

Form 1040

Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return 2009

(99) IRS Use Only — Do not write or staple in this space.

Label
(See instructions.)Use the
IRS label.
Otherwise,
please print
or type.Presidential
Election
Campaign

For the year Jan 1 - Dec 31, 2009, or other tax year beginning , 2009, 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.
City, town or post office. If you have a foreign address, see instructions.		State ZIP code
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions).		<input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse

Filing Status

Check only
one box.

1 <input type="checkbox"/> Single	4 <input type="checkbox"/> 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
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here.	

Exemptions

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

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.	Boxes checked on 6a and 6b	2
b <input checked="" type="checkbox"/> Spouse	No. of children on 6c who:	
	• lived with you	2
	• did not live with you due to divorce or separation (see instrs)	
	Dependents on 6c not entered above	
	Add numbers on lines above	4

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)
(1) First name	Last name			
Theodore I	Gillibrand		Child	<input checked="" type="checkbox"/>
Henry N	Gillibrand		Child	<input checked="" type="checkbox"/>

Income

Attach Form(s)
W-2 here. Also
attach Forms
W-2G and 1099-R
if tax was withheld.If you did not
get a W-2,
see instructions.

Rollover

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

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	162,135.
8a Taxable interest. Attach Schedule B if required	8a	389.
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends (see instrs)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	38,120.
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13	-3,000.
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount (see instrs)	15b	
16a Pensions and annuities	16a	112,286.
b Taxable amount (see instrs)	16b	0.
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-49.
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation in excess of \$2,400 per recipient (see instructions)	19	
20a Social security benefits	20a	
b Taxable amount (see instrs)	20b	
21 Other income	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	197,595.
23 Educator expenses (see instructions)	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	2,693.
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction (see instructions)	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN	31a	
32 IRA deduction (see instructions)	32	
33 Student loan interest deduction (see instructions)	33	
34 Tuition and fees deduction. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 - 31a and 32 - 35	36	2,693.
37 Subtract line 36 from line 22. This is your adjusted gross income	37	194,902.

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

FDIA0112L 09/17/09

Form 1040 (2009)

Tax and Credits**Standard Deduction for**

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

• All others:

Single or Married filing separately, \$5,700

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

Head of household, \$8,350

38	Amount from line 37 (adjusted gross income)	38	194,902.
39a	Check <input type="checkbox"/> You were born before January 2, 1945, <input type="checkbox"/> Blind. Total boxes checked <input checked="" type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1945, <input type="checkbox"/> Blind. checked <input type="checkbox"/> 39b		
	b If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here <input type="checkbox"/> 39b		
40a	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40a	79,603.
41	Subtract line 40a from line 38	41	115,299.
42	Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see instructions	42	14,600.
43	Taxable income. Subtract line 42 from line 41.	43	100,699.
44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	17,550.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	8,656.
46	Add lines 44 and 45	46	26,206.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	200.
49	Education credits from Form 8863, line 29	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	
52	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 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	200.
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	26,006.
56	Self-employment tax. Attach Schedule SE	56	5,386.
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59	Additional taxes: a <input type="checkbox"/> AEIC payments b <input checked="" type="checkbox"/> Household employment taxes. Attach Schedule H	59	1,884.
60	Add lines 55-59. This is your total tax	60	33,276.

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	27,090.
62	2009 estimated tax payments and amount applied from 2008 return	62	47,200.
63	Making work pay and government retiree credit. Attach Schedule M	63	
64a	Earned income credit (EIC)	64a	
	b Nontaxable combat pay election <input type="checkbox"/> 64b		
65	Additional child tax credit. Attach Form 8812	65	
66	Refundable education credit from Form 8863, line 16	66	
67	First-time homebuyer credit. Attach Form 5405	67	
68	Amount paid with request for extension to file (see instructions)	68	
69	Excess social security and tier 1 RRTA tax withheld (see instructions)	69	
70	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	70	
71	Add lns 61-63, 64a, & 65-70. These are your total pmts	71	74,290.

Refund

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

72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	72	41,014.
73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> 73a	73a	31,014.
	b Routing number XXXXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number XXXXXXXXXXXXXXXXXXXXXXXXXX		
74	Amount of line 72 you want applied to your 2010 estimated tax	74	10,000.

Amount You Owe

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

Third Party Designee

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

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Designee's name	Jonathan F. Rutnik, CPA	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	Real Estate Invest

Paid Preparer's Use Only

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

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ **Attach to Form 1040.**

▶ **See Instructions for Schedule A (Form 1040).**

OMB No. 1545-0074

2009

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Kirsten E. and Jonathan M. Gillibrand

Medical and Dental Expenses		Caution. 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.
Taxes You Paid		5 State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5			
b	<input type="checkbox"/> General sales taxes	6	32,378.		
6	Real estate taxes (see instructions)	6	18,209.		
7	New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b.	7			
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9			50,587.
Interest You Paid		10 Home mtg interest and points reported to you on Form 1098			
10	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 ▶	10	23,057.		
Note. Personal interest is not deductible.		11 Points not reported to you on Form 1098. See instrs for spl rules			
12	Qualified mortgage insurance premiums (see instructions)	12			
13	Investment interest. Attach Form 4952 if required. (See instrs.)	13			
14	Add lines 10 through 14	14			
15		15			23,057.
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs			
16	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	16	2,580.		
17	Carryover from prior year	17	1,871.		
18	Add lines 16 through 18	18			
19		19			4,451.
Casualty and Theft Losses		20 Casually or theft loss(es). Attach Form 4684. (See instructions.)			
20		20			0.
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶			
21	See attached statement	21	3,000.		
22	Tax preparation fees	22	2,687.		
23	Other expenses — investment, safe deposit box, etc. List type and amount ▶	23			
24	Add lines 21 through 23	24	5,687.		
25	Enter amount from Form 1040, line 38	25	194,902.		
26	Multiply line 25 by 2% (.02)	26	3,898.		
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			1,789.
Other Miscellaneous Deductions		28 Other — from list in the instructions. List type and amount ▶			
28		28			0.
Total Itemized Deductions		29 Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)?			
		Reduction -281.			
		<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a.			
		<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶					
				29	79,603.

SCHEDULE B
(Form 1040A or 1040)Department of the Treasury
Internal Revenue Service (99)**Interest and Ordinary Dividends**

▶ Attach to Form 1040A or 1040.

▶ See Instructions.

OMB No. 1545-0074

2009Attachment
Sequence No. **08**

Name(s) shown on return

Kirsten E. and Jonathan M. Gillibrand

Your social security number

Part I
Interest(See
instructions for
Form 1040A,
or Form 1040,
line 8a.)

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

E Trade

Citibank N.A.

United Kingdom

Amount

24.

240.

125.

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

- 2 Add the amounts on line 1.

1

389.

- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.
-
- Attach Form 8815.

3

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a.

4

389.

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

Part II
**Ordinary
Dividends**(See
instructions for
Form 1040A, or
Form 1040,
line 9a.)

- 5 List name of payer.

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

5

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

6

0.

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

Part III
**Foreign
Accounts
and
Trusts**(See
instructions.)

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

Yes

No

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

X

- b If 'Yes,' enter the name of the foreign country. ▶ United Kingdom

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

X

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2009

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

► Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
► Attach to Form 1040, 1040NR, or 1041. ► See instructions for Schedule C (Form 1040).

Name of proprietor

Jonathan M. Gillibrand

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

Real Estate Investment

B Enter code from instructions

► **531390**

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), if any

E Business address (including suite or room no.) ►

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

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you 'materially participate' in the operation of this business during 2009? If 'No,' see instructions for limit on losses. ☒ Yes ☐ No

H If you started or acquired this business during 2009, check here

Part I Income

1 Gross receipts or sales. **Caution.** See the instructions and check the box if:

- This income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, or
- You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses. ☐

1 38,500.

2 Returns and allowances

2

3 Subtract line 2 from line 1

3 38,500.

4 Cost of goods sold (from line 42 on page 2)

4

5 Gross profit. Subtract line 4 from line 3

5 38,500.

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

6

7 Gross income. Add lines 5 and 6

7 38,500.

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

8 Advertising

8

9 Car and truck expenses (see instructions)

9

10 Commissions and fees

10

11 Contract labor (see instructions)

11

12 Depletion

12

13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)

13

14 Employee benefit programs (other than on line 19)

14

15 Insurance (other than health)

15

16 Interest:

a Mortgage (paid to banks, etc.)

16a

b Other

16b

17 Legal & professional services

17

380.

18 Office expense

18

19 Pension and profit-sharing plans

19

20 Rent or lease (see instructions):

a Vehicles, machinery, and equipment

20a

b Other business property

20b

21 Repairs and maintenance

21

22 Supplies (not included in Part III)

22

23 Taxes and licenses

23

24 Travel, meals, and entertainment:

a Travel

24a

b Deductible meals and entertainment (see instructions)

24b

25 Utilities

25

26 Wages (less employment credits)

26

27 Other expenses (from line 48 on page 2)

27

28 Total expenses before expenses for business use of home. Add lines 8 through 27

28 380.

29 Tentative profit or (loss). Subtract line 28 from line 7

29 38,120.

30 Expenses for business use of your home. Attach Form 8829

30

31 Net profit or (loss). Subtract line 30 from line 29.

- If a profit, enter on both **Form 1040, line 12**, and **Schedule SE, line 2** or on **Form 1040NR, line 13** (if you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.

- If a loss, you **must** go to line 32.

31 38,120.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both **Form 1040, line 12**, and **Schedule SE, line 2**, or on **Form 1040NR, line 13** (if you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.

- If you checked 32b, you **must** attach Form 6198. Your loss may be limited.

32a ☐ All investment is at risk.

32b ☐ Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 2009

FD120112L 06/18/09

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

2009Attachment
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 25sh Autozone Options - Expired Various	1/21/09		0.	6,889.	-6,889.
20sh Autozone Options - Expired Various	3/24/09		0.	3,735.	-3,735.
40sh Bed Bath & Beyond	Various	2/12/09	3,950.	3,550.	400.
10sh Gold EFT Options - Expired 11/21/08	1/21/09		0.	2,867.	-2,867.
100sh Home Depot Options - Expired Various	1/21/09		0.	9,895.	-9,895.
2 Enter your short-term totals, if any, from Schedule D-1, line 2...	2		18,805.		-5,420.
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)...	3		22,755.		
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				
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f).	7				-28,406.

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					
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				
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 Form 1040 or Form 1040NR instructions.

Schedule D (Form 1040) 2009

Part III Summary

16 Combine lines 7 and 15 and enter the result 16 -28,406.

If line 16 is:

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

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

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

18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** 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?

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

- 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?

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

Schedule D (Form 1040) 2009

Schedule D-1 (Form 1040) 2009

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		49.		
B				
C				
D				
29a Totals				
b Totals		49.		
30 Add columns (g) and (j) of line 29a			30	
31 Add columns (f), (h), and (i) of line 29b			31	-49.
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	-49.

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	-49.
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	

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

► **Attach to Form 1040. ► See Instructions for Schedule SE (Form 1040).**

OMB No. 1545-0074

2009

Attachment
Sequence No. **17**

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

Jonathan M. Gillibrand

Social security number of person
with self-employment income ►

Who Must File Schedule SE

You must file Schedule SE if:

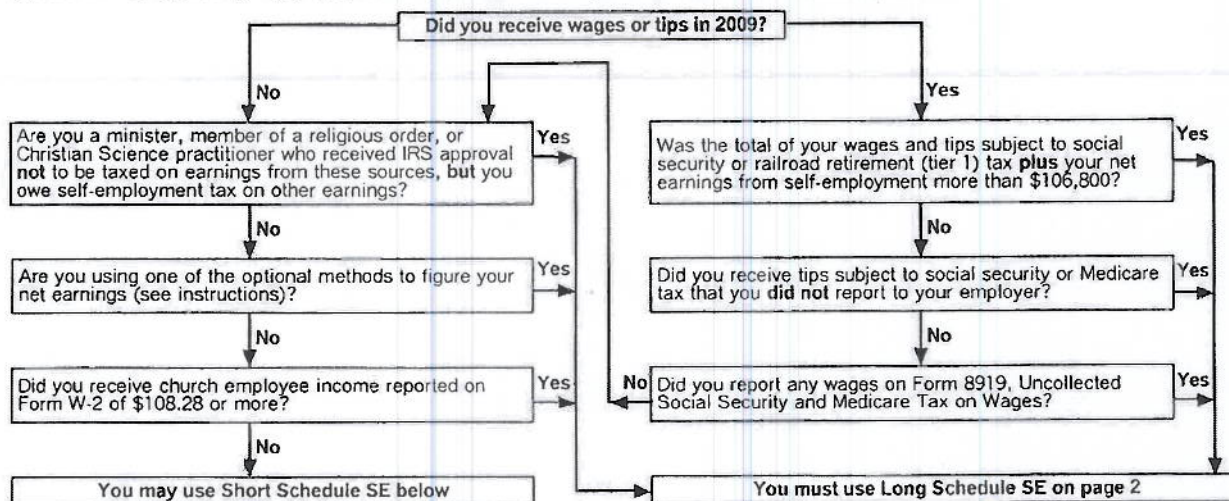
- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income (see instructions).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE (see instructions).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 56.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see *Who Must File Schedule SE*, above.



Section A – Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instrs for types of income to report on this line. See instrs for other income to report	2	38,120.
3 Combine lns 1a, 1b & 2	3	38,120.
4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	35,204.
5 Self-employment tax. If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56. • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. Enter the total here and on Form 1040, line 56.	5	5,386.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6	2,693.

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.

▶ See separate instructions.

2009Attachment
Sequence No. 21

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 (no., street, apt no., city, state, and ZIP code)	(c) Identifying no. (SSN or EIN)	(d) Amount paid (see instructions)
				14,862.
				5,103.

Did you receive
dependent care benefits?

No

Yes

Complete only Part II below.

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 56.**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 2009 for the person listed in column (a)
First	Last		
Henry N	Gillibrand		14,862.
Theodore I	Gillibrand		5,103.

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 34.**4** Enter your **earned income**. See instructions.**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.**6** Enter the **smallest** of line 3, 4, or 5.**7** Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 36.**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
\$0—	15,000	.35
15,000—	17,000	.34
17,000—	19,000	.33
19,000—	21,000	.32
21,000—	23,000	.31
23,000—	25,000	.30
25,000—	27,000	.29
27,000—	29,000	.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000—	31,000	.27
31,000—	33,000	.26
33,000—	35,000	.25
35,000—	37,000	.24
37,000—	39,000	.23
39,000—	41,000	.22
41,000—	43,000	.21
43,000—	No limit	.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2008 expenses in 2009, see the instructions.**10** Enter the amount from Form 1040, line 46; Form 1040A, line 28; or Form 1040NR, line 43.**11** Enter the amount from Form 1040, line 47; or Form 1040NR, line 44. Form 1040A filers, enter -0-.**12** Subtract line 11 from line 10. If zero or less, **stop**. You cannot take the credit.**13** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 12 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 45.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 2441 (2009)

Part III Dependent Care Benefits

14	Enter the total amount of dependent care benefits you received in 2009. 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.	14	5,000.
15	Enter the amount, if any, you carried over from 2008 and used in 2009 during the grace period. See instructions.	15	
16	Enter the amount, if any, you forfeited or carried forward to 2010. See instructions.	16	
17	Combine lines 14 through 16. See instructions.	17	5,000.
18	Enter the total amount of qualified expenses incurred in 2009 for the care of the qualifying person(s) .	18	19,965.
19	Enter the smaller of line 17 or 18.	19	5,000.
20	Enter your earned income . See instructions.	20	162,135.
21	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 20.	21	35,427.
22	Enter the smallest of line 19, 20, or 21.	22	5,000.
23	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 21).	23	5,000.
24	Are you filing Form 1040A? <input type="checkbox"/> Yes. Skip lines 24 through 27 and go to line 28. <input checked="" type="checkbox"/> No. Enter the amount from line 14 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0-.	24	0.
25	Subtract line 24 from line 17.	25	5,000.
26	Enter the smaller of line 22 or 23.	26	5,000.
27	Deductible benefits. Enter the smallest of line 22, 23, or 24. Also, include this amount on the appropriate line(s) of your return. See instructions.	27	0.
28	Excluded benefits. Form 1040 and 1040NR filers: Subtract line 27 from line 26. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 22 or line 23.	28	5,000.
29	Taxable benefits. Form 1040 and 1040NR filers: Subtract line 28 from line 25. 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 28 from line 17. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter 'DCB.'	29	0.

To claim the child and dependent care credit, complete lines 30 through 34 below.

30	Enter \$3,000 (\$6,000 if two or more qualifying persons).	30	6,000.
31	Form 1040 and 1040NR filers: Add lines 27 and 28. Form 1040A filers: Enter the amount from line 28.	31	5,000.
32	Subtract line 31 from line 30. If zero or less, stop . You cannot take the credit. Exception. If you paid 2008 expenses in 2009, see the instructions for line 9.	32	1,000.
33	Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 31 above. Then, add the amounts in column (c) and enter the total here.	33	14,965.
34	Enter the smaller of line 32 or 33. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 13.	34	1,000.

Form 2441 (2009)

Form **6251**Department of the Treasury
Internal Revenue Service (99)**Alternative Minimum Tax — Individuals**▶ See separate instructions.
▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2009Attachment
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 (minus any amount on Form 8914, line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.)	1	115,299.
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	50,587.
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	1,789.
6	If Form 1040, line 38, is over \$166,800 (over \$83,400 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet in the instructions for Schedule A (Form 1040)	6	-281.
7	If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 20 from that schedule	7	
8	Tax refund from Form 1040, line 10 or line 21	8	
9	Investment interest expense (difference between regular tax and AMT)	9	
10	Depletion (difference between regular tax and AMT)	10	
11	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	11	
12	Alternative tax net operating loss deduction	12	
13	Interest from specified private activity bonds exempt from the regular tax	13	
14	Qualified small business stock (7% of gain excluded under section 1202)	14	
15	Exercise of incentive stock options (excess of AMT income over regular tax income)	15	
16	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	16	
17	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	17	
18	Disposition of property (difference between AMT and regular tax gain or loss)	18	
19	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	19	
20	Passive activities (difference between AMT and regular tax income or loss)	20	
21	Loss limitations (difference between AMT and regular tax income or loss)	21	
22	Circulation costs (difference between regular tax and AMT)	22	
23	Long-term contracts (difference between AMT and regular tax income)	23	
24	Mining costs (difference between regular tax and AMT)	24	
25	Research and experimental costs (difference between regular tax and AMT)	25	
26	Income from certain installment sales before January 1, 1987	26	
27	Intangible drilling costs preference	27	
28	Other adjustments, including income-based related adjustments	28	
29	Alternative minimum taxable income. Combine lines 1 through 28. (If married filing separately and line 29 is more than \$216,900, see instructions.)	29	167,394.

Part II Alternative Minimum Tax

30	Exemption. (If you were under age 24 at the end of 2009, see instructions.)				
	IF your filing status is . . .	AND line 29 is not over . . .	THEN enter on line 30 . . .		
	Single or head of household	\$112,500	\$46,700	30	66,601.
	Married filing jointly or qualifying widow(er)	150,000	70,950		
	Married filing separately	75,000	35,475		
	If line 29 is over the amount shown above for your filing status, see instructions.				
31	Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 34 and 36 and skip the rest of Part II			31	100,793.
32	<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 55 here.• All others: If line 31 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.			32	26,206.
33	Alternative minimum tax foreign tax credit (see instructions)			33	
34	Tentative minimum tax. Subtract line 33 from line 32			34	26,206.
35	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)			35	17,550.
36	AMT. Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45			36	8,656.

BAA For Paperwork Reduction Act Notice, see separate instructions.

FD/A5312L 09/14/09

Form 6251 (2009)

SCHEDULE H
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name of employer

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

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

OMB No. 1545-1971

2009

Attachment
Sequence No. **44**

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 2009? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

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

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

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

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

- ☐ **No.** **Stop.** Do not file this schedule.
☐ **Yes.** Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2009 **do not** have to complete this form for 2009).

Part I Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security taxes (see instructions)	1	11,703.	
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	1,451.	
3	Total cash wages subject to Medicare taxes (see instructions)	3	11,703.	
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	339.	
5	Federal income tax withheld, if any	5		
6	Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5	6	1,790.	
7	Advance earned income credit (EIC) payments, if any	7		
8	Net taxes (subtract line 7 from line 6)	8	1,790.	

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

- ☐ **No.** **Stop.** Include the amount from line 8 above on Form 1040, line 59, and check box **b** on that line. If you are not required to file Form 1040, see the line 9 instructions.
☒ **Yes.** Go to line 10 on page 2.

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

Schedule H (Form 1040) 2009

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state? (If you paid contributions to Michigan, check 'No'.).....		X
11 Did you pay all state unemployment contributions for 2009 by April 15, 2010? 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 State reporting number as shown on state unemployment tax return.....	
15 Contributions paid to your state unemployment fund (see instructions).....	15
16 Total cash wages subject to FUTA tax (see instructions).....	16
17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26.....	17

Section B

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

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply column (c) by .054	(g) Multiply column (c) by column (e)	(h) Subtract column (g) from column (f). If zero or less, enter -0-.	(i) Contributions paid to state unemployment fund
			From	To					
NY		6,468.	1/09	12/09	.0553				363.
DC		5,235.	1/09	12/09	.0270	283.	141.	142.	152.
19 Totals.....							19	142.	515.
20 Add columns (h) and (i) of line 19.....						20	657.		
21 Total cash wages subject to FUTA tax (see the line 16 instructions).....							21	11,703.	
22 Multiply line 21 by 6.2% (.062).....							22	726.	
23 Multiply line 21 by 5.4% (.054).....						23	632.		
24 Enter the smaller of line 20 or line 23.....									
(Michigan employers must use the worksheet in the separate instructions and check here).....									
							24	632.	
25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26.....							25	94.	

Part III Total Household Employment Taxes

26 Enter the amount from line 8. If you checked the 'Yes' box on line C of page 1, enter -0-.....	26	1,790.
27 Add line 17 (or line 25) and line 26 (see instructions).....	27	1,884.

- 28 Are you required to file Form 1040?
- ☒ **Yes.** Stop. Include the amount from line 27 above on Form 1040, line 59, and check box b on that line. Do not complete Part IV below.
- ☐ **No.** You may have to complete Part IV. See instructions.

Part IV Address and Signature — Complete this part only if required. See the line 28 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	Preparer's SSN or PTIN
Preparer's signature	Date	Check if self-employed..... <input type="checkbox"/>
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.

Paid Preparer's Use Only

Form **8283**

(Rev December 2006)

Department of the Treasury
Internal Revenue Service**Noncash Charitable Contributions**

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

OMB No. 1545-0008

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 (For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)
A	See Statement 3	
B		
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	See Statement 4					
B						
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

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ1812L 01/05/07

Form 8283 (Rev 12-2006+)

2009

Federal Statements

Page 1

Kirsten E. and Jonathan M. Gillibrand

7/26/12

01:31PM

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>
US House of Representatives	23,374.	3,794.	1,620.	379.	1,493.	
United States Senate	138,761.	23,296.	5,002.	2,211.	9,026.	
Grand Total	162,135.	27,090.	6,622.	2,590.	10,519.	0.

Statement 2
Form 1040
Pension and Annuities Schedule

<u>Taxpayer - Payer</u>	<u>Total Received</u>	<u>Taxable Amount</u>	<u>Federal W/H</u>	<u>State W/H</u>
Fidelity Investments - Rollover	112,286.			
Grand Total	112,286.	0.	0.	0.

Statement 3
Form 8283, Line 1
Information on Donated Property

<u>#</u>	<u>Name and Address of Donee</u>	<u>Description of Donated Property</u>
A.	The Salvation Army [REDACTED]	Clothing
B.	The Salvation Army [REDACTED]	Clothing
C.	Dress for Success [REDACTED]	Clothing
D.	Dress for Success [REDACTED]	Clothing
E.	The Salvation Army [REDACTED]	Clothing
F.	The Salvation Army [REDACTED]	Clothing
G.	Dress for Success [REDACTED]	Clothing
H.	The Salvation Army Adult Rehabilitation Center [REDACTED]	Clothing

Kirsten E. and Jonathan M. Gillibrand

7/26/12

01:31PM

Statement 4
Form 8283, Line 1
Information on Donated Property

#	Date of Contrib.	Date Acq by Donor	How Acq by Donor	Cost or Basis	Fair Mkt Value	Method to Determine Fair Market Value
A.	12/11/09	Various	Purchase	1,050.	260.	Thrift Shop Value
B.	9/11/09	Various	Purchase	350.	88.	Thrift Shop Value
C.	9/11/09	Various	Purchase	2,715.	306.	Thrift Shop Value
D.	8/28/09	Various	Purchase	2,950.	200.	Thrift Shop Value
E.	12/22/09	Various	Purchase	290.	56.	Thrift Shop Value
F.	10/26/09	Various	Purchase	2,430.	497.	Thrift Shop Value
G.	10/26/09	Various	Purchase	1,100.	214.	Thrift Shop Value
H.	8/28/09	Various	Purchase	1,275.	250.	Thrift Shop Value

2009

Federal Supplemental Information

Page 1

Kirsten E. and Jonathan M. Gillibrand

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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

2009 **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.

Taxpayer name and address		Software vendor code	
		1032	
Your social security number		Spouse's social security number	
[REDACTED]		[REDACTED]	
Your first name and middle initial		Your last name	
KIRSTEN E		GILLIBRAND	
Spouse's first name and middle initial		Spouse's last name	
JONATHAN M		GILLIBRAND	
Mailing address (number and street or rural route)		Apartment number	
[REDACTED]		[REDACTED]	
City, village or post office		State	ZIP code
[REDACTED]		[REDACTED]	[REDACTED]
Summary of return data			
Federal adjusted gross income.....		194,902.	
Total NYS adjusted gross income.....		194,902.	
Total New York State tax withheld.....		10,519.	
Total New York City tax withheld.....			
Total Yonkers tax withheld.....			
Amount to be refunded to you.....		3,510.	
Amount you owe.....			

NYIA1305L 12/04/09

Staple check or
money order here.

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

0731091032



Resident Income Tax Return (long form)

New York State • New York City • Yonkers

For the full year January 1, 2009, through December 31, 2009, or fiscal year beginning and ending

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

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)		▼ 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]
	Mailing address (see instructions) (number and street or rural route)		Apartment number	New York State county of residence
	[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]
	City, village, or post office	State	ZIP code	Decedent information: Taxpayer's date of death Spouse's date of death
		NY		

- (A) Filing status — mark an X in one box:
- | | |
|---|--|
| 1 | Single |
| 2 | X 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 2009 federal income tax return? Yes X No
- (C) Can you be claimed as a dependent on another taxpayer's federal return? Yes No X

(D) Choose direct deposit to avoid paper check refund delays.

(E) Did you or your spouse maintain living quarters in NYC during 2009 (see instructions)? Yes No X

(F) NYC residents and NYC part-year residents only (see instructions):

- (1) Number of months you lived in NY City in 2009 •
- (2) Number of months your spouse lived in NY City in 2009 •

(G) Enter your 2-digit special condition code if applicable (see instructions) •

If applicable, also enter your second 2-digit 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	162,135.
2 Taxable interest income	389.
3 Ordinary dividends	
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	
5 Alimony received	
6 Business income or loss (attach a copy of federal Schedule C or C-EZ, Form 1040)	38,120.
7 Capital gain or loss (if required, attach a copy of federal Schedule D, Form 1040)	-3,000.
8 Other gains or losses (attach a copy of federal Form 4797)	
9 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	
10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc (attach copy of federal Schedule E, Form 1040)	-49.
12 Farm income or loss (attach a copy of federal Schedule F, Form 1040)	
13 Unemployment compensation in excess of \$2,400 per recipient	
14 Taxable amount of social security benefits (also enter on line 27)	
15 Other income (see instrs) Identify:	197,595.
16 Add lines 1 through 15	2,693.
17 Total federal adjustments to income (see instructions) Identify: SEE STATEMENT 1	194,902.
18 Federal adjusted gross income (subtract line 17 from line 16)	

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

KIRSTEN E. AND JONATHAN M.

Dollars

19 Federal adjusted gross income (from line 18 on page 1)

19.

194,902.

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 instructions)

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.

194,902.

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.

194,902.

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.

47,338.

35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)

35.

147,564.

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.

145,564.

**New York State
standard deduction table**Filing status
(from page 1) Standard deduction
(enter on line 34 above)1 Single and you marked
item C Yes \$ 3,0001 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) 10,5005 Qualifying widow(er)
with dependent child 15,000

◀ OR ▶

New York State itemized deduction worksheet

a Medical and dental expenses (federal Schedule A, line 4)

a.

b Taxes you paid (federal Schedule A, line 9)

b.

50,587.

b1 State, local, and foreign income taxes included in
line b above

b1.

32,378.

c Interest you paid (federal Schedule A, line 15)

c.

23,057.

d Gifts to charity (federal Schedule A, line 19)

d.

4,451.

e Casualty and theft losses (federal Schedule A, line 20)

e.

f Job expenses/misc deductions (fed Sch A, line 27)

f.

1,789.

g Other misc deductions (federal Sch A, line 28)

g.

h Enter amount from federal Schedule A, line 29

h.

79,603.

i State, local, and foreign income taxes and other subtraction
adjustments (see instrs) STATEMENT 2

i.

32,265.

j Subtract line i from line h

j.

47,338.

k Addition adjustments (see instrs)

k.

l Add lines j and k

l.

47,338.

m Itemized deduction adjustment (see instructions)

m.

n Subtract line m from line l

n.

47,338.

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.

47,338.

NYIA1312L 12/04/09

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

2012091032



KIRSTEN E. AND JONATHAN M. GILLIBRAND

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

38	Taxable income (from line 37 on page 2)	38.	145,564.
39	New York State tax on line 38 amount (see Tax Computation in the instructions)	39.	9,971.
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.	9,971.
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.	9,971.

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.	78.

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.	
60	Total voluntary contributions (add lines 60a through 60g)	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.	10,049.

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

2013091032



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.

10,049.

Payments and refundable credits (see instructions)

63 Empire State child credit (attach Form IT-213) 63.
 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.
 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.
 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.
 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.
 76 Total payments (add lines 63 through 75) 76.

40. Forms IT-2, IT-1099-R, and/or IT-1099-UI must be completed and attached to your return (see instructions)

Staple them (and any other applicable forms) to the top of this page 4.

10,519. See the instructions for the proper assembly of your four-page return and all attachments.

5,000.

15,559.

Your refund / amount overpaid (see instructions)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77.
 78 Amount of line 77 that you want refunded to you. Complete line 82 to choose direct deposit. Refund 78.
 79 Amount of line 77 that you want applied to your 2010 estimated tax. (see instructions) 79.

2,000.

Choose direct deposit to avoid paper check refund delays.

Amount you owe (see instructions)

80 If line 76 is less than line 62, subtract line 76 from line 62. Complete line 82

Owe 80.

81 Estimated tax penalty (Include this amount in line 80, or reduce the overpayment on line 77. See instructions.) 81.

82 Account information (see instructions) Mark one:

Refund - Direct deposit

Owe - Electronic funds withdrawal

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? (see instrs.)

Print designee's name

JONATHAN F. RUTNIK, 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 NYTPRIN

Firm's name (or yours, if self-employed)

RUTNIK & CORR, P.C.

Address

Preparer's SSN or PTIN

Employer ID number

Mark X if self-employed

E-mail:

▼ 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.

NYIA1334L 12/03/09

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

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

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
KIRSTEN	E GILLIBRAND
Spouse's first name and middle initial	Spouse's last name
JONATHAN	M GILLIBRAND

▼ Your social security number

▼ Spouse's social security number

W-2
Record 1
Box c Employer's name and full address (including ZIP code)
 US HOUSE OF REPRESENTATIVES
 139A CANNON HOUSE OFFICE BLVD

WASHINGTON

DC 20515

Box b Employer identification number (EIN)

This W-2 record is for

(mark an X in one box):

Taxpayer ☒ Spouse
Box 1 Wages, tips, other compensation
 23,374.
Box 8 Allocated tips**Box 9** Advance EIC payment**Box 10** Dependent care benefits**Box 11** Nonqualified plans**Box 12a** Amount**Box 12b** Amount**Box 12c** Amount**Box 12d** Amount**Box 13** Statutory employee**Box 14a** Amount**Box 14b** Amount**Box 14c** Amount

▼ Code

C

▼ Code

D

▼ Code

▼ Code

▼ Description

OTHER

▼ Description

▼ Description

Box 15 State

NY

Box 16 State wages, tips, etc (for NYS)

23,374.

Box 17 New York State income tax withheld

1,493.

Box 18 Local wages, tips, etc (see instr)

Locality a

Locality b

Box 19 Local income tax withheld

Locality a

Locality b

Box 20 Locality name

Locality a

Locality b

Corrected (W-2c)

Do not detach.

W-2
Record 2
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)

This W-2 record is for

(mark an X in one box):

Taxpayer ☒ Spouse
Box 1 Wages, tips, other compensation
 138,761.
Box 8 Allocated tips**Box 9** Advance EIC payment**Box 10** Dependent care benefits**Box 11** Nonqualified plans**Box 12a** Amount**Box 12b** Amount**Box 12c** Amount**Box 12d** Amount**Box 13** Statutory employee**Box 14a** Amount**Box 14b** Amount**Box 14c** Amount

▼ Code

D

▼ Code

▼ Code

▼ Code

▼ Description

OTHER

▼ Description

▼ Description

Box 15 State

NY

Box 16 State wages, tips, etc (for NYS)

138,761.

Box 17 New York State income tax withheld

9,026.

Box 18 Local wages, tips, etc (see instr)

Locality a

Locality b

Box 19 Local income tax withheld

Locality a

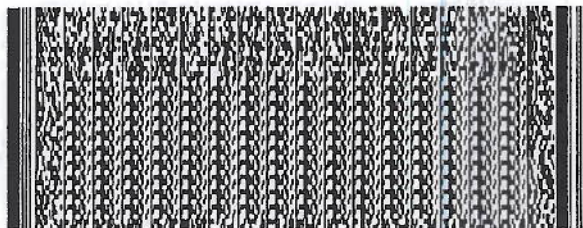
Locality b

Box 20 Locality name

Locality a

Locality b

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.

1021091032



Claim for Child and Dependent Care Credit

New York State • New York City

2009

IT-216

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

Name(s) as shown on return

▼ Your social security number

KIRSTEN E. AND JONATHAN M. GILLIBRAND

124-46-7539

- 1 Have you already filed your 2009 New York State income tax return? Yes No ☒ X

If Yes, you must file an amended New York State return and attach a copy of this claim.

- 2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

A — Care provider's first name,
middle initial, and last name

B — Address

C — Identifying number
(SSN or EIN)D — Amount paid
(see instructions)

[REDACTED]	[REDACTED]	•	[REDACTED]	14,862.
[REDACTED]	[REDACTED]	•	[REDACTED]	5,103.

- 3 Qualifying persons you are claiming. List in order from youngest to oldest.
(If you are claiming more than four qualifying persons, mark an X in the box and see instructions.)

A — First name and middle initial	B — Last name	C — Qualified expenses paid in 2009	D — Person with disability (see instr.)	E — Social security number	F — Year of birth
HENRY N	GILLIBRAND	11,140.	•	[REDACTED]	2008
THEODORE I	GILLIBRAND	3,825.	•	[REDACTED]	2003
			•		
			•		

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any 3a. 14,965.

- 4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)?

Yes ☒ X No

Note: On line 5, if you are claiming expenses paid for a dependent child born in 1996, enter that child's birth month here.
Include as qualified expenses only those paid from January 1, 2009, through the day preceding the child's 13th birthday

- 5 Enter the **smallest** of:

- line 3a above; or
— federal Form 2441, line 3; or
— 3,000 if one qualifying person, or 6,000 if two or more qualifying persons

Dollars

6 Enter your earned income (see instructions)	5.	1,000.
7 If your filing status is (2) Married filing joint return, enter your spouse's earned income; all others, enter the amount from line 6 (see instructions)	6.	162,135.
8 Enter the smallest of line 5, 6, or 7	7.	35,427.
9 Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38	8.	1,000.
9.	194,902.	
10 Enter the decimal amount that applies to the amount on line 9 from the Table for line 10 in the instructions	10.	.20
11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on page 2)	11.	200.

NY104212L 12/17/09

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Please file this original scannable credit form with the Tax Department.

- 12 Amount from line 11 12. 200.
- 13 Enter below your New York adjusted gross income (Form IT-150 filers, line 21; Form IT-201 filers, line 33; Form IT-203 filers, line 32)
New York adjusted gross income 194,902.
- Use the New York State child and dependent care credit limitation table in the instructions to determine the decimal to be entered on this line 13. 0.200
- 14 Multiply line 12 by the decimal amount on line 13. This is your New York State child and dependent care credit (see instructions) 14. 40.

Part-year New York State residents

- 15 Enter the amount from Form IT-203, line 40 15.
If line 15 is equal to or more than line 14, stop. You do not have excess credit.
If line 15 is less than line 14, continue on line 16 below.
- 16 Subtract line 15 from line 14. This is your excess child and dependent care credit 16.
- 17 Enter the amount from Form IT-203-ATT, line 29 (if you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.) 17.
- If line 17 is equal to or more than line 16, stop. Do not continue with this worksheet.
Enter the line 16 amount on Form IT-203-ATT, line 30. If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.
- 18 Subtract line 17 from line 16. This is your remaining excess child and dependent care credit 18.
- 19 Enter the amount from line 18, Column D, of the
Part-year resident income allocation worksheet
in the instructions for Form IT-203 19.
- 20 Enter the amount from line 18, Column A, of the
Part-year resident income allocation worksheet
in the instructions for Form IT-203 20.
- 21 Divide line 19 by line 20 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000) 21.
- 22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. This is the refundable portion of your New York State part-year resident child and dependent care credit 22.

New York City child and dependent care credit

If you were a resident of New York City at any time during 2009 and your federal adjusted gross income (on Form IT-150, line 11; IT-201, line 19; or IT-203, line 19, Federal amount column) is \$30,000 or less and you listed a child under 4 years old as of December 31, 2009 on line 3, complete line 23 and see instructions.

- 23 Enter the portion of the total expenses from line 3a that was paid for children under 4 years old 23.
- IT-150 and IT-201 filers:
- 24 Refundable New York City child and dependent care credit (from Worksheet 1, line 7 or line 13) 24.
- 25 Add lines 14 and 24 25.

IT-150 filers: Enter the line 25 amount on Form IT-150, line 39
IT-201 filers: Enter the line 25 amount on Form IT-201, line 64

- 26 Part-year New York City resident nonrefundable New York City child and dependent care credit (from Worksheet 1, line 8) 26.
- IT-201 filers: Enter the line 26 amount on Form IT-201-ATT, line 9a

IT-203 filers:

- 27 Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (from Worksheet 1, line 8); also enter this amount on Form IT-203, line 52b 27.
- 28 Refundable portion of your part-year New York City resident New York City child and dependent care credit (from Worksheet 1, line 13); also enter this amount on Form IT-203-ATT, line 9a 28.
- Part-year New York City resident filers only:
- 29 Enter the amount from Worksheet 1, line 10 29.
- 30 Enter the amount from Worksheet 1, line 11 30.



2009

NEW YORK STATEMENTS

PAGE 1

KIRSTEN E. AND JONATHAN M. GILLIBRAND

7/26/12

01:31PM

STATEMENT 1
FORM IT-201, LINE 17
ADJUSTMENTS TO INCOME

ONE HALF OF SELF-EMPLOYMENT TAX.....
TOTAL \$ 2,693.
\$ 2,693.

STATEMENT 2
FORM IT-201, ITEMIZED DEDUCTION WORKSHEET, LINE I
STATE, LOCAL, FOREIGN TAX, OTHER SUBTRACTIONS

STATE, LOCAL, AND FOREIGN TAXES..... \$ 32,378.
ADJUSTMENT FROM SUBTRACTION ADJUSTMENT LIMITATION WORKSHEET..... -113.
TOTAL \$ 32,265.