .

5  Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a  Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .

6b  Spouse . . . . .

Boxes checked on 6a and 6b. **2**

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax or (see instrs)	No. of children on 6c who:
<b>Theodore I</b>	<b>Gillibrand</b>		Child	<input checked="" type="checkbox"/>	<input type="checkbox"/> lived with you . . . . .
<b>Henry N</b>	<b>Gillibrand</b>		Child	<input checked="" type="checkbox"/>	<input type="checkbox"/> did not live with you due to divorce or separation (see instrs) . . . . .
				<input type="checkbox"/>	Dependents on 6c not entered above.
				<input type="checkbox"/>	Add numbers on lines above . . . . .

**2**

d Total number of exemptions claimed. . . . . **4**

If more than four dependents, see instructions and check here. . . . .

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . DCB . . . . . 5,000.	7	150,438.
8a	Taxable interest. Attach Schedule B if required . . . . .	8a	897.
8b	Tax-exempt interest. Do not include on line 8a . . . . .	8b	
9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a	
9b	Qualified dividends . . . . .	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	
11	Alimony received . . . . .	11	
12	Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	
13	Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here . . . . . <input type="checkbox"/>	13	-3,000.
14	Other gains or (losses). Attach Form 4797 . . . . .	14	
15a	IRA distributions . . . . . 15a	15b	Taxable amount . . . . .
16a	Pensions and annuities . . . . . 16a	16b	Taxable amount . . . . .
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	17	-89.
18	Farm income or (loss). Attach Schedule F . . . . .	18	
19	Unemployment compensation . . . . .	19	
20a	Social security benefits . . . . . 20a	20b	Taxable amount . . . . .
21	Other income . . . . .	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income . . . . .	22	148,246.

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

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

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

Adjusted Gross Income

23	Educator expenses . . . . .	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .	24	
25	Health savings account deduction. Attach Form 8889 . . . . .	25	
26	Moving expenses. Attach Form 3903 . . . . .	26	
27	One-half of self-employment tax. Attach Schedule SE . . . . .	27	
28	Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	
29	Self-employed health insurance deduction . . . . .	29	
30	Penalty on early withdrawal of savings . . . . .	30	
31a	Alimony paid b Recipient's SSN . . . . .	31a	
32	IRA deduction . . . . .	32	
33	Student loan interest deduction . . . . .	33	
34	Tuition and fees. Attach Form 8917 . . . . .	34	
35	Domestic production activities deduction. Attach Form 8903 . . . . .	35	
36	Add lines 23 - 31a and 32 - 35 . . . . .	36	0.
37	Subtract line 36 from line 22. This is your adjusted gross income . . . . .	37	148,246.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	148,246.
	39a	Check <input type="checkbox"/> You were born before January 2, 1946. <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1946. <input type="checkbox"/> Blind. checked <input type="checkbox"/> 39a		
		b If your spouse itemizes on a separate return, or you were a dual-status alien, check here <input type="checkbox"/> 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	53,300.
	41	Subtract line 40 from line 38	41	94,946.
	42	Exemptions. Multiply \$3,650 by the number on line 6d	42	14,600.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	80,346.
	44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	12,444.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	324.
	46	Add lines 44 and 45	46	12,768.
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 23	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit (see instructions)	51	50.
	52	Residential energy credits. Attach Form 5695	52	
	53	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	50.
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	12,718.
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a	<input type="checkbox"/> Form(s) W-2, box 9 b <input checked="" type="checkbox"/> Schedule M c <input type="checkbox"/> Form 5405, line 16	59	8,575.
	60	Add lines 55-59. This is your total tax	60	21,293.
Payments	61	Federal income tax withheld from Forms W-2 and 1099	61	24,055.
	62	2010 estimated tax payments and amount applied from 2009 return	62	17,102.
	63	Making work pay credit. Attach Schedule M	63	800.
	64a	Earned income credit (EIC)	64a	
		b Nontaxable combat pay election <input type="checkbox"/> 64b		
	65	Additional child tax credit. Attach Form 8812	65	
	66	American opportunity credit from Form 8863, line 14	66	
	67	First-time homebuyer credit from Form 5405, line 10	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
	72	Add lns 61-63, 64a, & 65-71. These are your total pmts	72	41,957.
Refund	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	20,664.
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> 74a	74a	10,664.
		b Routing number: XXXXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
		d Account number: XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Direct deposit? See instructions.	75	Amount of line 73 you want applied to your 2011 estimated tax	75	10,000.
Amount You Owe	76	Amount you owe. Subtract line 72 from line 60. For details on how to pay see instructions	76	
	77	Estimated tax penalty (see instructions)	77	

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

Third Party Designee  
 Designee's name: Christine M. Tucker, CPA  
 Phone no.: [Redacted]  
 Personal identification number (PIN): [Redacted]

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

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

Your signature: [Redacted] Date: 4/15/11 Your occupation: US Senator Daytime phone number: [Redacted]  
 Spouse's signature: [Redacted] Date: 4/15/11 Spouse's occupation: Real Estate Invest

Preparer's name: [Redacted] Preparer's signature: [Redacted] Date: [Redacted] Check  if self-employed PTIN: [Redacted]

Paid Preparer's Use Only  
 Firm's name: Ruchik & Corr. P.C.  
 Firm's address: [Redacted] Firm's EIN: [Redacted] Phone no.: [Redacted]

**SCHEDULE A**  
**(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2010**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040.

▶ See instructions for Schedule A (Form 1040).

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

**Kirsten E. and Jonathan M. Gillibrand**

		1	2	3	4
<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1			
	2 Enter amount from Form 1040, line 38	2			
	3 Multiply line 2 by 7.5% (.075)	3			
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0.
<b>Taxes You Paid</b>	5 State and local (check only one box):	5			
	a <input checked="" type="checkbox"/> Income taxes, or		11,378.		
	b <input type="checkbox"/> General sales taxes				
	6 Real estate taxes (see instructions)	6		13,955.	
	7 New motor vehicle taxes from line 11 of the worksheet on page 2 (for certain vehicles purchased in 2009). Skip this line if you checked box 5b	7			
	8 Other taxes. List type and amount ▶	8			
	9 Add lines 5 through 8	9			25,333.
<b>Interest You Paid</b>	10 Home mtg interest and points reported to you on Form 1098	10		21,982.	
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶	11			
<b>Note.</b> Your mortgage interest deduction may be limited (see instrs).	12 Points not reported to you on Form 1098. See instrs for spl rules	12			
	13 Mortgage insurance premiums (see instructions)	13			
	14 Investment interest. Attach Form 4952 if required. (See instrs.)	14			
	15 Add lines 10 through 14	15			21,982.
<b>Gifts to Charity</b>	16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs.	16		3,973.	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17		732.	
<b>If you made a gift and got a benefit for it, see instructions.</b>	18 Carryover from prior year	18			
	19 Add lines 16 through 18	19			4,705.
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20			0.
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ <u>See attached statement.</u>	21	3,000.	3,000.	
	22 Tax preparation fees	22		1,245.	
	23 Other expenses — investment, safe deposit box, etc. List type and amount ▶	23			
	24 Add lines 21 through 23	24		4,245.	
	25 Enter amount from Form 1040, line 38	25	148,246.		
	26 Multiply line 25 by 2% (.02)	26		2,965.	
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			1,280.
<b>Other Miscellaneous Deductions</b>	28 Other — from list in instructions. List type and amount ▶	28			0.
<b>Total Itemized Deductions</b>	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29			53,300.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>				



**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR. ▶ See instructions for Schedule D (Form 1040).  
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No 1545-0074

**2010**

Attachment  
Sequence No. **12**

Name(s) shown on return

Kirsten E. and Jonathan M. Gillibrand

Your social security number

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

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1 30sh Coach Inc. Options - Expired Various	3/23/10		0.	3,083.	-3,083.
15sh Ipath S&P 500 Options - Expired Various	7/20/10		0.	921.	-921.
80sh Sears Holding Corp	1/12/10	6/21/10	23,980.	22,780.	1,200.
3sh Sears Holding Corp Options - Expired Various	6/21/10		0.	1,586.	-1,586.
2 Enter your short-term totals, if any, from Schedule D-1, line 2 ...		2			
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d) ...		3	23,980.		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 ...		4			
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 ...		5			
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet in the instructions ...		6			-25,406.
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) ...		7			-29,796.

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

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 358 Mt. Merino Road, Greenport, NY	7/31/03	12/19/10	1,300,000.	1,245,218.	54,782.
Section 121 Exclusion					-54,782.
9 Enter your long-term totals, if any, from Schedule D-1, line 9 ...		9			
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d) ...		10	1,300,000.		
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 instrs ...		13			
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet in the instructions ...		14			
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2 ...		15			

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

Schedule D (Form 1040) 2010

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>	<b>16</b>	<b>-29,796.</b>
<p><b>17</b> Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions. . . . .</p>	<b>18</b>	
<p><b>19</b> Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions . . . . .</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank?</p> <p><input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) ]</li> </ul>	<b>21</b>	<b>-3,000.</b>
<p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p><b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

Kirsten E. and Jonathan M. Gillibrand

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

**Part II** Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	Wind Crest LLC	P			
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A		89.		
B				
C				
D				
29a Totals		89.		
b Totals		89.		
30 Add columns (g) and (i) of line 29a			30	
31 Add columns (f), (h), and (j) of line 29b			31	-89.
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32	-89.

**Part III** Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

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

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

**Part V** Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	-89.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

**Child and Dependent Care Expenses**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

**2010**

Attachment  
Sequence No. **21**

▶ See separate instructions.

Name(s) shown on return

Your social security number

**Kirsten E. and Jonathan M. Gillibrand**

**Part I** Persons or Organizations Who Provided the Care — You must complete this part.  
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (no., street, apt no., city, state, and ZIP code)	(c) Identifying no. (SSN or EIN)	(d) Amount paid (see instructions)
	[REDACTED]	[REDACTED]	[REDACTED]	13,433.
	[REDACTED]	[REDACTED]	[REDACTED]	5,387.

Did you receive dependent care benefits?  No  Yes

No —▶ Complete only Part II below.  
Yes —▶ Complete Part III on page 2 next.

**Caution.** If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59, or Form 1040NR, line 58.

**Part II** Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2010 for the person listed in column (a)
First	Last		
Henry N	Gillibrand	[REDACTED]	13,433.
Theodore I	Gillibrand	[REDACTED]	5,387.

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3
4 Enter your earned income. See instructions	4
5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4	5
6 Enter the smallest of line 3, 4, or 5	6
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7

If line 7 is:			If line 7 is:			8
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	
\$0 - 15,000		.35	\$29,000 - 31,000		.27	X
15,000 - 17,000		.34	31,000 - 33,000		.26	
17,000 - 19,000		.33	33,000 - 35,000		.25	
19,000 - 21,000		.32	35,000 - 37,000		.24	
21,000 - 23,000		.31	37,000 - 39,000		.23	
23,000 - 25,000		.30	39,000 - 41,000		.22	
25,000 - 27,000		.29	41,000 - 43,000		.21	
27,000 - 29,000		.28	43,000 - No limit		.20	

9 Multiply line 6 by the decimal amount on line 8. If you paid 2009 expenses in 2010, see the instructions

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

11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46

**Part III** Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2010. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership.	12	5,000.
13	Enter the amount, if any, you carried over from 2009 and used in 2010 during the grace period. See instructions.	13	
14	Enter the amount, if any, you forfeited or carried forward to 2011. See instructions.	14	
15	Combine lines 12 through 14. See instructions.	15	5,000.
16	Enter the total amount of qualified expenses incurred in 2010 for the care of the qualifying person(s).	16	18,820.
17	Enter the smaller of line 15 or 16.	17	5,000.
18	Enter your earned income. See instructions.	18	145,438.
19	Enter the amount shown below that applies to you. • If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see the instructions. • All others, enter the amount from line 18.	19	
20	Enter the smallest of line 17, 18, or 19.	20	0.
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19).	21	5,000.
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25). <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here.	22	0.
23	Subtract line 22 from line 15.	23	5,000.
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions.	24	0.
25	Excluded benefits. Form 1040 and 1040NR filers: If you checked 'No' on line 22, enter the smaller of line 20 or line 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21.	25	0.
26	Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7; or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7; or Form 1040NR, line 8, enter 'DCB.' Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter 'DCB'.	26	5,000.

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

27	Enter \$3,000 (\$6,000 if two or more qualifying persons).	27	
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25.	28	
29	Subtract line 28 from line 27. If zero or less, stop. You cannot take the credit. Exception. If you paid 2009 expenses in 2010, see the instructions for line 9.	29	
30	Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here.	30	
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11.	31	

**Alternative Minimum Tax – Individuals**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040 or Form 1040NR.

**2010**  
Attachment  
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

**Kirsten E. and Jonathan M. Gillibrand**

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

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 and go to line 2. Otherwise, enter the amount from Form 1040, line 38 and go to line 6. (If less than zero, enter as a negative amount.)	1	94,946.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), lines 5, 6, and 8	3	25,333.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	1,280.
6	If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 17 from that schedule	6	
7	Tax refund from Form 1040, line 10 or line 21	7	
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$219,900, see instructions.)	28	121,559.

**Part II Alternative Minimum Tax (AMT)**

29	Exemption. (If you were under age 24 at the end of 2010, see instructions.)		
	If your filing status is . . .	AND line 28 is not over . . .	THEN enter on line 29 . . .
	Single or head of household	\$112,500	\$47,450
	Married filing jointly or qualifying widow(er)	150,000	72,450
	Married filing separately	75,000	36,225
	If line 28 is over the amount shown above for your filing status, see instructions.		
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 33 and 35 and skip the rest of Part II.		29 72,450.
31	<ul style="list-style-type: none"> <li>• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>• If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; 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 page 2 and enter the amount from line 54 here.</li> <li>• All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.</li> </ul>		30 49,109.
32	Alternative minimum tax foreign tax credit (see instructions)		31 12,768.
33	Tentative minimum tax. Subtract line 32 from line 31		32
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions)		33 12,768.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45		34 12,444.
			35 324.

**SCHEDULE H**  
**(Form 1040)**

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

OMB No. 1545-1971

**2010**

Attachment  
Sequence No. **44**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040NR, 1040-SS, or 1041.**  
▶ **See separate instructions.**

Name of employer

Social security number

Employer identification number

**Jonathan M. Gillibrand**

- A** Did you pay any one household employee cash wages of \$1,700 or more in 2010? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)
- Yes. Skip lines B and C and go to line 1.  
 No. Go to line B.
- B** Did you withhold federal income tax during 2010 for any household employee?
- Yes. Skip line C and go to line 5.  
 No. Go to line C.
- C** Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2009 or 2010 to all household employees? (Do not count cash wages paid in 2009 or 2010 to your spouse, your child under age 21, or your parent.)
- No. Stop. Do not file this schedule.  
 Yes. Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2010 do not have to complete this form for 2010).

**Part I** Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security taxes (see instructions).....	1	37,963.
2	Social security taxes. Multiply line 1 by 12.4% (.124).....	2	4,707.
3	Total cash wages subject to Medicare taxes (see instructions).....	3	37,963.
4	Medicare taxes. Multiply line 3 by 2.9% (.029).....	4	1,101.
5	Federal income tax withheld, if any.....	5	2,588.
6	Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5.....	6	8,396.
7	Advance earned income credit (EIC) payments, if any.....	7	
8	Net taxes (subtract line 7 from line 6).....	8	8,396.

- 9** Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2009 or 2010 to all household employees? (Do not count cash wages paid in 2009 or 2010 to your spouse, your child under age 21, or your parent.)
- No. Stop. Include the amount from line 8 above on Form 1040, line 59, and check box b on that line. If you are not required to file Form 1040, see the line 9 instructions.  
 Yes. Go to line 10 on page 2.

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

Schedule H (Form 1040) 2010

**Part II Federal Unemployment (FUTA) Tax**

	Yes	No
10 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see instructions and check 'No.').....		X
11 Did you pay all state unemployment contributions for 2010 by April 18, 2011? Fiscal year filers, see instructions.....	X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?.....	X	

Next: If you checked the 'Yes' box on all the lines above, complete Section A.  
If you checked the 'No' box on any of the lines above, skip Section A and complete Section B.

**Section A**

13 Name of the state where you paid unemployment contributions.....		
14 Contributions paid to your state unemployment fund (see instructions).....	14	
15 Total cash wages subject to FUTA tax (see instructions).....		15
16 FUTA tax. Multiply line 15 by .008. Enter the result here, skip Section B, and go to line 25.....		16

**Section B**

17 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply column (b) by .054	(f) Multiply column (b) by column (d)	(g) Subtract column (f) from column (e). If zero or less, enter -0-	(h) Contributions paid to state unemployment fund
		From	To					
NY	5,706.	1/10	12/10	.0323	308.	184.	124.	184.
DC	18,828.	1/10	12/10	.0270	1,017.	508.	509.	508.
18 Totals.....						18	633.	692.
19 Add columns (g) and (h) of line 18.....						19	1,325.	
20 Total cash wages subject to FUTA tax (see the line 15 instructions).....							20	22,268.
21 Multiply line 20 by 6.2% (.062).....							21	1,381.
22 Multiply line 20 by 5.4% (.054).....						22	1,202.	
23 Enter the smaller of line 19 or line 22..... (Employers in a credit reduction state must use the worksheet in the separate instructions and check here.) <input type="checkbox"/>							23	1,202.
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25.....							24	179.

**Part III Total Household Employment Taxes**

25 Enter the amount from line 8. If you checked the 'Yes' box on line C of page 1, enter -0-.....		25	8,396.
26 Add line 16 (or line 24) and line 25 (see instructions).....		26	8,575.
27 Are you required to file Form 1040? <input checked="" type="checkbox"/> Yes. Stop. Include the amount from line 26 above on Form 1040, line 59, and check box b on that line. Do not complete Part IV below. <input type="checkbox"/> No. You may have to complete Part IV. See instructions.			

**Part IV Address and Signature - Complete this part only if required. See the line 27 instructions.**

Address (number and street) or P.O. box if mail is not delivered to street address Apt. room, or suite number

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

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

Employer's signature Date 4/15/11

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

### Noncash Charitable Contributions

OMB No 1545-0908

Department of the Treasury  
Internal Revenue Service

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

Attachment Sequence No. **155**

Name(s) shown on your income tax return

Identifying number

**Kirsten E. and Jonathan M. Gillibrand**

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

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

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

1	(a) Name and address of the donee organization	(b) Description of donated property <small>(For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)</small>
A	The Salvation Army [Redacted]	Clothing in Good Condition
B	The Salvation Army [Redacted]	Clothing in Good Condition
C		
D		
E		

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

	(c) Date of the contribution	(d) Date acquired by donor (mo., yr)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
A	6/21/10	Various	Purchase	3,200.	578.	Thrift Shop Value
B	3/13/10	Various	Purchase	900.	154.	Thrift Shop Value
C						
D						
E						

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

**2a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ \_\_\_\_\_

If Part II applies to more than one property, attach a separate statement.

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

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

Name of charitable organization (donee)

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

City or town

State ZIP code

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

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

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

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

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

	Yes	No
3a		
3b		
3c		

**SCHEDULE M**  
**(Form 1040A or 1040)**

**Making Work Pay Credit**

OMB No. 1545-0074

**2010**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

▶ See separate instructions.

Attachment  
Sequence No. **166**

Name(s) shown on return

Your social security number

**Kirsten E. and Jonathan M. Gillibrand**

**Caution:** To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.

**Caution:** You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

**Important:** Check the 'No' box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

**1 a** Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

- Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.  
 **No.** Enter your earned income (see instructions)..... **1 a**

**b** Nontaxable combat pay included on line 1a (see instructions)..... **1 b**

<b>2</b> Multiply line 1a by 6.2% (.062).....	<b>2</b>	
<b>3</b> Enter \$400 (\$800 if married filing jointly).....	<b>3</b>	
<b>4</b> Enter the smaller of line 2 or line 3 (unless you checked 'Yes' on line 1a).....	<b>4</b>	<b>800.</b>
<b>5</b> Enter the amount from Form 1040, line 38*, or Form 1040A, line 22.....	<b>5</b>	<b>148,246.</b>
<b>6</b> Enter \$75,000 (\$150,000 if married filing jointly).....	<b>6</b>	<b>150,000.</b>
<b>7</b> Is the amount on line 5 more than the amount on line 6? <input checked="" type="checkbox"/> <b>No.</b> Skip line 8. Enter the amount from line 4 on line 9 below. <input type="checkbox"/> <b>Yes.</b> Subtract line 6 from line 5.....	<b>7</b>	
<b>8</b> Multiply line 7 by 2% (.02).....	<b>8</b>	
<b>9</b> Subtract line 8 from line 4. If zero or less, enter -0-.....	<b>9</b>	<b>800.</b>
<b>10</b> Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2010? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions). <input checked="" type="checkbox"/> <b>No.</b> Enter -0- on line 10 and go to line 11. <input type="checkbox"/> <b>Yes.</b> Enter the total of the payments you (and your spouse, if filing jointly) received in 2010. Do not enter more than \$250 (\$500 if married filing jointly).....	<b>10</b>	<b>0.</b>
<b>11</b> Making work pay credit. Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40.....	<b>11</b>	<b>800.</b>

\*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

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

Schedule M (Form 1040A or 1040) 2010

7/26/12

01:32PM

**Statement 1  
Form 1040  
Wage Schedule**

<u>Taxpayer - Employer</u>	<u>Wages</u>	<u>Federal W/H</u>	<u>FICA</u>	<u>Medi- care</u>	<u>State W/H</u>	<u>Local W/H</u>
United States Senate	145,438.	24,055.	6,622.	2,308.	9,378.	
Dependent Care Benefits (DCB)	5,000.					
Grand Total	<u>150,438.</u>	<u>24,055.</u>	<u>6,622.</u>	<u>2,308.</u>	<u>9,378.</u>	<u>0.</u>

7/26/12

01:32PM

Form 1040 Schedule A Line 21 Unreimbursed Employee Expenses

Total reflects \$3,000 IRC 162(a) limit on DC living expenses for Member of Congress.

For office use only

New York State Department of Taxation and Finance  
**Cover Sheet for Form IT-201**  
**Resident Income Tax Return**  
New York State • New York City • Yonkers

2010 IT-201

This is the cover sheet of your return. For your return to be complete you must include this cover sheet with all four pages of Form IT-201 and all required attachments.

<b>Taxpayer name and address</b>		<b>Software vendor code</b> 1032	
Your social security number [REDACTED]	Spouse's social security number [REDACTED]		
Your first name and middle initial KIRSTEN E	Your last name GILLIBRAND		
Spouse's first name and middle initial JONATHAN M	Spouse's last name GILLIBRAND		
Mailing address (number and street or rural route) [REDACTED]		Apartment number [REDACTED]	
City, village or post office [REDACTED]	State [REDACTED]	ZIP code [REDACTED]	
Country (if not United States) [REDACTED]			
<b>Summary of return data</b>			
Federal adjusted gross income .....		148,246.	
Total NYS adjusted gross income .....		148,246.	
Total New York State tax withheld .....		9,378.	
Total New York City tax withheld .....			
Total Yonkers tax withheld .....			
Amount to be refunded to you .....		2,203.	
Amount you owe .....			

NYIA1305L 09/28/10

Staple check or money order here.

File this original scannable cover sheet with all four pages of your tax return.



**Resident Income Tax Return (long form)**

2010

**IT-201**

New York State • New York City • Yonkers

For the full year January 1, 2010, through December 31, 2010, or fiscal year beginning

For help completing your return, see the combined instructions Form IT-150 and IT-201.

and ending

**Important: You must enter your social security number(s) in the boxes to the right.**

Print or type	Your first name and middle initial	Your last name (for a joint return, enter spouse's name on line below)		Y Your social security number
	KIRSTEN	E	GILLIBRAND	[REDACTED]
	Spouse's first name and middle initial	Spouse's last name		Y Spouse's social security number
	JONATHAN	M	GILLIBRAND	[REDACTED]
	Mailing address (see instructions) (number and street or rural route)	Apartment number		New York State county of residence
	[REDACTED]	[REDACTED]		• [REDACTED]
	City, village, or post office	State	ZIP code	School district name
	[REDACTED]	[REDACTED]	[REDACTED]	• [REDACTED]
	Permanent home address (see instructions) (number and street or rural route)	Apartment number		School district code number
	[REDACTED]	[REDACTED]		[REDACTED]
	City, village, or post office	State	ZIP code	
	[REDACTED]	NY	[REDACTED]	

- (A) Filing status -- mark an X in one box:
- 1 Single
  - 2  Married filing joint return (enter spouse's social security number above)
  - 3 Married filing separate return (enter spouse's social security number above)
  - 4 Head of household (with qualifying person)
  - 5 Qualifying widow(er) with dependent child

Staple check or money order here

- (B) Did you itemize your deductions on your 2010 federal income tax return? Yes  No
- (C) Can you be claimed as a dependent on another taxpayer's federal return? Yes No

- (D) Choose direct deposit to avoid paper check refund delays.
- (E) (1) Did you or your spouse maintain living quarters in NYC during 2010 (see instructions)? Yes No
- (2) Enter the number of days spent in NYC in 2010 (any part of a day spent in NYC is considered a day)
- (F) NYC residents and NYC part-year residents only (see instructions):
- (1) Number of months you lived in NYC in 2010 •
- (2) Number of months your spouse lived in NYC in 2010 •
- (G) Enter your 2-character special condition code if applicable (see instructions) •
- If applicable, also enter your second 2-character special condition code •

**Federal income and adjustments**

Only full-year NY State residents may file this form. For lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see instructions). Also see instructions for showing a loss.

	Dollars
1 Wages, salaries, tips, etc	1. 150,438.
2 Taxable interest income	2. 897.
3 Ordinary dividends	3.
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4.
5 Alimony received	5.
6 Business income or loss (attach a copy of federal Schedule C or C-EZ, Form 1040)	6.
7 Capital gain or loss (if required, attach a copy of federal Schedule D, Form 1040)	7. -3,000.
8 Other gains or losses (attach a copy of federal Form 4797)	8.
9 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	9.
10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10.
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc (attach copy of federal Schedule E, Form 1040)	11. -89.
12 Farm income or loss (attach a copy of federal Schedule F, Form 1040)	12.
13 Unemployment compensation	13.
14 Taxable amount of social security benefits (also enter on line 27)	14.
15 Other income (see instrs) Identify:	15.
16 Add lines 1 through 15	16. 148,246.
17 Total federal adjustments to income (see instructions) Identify:	17.
18 Federal adjusted gross income (subtract line 17 from line 16)	18. 148,246.

NYIA1312L 12/28/10

2011101032



You must file all four pages of this original scannable return with the Tax Department.

Enter your social security number

KIRSTEN E. AND JONATHAN M

Dollars

19 Federal adjusted gross income (from line 18 on page 1) 19. 148,246.

**New York additions** (see instructions)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) 20.  
 21 Public employee 414(h) retirement contributions from your wage and tax statements (see instrs) 21.  
 22 New York's 529 college savings program distributions (see instructions) 22.  
 23 Other (see instructions) Identify: 23.  
 24 Add lines 19 through 23 24. 148,246.

**New York subtractions** (see instructions)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25.  
 26 Pensions of NYS and local governments and the federal government (see instrs) 26.  
 27 Taxable amount of social security benefits (from line 14) 27.  
 28 Interest income on U.S. government bonds 28.  
 29 Pension and annuity income exclusion (see instructions) 29.  
 30 New York's 529 college savings program deduction / earnings 30.  
 31 Other (see instrs). Identify: 31.  
 32 Add lines 25 through 31 32.  
 33 New York adjusted gross income (subtract line 32 from line 24) 33. 148,246.

**Standard deduction or Itemized deduction** (see instructions)

34 Enter your standard deduction (from table below) or your itemized deduction (from worksheet below). Mark an X in the appropriate box:  Standard or  X Itemized 34. 41,922.  
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35. 106,324.  
 36 Dependent exemptions (not the same as total federal exemptions; see instructions) 36. 2,000.  
 37 Taxable income (subtract line 36 from line 35) 37. 104,324.

**New York State standard deduction table**

**New York State itemized deduction worksheet**

Filing status (from page 1)	Standard deduction (enter on line 34 above)
1 Single and you marked item C Yes	\$ 3,000
1 Single and you marked item C No	7,500
2 Married filing joint return	15,000
3 Married filing separate return	7,500
4 Head of household (with qualifying person)	10,500
5 Qualifying widow(er) with dependent child	15,000

a	Medical and dental expenses (federal Schedule A, line 4)	a.
b	Taxes you paid (federal Schedule A, line 9)	b. 25,333.
b1	State, local, and foreign income taxes (or general sales tax, if applicable) included in line b above	b1. 11,378.
c	Interest you paid (federal Schedule A, line 15)	c. 21,982.
d	Gifts to charity (federal Schedule A, line 19)	d. 4,705.
e	Casualty and theft losses (federal Schedule A, line 20)	e.
f	Job expenses/misc deductions (fed Sch A, line 27)	f. 1,280.
g	Other misc deductions (federal Sch A, line 28)	g.
h	Enter amount from federal Schedule A, line 29	h. 53,300.
i	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instrs) SEE ST 1	i. 11,378.
j	Subtract line i from line h	j. 41,922.
k	Addition adjustments (see instrs)	k.
l	Add lines j and k	l. 41,922.
m	Itemized deduction adjustment (see instructions)	m.
n	Subtract line m from line l	n. 41,922.
o	College tuition itemized deduction (see Form IT-272)	o.
p	New York State itemized deduction (add lines n and o; enter on line 34 above)	p. 41,922.



KIRSTEN E. AND JONATHAN M. GILLIBRAND

**Tax computation, credits, and other taxes** (see instructions)

38	Taxable income (from line 37 on page 2)	38.	104,324.
39	New York State tax on line 38 amount (see Tax Computation in the instructions)	39.	7,118.
40	New York State household credit (from table 1, 2, or 3 in the instructions)	40.	
41	Resident credit (attach Form IT-112-R or IT-112-C, or both; see instructions)	41.	
42	Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form)	42.	
43	Add lines 40, 41 and 42	43.	
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44.	7,118.
45	Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)	45.	
46	Total New York State taxes (add lines 44 and 45)	46.	7,118.

**New York City and Yonkers taxes, credits, and tax surcharges**

47	New York City resident tax on line 38 amount (see instrs)	47.	
48	New York City household credit (from table 4, 5, or 6 in instructions)	48.	
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49.	
50	Part-year New York City resident tax (attach Form IT-360.1)	50.	
51	Other New York City taxes (from Form IT-201-ATT, line 34; attach form)	51.	
52	Add lines 49, 50, and 51	52.	
53	New York City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)	53.	
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54.	
55	Yonkers resident income tax surcharge (see instructions)	55.	
56	Yonkers nonresident earnings tax (attach Form Y-203)	56.	
57	Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	57.	
58	Total New York City and Yonkers taxes/surcharges (add lines 54 through 57)	58.	
59	Sales or use tax (See the instructions. Do not leave line 59 blank)	59.	65.

See instructions to  
compute NYC and  
Yonkers taxes, credits,  
and tax surcharges.**Voluntary contributions** (whole dollar amounts only; see instructions)

60a	Return a Gift to Wildlife	60a.	
60b	Missing/Exploited Children Fund	60b.	
60c	Breast Cancer Research Fund	60c.	
60d	Alzheimer's Fund	60d.	
60e	Olympic Fund (\$2 or \$4; see instructions)	60e.	
60f	Prostate Cancer Research Fund	60f.	
60g	9/11 Memorial	60g.	
60h	Volunteer Firefighting & EMS Recruitment Fund	60h.	
60	Total voluntary contributions (add lines 60a through 60h)	60.	
61	Total New York State, New York City and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60)	61.	7,183.



Enter your social security number

KIRSTEN E. AND JONATHAN M. GILLIBRAND

62 Total New York State, New York City and Yonkers taxes, sales or use tax, and voluntary contributions (from line 61 on page 3) 62. 7,183.

Payments and refundable credits (see instructions)

63 Empire State child credit (attach Form IT-213) 63. 8.
64 NYS/NYC State child and dependent care credit (attach Form IT-216) 64.
65 NYS earned income credit (EIC) (attach Form IT-215 or IT-209) 65. Forms IT-2, IT-1099-R, and/or IT-1099-UI must be completed and attached to your return (see instructions)
66 NYS noncustodial parent EIC (attach Form IT-209) 66.
67 Real property tax credit (attach Form IT-214) 67.
68 College tuition credit (attach Form IT-272) 68. Staple them (and any other applicable forms) to the top of this page 4.
69 NYC school tax credit (also complete (F) on page 1; see instrs) 69.
70 NYC earned income credit (attach Form IT-215 or IT-209) 70.
71 Other refundable credits (from Form IT-201-ATT, line 18; attach form) 71.
72 Total New York State tax withheld 72. 9,378. See the instructions for the proper assembly of your four-page return and all attachments.
73 Total New York City tax withheld 73.
74 Total Yonkers tax withheld 74.
75 Total estimated tax payments / Amount paid with Form IT-370 75. 2,000.
76 Total payments (add lines 63 through 75) 76. 11,386.

Your refund / amount overpaid (see instructions)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77. 4,203.
78 Amount of line 77 to be refunded by (mark one): direct deposit (mark line 82) or X paper check refund 78. 2,203.
79 Amount of line 77 that you want applied to your 2011 estimated tax. (see instructions) 79. 2,000.

Amount you owe (see instructions)

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark this box and mark line 82 80.
81 Estimated tax penalty (Include this amount in line 80, or reduce the overpayment on line 77; see instructions.) 81.

Account information

82 Account information for direct deposit or electronic funds withdrawal. See instructions. If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see instructions)

82a Routing number Electronic funds withdrawal effective date
82b Account number 82c Account Type Checking Savings

Third-party designee? Print designee's name CHRISTINE M. TUCKER, CPA Designee's phone number Personal identification number (PIN)
Yes X No E-mail:

Paid preparer must complete (see instructions)

Preparer's signature Date: Preparer's NYTPRN
Firm's name (or yours, if self-employed) RUTNIK & CORR, P.C.
Address
E-mail:
Preparer's SSN or PTIN
Employer ID number
Mark X if self-employed

Taxpayer(s) must sign here

Your signature
Your occupation US SENATOR
Spouse's signature and occupation (if joint return) REAL ESTATE INVESTMENT
Daytime phone number
Date
E-mail:

See instructions for where to mail your return.

NYA1334L 12/27/10

You must file all four pages of this original scannable return with the Tax Department.

2014101032



Summary of W-2 Statements  
New York State • New York City • Yonkers

2010

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page. See instructions.

Taxpayer's first name and middle initial	Taxpayer's last name	▼ Your social security number
KIRSTEN	E GILLIBRAND	[REDACTED]
Spouse's first name and middle initial	Spouse's last name	▼ Spouse's social security number
JONATHAN	M GILLIBRAND	[REDACTED]

**W-2 Record 1**

Box c Employer's name and full address (including ZIP code)  
**UNITED STATES SENATE**  
**HART OFFICE BUILDING**  
**WASHINGTON DC 20510-7104**

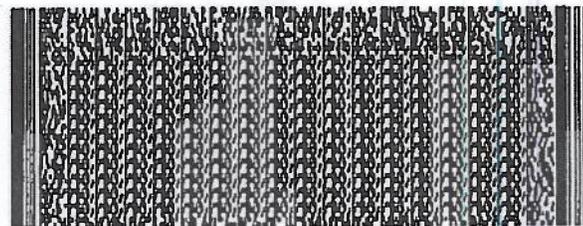
Box b Employer identification number (EIN)	Box 12a Amount	▼ Code	Box 15 State	Box 16 State wages, tips, etc. (for NYS)
[REDACTED]	13,750.	D	NY	145,438.
This W-2 record is for	Box 12b Amount	▼ Code	Box 17 New York State income tax withheld	9,378.
(mark an X in one box)	Box 12c Amount	▼ Code	Box 18 Local wages, tips, etc. (see instr)	
Taxpayer <input checked="" type="checkbox"/> Spouse	Box 12d Amount	▼ Code	Locality a	
Box 1 Wages, tips, other compensation			Locality b	
145,438.	Box 13 Statutory employee	▼ Description	Box 19 Local income tax withheld	
Box 8 Allocated tips	Box 14a Amount	OTHER	Locality a	Box 20 Locality name
Box 9 Advance EIC payment	9,812.	▼ Description	Locality b	
Box 10 Dependent care benefits	Box 14b Amount	▼ Description		
5,000.	Box 14c Amount	▼ Description		
Box 11 Nonqualified plans				Corrected (W-2c)

**W-2 Record 2**

Box c Employer's name and full address (including ZIP code)

Box b Employer identification number (EIN)	Box 12a Amount	▼ Code	Box 15 State	Box 16 State wages, tips, etc. (for NYS)
This W-2 record is for	Box 12b Amount	▼ Code	Box 17 New York State income tax withheld	
(mark an X in one box)	Box 12c Amount	▼ Code	Box 18 Local wages, tips, etc. (see instr)	
Taxpayer <input type="checkbox"/> Spouse	Box 12d Amount	▼ Code	Locality a	
Box 1 Wages, tips, other compensation			Locality b	
Box 8 Allocated tips	Box 13 Statutory employee	▼ Description	Box 19 Local income tax withheld	
Box 9 Advance EIC payment	Box 14a Amount		Locality a	Box 20 Locality name
Box 10 Dependent care benefits	Box 14b Amount	▼ Description	Locality b	
Box 11 Nonqualified plans	Box 14c Amount	▼ Description		

Corrected (W-2c)



Please file this original scannable form with the Tax Department. If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small boxes and white spaces. This barcode will be used to efficiently process your entries on this form.

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# Claim for Empire State Child Credit

2010

IT-213

Attach this form to Form IT-150, IT-201, or IT-203.

## Step 1 – Enter identifying information

Your name as shown on return

KIRSTEN E. GILLIBRAND

Spouse's name

JONATHAN M. GILLIBRAND

Your social security number

Spouse's social security number

## Step 2 – Determine eligibility

1. Were you (and your spouse if filing a joint New York State return) New York State residents for all of 2010? **1.** Yes  No
- If you marked an *X* in the *No* box, stop; you do not qualify for this credit.
2. Did you claim the federal child tax credit or additional child tax credit for 2010? **2.** Yes  No
3. Is your federal adjusted gross income (see instructions)
- \$110,000 or less and your filing status is 2 married filing joint return;
  - \$75,000 or less and your filing status is 1 single, 4 head of household, or 5 qualifying widow(er); or
  - \$55,000 or less and your filing status is 3 married filing separate return?
- 3.** Yes  No
- If you marked an *X* in the *No* box at both lines 2 and 3, stop; you do not qualify for this credit.
4. Enter the number of children who qualify for the federal child tax credit or additional child tax credit (see instructions) **4.** 2
5. Enter the number of children from line 4 that were at least four years of age on December 31, 2010 **5.** 1
- If you entered 0 on line 5 stop; you do not qualify for this credit.

## Step 3 – Enter child information

List below the name, social security number, and year of birth for each child included on line 4.

First name and middle initial	Last name	Social security number	Year of birth
THEODORE I	GILLIBRAND	[REDACTED]	2003
HENRY N	GILLIBRAND	[REDACTED]	2008

Attach Form IT-213-ATT if you have additional children to report (see instructions).

NYIA6801L 10/18/10

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Please file this original scannable form with the Tax Department.



**Step 4 – Compute credit**

If you answered *No* to question 2, skip lines 6 through 12, and enter 0 on line 13; continue with line 14.

6	Enter your federal child tax credit from Form 1040A, line 33, or Form 1040, line 51	6.	50.
7	Enter your federal additional child tax credit from Form 1040A, line 42, or Form 1040, line 65	7.	
8	Add lines 6 and 7	8.	50.
9	Enter the number of children from line 4	9.	2
10	Divide line 8 by line 9	10.	25.
11	Enter the number of children from line 5	11.	1
12	Multiply line 10 by line 11	12.	25.
13	Multiply line 12 by 33% (.33)	13.	8.

If you marked the *No* box on line 3, skip lines 14 and 15, and enter the amount from line 13 on line 16. All others continue with line 14.

14	Enter the number of children from line 5	14.	
15	Multiply line 14 by 100	15.	
16	Empire State child credit (enter the amount from line 13 or line 15, whichever is greater)	16.	8.

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 17 and 18. All others enter the line 16 amount on Form IT-150, line 38, or on Form IT-201, line 63.

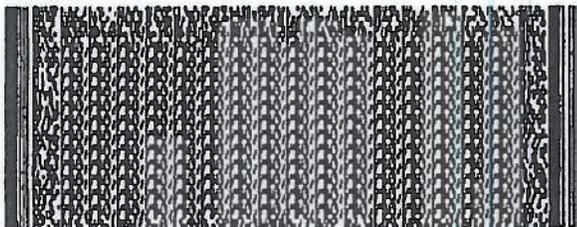
**Step 5 – Spouses required to file separate New York State returns (see instructions)**

17	Enter the full-year resident spouse's share of the line 16 amount; do not leave line 17 blank Enter here and on Form IT-150, line 38, or on Form IT-201, line 63.	17.	
18	Enter the part-year resident or nonresident spouse's share of the line 16 amount; do not leave line 18 blank Enter the line 18 amount and code 213 on Form IT-203-ATT, line 12.	18.	

Please file this original scannable form with the Tax Department.

NY1A6801L 10/18/10

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2010

NEW YORK STATEMENTS

PAGE 1

KIRSTEN E. AND JONATHAN M. GILLIBRAND

4/14/11

03:24PM

STATEMENT 1  
FORM IT-201, ITEMIZED DEDUCTION WORKSHEET, LINE I  
STATE, LOCAL, FOREIGN TAX, OTHER SUBTRACTIONS

STATE, LOCAL, FOREIGN, AND GENERAL SALES TAXES..... \$ 11,378.  
TOTAL \$ 11,378.