

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

**See separate instructions.**

Your first name: **Kirsten** M.I. **E** Last name **Gillibrand** Suffix \_\_\_\_\_  
**Your social security number** \_\_\_\_\_

If a joint return, spouse's first name: **Jonathan** M.I. **M** Last name **Gillibrand** Suffix \_\_\_\_\_  
**Spouse's social security number** \_\_\_\_\_

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

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). \_\_\_\_\_

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

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  **You**  **Spouse**

**Filing Status**

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 instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

5  Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

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

b  Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
Theodore	Gillibrand	_____	_____	<input checked="" type="checkbox"/>
Henry	Gillibrand	_____	_____	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed **4**

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 instructions): **0**  
 Dependents on 6c not entered above: **0**

Add numbers on lines above: **4**

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	180,611
8a	Taxable interest. Attach Schedule B if required	8a	273
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). 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	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	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	
b	Taxable amount	20b	0
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	177,884

**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	
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	
b	Recipient's SSN		
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	177,884

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for Tax and Credits.

Standard Deduction for—

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

• All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 for Other Taxes.

Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 for Payments.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 for Amount You Owe.

Third Party Designee

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

Designee's name: Jonathan Rutnik CPA Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year.

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

Your signature: Jonathan Rutnik CPA Date: Your occupation: US Senator Daytime phone number: Spouse's signature: Finance Manager Date: Spouse's occupation: Finance Manager

Paid Preparer Use Only

Print/Type preparer's name: Jonathan F Rutnik Preparer's signature: Date: 3/24/2017 Check [ ] if self-employed PTIN: Firm's name: Firm's EIN: Phone no.:

SCHEDULE A (Form 1040)

Itemized Deductions

OMB No. 1545-0074

2016

Attachment Sequence No. 07

Department of the Treasury Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

Kirsten E and Jonathan M Gillibrand

[Redacted Social Security Number]

Main body of the form containing sections: Medical and Dental Expenses, Taxes You Paid, Interest You Paid, Gifts to Charity, Casualty and Theft Losses, Job Expenses and Certain Miscellaneous Deductions, Other Miscellaneous Deductions, and Total Itemized Deductions.

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

Interest and Ordinary Dividends

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.  
▶ Information about Schedule B and its instructions is at [www.irs.gov/scheduleb](http://www.irs.gov/scheduleb).

Name(s) shown on return

Your social security number

Kirsten E and Jonathan M Gillibrand

Part I

Interest

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 instructions on back and list this interest first. Also, show that buyer's social security number and address ▶

Citibank, NA  
US Senate Federal Credit Union

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

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  
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815  
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

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

Amount

263  
10

1

2

273

3

4

273

Part II

Ordinary Dividends

(See instructions on back and the 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.

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

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

Amount

5

6

0

Part III  
Foreign Accounts and Trusts

(See instructions on back.)

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.

7a At any time during 2016, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .

b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶

8 During 2016, 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 on back . . . . .

Table with 2 columns: Yes, No. Row 7a: No (X). Row 8: No (X).

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor Kirsten E Gillibrand	Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) Writer	B Enter code from instructions ▶ 711510
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN), (see instr.)
E Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code	
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶	
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2016, check here . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . .	▶ <input type="checkbox"/>	1		
2 Returns and allowances . . . . .		2		
3 Subtract line 2 from line 1 . . . . .		3	0	
4 Cost of goods sold (from line 42) . . . . .		4		
5 <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .		5	0	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .		6		
7 <b>Gross income.</b> Add lines 5 and 6 . . . . .		7	0	

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

8 Advertising . . . . .	8				18 Office expense (see instructions) . . . . .	18		
9 Car and truck expenses (see instructions) . . . . .	9				19 Pension and profit-sharing plans . . . . .	19		
10 Commissions and fees . . . . .	10				20 Rent or lease (see instructions):			
11 Contract labor (see instructions) . . . . .	11				a Vehicles, machinery, and equipment . . . . .	20a		
12 Depletion . . . . .	12				b Other business property . . . . .	20b		
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	13				21 Repairs and maintenance . . . . .	21		
14 Employee benefit programs (other than on line 19) . . . . .	14				22 Supplies (not included in Part III) . . . . .	22		
15 Insurance (other than health) . . . . .	15				23 Taxes and licenses . . . . .	23		
16 Interest:					24 Travel, meals, and entertainment:			
a Mortgage (paid to banks, etc.) . . . . .	16a				a Travel . . . . .	24a		
b Other . . . . .	16b				b Deductible meals and entertainment (see instructions) . . . . .	24b		
17 Legal and professional services . . . . .	17				25 Utilities . . . . .	25		
					26 Wages (less employment credits) . . . . .	26		
					27a Other expenses (from line 48) . . . . .	27a		
					b <b>Reserved for future use</b> . . . . .	27b		
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .					28		0	
29 Tentative profit or (loss). Subtract line 28 from line 7 . . . . .					29		0	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30. . . . .					30			
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.					31			
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 <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.					32a	<input type="checkbox"/>	All investment is at risk.	
					32b	<input type="checkbox"/>	Some investment is not at risk.	

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a [ ] Cost b [ ] Lower of cost or market c [ ] Other (attach explanation)
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation. [ ] Yes [ ] No
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation
36 Purchases less cost of items withdrawn for personal use
37 Cost of labor. Do not include any amounts paid to yourself
38 Materials and supplies
39 Other costs
40 Add lines 35 through 39
41 Inventory at end of year
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.

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

43 When did you place your vehicle in service for business purposes? (month, day, year)
44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
a Business b Commuting (see instructions) c Other
45 Was your vehicle available for personal use during off-duty hours? [ ] Yes [ ] No
46 Do you (or your spouse) have another vehicle available for personal use? [ ] Yes [ ] No
47 a Do you have evidence to support your deduction? [ ] Yes [ ] No
b If "Yes," is the evidence written? [ ] Yes [ ] No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Table with 3 columns for listing other expenses and a total row at the bottom.

48 Total other expenses. Enter here and on line 27a 48 0

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2016**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at [www.irs.gov/scheduled](http://www.irs.gov/scheduled).

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return

Kirsten E and Jonathan M Gillibrand

Your social security number

[REDACTED]

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				0
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				0
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				0
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				0
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( 20,610)
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> -20,610

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				0
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				0
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				0
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				0
<b>11</b> 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 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( 1,755)
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .				<b>15</b> -1,755

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

Schedule D (Form 1040) 2016

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>● If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>● If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>● If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>	<p><b>16</b></p>	<p>-22,365</p>
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions . . . . . ▶</p>	<p><b>18</b></p>	
<p><b>19</b> Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions . . . . . ▶</p>	<p><b>19</b></p>	
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>● The loss on line 16 or</li> <li>● (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<p><b>21</b></p>	<p>( 3,000)</p>
<p><b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>		



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

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, excess farm loss, 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 [X] No

Table with 5 columns: (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. Row A: Wind Crest LLC, P, [ ], [redacted], [X].

Table with 5 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 A, B, C, D, 29a Totals, 29b Totals, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

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

Table with 4 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 A, B, 34a Totals, 34b Totals, 35, 36, 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. Includes row 38 and 39.

Part V Summary

Table with 2 columns: Description, Amount. Rows 40, 41, 42, 43.

# Child and Dependent Care Expenses



Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.  
▶ Information about Form 2441 and its separate instructions is at [www.irs.gov/form2441](http://www.irs.gov/form2441).

2441

Name(s) shown on return

Your social security number

Kirsten E and Jonathan M Gillibrand

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

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
				6,899

Did you receive dependent care benefits?  No  Yes

Complete only Part II below. Complete Part III on the back 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 60a, or Form 1040NR, line 59a.

**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 2016 for the person listed in column (a)
First	Last		
Theodore	Gillibrand		6,067
Henry	Gillibrand		832

<b>3</b>	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 . . . . .	<b>3</b>	6,000																																																												
<b>4</b>	Enter your <b>earned income</b> . See instructions . . . . .	<b>4</b>	169,073																																																												
<b>5</b>	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4 . . . . .	<b>5</b>	11,538																																																												
<b>6</b>	Enter the <b>smallest</b> of line 3, 4, or 5 . . . . .	<b>6</b>	6,000																																																												
<b>7</b>	Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 . . . . .	<b>7</b>	177,884																																																												
<b>8</b>	Enter on line 8 the decimal amount shown below that applies to the amount on line 7																																																														
	<table border="0"> <tr> <td colspan="3">If line 7 is:</td> <td colspan="3">If line 7 is:</td> </tr> <tr> <td>Over</td> <td>But not over</td> <td>Decimal amount is</td> <td>Over</td> <td>But not over</td> <td>Decimal amount is</td> </tr> <tr> <td>\$0—15,000</td> <td></td> <td>.35</td> <td>\$29,000—31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>15,000—17,000</td> <td></td> <td>.34</td> <td>31,000—33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>17,000—19,000</td> <td></td> <td>.33</td> <td>33,000—35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>19,000—21,000</td> <td></td> <td>.32</td> <td>35,000—37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>21,000—23,000</td> <td></td> <td>.31</td> <td>37,000—39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>23,000—25,000</td> <td></td> <td>.30</td> <td>39,000—41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>25,000—27,000</td> <td></td> <td>.29</td> <td>41,000—43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>27,000—29,000</td> <td></td> <td>.28</td> <td>43,000—No limit</td> <td></td> <td>.20</td> </tr> </table>	If line 7 is:			If line 7 is:			Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	\$0—15,000		.35	\$29,000—31,000		.27	15,000—17,000		.34	31,000—33,000		.26	17,000—19,000		.33	33,000—35,000		.25	19,000—21,000		.32	35,000—37,000		.24	21,000—23,000		.31	37,000—39,000		.23	23,000—25,000		.30	39,000—41,000		.22	25,000—27,000		.29	41,000—43,000		.21	27,000—29,000		.28	43,000—No limit		.20	<b>8</b>	X 0.20
If line 7 is:			If line 7 is:																																																												
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is																																																										
\$0—15,000		.35	\$29,000—31,000		.27																																																										
15,000—17,000		.34	31,000—33,000		.26																																																										
17,000—19,000		.33	33,000—35,000		.25																																																										
19,000—21,000		.32	35,000—37,000		.24																																																										
21,000—23,000		.31	37,000—39,000		.23																																																										
23,000—25,000		.30	39,000—41,000		.22																																																										
25,000—27,000		.29	41,000—43,000		.21																																																										
27,000—29,000		.28	43,000—No limit		.20																																																										
<b>9</b>	Multiply line 6 by the decimal amount on line 8. If you paid 2015 expenses in 2016, see the instructions . . . . .	<b>9</b>	1,200																																																												
<b>10</b>	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions . . . . .	<b>10</b>	24,597																																																												
<b>11</b>	<b>Credit for child and dependent care expenses.</b> Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47 . . . . .	<b>11</b>	1,200																																																												

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

**Part III Dependent Care Benefits**

<b>12</b>	Enter the total amount of <b>dependent care benefits</b> you received in 2016. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Do not</b> 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 . . . . .	<b>12</b>		
<b>13</b>	Enter the amount, if any, you carried over from 2015 and used in 2016 during the grace period. See instructions . . . . .	<b>13</b>		
<b>14</b>	Enter the amount, if any, you forfeited or carried forward to 2017. See instructions . . . . .	<b>14</b>	(	)
<b>15</b>	Combine lines 12 through 14. See instructions . . . . .	<b>15</b>		0
<b>16</b>	Enter the total amount of <b>qualified expenses</b> incurred in 2016 for the care of the <b>qualifying person(s)</b> . . . . .	<b>16</b>		
<b>17</b>	Enter the <b>smaller</b> of line 15 or 16 . . . . .	<b>17</b>		0
<b>18</b>	Enter your <b>earned income</b> . See instructions . . . . .	<b>18</b>		
<b>19</b>	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>• If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).</li> <li>• If married filing separately, see instructions.</li> <li>• All others, enter the amount from line 18.</li> </ul>	<b>19</b>		
<b>20</b>	Enter the <b>smallest</b> of line 17, 18, or 19 . . . . .	<b>20</b>		0
<b>21</b>	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19) . . . . .	<b>21</b>		5,000
<b>22</b>	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> Enter the amount here . . . . .	<b>22</b>		0
<b>23</b>	Subtract line 22 from line 15 . . . . .	<b>23</b>		0
<b>24</b>	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions . . . . .	<b>24</b>		0
<b>25</b>	<b>Excluded benefits. Form 1040 and 1040NR filers:</b> 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-. <b>Form 1040A filers:</b> Enter the <b>smaller</b> of line 20 or line 21 . . . . .	<b>25</b>		0
<b>26</b>	<b>Taxable benefits. Form 1040 and 1040NR filers:</b> 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." <b>Form 1040A filers:</b> 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" . . . . .	<b>26</b>		0

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

<b>27</b>	Enter \$3,000 (\$6,000 if two or more qualifying persons) . . . . .	<b>27</b>		0
<b>28</b>	<b>Form 1040 and 1040NR filers:</b> Add lines 24 and 25. <b>Form 1040A filers:</b> Enter the amount from line 25 . . . . .	<b>28</b>		0
<b>29</b>	Subtract line 28 from line 27. If zero or less, <b>stop</b> . You cannot take the credit. <b>Exception.</b> If you paid 2015 expenses in 2016, see the instructions for line 9 . . . . .	<b>29</b>		0
<b>30</b>	Complete line 2 on the front of this form. <b>Do not</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here . . . . .	<b>30</b>		0
<b>31</b>	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11 . . . . .	<b>31</b>		0

### At-Risk Limitations

▶ **Attach to your tax return.**  
▶ **See separate instructions.**

Name(s) shown on return: **Kirsten E and Jonathan M Gillibrand** Identifying number: XXXXXXXXXX

Description of activity (see page 2 of the instructions):  
K-1 (1065): 01 - Wind Crest LLC( XXXXXXXXXX )

**Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts**

See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	-80
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	( )
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	-80

**Part II Simplified Computation of Amount At Risk.** See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. <b>Do not</b> enter less than zero	6	24,136
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	24,136
9	Decreases for the tax year (see page 4 of the instructions)	9	
10 a	Subtract line 9 from line 8	10a	24,136
10 b	If line 10a is <b>more</b> than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see <b>Pub. 925</b> for information on the recapture rules	10b	24,136

**Part III Detailed Computation of Amount At Risk.** If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. <b>Do not</b> enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	0
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. <b>Do not</b> enter less than zero.	15	0
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. <b>Do not</b> enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):	16	
a	<input type="checkbox"/> Effective date	17	0
b	<input type="checkbox"/> The end of your prior year		
17	Add lines 15 and 16	17	0
18	Decreases since (check box that applies):	18	
a	<input type="checkbox"/> Effective date	19	0
b	<input type="checkbox"/> The end of your prior year		
19 a	Subtract line 18 from line 17	19a	0
19 b	If line 19a is <b>more</b> than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see <b>Pub. 925</b> for information on the recapture rules	19b	0

**Part IV Deductible Loss**

20	<b>Amount at risk.</b> Enter the <b>larger</b> of line 10b or line 19b	20	24,136
21	<b>Deductible loss.</b> Enter the <b>smaller</b> of the line 5 loss (treated as a positive number) or line 20. See page 8 of the instructions to find out how to report any deductible loss and any carryover.	21	( 80 )

**Note:** If the loss is from a passive activity, see the Instructions for **Form 8582**, *Passive Activity Loss Limitations*, or the Instructions for **Form 8810**, *Corporate Passive Activity Loss and Credit Limitations*, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

**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](http://www.irs.gov/form6251).

Attachment  
Sequence No. **32**

▶ Attach to Form 1040 or Form 1040NR.

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

Your social security number

Kirsten E and Jonathan M Gillibrand

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

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.) . . . . .	1	136,802
2	Medical and dental. If you or your spouse was 65 or older, enter the <b>smaller</b> of Schedule A (Form 1040), line 4, or 2.5% (0.025) of Form 1040, line 38. If zero or less, enter -0- . . . . .	2	0
3	Taxes from Schedule A (Form 1040), line 9 . . . . .	3	37,860
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	If Form 1040, line 38, is \$155,650 or less, enter -0-. Otherwise, see instructions . . . . .	6	( 0 )
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, see instructions . . . . .	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income) . . . . .	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) . . . . .	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) . . . . .	16	
17	Disposition of property (difference between AMT and regular tax gain or loss) . . . . .	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) . . . . .	18	
19	Passive activities (difference between AMT and regular tax income or loss) . . . . .	19	
20	Loss limitations (difference between AMT and regular tax income or loss) . . . . .	20	
21	Circulation costs (difference between regular tax and AMT) . . . . .	21	
22	Long-term contracts (difference between AMT and regular tax income) . . . . .	22	
23	Mining costs (difference between regular tax and AMT) . . . . .	23	
24	Research and experimental costs (difference between regular tax and AMT) . . . . .	24	
25	Income from certain installment sales before January 1, 1987 . . . . .	25	( )
26	Intangible drilling costs preference . . . . .	26	
27	Other adjustments, including income-based related adjustments . . . . .	27	
28	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$247,450, see instructions.) . . . . .	28	174,662

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

29	Exemption. (If you were under age 24 at the end of 2016, see instructions.) . . . . .		
	<b>IF your filing status is . . . . . AND line 28 is not over . . . . . THEN enter on line 29 . . . . .</b>		
	Single or head of household . . . . . \$119,700 . . . . . \$53,900	}	29
	Married filing jointly or qualifying widow(er) 159,700 . . . . . 83,800		
	Married filing separately . . . . . 79,850 . . . . . 41,900		
	If line 28 is <b>over</b> the amount shown above for your filing status, see instructions.		80,059
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	94,603
31	<ul style="list-style-type: none"> <li>If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here.</li> <li><b>All others:</b> If line 30 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result.</li> </ul>	}	31
32	Alternative minimum tax foreign tax credit (see instructions) . . . . .	32	
33	Tentative minimum tax. Subtract line 32 from line 31 . . . . .	33	24,597
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions) . . . . .	34	21,693
35	<b>AMT.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45 . . . . .	35	2,904

**SCHEDULE 8812**  
**(Form 1040A or 1040)**

# Child Tax Credit



OMB No. 1545-0074

**2016**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
- ▶ Information about Schedule 8812 and its separate instructions is at [www.irs.gov/schedule8812](http://www.irs.gov/schedule8812).

Name(s) shown on return

Kirsten E and Jonathan M Gillibrand

Your social security number

[REDACTED]

**Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)**



Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent is not a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

**A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes  No

**B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes  No

**C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes  No

**D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes  No

**Note.** If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here . . . . .

**Part II Additional Child Tax Credit Filers**

**1** If you file Form 2555 or 2555-EZ **stop** here; you cannot claim the additional child tax credit.

If you are required to use the worksheet in **Pub. 972**, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:

**1040 filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52).

**1040A filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35).

**1040NR filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49).

**2** Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49 . . . . .

**3** Subtract line 2 from line 1. If zero, **stop** here; you cannot claim this credit . . . . .

**4 a** Earned income (see separate instructions) . . . . .

**4a**

**b** Nontaxable combat pay (see separate instructions) . . . . .

**4b**

**5** Is the amount on line 4a more than \$3,000?

**No.** Leave line 5 blank and enter -0- on line 6.

**Yes.** Subtract \$3,000 from the amount on line 4a. Enter the result . . . . .

**5**

**6** Multiply the amount on line 5 by 15% (0.15) and enter the result . . . . .

**6**

**Next.** Do you have three or more qualifying children?

**No.** If line 6 is zero, **stop** here; you cannot claim this credit. Otherwise, skip Part III and enter the **smaller** of line 3 or line 6 on line 13.

**Yes.** If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.



**Part III Certain Filers Who Have Three or More Qualifying Children**

<b>7</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions . . . . .				
<b>8</b>	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62.				
	<b>1040A filers:</b> Enter -0-.				
	<b>1040NR filers:</b> Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.				
<b>9</b>	Add lines 7 and 8 . . . . .	<b>9</b>		0	
<b>10</b>	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 66a and 71.				
	<b>1040A filers:</b> Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions).				
	<b>1040NR filers:</b> Enter the amount from Form 1040NR, line 67.				
<b>11</b>	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .				<b>11</b> 0
<b>12</b>	Enter the <b>larger</b> of line 6 or line 11 . . . . .				<b>12</b> 0
	<b>Next</b> , enter the <b>smaller</b> of line 3 or line 12 on line 13.				

**Part IV Additional Child Tax Credit**

<b>13</b>	This is your additional child tax credit . . . . .				<b>13</b> 0
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<b>1040</b>	Enter this amount on Form 1040, line 67, Form 1040A, line 43, or Form 1040NR, line 64.
<b>1040A</b>	
<b>1040NR</b>	

**Additional Medicare Tax**

Department of the Treasury  
Internal Revenue Service

- ▶ If any line does not apply to you, leave it blank. See separate instructions.
- ▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
- ▶ Information about Form 8959 and its instructions is at [www.irs.gov/form8959](http://www.irs.gov/form8959).

Attachment  
Sequence No. **71**

Name(s) shown on return: **Kirsten E and Jonathan M Gillibrand**      Your social security number: XXXXXXXXXX

**Part I Additional Medicare Tax on Medicare Wages**

<b>1</b>	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	<b>1</b>	180,611		
<b>2</b>	Unreported tips from Form 4137, line 6 . . . . .	<b>2</b>			
<b>3</b>	Wages from Form 8919, line 6 . . . . .	<b>3</b>			
<b>4</b>	Add lines 1 through 3 . . . . .	<b>4</b>	180,611		
<b>5</b>	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	<b>5</b>	250,000		
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>		0	
<b>7</b>	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	<b>7</b>		0	

**Part II Additional Medicare Tax on Self-Employment Income**

<b>8</b>	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	<b>8</b>			
<b>9</b>	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	<b>9</b>			
<b>10</b>	Enter the amount from line 4 . . . . .	<b>10</b>	180,611		
<b>11</b>	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	<b>11</b>	0		
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>		0	
<b>13</b>	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	<b>13</b>		0	

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation**

<b>14</b>	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	<b>14</b>			
<b>15</b>	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	<b>15</b>			
<b>16</b>	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	<b>16</b>		0	
<b>17</b>	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .	<b>17</b>		0	

**Part IV Total Additional Medicare Tax**

<b>18</b>	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V . . . . .	<b>18</b>			0
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**Part V Withholding Reconciliation**

<b>19</b>	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	<b>19</b>	2,619		
<b>20</b>	Enter the amount from line 1 . . . . .	<b>20</b>	180,611		
<b>21</b>	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	<b>21</b>	2,619		
<b>22</b>	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	<b>22</b>		0	
<b>23</b>	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	<b>23</b>			
<b>24</b>	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) . . . . .	<b>24</b>		0	



# Net Investment Income Tax— Individuals, Estates, and Trusts

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to your tax return.**

▶ **Information about Form 8960 and its separate instructions is at [www.irs.gov/form8960](http://www.irs.gov/form8960).**

Attachment  
Sequence No. **72**

Name(s) shown on your tax return: **Kirsten E and Jonathan M Gillibrand**      Your social security number or EIN: XXXXXXXXXX

- Part I Investment Income**
- Section 6013(g) election (see instructions)
- Section 6013(h) election (see instructions)
- Regulations section 1.1411-10(g) election (see instructions)

<b>1</b>	Taxable interest (see instructions) . . . . .		<b>1</b>	273	
<b>2</b>	Ordinary dividends (see instructions) . . . . .		<b>2</b>		
<b>3</b>	Annuities (see instructions) . . . . .		<b>3</b>		
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) . . . . .				
<b>b</b>	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) . . . . .				
<b>c</b>	Combine lines 4a and 4b . . . . .				<b>4c</b>
<b>5a</b>	Net gain or loss from disposition of property (see instructions) . . . . .	-3,000			
<b>b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) . . . . .				<b>5b</b>
<b>c</b>	Adjustment from disposition of partnership interest or S corporation stock (see instructions) . . . . .				<b>5c</b>
<b>d</b>	Combine lines 5a through 5c . . . . .				<b>5d</b>
<b>6</b>	Adjustments to investment income for certain CFCs and PFICs (see instructions) . . . . .		<b>6</b>		
<b>7</b>	Other modifications to investment income (see instructions) . . . . .		<b>7</b>		
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 . . . . .		<b>8</b>	-2,727	

**Part II Investment Expenses Allocable to Investment Income and Modifications**

<b>9a</b>	Investment interest expenses (see instructions) . . . . .			
<b>b</b>	State, local, and foreign income tax (see instructions) . . . . .			
<b>c</b>	Miscellaneous investment expenses (see instructions) . . . . .			
<b>d</b>	Add lines 9a, 9b, and 9c . . . . .			
<b>10</b>	Additional modifications (see instructions) . . . . .		<b>10</b>	
<b>11</b>	Total deductions and modifications. Add lines 9d and 10 . . . . .		<b>11</b>	0

**Part III Tax Computation**

<b>12</b>	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13–17. Estates and trusts complete lines 18a–21. If zero or less, enter -0- . . . . .		<b>12</b>	0
<b>Individuals:</b>				
<b>13</b>	Modified adjusted gross income (see instructions) . . . . .	177,884		
<b>14</b>	Threshold based on filing status (see instructions) . . . . .	250,000		
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0- . . . . .	0		
<b>16</b>	Enter the smaller of line 12 or line 15 . . . . .		<b>16</b>	0
<b>17</b>	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). <b>Enter here and include on your tax return</b> (see instructions) . . . . .		<b>17</b>	0
<b>Estates and Trusts:</b>				
<b>18a</b>	Net investment income (line 12 above) . . . . .			
<b>b</b>	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) . . . . .			
<b>c</b>	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0- . . . . .	0		
<b>19a</b>	Adjusted gross income (see instructions) . . . . .			
<b>b</b>	Highest tax bracket for estates and trusts for the year (see instructions) . . . . .			
<b>c</b>	Subtract line 19b from line 19a. If zero or less, enter -0- . . . . .	0		
<b>20</b>	Enter the smaller of line 18c or line 19c . . . . .		<b>20</b>	0
<b>21</b>	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). <b>Enter here and include on your tax return</b> (see instructions) . . . . .		<b>21</b>	0

# Passive Activity Loss Limitations

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at [www.irs.gov/form8582](http://www.irs.gov/form8582).

Attachment  
Sequence No. **88**

Name(s) shown on return

Kirsten E and Jonathan M Gillibrand

Identifying number

**Part I 2016 Passive Activity Loss**

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

<b>Rental Real Estate Activities With Active Participation</b> (For the definition of active participation, see <b>Special Allowance for Rental Real Estate Activities</b> in the instructions.)				
<b>1a</b> Activities with net income (enter the amount from Worksheet 1, column (a))	<b>1a</b>			
<b>b</b> Activities with net loss (enter the amount from Worksheet 1, column (b))	<b>1b</b>	( )		
<b>c</b> Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	<b>1c</b>	( )		
<b>d</b> Combine lines 1a, 1b, and 1c	<b>1d</b>		0	
<b>Commercial Revitalization Deductions From Rental Real Estate Activities</b>				
<b>2a</b> Commercial revitalization deductions from Worksheet 2, column (a)	<b>2a</b>	( )		
<b>b</b> Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	<b>2b</b>	( )		
<b>c</b> Add lines 2a and 2b	<b>2c</b>	( )		
<b>All Other Passive Activities</b>				
<b>3a</b> Activities with net income (enter the amount from Worksheet 3, column (a))	<b>3a</b>			
<b>b</b> Activities with net loss (enter the amount from Worksheet 3, column (b))	<b>3b</b>	( 80)		
<b>c</b> Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	<b>3c</b>	( 321)		
<b>d</b> Combine lines 3a, 3b, and 3c	<b>3d</b>	( 401)		
<b>4</b> 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	<b>4</b>	( 401)		

- 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.

<b>5</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4	<b>5</b>		0
<b>6</b> Enter \$150,000. If married filing separately, see instructions	<b>6</b>		
<b>7</b> Enter modified adjusted gross income, but not less than zero (see instructions)	<b>7</b>	0	
<b>Note:</b> 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.			
<b>8</b> Subtract line 7 from line 6	<b>8</b>	0	
<b>9</b> Multiply line 8 by 50% (0.5). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	<b>9</b>		0
<b>10</b> Enter the <b>smaller</b> of line 5 or line 9	<b>10</b>		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.

<b>11</b> Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	<b>11</b>		0
<b>12</b> Enter the loss from line 4	<b>12</b>		0
<b>13</b> Reduce line 12 by the amount on line 10	<b>13</b>		0
<b>14</b> Enter the <b>smallest</b> of line 2c (treated as a positive amount), line 11, or line 13	<b>14</b>		0

**Part IV Total Losses Allowed**

<b>15</b> Add the income, if any, on lines 1a and 3a and enter the total	<b>15</b>		0
<b>16</b> <b>Total losses allowed from all passive activities for 2016.</b> Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	<b>16</b>		0

**Caution:** The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
<b>Total. Enter on Form 8582, lines 1a, 1b, and 1c</b> . . . . . ▶	0	0	0		

**Worksheet 2—For Form 8582, Lines 2a and 2b** (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
<b>Total. Enter on Form 8582, lines 2a and 2b</b> . . . . . ▶	0	0	

**Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
K-1 (1065): Wind Crest LLC		80	321		401
<b>Total. Enter on Form 8582, lines 3a, 3b, and 3c</b> . . . . . ▶	0	80	321		

**Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
<b>Total</b> . . . . . ▶		0	1.00	0	0

**Worksheet 5—Allocation of Unallowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
K-1 (1065): Wind Crest LLC	Sch E, Part II	401	1.000000	401
<b>Total</b> . . . . . ▶		401	1.00	401

**Worksheet 6—Allowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
K-1 (1065): Wind Crest LLC	Sch E, Part II	401	401	
<b>Total</b>		401	401	0

**Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules** (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
<b>Form or schedule and line number to be reported on (see instructions):</b>					
<b>1a</b> Net loss plus prior year unallowed loss from form or schedule . . . ▶					
<b>b</b> Net income from form or schedule . . . . . ▶					
<b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
<b>Form or schedule and line number to be reported on (see instructions):</b>					
<b>1a</b> Net loss plus prior year unallowed loss from form or schedule . . . ▶					
<b>b</b> Net income from form or schedule . . . . . ▶					
<b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
<b>Form or schedule and line number to be reported on (see instructions):</b>					
<b>1a</b> Net loss plus prior year unallowed loss from form or schedule . . . ▶					
<b>b</b> Net income from form or schedule . . . . . ▶					
<b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
<b>Total</b>		0	1.00	0	0



Department of Taxation and Finance

# Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-201

For the full year January 1, 2016, through December 31, 2016, or fiscal year beginning .....

16

and ending .....

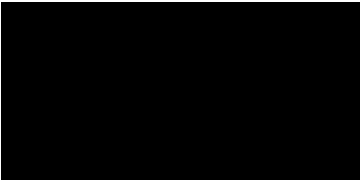
For help completing your return, see the instructions, Form IT-201-I.

Your first name KIRSTEN	MI E	Your last name (for a joint return, enter spouse's name on line below) GILLIBRAND	Your date of birth (mmddyyyy)	Your social security number
Spouse's first name JONATHAN	MI M	Spouse's last name GILLIBRAND	Spouse's (mmddyyyy)	Spouse's number
Mailing address (see instructions, page 13) (number and street or PO box)			Ap	New York residence
				RENSSELAER
State		ZIP code	Country (if not United States)	School district name
				WYNANTSKILL
Permanent home address (see instructions, page 13) (number and street or rural route)			Apartment number	School district code number ..... 713
City, village, or post office			Decedent information	Taxpayer's date of death (mmddyyyy)
NY				Spouse's date of death (mmddyyyy)

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

**B Did you itemize** your deductions on your 2016 federal income tax return? ..... Yes  No

**C Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes  No



**D1** Did you have a financial account located in a foreign country? (see page 14) ..... Yes  No

**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax freeze or property tax relief credit? (see page 14) ..... Yes  No
- (2) If Yes, enter the total amount .....

**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2016? (see page 14) .. Yes  No

(2) Enter the number of days spent in NYC in 2016 (any part of a day spent in NYC is considered a day) .....

**F NYC residents and NYC part-year residents only** (see page 14):

- (1) Number of months **you** lived in NYC in 2016 .....
- (2) Number of months **your spouse** lived in NYC in 2016 .....

**G** Enter your **2-character special condition code(s)** if applicable (see page 14) .....

**H Dependent exemption information** (see page 15)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)
THEODORE	I	GILLIBRAND			
HENRY	N	GILLIBRAND			

If more than 7 dependents, mark an **X** in the box.



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number
[REDACTED]

**Federal income and adjustments** (see page 15)

		Whole dollars only
1	Wages, salaries, tips, etc. ....	180611.00
2	Taxable interest income .....	273.00
3	Ordinary dividends .....	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	.00
5	Alimony received .....	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) .....	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	-3000.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box. .... <input type="checkbox"/>	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box ..... <input type="checkbox"/>	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	.00
12	Rental real estate included in line 11 ..... <input type="text" value="12"/> .00	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	.00
14	Unemployment compensation .....	.00
15	Taxable amount of social security benefits (also enter on line 27) .....	.00
16	Other income (see page 15) Identify: .....	.00
17	Add lines 1 through 11 and 13 through 16 .....	177884.00
18	Total federal adjustments to income (see page 15) Identify: .....	.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	177884.00

**New York additions** (see page 16)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments) ...	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) .....	.00
22	<b>New York's</b> 529 college savings program distributions (see page 16) .....	.00
23	Other (Form IT-225, line 9) .....	.00
24	Add lines 19 through 23 .....	177884.00

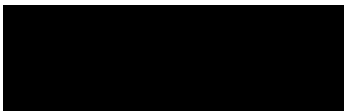
**New York subtractions** (see page 17)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	.00
26	Pensions of NYS and local governments and the federal government (see page 17) .....	.00
27	Taxable amount of social security benefits (from line 15) ...	.00
28	Interest income on U.S. government bonds .....	.00
29	Pension and annuity income exclusion (see page 18) .....	.00
30	<b>New York's</b> 529 college savings program deduction/earnings .....	.00
31	Other (Form IT-225, line 18) .....	.00
32	Add lines 25 through 31 .....	.00
33	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	177884.00

**Standard deduction or itemized deduction** (see page 20)

34	Enter your <b>standard deduction</b> (table on page 20) or your <b>itemized deduction</b> (from Form IT-201-D) Mark an <b>X</b> in the appropriate box: <input type="checkbox"/> <b>Standard</b> -or- <input checked="" type="checkbox"/> <b>Itemized</b>	24660.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	153224.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 20) .....	2000.00
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	151224.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1  
KIRSTEN E AND JONATHAN M GILLIBRAND

Your social security number  
[REDACTED]

**Tax computation, credits, and other taxes**

<b>38</b>	<b>Taxable income</b> (from line 37 on page 2) .....	<b>38</b>	151224.00
<b>39</b>	NYS tax on line 38 amount (see page 21) .....	<b>39</b>	9754.00
<b>40</b>	NYS household credit (page 21, table 1, 2, or 3) .....	<b>40</b>	.00
<b>41</b>	Resident credit (see page 22) .....	<b>41</b>	.00
<b>42</b>	Other NYS nonrefundable credits (Form IT-201-ATT, line 7) .....	<b>42</b>	.00
<b>43</b>	Add lines 40, 41, and 42 .....	<b>43</b>	.00
<b>44</b>	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....	<b>44</b>	9754.00
<b>45</b>	Net other NYS taxes (Form IT-201-ATT, line 30) .....	<b>45</b>	.00
<b>46</b>	<b>Total New York State taxes</b> (add lines 44 and 45) .....	<b>46</b>	9754.00

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

<b>47</b>	NYC resident tax on line 38 amount (see page 22) .....	<b>47</b>	.00
<b>48</b>	NYC household credit (page 22, table 4, 5, or 6) .....	<b>48</b>	.00
<b>49</b>	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank) .....	<b>49</b>	.00
<b>50</b>	Part-year NYC resident tax (Form IT-360.1) .....	<b>50</b>	.00
<b>51</b>	Other NYC taxes (Form IT-201-ATT, line 34) .....	<b>51</b>	.00
<b>52</b>	Add lines 49, 50, and 51 .....	<b>52</b>	.00
<b>53</b>	NYC nonrefundable credits (Form IT-201-ATT, line 10) .....	<b>53</b>	.00
<b>54</b>	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....	<b>54</b>	.00
<b>54a</b>	MCTMT net earnings base ..	<b>54a</b>	.00
<b>54b</b>	MCTMT .....	<b>54b</b>	.00
<b>55</b>	Yonkers resident income tax surcharge (see page 25) .....	<b>55</b>	.00
<b>56</b>	Yonkers nonresident earnings tax (Form Y-203) .....	<b>56</b>	.00
<b>57</b>	Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....	<b>57</b>	.00
<b>58</b>	<b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 54 and 54b through 57) .....	<b>58</b>	.00
<b>59</b>	<b>Sales or use tax</b> (see page 26; do not leave line 59 blank) .....	<b>59</b>	0.00

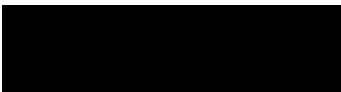
See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



**Voluntary contributions** (see page 27)

<b>60a</b>	Return a Gift to Wildlife .....	<b>60a</b>	.00
<b>60b</b>	Missing/Exploited Children Fund .....	<b>60b</b>	.00
<b>60c</b>	Breast Cancer Research Fund .....	<b>60c</b>	.00
<b>60d</b>	Alzheimer's Fund .....	<b>60d</b>	.00
<b>60e</b>	Olympic Fund (\$2 or \$4; see page 27) .....	<b>60e</b>	.00
<b>60f</b>	Prostate and Testicular Cancer Research and Education Fund .....	<b>60f</b>	.00
<b>60g</b>	9/11 Memorial .....	<b>60g</b>	.00
<b>60h</b>	Volunteer Firefighting & EMS Recruitment Fund .....	<b>60h</b>	.00
<b>60i</b>	Teen Health Education .....	<b>60i</b>	.00
<b>60j</b>	Veterans Remembrance .....	<b>60j</b>	.00
<b>60k</b>	Homeless Veterans .....	<b>60k</b>	.00
<b>60l</b>	Mental Illness Anti-Stigma Fund .....	<b>60l</b>	.00
<b>60m</b>	Women's Cancers Education and Prevention Fund .....	<b>60m</b>	.00
<b>60n</b>	Autism Fund .....	<b>60n</b>	.00
<b>60</b>	<b>Total voluntary contributions</b> (add lines 60a through 60n) .....	<b>60</b>	.00
<b>61</b>	<b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 46, 58, 59, and 60) .....	<b>61</b>	9754.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your social security number  
[REDACTED]

62 Enter amount from line 61 ..... **62** 9754.00

**Payments and refundable credits** (see page 28)

63	Empire State child credit .....	63	.00
63a	Family tax relief credit .....	63a	350.00
64	NYS/NYC child and dependent care credit .....	64	240.00
65	NYS earned income credit (EIC) .....	65	.00
66	NYS noncustodial parent EIC .....	66	.00
67	Real property tax credit .....	67	.00
68	College tuition credit .....	68	.00
69	NYC school tax credit (also complete F on page 1; see page 29) .....	69	.00
70	NYC earned income credit .....	70	.00
70a	NYC enhanced real property tax credit .....	70a	.00
71	Other refundable credits (Form IT-201-ATT, line 18) .....	71	.00
72	Total New York State tax withheld .....	72	10662.00
73	Total New York City tax withheld .....	73	.00
74	Total Yonkers tax withheld .....	74	.00
75	Total estimated tax payments and amount paid with Form IT-370 .....	75	.00



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12).  
Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75) ..... **76** 11252.00

**Your refund, amount you owe, and account information** (see pages 31 through 33)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) ..... **77** 1498.00

78 Amount of line 77 to be refunded  
Mark one refund choice:  direct deposit (fill in line 83) -or-  paper check ..... **78** 1498.00

79 Amount of line 77 that you want applied to your 2017 estimated tax (see instructions) ..... **79** .00  
Refund? Direct deposit is the easiest, fastest way to get your refund.

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. If you pay by check or money order you must complete Form IT-201-V and mail it with your return ..... **80** .00  
See page 32 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 31) ..... **81** .00  
82 Other penalties and interest (see page 32) ..... **82** .00  
See page 35 for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal (see page 32).  
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 pg 32)

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 page 33) ..... Date [REDACTED] Amount [REDACTED].00

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

▼ Paid preparer must complete ▼ (see instructions)	Preparer's NYTPRIN	NYTPRIN excl. code	03
Preparer's signature [REDACTED]	Preparer's printed name JONATHAN F RUTNIK		
[REDACTED] (loyed)	Prepare	[REDACTED]	
[REDACTED]	Employ	[REDACTED]	member
[REDACTED]	[REDACTED]	03242017	
E-mail: [REDACTED]			

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

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

# Resident Itemized Deduction Schedule IT-201-D

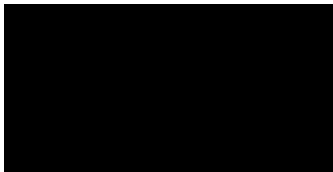
Submit this form with Form IT-201. See instructions for completing Form IT-201-D in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201	Your social security number
KIRSTEN E AND JONATHAN M GILLIBRAND	

Whole dollars only

1	Medical and dental expenses (federal Schedule A, line 4)	1	.00
2	Taxes you paid (federal Schedule A, line 9)	2	37860.00
3	Interest you paid (federal Schedule A, line 15)	3	.00
4	Gifts to charity (federal Schedule A, line 19)	4	3222.00
5	Casualty and theft losses (federal Schedule A, line 20)	5	.00
6	Job expenses / miscellaneous deductions (federal Schedule A, line 27)	6	.00
7	Other miscellaneous deductions (federal Schedule A, line 28)	7	.00
8	Enter amount from federal Schedule A, line 29	8	41082.00
9	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions)	9	16422.00
10	Subtract line 9 from line 8	10	24660.00
11	Addition adjustments (see instructions)	11	.00
12	Add lines 10 and 11	12	24660.00
13	Itemized deduction adjustment (see instructions)	13	.00
14	Subtract line 13 from line 12	14	24660.00
15	College tuition itemized deduction (see Form IT-272)	15	.00
16	New York State itemized deduction (add lines 14 and 15; enter on Form IT-201, line 34)	16	24660.00

NO HANDWRITTEN ENTRIES ON THIS FORM





# Claim for Family Tax Relief Credit

# IT-114

Submit this form with Form IT-201.

Name(s) as shown on return	Your social security number
KIRSTEN E AND JONATHAN M GILLIBRAND	[REDACTED]

## Step 1 – Determine eligibility

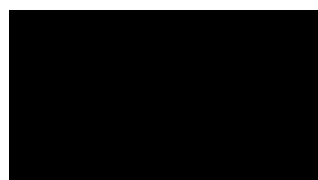
- 1 Were you a New York State resident for **all** of 2016? ..... 1 Yes  No   
If **No, stop**; you do not qualify for this credit.
  
- 2 Did you claim a dependent exemption for a child under age 17 on your return for 2016? ..... 2 Yes  No   
If **No, stop**; you do not qualify for this credit.
  
- 3 Enter your New York adjusted gross income from Form IT-201, line 33 ..... 3 177884.00  
If line 3 is less than \$40,000 or more than \$300,000, **stop**; you do not qualify for this credit.
  
- 4 Enter your line O amount from the *Tax liability worksheet (see instructions)* ..... 4 9514.00  
If line 4 is less than \$0, **stop**; you do not qualify for this credit.
  
- 5 If line 4 is \$0 or more, enter **350** here and on line 63a of Form IT-201 ..... 5 350.00

## Step 2 – Enter dependent information

List below the name including suffix (for example, Jr., Sr., III), social security number, and date of birth for each dependent claimed on your return. List the youngest first. If you are claiming more than 10 dependents, see instructions.

First name	MI	Last name	Suffix	Social security number	Date of birth (mmddyyyy)
HENRY	N	GILLIBRAND		[REDACTED]	[REDACTED]
THEODORE	I	GILLIBRAND		[REDACTED]	[REDACTED]

NO HANDWRITTEN ENTRIES ON THIS FORM





Department of Taxation and Finance

# Claim for Child and Dependent Care Credit

# IT-216

New York State • New York City

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return KIRSTEN E AND JONATHAN M GILLIBRAND	Your social security number [REDACTED]
---	---

1 Have you already filed your New York State income tax return? ..... Yes  No   
 If Yes, you must file an amended New York State return and include Form IT-216 to claim this credit.

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

1st Care provider	A - Care provider name (first name, middle initial, and last name, or business name) [REDACTED]	C - Identifying number (SSN or EIN) [REDACTED]	D - Amount paid (see instr.) 6899.00
	City [REDACTED]	State [REDACTED]	
2nd Care provider	A - Care provider name (first name, middle initial, and last name, or business name) [REDACTED]	C - Identifying number (SSN or EIN) [REDACTED]	D - Amount paid (see instr.) .00
	B - Number and street [REDACTED]	City [REDACTED]	State ZIP code [REDACTED]

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		MI	B Last name		Suffix	C Qualified expenses paid	D Person with disability (see instr.)	E Social security number	F Date of birth (mmdyyyy)
HENRY		N	GILLIBRAND			832.00	<input type="checkbox"/>	[REDACTED]	[REDACTED]
THEODORE		I	GILLIBRAND			6067.00	<input type="checkbox"/>	[REDACTED]	[REDACTED]
						.00	<input type="checkbox"/>		
						.00	<input type="checkbox"/>		

**Note:** If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any ..... **3a** 6899.00

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)? ..... Yes  No

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 .....

Whole dollars only

5	6000.00
6	169073.00

6 Enter your earned income (see instructions) .....

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) .....

7	11538.00
8	6000.00

8 Enter the smallest of line 5, 6, or 7 .....

9 Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38 .....

9	177884.00
---	-----------

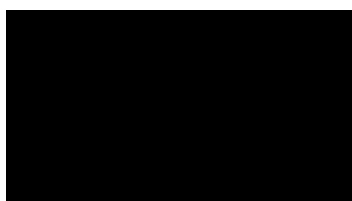
10 Enter the decimal amount that applies to the amount on line 9 from the Table for line 10 in the instructions .....

10	0.20
----	------

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on the back) .....

11	1200.00
----	---------

NO HANDWRITTEN ENTRIES ON THIS FORM





- 12 Amount from line 11 ..... 

12	1200.00
----	---------
- 13 Enter your **New York adjusted gross income** (Form IT-201 filers, line 33; Form IT-203 filers, line 32) ..... 

13	177884.00
----	-----------

  
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	240.00
----	--------

**Part-year New York State residents**

- 15 Enter the amount from Form IT-203, line 40 ..... 

15	.00
----	-----

  
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	.00
----	-----
- 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	.00
----	-----

  
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	.00
----	-----
- 19 Enter the amount from line 19, Column D, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 ..... 

19	.00
----	-----
- 20 Enter the amount from line 19, Column A, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 ..... 

20	.00
----	-----
- 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	.00
----	-----

**New York City child and dependent care credit**

If you were a resident of New York City at any time during the tax year **and** your federal adjusted gross income is \$30,000 or less (*see Note under New York City credit* on page 1 of the instructions) **and** you listed a child under 4 years old as of December 31, on line 3, complete line 23 and see page 4 of the instructions.

- 23 Enter the portion of the total expenses from line 3a that was paid for children under 4 years old . 

23	.00
----	-----
- IT-201 filers:**
- 24 Refundable New York City child and dependent care credit (*from Worksheet 1, line 7 or line 13*)..... 

24	.00
----	-----
- 25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64 ..... 

25	.00
----	-----
- 26 Part-year New York City resident nonrefundable New York City child and dependent care credit (*from Worksheet 1, line 8*); also enter this amount on Form IT-201-ATT, line 9a ..... 

26	.00
----	-----

**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 52 ..... 

27	.00
----	-----
- 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	.00
----	-----

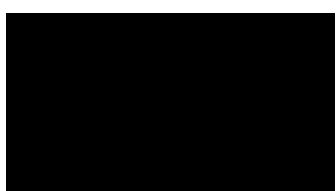
**Part-year New York City resident filers only:**

- 29 Enter the amount from Worksheet 1, line 10 ..... 

29	.00
----	-----
- 30 Enter the amount from Worksheet 1, line 11 ..... 

30	.00
----	-----

NO HANDWRITTEN ENTRIES ON THIS FORM





Department of Taxation and Finance
Summary of W-2 Statements
New York State • New York City • Yonkers

IT-2

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

W-2 Record 1

Box a Employee's social security number for this W-2 Record

Employee's social security number field

Box b Employer's number (EIN)

Employer's number (EIN) field

Box c Employer's information

Employer's name: UNITED STATES SENATE DISBURSING OFFICE
Employer's address: RM SH-127 HART OFFICE BLDG
City: WASHINGTON, State: DC, ZIP code: 20510-7104

Box 1 Wages, tips, other compensation: 169073.00

Box 12a Amount: 11384.00, Code: DD

Box 14a Amount: 3795.00, Description: NOT ON LIST

Box 8 Allocated tips: .00

Box 12b Amount: .00, Code:

Box 14b Amount: .00, Description:

Box 10 Dependent care benefits: .00

Box 12c Amount: .00, Code:

Box 14c Amount: .00, Description:

Box 11 Nonqualified plans: .00

Box 12d Amount: .00, Code:

Box 14d Amount: .00, Description:

Box 13 Statutory employee, Retirement plan, Third-party sick pay

Corrected (W-2c)

NY State information: Box 15a NY State

Box 16a NYS wages, tips, etc.: 169073.00

Box 17a NYS income tax withheld: 10662.00

Other state information: Box 15b Other state

Box 16b Other state wages, tips, etc.: .00

Box 17b Other state income tax withheld: .00

NYC and Yonkers information

Box 18 Local wages, tips, etc. Locality a: .00, Locality b: .00

Box 19 Local income tax withheld Locality a: .00, Locality b: .00

Box 20 Locality name

Do not detach.

W-2 Record 2

Box a Employee's social security number for this W-2 Record

Employee's social security number field

Box b Employer's number (EIN)

Employer's number (EIN) field

Box c Employer's information

Employer's name: GBS HOLDINGS LLC
Employer's address:
City, State, ZIP code, Country

Box 1 Wages, tips, other compensation: .00

Box 12a Amount: .00, Code:

Box 14a Amount: .00, Description:

Box 8 Allocated tips: .00

Box 12b Amount: .00, Code:

Box 14b Amount: .00, Description:

Box 10 Dependent care benefits: .00

Box 12c Amount: .00, Code:

Box 14c Amount: .00, Description:

Box 11 Nonqualified plans: .00

Box 12d Amount: .00, Code:

Box 14d Amount: .00, Description:

Box 13 Statutory employee, Retirement plan, Third-party sick pay

Corrected (W-2c)

NY State information: Box 15a NY State

Box 16a NYS wages, tips, etc.: .00

Box 17a NYS income tax withheld: .00

Other state information: Box 15b Other state

Box 16b Other state wages, tips, etc.: .00

Box 17b Other state income tax withheld: .00

NYC and Yonkers information

Box 18 Local wages, tips, etc. Locality a: .00, Locality b: .00

Box 19 Local income tax withheld Locality a: .00, Locality b: .00

Box 20 Locality name

NO HANDWRITTEN ENTRIES ON THIS FORM



Department of Taxation and Finance
Summary of W-2 Statements
New York State • New York City • Yonkers

IT-2

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

W-2 Record 3

Box a Employee's social security number for this W-2 Record

Employee's social security number field with redacted value

Box b Employer's identification number (EIN)

Employer's identification number field with redacted value

Box c Employer's information

Employer's name: ADVANTIA HOLDINGS LLC
Employer's address (number and street)
State, ZIP code, Country (if not United States)

Box 1 Wages, tips, other compensation: 11538.00

Box 8 Allocated tips: .00

Box 10 Dependent care benefits: .00

Box 11 Nonqualified plans: .00

Box 12a Amount: .00

Box 12b Amount: .00

Box 12c Amount: .00

Box 12d Amount: .00

Box 14a Amount: .00

Box 14b Amount: .00

Box 14c Amount: .00

Box 14d Amount: .00

Box 13 Statutory employee, Retirement plan, Third-party sick pay

Corrected (W-2c)

NY State information: Box 15a NY State NY

Box 16a NYS wages, tips, etc.: .00

Box 17a NYS income tax withheld: .00

Other state information: Box 15b Other state DC

Box 16b Other state wages, tips, etc.: 11538.00

Box 17b Other state income tax withheld: 796.00

NYC and Yonkers information (see instr):

Box 18 Local wages, tips, etc. Locality a: .00, Locality b: .00

Box 19 Local income tax withheld Locality a: .00, Locality b: .00

Box 20 Locality name

Do not detach.

W-2 Record 4

Box a Employee's social security number for this W-2 Record

Employee's social security number field with redacted value

Box b Employer identification number (EIN)

Employer's identification number field with redacted value

Box c Employer's information

Employer's name
Employer's address (number and street)
City, State, ZIP code, Country (if not United States)

Box 1 Wages, tips, other compensation: .00

Box 8 Allocated tips: .00

Box 10 Dependent care benefits: .00

Box 11 Nonqualified plans: .00

Box 12a Amount: .00

Box 12b Amount: .00

Box 12c Amount: .00

Box 12d Amount: .00

Box 14a Amount: .00

Box 14b Amount: .00

Box 14c Amount: .00

Box 14d Amount: .00

Box 13 Statutory employee, Retirement plan, Third-party sick pay

Corrected (W-2c)

NY State information: Box 15a NY State NY

Box 16a NYS wages, tips, etc.: .00

Box 17a NYS income tax withheld: .00

Other state information: Box 15b Other state

Box 16b Other state wages, tips, etc.: .00

Box 17b Other state income tax withheld: .00

NYC and Yonkers information (see instr):

Box 18 Local wages, tips, etc. Locality a: .00, Locality b: .00

Box 19 Local income tax withheld Locality a: .00, Locality b: .00

Box 20 Locality name

NO HANDWRITTEN ENTRIES ON THIS FORM

# 2016 D-40 SUB Individual Income Tax Return



STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

## Personal information

Telephone number \_\_\_\_\_ Mark if  Amended return SOFTWARE DEVELOPER USE ONLY VENDOR ID# 1833

Mark if  Filing for a deceased taxpayer

Member (SSN) \_\_\_\_\_ MDDYYYYY \_\_\_\_\_

Domestic partner's SSN \_\_\_\_\_ and Date of Birth (MMDDYYYY) \_\_\_\_\_

Your first name M.I. Last name  
 JONATHAN M GILLIBRAND

Spouse's/registered domestic partner's first name M.I. Last name  
 KIRSTEN GILLIBRAND

Department number if applicable \_\_\_\_\_

\_\_\_\_\_ + 4

## Filing Status

1 Mark only one: Single Married filing jointly  Married filing separately Dependent claimed by someone else

Married filing separately on same return Enter combined amounts for lines 4 - 42. See instructions.

Registered domestic partners filing jointly or filing separately on same return

Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.

Qualifying widow(er) with dependent child. Enter qualifying dependent information on Schedule S.

2 Mark if you are: Part-year resident in DC from (MMDD) to (MMDD) See instructions.

\*Complete your federal return first -- Enter your dependents' information on DC Schedule S\*

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

## Income Information

a	Wages, salaries, unemployment compensation and/or tips, see instructions	a	\$	11538.00
b	Business income or loss, see instructions.	Mark if loss b	\$	.00
c	Capital gain (or loss).	Mark if loss X c	\$	1500.00
d	Rental real estate, royalties, partnerships, etc.	Mark if loss d	\$	.00

## Computation of DC Gross and Adjusted Gross Income

3	Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040A, 1040EZ, 1040NR or 1040NR-EZ.	Mark if loss	3	\$	11632.00
---	--	--------------	---	----	----------

## Additions to DC Income

4	Franchise tax deducted on federal forms, see instructions.	4	\$	.00
5	Other additions from DC Schedule I, Calculation A, Line 8.	5	\$	.00
6	Add Lines 3, 4 and 5.	Mark if loss 6	\$	11632.00

## Subtractions from DC Income

7	Part year residents, enter income received during period of nonresidence, see instructions.	7	\$	.00
8	Taxable refunds, credits or offsets of state and local income tax.	8	\$	1594.00
9	Taxable amount of social security and tier 1 railroad retirement	9	\$	.00
10	Income reported and taxed this year on a DC franchise or fiduciary return.	10	\$	.00
11	DC and federal government survivor benefits, see instructions.	11	\$	.00
12	Other subtractions from DC Schedule I, Calculation B, Line 16.	12	\$	.00
13	Total subtractions from DC income, Lines 7 - 12.	13	\$	1594.00
14	DC adjusted gross income, Line 6 minus Line 13.	Mark if loss 14	\$	10038.00



Enter your last name **GILLIBRAND**  
Enter your SSN [REDACTED]

15	Deduction type Take the same type of deduction you took on your federal return. Mark which type: Standard <input checked="" type="checkbox"/> Itemized See instructions for amount to enter on Line 16.			
16	DC deduction amount. Do not copy from federal return. For amount to enter, see instructions.	16	\$	10719.00
17	Number of exemptions. If more than 1, or if you or your spouse/registered domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S.	17		2
18	Exemption amount. Multiply \$1,775 by number on Line 17. Part-year DC residents, see inst on page 25. * If AGI is greater than \$150,000, see instructions on page 27.	18	\$	3550.00
19	Add Lines 16 and 18.	19	\$	14269.00
20	DC Taxable income Subtract Line 19 from Line 14. Enter result. Mark if loss <input checked="" type="checkbox"/>	20	\$	4231.00

**DC tax, credits and payments**

21	Tax If Line 20 is \$100,000 or less, use tax tables. If more, use Calculation I Mark if filing separately on same return. Complete Calculation J on Schedule S.	21	\$	.00
22	Credit for child and dependent care expenses \$ .00 x .32 Enter result > From federal Form 2441; if part-year DC resident, from Line 5, DC Form D-2441.	22	\$	.00
23	Non-refundable credits from DC Schedule U, Part 1a, Line 8 Attach DC Schedule U.	23	\$	.00
24	DC Low Income Credit Use Calc. LIC/EITC to see if LIC or EITC is a greater benefit. See instructions.	24	\$	.00
24a	Enter the number of exemptions claimed on your federal return if claiming LIC.	24a		
25	Total non-refundable credits. Add Lines 22, 23 and 24.	25	\$	.00
26	Total tax. Subtract Line 25 from Line 21. If Line 21 is less than Line 25, leave Line 26 blank.	26	\$	.00
27	<u>DC Earned Income Tax Credit</u> Leave blank if you took Line 24 DC Low Income Credit (LIC)			
27a	Enter the number of qualified EITC children.	27a	\$	.00
27b	Enter earned income amount	27b	\$	.00
27c	For filers <b>with</b> qualifying children. Enter federal EITC \$ .00 X .40 Enter result >	27c	\$	.00
27d		27d	\$	.00
27e	For filers <b>without</b> qualifying children. See instructions for special calculations. Enter result >	27e	\$	.00
28	Property Tax Credit. From your DC Schedule H; attach a copy.	28	\$	.00
29	Refundable credits from DC Schedule U, Part 1b, Line 3 Attach DC Schedule U.	29	\$	.00
30	DC income tax withheld shown on Forms W-2 and 1099. Attach these forms.	30	\$	796.00
31	2016 estimated income tax payments and amount applied from 2015 return.	31	\$	.00
32	Tax paid with extension of time to file or with original return if this is an amended return.	32	\$	.00
33	Total payments and refundable credits. Add Lines 27d or 27e and 28 - 32.	33	\$	796.00

<b>Refund</b> Complete if Line 33 is <u>more</u> than Line 26.	
34	Amount you overpaid 34 \$ 796.00 Subtract Line 26 from Line 33
35	Amount to be applied to your 35 \$ .00 2017 estimated tax
36	Penalty See instructions 36 \$ .00 Mark if Form D-2210 is attached
37	Underpayment Interest 37 \$ .00
38	Refund Subtract sum of Lines 35, 36 and 37 from Line 34. 38 \$ 796.00
39	Contribution amount 39 \$ .00 from Sched. U, Part II, Line 5 <b>Can not exceed refund amt on Line 38</b> <b>Put additional amt on Line 42.</b>
40	Net refund 40 \$ 796.00 Subtract Line 39 from Line 38

<b>Amount owed</b> Complete if Line 33 is <u>equal to or less</u> than Line 26.	
41	Tax due 41 \$ .00 Subtract Line 33 from Line 26
42	Contribution amount 42 \$ .00 from Schedule U, Part II, Line 6
43a	Penalty \$ .00
43b	Interest \$ .00
43	Enter total P & I. 43 \$ .00
Mark if Form D-2210 is attached	
44	Underpayment Interest 44 \$ .00
45	Total amount due 45 \$ .00
Add Lines 41- 44	

Will this refund request or amount owed go to or come from an account outside the U.S.? Yes No See instructions

**Refund Options:** For information on the tax refund card and program limitations, see instructions or visit our website: [MyTax.DC.gov](http://MyTax.DC.gov)

Make one refund choice Direct deposit Tax refund card  Paper check

**Direct Deposit** To have your refund deposited into your **checking** OR **savings** account, mark X and enter bank routing and account numbers.

Routing Number Account Number

Third Party Designee To authorize another person to discuss this return with the OTR, mark here  and enter the name and phone

Designee's name JONATHAN RUTNIK CPA

Phone number [REDACTED]

**Signature** Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.

Your signature

Date

Preparer's signature

Date

Spouse's/registered domestic partner's signature if filing jointly

Date

Preparer's identification Number (PTIN)

032417



**IMPORTANT: Please read the instructions before completing this form.**

Your First name, M.I., Last name  
JONATHAN

M GILLIBRAND



Spouse's/domestic partner's First name, M.I., Last name

Spouse's/domestic partner's SSN

Daytime telephone number

**No underpayment interest is due and this form should not be filed if:**

- A. Your tax liability on taxable income after deducting your District of Columbia (DC) withholding tax and applicable credits is less than \$100, or
- B. You made periodic estimated tax payments and had amounts withheld as required and the total is equal to or more than 110% of your last year's taxes or is at least 90% of your current year's taxes. Note: you must have been a 12-month DC resident last year in order to use the prior year 110% exception.

**Computation of Underpayment Interest**

1	2016 DC Tax Liability "total tax" from your DC Individual Income Tax Return	\$	0
2	Multiply the amount on Line 1 by 90% (.90)	\$	0
3	2015 DC Tax Liability "total tax" from your DC Individual Income Tax Return X 110%	\$	5369
4	Minimum withholding and estimated tax payment required for tax year 2016 (lesser of Line 2 and 3)	\$	0
5	Multiply Line 4 amount by 25% (.25) for amount required for each periodic payment	\$	0

Note: If your income was not evenly divided over 4 periods, see instructions on the reverse of this form on the "Annualized Income" method.

	Due date of Payments				
	1st Period	2nd Period	3rd Period	4th Period	
6	Enter Line 5 amount or the annualized income amount in each period (The 2nd period includes the 1st period amount, 3rd period includes the 1st and 2nd period amounts, the 4th period includes all period amounts). Check here if you are using "Annualized Income" method.	04/15/16	06/15/16	09/15/16	01/15/17
		0	0	0	0
7	DC withholding and estimated tax paid each period (The 2nd period includes the 1st period amount, 3rd period includes the 1st and 2nd period amounts, the 4th period includes all period amounts).	199	398	597	796
8	Underpayment each period (Line 6 minus Line 7)	0	0	0	0
9	Underpayment interest factors	.0175	.0265	.0351	.0259
10	Line 8 multiplied by Line 9	0	0	0	0
11	Underpayment interest – Total of amounts from Line 10 Pay this amount		\$	0	

Make check or money order payable to: DC Treasurer  
2016 D-2210 SUB

2016 SCHEDULE I SUB  
Additions to and Subtractions from  
Federal Adjusted Gross Income



Make entries using black ink. Attach to your D-40.

Enter your last name **GILLIBRAND** Social Security Number [REDACTED] SOFTWARE DEVELOPER USE ONLY  
VENDOR ID# 1833

**Calculation A** Additions to federal adjusted gross income. *Fill in only those that apply.*

1	Part-year DC resident - enter the portion of adjustments (from Federal Form 1040, 1040A or 1040NR) that relate to the time you <u>resided outside</u> DC. For Lines 2 - 7 below include only the amounts related to the time you resided in DC.	1	\$	.00
2	Income distributions eligible for income averaging on your federal tax return (from federal Form 4972).	2	\$	0.00
3	30% or 50% federal bonus depreciation and/or extra IRC § 179 expenses claimed on federal return.	3	\$	0.00
4	Any part of a discrimination award subject to income averaging.	4	\$	.00
5	Deductions for S Corporations from Schedule K-1, form 1120 S.	5	\$	.00
6	Other pass through losses from DC unincorporated businesses that exceed the \$12,000 threshold (reported as a loss on federal 1040 return)	6	\$	.00
7	Other (see instructions)	7	\$	0.00
8	Total additions Add entries on Lines 1-7. <b>Enter the total here and on D-40, Line 5.</b>	8	\$	0.00

**Calculation B** Subtractions from federal adjusted gross income. *Fill in only those that apply.*

1	Taxable interest from US Treasury bonds and other obligations. (See instructions )	1	\$	0.00
2	Disability income exclusion from DC Form D-2440, Line 10 (See instructions )	2	\$	0.00
3	Interest and dividend income of a child from Federal Form 8814*.	3	\$	0.00
4	Awards, other than front and back pay, received due to unlawful employment discrimination.	4	\$	.00
5	Excess of DC allowable depreciation over federal allowable depreciation. See instructions.	5	\$	0.00
6	Amount paid (or carried over) to DC College Savings plan in 2016 (maximum \$4,000 per person, \$8,000 for joint filers if each is an account owner). Part year residents, see instructions.	6	\$	.00
7a	Exclusion of up to \$10,000 for DC residents (certified by the Social Security Admin. as disabled) with adjusted annual household income of less than \$100,000. See instructions.	7a	\$	.00
7b	Annual household adjusted gross income. See instructions.	7b	\$	.00
8	Expenditures by DC teachers for necessary classroom teaching materials, \$500 annual limit per person. See instructions.	8	\$	.00
9	Expenditures by DC teachers for certain tuition and fees, \$1,500 annual limit per person. See instructions.	9	\$	.00
10	Loan repayment awards received by health-care professionals from DC government. See instructions.	10	\$	.00
11	Health-care insurance premiums paid by an employer for an employee's registered domestic partner or same sex spouse. Make no entry if the premium was deducted on your federal return, see instructions	11	\$	.00
12	DC Poverty Lawyer Loan Assistance. See instructions.	12	\$	.00
13	Other (see instructions)	13	\$	0.00
14	Military Spouse Residency Relief Act. See instructions.	14	\$	.00
15	<b>RESERVED</b>	15	\$	
16	Total subtractions. Add entries on Lines 1-7a and 8-15. <b>Enter the total here and on D-40, Line 12.</b>	16	\$	0.00

\*Note: Since income reported on Federal Form 8814, Parents' Election to Report Child's Interest and Dividends, and included in the parents' federal return income is subtracted above on Line 3 of Calculation B, the child must file a separate DC return reporting this income.



2016 SCHEDULE S Supplemental Information and Dependents



Unless instructed otherwise - If you fill in any part of this schedule, attach it to your D-40.

SOFTWARE DEVELOPER USE ONLY VENDOR ID# 1833

Enter your last name. GILLIBRAND

Enter your social security number [Redacted]

Dependents If you have more than 8 dependents, list them on an attachment.

First name THEODORE M.I. I Last name GILLIBRAND [Redacted] er [Redacted] onship [Redacted] DDYYYYY

First name Social security number Relationship Date of Birth (MMDDYYYY)

First name Social security number Relationship Date of Birth (MMDDYYYY)

First name Social security number Relationship Date of Birth (MMDDYYYY)

First name Social security number Relationship Date of Birth (MMDDYYYY)

First name Social security number Relationship Date of Birth (MMDDYYYY)

First name Social security number Relationship Date of Birth (MMDDYYYY)

First name Social security number Relationship Date of Birth (MMDDYYYY)

Head of household filers SSN of qualifying non-dependent person Date of Birth of qualifying non-dependent person (MMDDYYYY)

Do not enter your information

First name of qualifying non-dependent person M.I. Last name





**Calculation G Number of exemptions**

Do not attach Schedule S to your D-40, if you only filled in Lines a and i of this Calculation and have not filled in any other sections of Schedule S.

- a Enter 1 for yourself and a 01
- b Enter 1 if you are filing as a head of household and b
- c Enter 1 if you are 65 or over and c
- d Enter 1 if you are blind d
  
- e Enter number of dependents e 01
- f Enter 1 for your spouse or registered domestic partner filing jointly or filing separately on same return f
- g Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is 65 or over g
- h Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is blind h
- i Total number of exemptions Add Lines a - h and enter on D-40, Line 17. i 02

**Calculation J Tax computation for married or registered domestic partners filing separately on same DC return.**

Enter separate amounts in each column. Do not combine amounts until Line l.

		You		Your spouse/registered domestic partner
a Federal adjusted gross income <i>If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Registered domestic partners should enter the federal AGI reported on their separate federal returns.</i>	Mark if minus	a	.00	.00
b Total additions to federal adjusted gross income <i>Enter each person's portion of additions entered on D-40, Lines 4 and 5.</i>		b	.00	.00
c Add Lines a and b.	Mark if minus	c	.00	.00
d Total subtractions from federal adjusted gross income <i>Enter each person's portion of subtractions entered on D-40, Line 13.</i>		d	.00	.00
e DC adjusted gross income Subtract Line d from Line c.	Mark if minus	e	.00	.00
f Deduction amount <i>Enter each person's portion of deductions entered on D-40, Line 16. (You may allocate this amount any way you like.)</i>		f	.00	.00
g Number of exemptions. Total must equal Calculation G, Line i.		g		
h Exemption amount <i>Enter each person's portion of the exemption amount entered on D-40, Line 18. * If AGI from either column exceeds \$150,000, see instructions page 27.</i>		h	.00	.00
i Add Lines f and h.		i	.00	.00
j Taxable income Subtract Line i from Line e.	Mark if minus	j	.00	.00
k Tax <i>If Line j is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation I.</i>		k	.00	.00
l Add the amounts on Line k, enter here and on D-40, Line 21		l	\$ .00	Total tax

EIN's, SSNs, ITINs associated with income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 10.

a	b	c
d	e	f
g	h	i

