

For the year Jan. 1-Dec. 31, 2012, or other tax year beginning . 2012, ending , 20

See separate instructions.
Your social security number
 [Redacted]
 Spouse's social security number [Redacted]
 and on line 6c are correct.
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

Kirsten E Gillibrand
 Jonathan M Gillibrand

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

Exemptions
 If more than four dependents, see inst. & check here
 6a Yourself. If someone can claim you as a dependent, do not check box 6a
 6b Spouse
 6c **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 credit (see inst.)
Theodore I	Gillibrand	[Redacted]	Son	<input checked="" type="checkbox"/>
Henry N	Gillibrand	[Redacted]	Son	<input checked="" type="checkbox"/>

Boxes checked on 6a and 6b: 2
 No. of children on 6c who:
 • lived with you: 2
 • did not live with you due to divorce or separation (see inst.):
 Dependents on 6c not entered above:
 Add numbers on lines above: 4

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	287,173
8a	Taxable interest. Attach Schedule B if required	8a	138
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	17,460
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	-3,000
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
15b	Taxable amount	15b	
16a	Pensions and annuities	16a	
16b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
20b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine amounts in the far right column for lines 7 through 21. This is your total income	22	301,771

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	234
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	31a	
31b	Recipient's SSN	31b	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities ded. Attach Form 8903	35	
36	Add lines 23 through 35	36	234
37	Subtract line 36 from line 22. This is your adjusted gross income	37	301,537

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	301,537
	39a	Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
		if: <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind.		
Standard Deduction for--	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
● People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	42,759
● All others: Single or Married filing separately, \$5,950	41	Subtract line 40 from line 38	41	258,778
Married filing jointly or Qualifying widow(er), \$11,900	42	Exemptions. Multiply \$3,800 by the number on line 6d	42	15,200
Head of household, \$8,700	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	243,578
	44	Tax (see inst.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	57,287
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	11,064
	46	Add lines 44 and 45	46	68,351
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child & dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 19	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit. Attach Schedule 8812, if required	51	
	52	Residential energy credit. Attach Form 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	68,351
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	468
	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	Household employment taxes from Schedule H	59a	258
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60	Other taxes. Enter code(s) from instructions	60	
	61	Add lines 55 through 60. This is your total tax	61	69,077
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	59,008
	63	2012 estimated tax payments & amt. applied from 2011 return	63	20,158
If you have a qualifying child, attach Schedule EIC.	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election <input type="checkbox"/> 64b		
	65	Additional child tax credit. Attach Schedule 8812	65	
	66	American opportunity credit from Form 8863, line 8	66	
	67	Reserved	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"/> Resrvd. c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	79,166
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	10,089
Direct deposit? See instructions.	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	10,089
	b	Routing no. XXXXXXXXXXXXXXXXXXXXX		
	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account no. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	75	Amt. of line 73 you want applied to your 2013 estimated tax	75	
Amount You Owe	76	Amount you owe. Subtract line 72 from line 61. 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

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

Designee's name	Phone no.	Personal identification number (PIN)
Your signature	Date	Your occupation US Senator
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Finance Manager
		If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name Jonathan Rutnik CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name RUTNIK & COMPANY PC	Firm's EIN	Phone no.		
Firm's address				

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

Information about Schedule A and its separate instructions is at www.irs.gov/form1040.
Attach to Form 1040.

OMB No. 1545-0074

2012
Attachment
Sequence No. 07

Name(s) shown on Form 1040

Kirsten E and Jonathan M Gillibrand

Your social security no.

Medical and Dental Expenses

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

1	Medical and dental expenses (see instructions)			
2	Enter amount from Form 1040, line 38	2	301,537	
3	Multiply line 2 by 7.5% (.075)	3	22,615	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		0

Taxes You Paid

5 State and local (check only one box):

a	<input checked="" type="checkbox"/> Income taxes, or	5	19,479	
b	<input type="checkbox"/> General sales taxes	6	20,030	
6	Real estate taxes (see instructions)	7		
7	Personal property taxes	8		
8	Other taxes. List type and amount	9		39,509
9	Add lines 5 through 8			

Interest You Paid

Note.

Your mortgage interest deduction may be limited (see instructions).

10	Home mortgage interest and points reported to you on Form 1098	10		
11	Home mortgage int. not reported to you on Form 1098. If paid to the person from whom you bought the home, see inst. and show that person's name, identifying no., and address	11		0
12	Points not reported to you on Form 1098. See inst. for special rules	12		
13	Mortgage insurance premiums (see instructions)	13		
14	Investment interest. Attach Form 4952 if required. (See instructions.)	14		
15	Add lines 10 through 14	15		0

Gifts to Charity

If you made a gift and got a benefit for it, see instructions.

16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions <u>SEE DEDUCTION ATTACHMENT</u>	16	3,250	
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		
18	Carryover from prior year	18		
19	Add lines 16 through 18	19		3,250

Casualty and Theft Losses

20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20		0
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Job Expenses and Certain Miscellaneous Deductions

21	Unreimbursed empl. exp. -- job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See inst.)	21		
22	Tax preparation fees	22	1,275	
23	Other expenses -- investment, safe deposit box, etc. List type and amt.	23		
24	Add lines 21 through 23	24	1,275	
25	Enter amount from Form 1040, line 38	25	301,537	
26	Multiply line 25 by 2% (.02)	26	6,031	
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		0

Other Miscellaneous Deductions

28	Other -- from list in instructions. List type and amount	28		
----	--	----	--	--

Total Itemized Deductions

29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29		42,759
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30 If you elect to itemize deductions even though they are less than your standard deduction, check here

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2012

**SCHEDULE C-EZ
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Net Profit From Business
(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
▶ Attach to Form 1040, 1040NR, or 1041. ▶ See instructions.

OMB No. 1545-0074

2012

Attachment
Sequence No. **09A**

Name of proprietor
Jonathan M Gillibrand

Social security number (SSN)
[REDACTED]

Part I General Information

You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:

- Had business expenses of \$5,000 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee.

And You:

- Had no employees during the year.
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

<p>A Principal business or profession, including product or service <u>Consulting services</u></p>	<p>B Enter business code (see inst.) ▶ <u>541600</u></p>						
<p>C Business name. If no separate business name, leave blank.</p>	<p>D Enter your EIN (see inst.)</p>						
<p>E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return. [REDACTED] ZIP code [REDACTED]</p>							
<p>F [REDACTED] that would require you to file Form(s) 1099? (see the Schedule C instructions)</p>	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 50px;">Yes</td> <td style="width: 50px;"><input checked="" type="checkbox"/></td> <td style="width: 50px;">No</td> </tr> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> </table>	Yes	<input checked="" type="checkbox"/>	No	Yes	<input type="checkbox"/>	No
Yes	<input checked="" type="checkbox"/>	No					
Yes	<input type="checkbox"/>	No					
<p>G If "Yes," did you or will you file required Forms 1099?</p>	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 50px;">Yes</td> <td style="width: 50px;"><input type="checkbox"/></td> <td style="width: 50px;">No</td> </tr> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> </table>	Yes	<input type="checkbox"/>	No	Yes	<input type="checkbox"/>	No
Yes	<input type="checkbox"/>	No					
Yes	<input type="checkbox"/>	No					

Part II Figure Your Net Profit

<p>1 Gross receipts. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see Statutory Employees in the instructions for Schedule C, line 1, and check here. ▶ <input type="checkbox"/></p>	1	17,460
<p>2 Total expenses (see instructions). If more than \$5,000, you must use Schedule C</p>	2	0
<p>3 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 and Schedule SE, line 2 (see instructions). (Statutory employees, do not report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3</p>	3	17,460

Part III Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 2.

4 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____ .

5 Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

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

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

8a Do you have evidence to support your deduction? Yes No

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

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

Schedule C-EZ (Form 1040) 2012

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1040.
▶ Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

2012
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

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price) from Form(s) 8949, Part I, line 2, column (d)	(e) Cost or other basis from Form(s) 8949, Part I, line 2, column (e)	(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)
1 Short-term totals from all Forms 8949 with box A checked in Part I				
2 Short-term totals from all Forms 8949 with box B checked in Part I				
3 Short-term totals from all Forms 8949 with box C checked in Part I				
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 (32,610)
7 Net short-term capital gain or (loss) . Combine lines 1 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 page 2				7 (32,610)

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

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price) from Form(s) 8949, Part II, line 4, column (d)	(e) Cost or other basis from Form(s) 8949, Part II, line 4, column (e)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 4, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 Long-term totals from all Forms 8949 with box A checked in Part II				
9 Long-term totals from all Forms 8949 with box B checked in Part II				
10 Long-term totals from all Forms 8949 with box C checked in Part II	118,000	38,500	(79,500)	
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
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 (1,755)
15 Net long-term capital gain or (loss) . Combine lines 8 through 14 in column (h). Then go to Part III on page 2				15 (1,755)

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

Schedule D (Form 1040) 2012

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-34,365
	<ul style="list-style-type: none"> ● 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. ● 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, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains?		
	<input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions ▶	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ▶	19	
20	Are lines 18 and 19 both zero or blank?		
	<input type="checkbox"/> Yes. 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. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	<ul style="list-style-type: none"> ● The loss on line 16 or ● (\$3,000), or if married filing separately, (\$1,500) 	21	(3,000)
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	<input type="checkbox"/> Yes. 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). <input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Name(s) shown on return. (Name and SSN or taxpayer identification no. not required if shown on page 1.)

SSN or taxpayer identification number

Kirsten E and Jonathan M Gillibrand

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis (your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part II Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1.

You must check Box A, B, or C 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.

- (A) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS
- (B) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- (C) Long-term transactions not reported to you on Form 1099-B

3	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (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.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
						(f) Code(s) from instructions	(g) Amount of adjustment		
	Sale of Home	07-31-03	11-25-12	118,000	38,500	H	-79,500		
4 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Sch. D, line 8 (if Box A above is checked), line 9 (if Box B above is checked), or line 10 (if Box C above is checked) ▶				118,000	38,500		-79,500	

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. Do not enter name and social security number if shown on page 1.

Your social security no.

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? If you answered "Yes," see instructions before completing this section. Yes No

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corp., (c) Check if foreign partnership, (d) Employer identification, (e) Check if any amount is not at risk. Row A: Wind Crest LLC, P, [redacted].

Summary table for Part II with columns: (f) Passive loss allowed, (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. Includes rows for Totals and summary lines 30-32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Summary table for Part III with columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes rows for Totals and summary lines 35-37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39: Summary line.

Part V Summary

Summary table for Part V with columns: Description, Amount. Rows 40-43: Net farm rental income, Total income or loss, Reconciliation of farming and fishing income, Reconciliation for real estate professionals.

Name of person with self-employment income (as shown on Form 1040)

Jonathan M Gillibrand

Social security number of person with self-employment income

Section B — Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

Form 1040-SE Part I Self-Employment Tax. Includes instructions and a table with rows 1a through 13. Values include 17,460, 16,124, 110,100, 468, and 234.

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

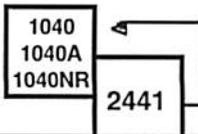
Form 1040-SE Part II Optional Methods To Figure Net Earnings. Includes instructions and a table with rows 14 through 17. Values include 4,520.

Footnotes 1 through 4 providing details on how to calculate values for lines 14, 15, 16, and 17.

Child and Dependent Care Expenses

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

▶ Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.



Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Kirsten E and Jonathan M Gillibrand

Your social security number

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

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	[REDACTED]	[REDACTED]	[REDACTED]	7,137

Did you receive dependent care benefits?

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 59a, or Form 1040NR, line 58a.

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 2012 for the person listed in column (a)
	First	Last		
	Henry N	Gillibrand	[REDACTED]	7,137

Line 2(c) limited by line 31

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	143,840
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	160,559
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	301,537
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	x .20
9	Multiply line 6 by the decimal amount on line 8. If you paid 2011 expenses in 2012, see the instructions	9	
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	68,351
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	11	0

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

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2012. 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 2011 and used in 2012 during the grace period. See instructions.	13	
14	Enter the amount, if any, you forfeited or carried forward to 2013. See instructions.	14	()
15	Combine lines 12 through 14. See instructions.	15	5,000
16	Enter the total amount of qualified expenses incurred in 2012 for the care of the qualifying person(s) .	16	7,137
17	Enter the smaller of line 15 or 16.	17	5,000
18	Enter your earned income . See instructions.	18	143,840
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • 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 instructions. • All others, enter the amount from line 18. 	19	160,559
20	Enter the smallest of line 17, 18, or 19.	20	5,000
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	
25	Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21.	25	5,000
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	0

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

27	Enter \$3,000 (\$6,000 if two or more qualifying persons).	27	3,000
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25.	28	5,000
29	Subtract line 28 from line 27. If zero or less, stop. You cannot take the credit. Exception. If you paid 2011 expenses in 2012, see the instructions for line 9.	29	0
30	Complete line 2 on page one 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	2,137
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page one of this form and complete lines 4 through 11.	31	

Alternative Minimum Tax -- Individuals

Department of the Treasury
Internal Revenue Service (99)

Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

2012
Attachment
Sequence No. **32**

Attach to Form 1040 or Form 1040NR.

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

Kirsten E and Jonathan M Gillibrand

Your social security no.

[REDACTED]

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 7. (If less than zero, enter as a negative amount.)	1	258,778
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), line 9	3	39,509
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	Skip this line. It is reserved for future use	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	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately, see instructions.)	28	298,287

Part II Alternative Minimum Tax (AMT)

29	Exemption. See instructions	29	41,678
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 31, 33, and 35, and go to line 34	30	256,609
31	<ul style="list-style-type: none"> If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. 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. 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. 	31	68,351
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	68,351
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)	34	57,287
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	11,064

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

**SCHEDULE H
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Household Employment Taxes

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

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

▶ See separate instructions.

OMB No. 1545-1971

2012
Attachment
Sequence No. 44

Name of employer
Jonathan M Gillibrand

Social security number
[REDACTED]
Employer identification number
[REDACTED]

A Did you pay any one household employee cash wages of \$1,800 or more in 2012? (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 2012 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 2011 or 2012 to all household employees? (Do not count cash wages paid in 2011 or 2012 to your spouse, your child under age 21, or your parent.)

- No. Stop. Do not file this schedule.
- Yes. Skip lines 1-7 and go to line 8. (Calendar year taxpayers having no household employees in 2012 do not have to complete this form for 2012.)

Part I Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security taxes	1	1,940	
2	Social security taxes. Multiply line 1 by 10.4% (.104).....	2		202
3	Total cash wages subject to Medicare taxes.....	3	1,940	
4	Medicare taxes. Multiply line 3 by 2.9% (.029).....	4		56
5	Federal income tax withheld, if any.....	5		
6	Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5.....	6		258

7 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2011 or 2012 to all household employees? (Do not count cash wages paid in 2011 or 2012 to your spouse, your child under age 21, or your parent.)

- No. Stop. Include the amount from line 6 above on Form 1040, line 59a. If you are not required to file Form 1040, see the line 7 instructions.
- Yes. Go to line 8.

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

Schedule H (Form 1040) 2012

Passive Activity Loss Limitations

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

Department of the Treasury
Internal Revenue Service (99)

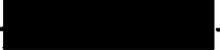
▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

2012
Attachment
Sequence No. **88**

Name(s) shown on return

Kirsten E and Jonathan M Gillibrand

Identifying number



Part I 2012 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)			
1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
1b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b ()		
1c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c ()		
d Combine lines 1a, 1b, and 1c		1d	
Commercial Revitalization Deductions From Rental Real Estate Activities			
2a Commercial revitalization deductions from Worksheet 2, column (a)	2a ()		
2b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b ()		
c Add lines 2a and 2b		2c	()
All Other Passive Activities			
3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a		
3b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b (84)		
3c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c ()		
d Combine lines 3a, 3b, and 3c		3d	-84
4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used		4	-84

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5		
6 Enter \$150,000. If married filing separately, see instructions	6		
7 Enter modified adjusted gross income, but not less than zero (see instructions)	7		
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.			
8 Subtract line 7 from line 6	8		
9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions		9	
10 Enter the smaller of line 5 or line 9		10	0

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11		
12 Enter the loss from line 4	12		
13 Reduce line 12 by the amount on line 10	13		
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14		

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15		
16 Total losses allowed from all passive activities for 2012. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16		0

For Paperwork Reduction Act Notice, see instructions.

2012 WAGES AND SALARIES SUMMARY ATTACHMENT

Kirsten E and Jonathan M Gillibrand

Employer Name	Employer EIN	or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
United States Senate	[REDACTED]	T	143,840	23,145	4,624	NY	143,840	8,842	
Port Imperial Racing LLC	[REDACTED]	S	143,333	35,863	4,624	NY	143,333	10,012	
TOTAL			287,173	59,008	9,248		287,173	18,854	

2012 FEDERAL TAX WITHHOLDINGS ATTACHMENT

Kirsten E and Jonathan M Gillibrand



W-2	UNITED STATES SENATE	23,145
W-2	PORT IMPERIAL RACING LLC	35,863
TOTAL TO FORM 1040 LINE 62		59,008

2012

New York State Department of Taxation and Finance
Resident Income Tax Return
New York State • New York City • Yonkers

IT-201

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginning ... and ending ...

For help completing your return, see the instructions, Form IT-201-I.

Form with fields for: Your first name & middle initial (Kirsten E), Your last name (Gillibrand), Your date of birth (12-09-1966), Your social security number, Spouse's first name and middle initial (Jonathan M), Spouse's last name (Gillibrand), Spouse's date of birth (08-15-1969), Spouse's social security number, Mailing address, Apartment number, New York State county of residence (Rensselaer), Country (if not United States), School district name (Wynantskill), School district code number (713), City, village, or post office, State (NY), ZIP code, Decedent information, Taxpayer's date of death, Spouse's date of death.

- A Filing status: (1) Single, (2) Married filing joint return (checked), (3) Married filing separate return, (4) Head of household, (5) Qualifying widow(er) with dependent child.

- B Did you itemize your deductions on your 2012 federal income tax return? (checked)
C Can you be claimed as a dependent on another taxpayer's federal return? (checked)

- NEW D Did you have a financial account located in a foreign country? (checked)
E (1) Did you or your spouse maintain living quarters in NYC during 2012? (checked)
(2) Enter the number of days spent in NYC in 2012
F NYC residents and NYC part-year residents only
(1) Number of months you lived in NYC in 2012
(2) Number of months your spouse lived in NYC in 2012
G Enter your 2-character special condition code if applicable
If applicable, also enter your second 2-character special condition code

H Dependent exemption information (see instructions)

Table with 5 columns: First name and middle initial, Last name, Relationship, Social security number, Date of birth (mm-dd-yyyy). Rows include Theodore I Gillibrand (Son) and Henry N Gillibrand (Son).

If more than 9 dependents, mark an X in the box.



Your social security number
XXXXXXXXXX

Federal income and adjustments (see instructions)

Whole dollars only

1	Wages, salaries, tips, etc	1	287,173.
2	Taxable interest income	2	138.
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 (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	17,460.
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	-3,000.
8	Other gains or losses (submit 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. (submit copy of federal Schedule E, Form 1040)	11	
12	Rental real estate included in line 11	12	
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	
14	Unemployment compensation	14	
15	Taxable amount of social security benefits (also enter on line 27)	15	
16	Other income (see inst.) Identify:	16	
17	Add lines 1 through 11 and 13 through 16	17	301,771.
18	Total federal adjustments to income (see inst.) Identify: SEE STATEMENT	18	234.
19	Federal adjusted gross income (subtract line 18 from line 17)	19	301,537.

New York additions (see instructions)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	
21	Public employee 414(h) retirement contributions from your wage and tax statements (see instructions)	21	
22	New York's 529 college savings program distributions (see instructions)	22	
23	Other (see inst.) Identify:	23	
24	Add lines 19 through 23	24	301,537.

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 inst.)	26	
27	Taxable amount of social security benefits (from line 15)	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 inst.) Identify:	31	
32	Add lines 25 through 31	32	
33	New York adjusted gross income (subtract line 32 from line 24)	33	301,537.

Standard deduction or itemized deduction (see instructions)

34	Enter your standard deduction (table in inst.) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: <input type="checkbox"/> Standard - or - <input checked="" type="checkbox"/> Itemized	34	17,460.
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	284,077.
36	Dependent exemptions (not the same as total federal exemptions; see instructions)	36	2,000.00
37	Taxable income (subtract line 36 from line 35)	37	282,077.



Name(s) as shown on page 1
Kirsten E and Jonathan M Gillibrand

Your social security number
[REDACTED]

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

38 Taxable income (from line 37 on page 2)	38	282,077.
39 NYS tax on line 38 amount (see instructions and Tax Computation in the instructions)	39	18,758.
40 NYS household credit (see instructions, table 1, 2, or 3)	40	
41 Resident credit (see instructions)	41	
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	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	18,758.
45 Net other NYS taxes (Form IT-201-ATT, line 30)	45	
46 Total New York State taxes (add lines 44 and 45)	46	18,758.

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

47 NYC resident tax on line 38 amount (see instructions)	47	
48 NYC household credit (see instructions, table 4, 5, or 6)	48	
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49	
50 Part-year NYC resident tax (Form IT-360.1)	50	
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	
52 Add lines 49, 50, and 51	52	
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	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 (Form Y-203)	56	
57 Part-year Yonkers resident income tax surcharge (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 instructions; do not leave line 59 blank)	59	133.

See instructions to compute New York City and Yonkers taxes, credits, and tax surcharges.

Voluntary contributions (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	18,891.



Your social security number
[REDACTED]

62 Enter amount from line 61 62 18,891.

Payments and refundable credits (see instructions)

63 Empire State child credit	63	
64 NYS/NYC child and dependent care credit	64	
65 NYS earned income credit (EIC)	65	
66 NYS noncustodial parent EIC	66	
67 Real property tax credit	67	
68 College tuition credit	68	
69 NYC school tax credit (also complete F on page 1; see instructions)	69	
70 NYC earned income credit	70	
71 Other refundable credits (Form IT-201-ATT, line 18)	71	
72 Total New York State tax withheld	72	18,854.
73 Total New York City tax withheld	73	
74 Total Yonkers tax withheld	74	
75 Total estimated tax payments and amount paid with Form IT-370	75	625.
76 Total payments (add lines 63 through 75)	76	19,479.

Submit your wage and tax statements with your return (see instructions).

Your refund, amount you owe, and account information (see instructions)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77 588.

78 Amount of line 77 to be refunded
Mark one refund choice: direct deposit (fill in line 83) - or - debit card - or - paper check 78 588.

79 Amount of line 77 that you want applied to your 2013 estimated tax (see instructions) 79

See instructions for information about your three refund choices.

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 an X in the box and fill in lines 83 and 84 ... 80

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see instructions) 81

See instructions for the proper assembly of your return.

82 Other penalties and interest (see instructions) 82

83 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 inst.)

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number [REDACTED] 83c Account number [REDACTED]

84 Electronic funds withdrawal (see instructions) Date [REDACTED] Amount [REDACTED]

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Print designee's name	Designee's phone number	Personal identification number (PIN)
	E-mail:		

▼ Paid preparer must complete (see instr.) ▼		Date
Preparer's signature	Preparer's NYTPRN	
Firm's name (or yours, if self-employed) RUTNIK & COMPANY PC	[REDACTED]	
[REDACTED]	self-employed <input type="checkbox"/>	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation US Senator	
Spouse's signature and occupation (if joint return) Finance Manager	
Date	Daytime phone number
E-mail: [REDACTED]	

201004121043



See instructions for where to mail your return.

Submit this form with Form IT-201. See instructions for completing Form IT-201-D in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201 Kirsten E and Jonathan M Gillibrand	Member [REDACTED]
---	----------------------

Whole dollars only

1 Medical and dental expenses (federal Schedule A, line 4)	1	
2 Taxes you paid (federal Schedule A, line 9)	2	39,509.
3 Interest you paid (federal Schedule A, line 15)	3	
4 Gifts to charity (federal Schedule A, line 19)	4	3,250.
5 Casualty and theft losses (federal Schedule A, line 20)	5	
6 Job expenses/miscellaneous deductions (federal Schedule A, line 27)	6	
7 Other miscellaneous deductions (federal Schedule A, line 28)	7	
8 Enter amount from federal Schedule A, line 29	8	42,759.
9 State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions)	9	19,479.
10 Subtract line 9 from line 8	10	23,280.
11 Addition adjustments (see instructions)	11	
12 Add lines 10 and 11	12	23,280.
13 Itemized deduction adjustment (see instructions)	13	5,820.
14 Subtract line 13 from line 12	14	17,460.
15 College tuition itemized deduction (see Form IT-272)	15	
16 New York State itemized deduction (add lines 14 and 15; enter on Form IT-201, line 34)	16	17,460.



2012 NEW YORK STATEMENTS

Gillibrand, Kirsten E AND Jonathan M



IT-201 Line 18 - Adjustments (Federal 1040)
1/2 SE TAX

234

TOTAL

234